

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE INITIAL AUDIT

Arkansas Department of Community Corrections
East Central Arkansas Community Correction Center
West Memphis, Arkansas

May 9-10, 2019

VISITING COMMITTEE MEMBERS

James McClelland, Chairperson
ACA Auditor

James H. Allen
ACA Auditor

A. Introduction

The Initial Audit of the East Central Community Corrections Center, West Memphis, Arkansas was conducted on May 9-10, 2019, by the following team: James McClelland, Chairperson and James Allen, Member.

B. Facility Demographics

Rated Capacity:	360
Actual Population:	347
Average Daily Population for the last 12 months:	358
Average Length of Stay:	34 days
Security/Custody Level:	Medium/Minimum
Age Range of Offenders:	19-71
Gender:	Female
Full-Time Staff:	127
Administrative 2, Support 14, Program 27, Security 76, Other 8.	

C. Facility Description



In 1951 the two-story building was built as an acute care hospital called Crittenden Memorial employing over 400 employees. The 4,800 square feet building sits on 37,462 square feet of land. It closed its doors on September 7, 2014 due to declining patient load. In 2016, it was leased to the state of Arkansas as a correctional facility for non-violent medium security female offenders and became Arkansas Community Correction East Central Center.

The facility operates under the Modified Therapeutic Community (MTC) concept, which is a behavioral modification program that teaches the basic tends of life skills, such as encouraging offenders to do the right thing in life because it is the right thing to do. Through the structure of the program, residents are taught new concepts of behavior, values and conduct.

D. Pre-Audit Meeting

The team met on May 8, 2019, in Memphis TN, to discuss the information provided by the Association staff and the officials from East Central Arkansas Community Corrections Center (ECACCC).

The chairperson divided standards into the following groups:

Standards # 1A-01 to 4C-24 James McClelland, Chairperson
Standards # 5A-01 to 7F-10 James Allen, Team Member

E. The Audit Process

1. Transportation

The team was escorted to the facility by Debra Ruff, Statewide Community Correction Accreditation Manager.

2. Entrance Interview

The audit team proceeded to the office of Phyllis Callaway-Silas, Center Supervisor. The team expressed the appreciation of the Association for the opportunity to be involved with East Central Arkansas Community Corrections Center in the accreditation process.

The team thanked the facility leadership team for embracing the American Correctional Association Audit process and discussed the audit itinerary.

Debra Ruff Arkansas Community Corrections Accreditation Manage escorted the team to Visiting Park where the formal entry meeting was held.

The following persons were in attendance:

Kevin Murphy, ACC Chief Deputy Director
Phyllis Callaway-Silas, Center Supervisor
LaQuinnia Dyson, ACA Facility Manager
Debbie Ruff, Statewide ACC Accreditation Manager
James Banks Residential, Services Deputy Director
Phillip Glover, Assistant Center Supervisor
Michael Fletcher, Asst Director of Treatment Programs

David Smith, Health Service Administrator
Brenda Walker, Treatment Supervisor
Bernard Williams, Regional Manager Wellpath
Angela Garrett, Captain, Chief of Security
Stanley Booker, Maintenance Supervisor

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

3. Facility Tour

The team toured the entire facility from 8:15 a.m. to 11:55 a.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Phyllis Callaway-Silas, Center Supervisor
LaQuinnia Dyson, ACA Facility Manager
Debbie Ruff, Statewide ACC Accreditation Manager
Phillip Glover, Assistant Center Supervisor
Angela Garrett, Captain, Chief of Security
Stanley Booker, Maintenance Supervisor

The facility posted American Correctional Association Audit notices throughout the facility to include areas that both inmates and visiting family members could view.

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security:

The facility layout is consistent with common hospital design with previous Nurses Stations being converted to Officer Stations. There are 120 cameras posted throughout the facility with five viewing areas outside the facility. There is a central control center that monitors the views of the cameras and is located in the entrance lobby of the facility. There is also a security center in each wing that is occupied 24/7 by at least two security personnel. The security center in each unit has a direct line of sight into each hallway within the housing area. There are two designated housing units with separated rooms which can house up to six inmates. The doors have been removed for these designated housing area rooms.

There is also a roving security person on each shift to move throughout the facility. The facility operates three shifts daily providing 24/7 coverage. Entrance into the facility is closely monitored and everyone not on staff must sign in and out. Security staff maintains contact with each other by radio. Resident movement is conducted in a group setting and is tightly monitored.

Keys are inventoried and issued utilizing a check out/ check in documented process. Tools in all departments are also inventoried and issued with a system consistent with good correctional practice.



Environmental Conditions:

All standards pertaining to temperature, lighting, airflow and noise levels meet or exceed the proper levels. The facility has adequate toilets sinks and showers to accommodate the number of residents in the facility. The living units were clean and orderly. Residents were permitted to have some personal items in their areas.

The facility has both individual room showers with PREA designed shower curtains and group showers which are out of the direct view of staff making routine security checks. The water temperatures in the shower areas were inconsistent, showers in close proximity to the facility water heaters were found higher in temperature than those further away. Assigned maintenance staff, the Environmental Health and Safety Officer and the Audit team obtained multiple temperature readings over the two-day audit. Temperature readings were found to be within 100-120 degrees and the inmate population had no complaints related to water temperatures while showering. However, the audit team did recommend shower temperature measuring improvements in an effort to improve consistency throughout the facility.

Sanitation:

The facility utilizes resident to keep the facility clean and neat. Residents were observed doing various details throughout the day. Cleaning supplies were stored appropriately with the correct inventory and SDS sheets in the area. An SDS Book is also maintained in the medical office. Weekly, monthly and annual sanitation inspections are being done appropriately.

Fire Safety:

The team found the proper evacuation notice posted throughout the facility. All fire extinguishers were tagged and regularly inspected. The audit team observed a high number of fire extinguishers located within the facility. Emergency exits were properly marked. The West Memphis fire department is within two miles from the facility. Fire drills are conducted quarterly one on each shift. The facility is protected by pull stations throughout. A sprinkler system is in place in the event of a fire. There is a fire suppression system in the hoods in the kitchen. File review showed the necessary inspections being performed at the proper times. The audit team noted both fire panels in trouble during the audit and the facility had the appropriate Fire Watch in place. The Center Supervisor produced documents noting schedule repair by an outside fire safety vendor.

Food Service:

The food service manager utilizes residents with medical clearances to help prepare meals. Temperature charts and thermometers were in place in all the appropriate areas. All food items were properly dated. All sharps and kitchen utensils were marked and properly controlled. The kitchen and dining room was clean and well maintained. The residents all said the food was good. The auditors consumed the noon meal with the residents the first day of the audit and found the food to be palatable and ample in portion. The meal consisted of Turkey Sausage, Chili, Bun, Cole Slaw, Milk and Sliced Peaches. A registered dietitian has setup a meal plan that rotates on a weekly basis. The facility also administers ServSafe classes and certifications. Participants successfully completing the ServSafe program range from the Center Supervisor to Inmate Food Service workers.

Medical Care:

East Central Arkansas CCC contracts with Wellpath for Medical Care. ECACCC is staffed with one Physician two to three days a week, one Nurse Practitioner, one RN who is also the Health Services Administrator, nine LPN's (five Full Time and four Part Time, one CAN, and one Clerical staff. ECACCC medical department operates 24 hours per day, seven days a week.

ECACCC medical department has three examining rooms, a waiting area for the residents with water and bathroom facilities available for their use.

In addition, there is an emergency area which has all the necessary supplies, a Crash Bag, and Emergency Medications (Narcan). The Emergency Bag is secured. All necessary emergency referrals are sent to Baptist Hospital in Memphis or Regional 1 in Memphis. In addition, there is an AED in the medical area, and all staff are trained in the proper use of the AED.

There is a medication room where all meds are stored and distributed to the residents through a pill call window. All controlled medications are maintained under a double lock system. Medications are dispensed three times each day at 5:00 a.m., 10:30 p.m. and 7:00 p.m. If a resident does not show for their medications, a record is maintained, and if the resident misses three doses, it is reported to the prescribing physician. If the medication is one that the resident should not be missing, the prescribing physician is notified immediately. When a resident refuses their medications, they are required to sign a refusal form, and the prescribing physician is notified. A check of the inventories of controlled medications and all sharps found them to be up to date and accurate. Needed medications are procured from Diamond Pharmacy with a next day turnaround time frame. If emergency medications are needed, they can be procured from the local Walmart or Walgreen Pharmacy with an immediate turnaround time frame. The last two pharmacy inspections were conducted by Diamond Pharmacy in November 2018 and February 2019, with no discrepancies noted.

In addition to general medications, the pharmacy dispenses 127 doses of Psychotropic medications per day to include; Prozac, Lithium, Zoloft, Celexa, Risperdal, Wellbutrim, Buspar, Paxil, Effexor, Geodon, and Cymbalta. If an offender is not showing for prescribed medications, the provider is notified, and the offender is counseled on the importance of taking their prescribed medications as prescribed.

The department procures all Universal Precaution items from McKesson, with no problems being noted. All examining/emergency room area have Bio-Hazard containers that are wrapped and placed in the Bio-Hazard storage area as needed. Needle cases are removed and replaced when full and placed in the same Bio-Hazard storage area. The department contracts with Steri-Cycle for disposal of all Bio-Hazard waste materials. Steri Cycle picks-up every five weeks, or sooner if needed. No problems being noted.

General population residents who wish to be called out for sick call, fill out a request and place it in the box provided in the dining hall. The medical area has the key for this box, and the nursing staff pick up the request daily. The nursing staff triage each request, and for emergent situations, the resident would be seen immediately, and for non-emergent situations, the resident would be placed on sick call to be seen. Sick call is held seven days a week from 6:00 a.m. until all residents have been seen. The nursing staff make sick call rounds for the segregation residents two times a day with stops at all occupied segregation cells. Security for the area is provided for by the security staff of the facility.

The Medical records area is adequate with lots of working space. Security is good and confidentiality of records is a priority. The facility is converting to electronic medical records, and the process is about 50% complete. There is a nurse assigned as the Communicable Diseases/Infection Control Coordinator who has received all the required training for the position. If an offender is diagnosed with a communicable or infectious disease, they are placed in one of the segregation cells (the facility does not have any Negative Pressure Cells) awaiting further action. All communicable/infectious disease diagnosis are reported to the Head of the Facility, Wellpath Regional Manager, Central Office, and the local Public Health. If negative pressure isolation is needed, the resident would be sent to the Baptist Hospital, or the nearest ADC facility that can accommodate.

All medical staff are CPR certified. All new arrivals at the facility are seen by healthcare staff the day of arrival. A health screening is performed to determine any medical, dental or mental health issues that may need to be addressed. If there are any issues, arrangements are made for the resident to be seen. Information on how the offender can access health care services is also given in both English and Spanish, and there is a Language Line for other languages, and if it is deemed that an offender is illiterate, the procedures are explained to him orally. In addition, the nursing staff are trained to identify any offender who may be vulnerable for sexual abuse/harassment or any offender who may be sexually assaultive.

Radiology services are provided for by a contract with Mobile X who visits the facility weekly. Digital x-rays are performed, and Mobile X reads the x-rays with results given to the facility the same day. Any need for emergency x-rays are performed at the Baptist Hospital, with results being received same day for x-rays being performed during the day, and for night time x-rays, results are provided the next day.

The nursing staff do all blood draws, with specimens being sent to Lab Corp, with results being received within two days or less. Longer time frames may be experienced for some blood draw specimens. The department does have Telemedicine capabilities. Specialty Services available include Optometry (every three months), and Orthotics as needed.

There is a co-pay for resident-initiated services of \$3.00. Services excluded from the co-pay include emergencies, follow-up appointments, and Chronic Care. Fire drills are conducted quarterly, mock code drills are conducted quarterly, and Disaster Drills are conducted yearly. Written critiques are prepared for both and reviewed at the quarterly QA meeting. QA team members include: Warden, HAS, MD, Infectious/Communicable Diseases Nurse, Dentist and the Mental Health Coordinator.

The department sets yearly goals and objectives which are monitored through the QA meetings.

The grievance process for the department is handled by the Wellpath Regional Manager. To date there have been no grievances submitted to the department.

The Dental Department is staffed with one Dentist and one Dental Assistant who visit the facility once a week for eight hours. The wait time from request to being seen by the Nurses is approximately 24 hours, with arrangements being made to see the Dentist when they come to the facility. Treatment due to scheduling is once a week. Services provided include emergency care and extractions only. Outside consultations are sent to UMS or local ER if emergent. Dental emergencies go to sick call and are seen by the nurse, and if necessary, the on-call dentist is called, and if needed the resident is taken to the local emergency. Hygiene instructions and toothbrushes are given to the residents at intake and subsequent visits to the dental department. A check of the inventories of all tools and sharps found them to be accurate and up to date.

The Mental Health Department is managed by 1 Mental Health Coordinator (Licensed Alcohol and Drug Counselor), there is an on-call Psychiatrist who can be visited through Telehealth. The department offers Crisis Intervention, Groups, Individual Counseling, Dual Diagnosis, Multi-Disciplinary Team, and Individual Treatment plans.

If a resident expresses ideations of suicide, or self-harm, the resident is placed on suicide watch in one the segregation cells. Observation is determined by the mental health staff that are contracted to the facility. Initially the resident is supplied with a mattress and a shroud, and this can be upgraded depending on the resident's condition. The resident is initially given finger foods, and this is upgraded as deemed necessary. If it is determined that the resident is going to need prolonged care, she will be transferred to an appropriate facility. The department has telehealth communications with a Psychiatrist who will make all necessary diagnosis and treatment decisions. The resident will be monitored by security staff with a log being maintained of all pertinent information.

There are currently no personnel issues in the medical department.

East Central Arkansas Community Corrections Center is a pilot facility for the MAT program initiated by Arkansas Community Corrections. MAT is used to help residents abstain from abusing opioid medications. The medication used is Naltrexone (Vivitrol). Naltrexone is an opioid antagonist that is effective for twenty-eight days. It works by blocking the opioid receptor sites in the brain. This prevents any euphotic or pain-relieving effect of the opioid. When the residents arrive to the facility, their counselor screens them for opioid use disorder. If they trigger, then the MAT Program is explained and offered to them. If the resident consents, the MAT counselor refers them to medical. Medical then draws a CMP/CBC, Hep B surface antibody, and a pregnancy test. After receiving the lab results, the resident is then screened by the MD to determine if they are a good candidate for the MAT medication.

If so, they begin an oral three-day challenge of the Naltrexone to determine if they are going to have any adverse reaction to the medication. If not, they receive their initial injection prior to discharge from the facility. The long-term residents receive two injections and the short-term residents receive one before discharge. The department also sets up their initial outside appointment with a medical provider for their next injection and advises them of the date and time of the appointment. There are currently 66 residents enrolled, 39 that have received their initial injection, and five pending assessment for the program.

Staff the team spoke with in the medical area included:

David Smith, BSN, RN, HAS
Bernard Williams, Wellpath Regional Manager
Sara Flood, LPN
Kimberly Gross, LPN
Sonya Canfield, Mental Health APN
Brandy Cox, Administrative Assistant/Medical Records
Sara Joplin, LPN
Nwannem Uzoamaka Obi-Okoye, M.D.
Alexandra Banker, APN
Barbara Matthews, CNA

Recreation:

The facility has both indoor and outdoor recreation areas. Indoors they have access to board games cards and writing area. Outdoor activities include basketball hoop, exercise equipment and a walking area. Assigned recreation staff coordinate both indoor and outdoor activities in an effort to improve the physical health of all clients assigned to the center.

Religions Programming:

The facility has a full-time chaplain who provides a religious function almost every night of the week. Religious programs include worship services, religious instruction, Bible study, and spiritual guidance. There is a common area chapel that will hold all 120 residents. The spiritual needs of the resident population are supported by spiritual volunteers of various persuasions. These volunteers are screened and cleared prior to being accepted as a spiritual volunteer participant. Notification to a resident of critical illness or death in a resident's family is handled by the chaplain after verification of the information has been made. The chaplain provides counseling to staff and residents as needed during matters involving a family member, spiritual, personal, and/or related needs. Chaplaincy services also provide for 100% of the indigent care packages, the residents receive.

The facility also coordinates Exodus which is a Faith based entrepreneurship program that teaches the residents how to manage many different aspects of their life while living clean and being sober. The Exodus project also provides life skills training, educational workshops and community outreach events. Exodus is now currently providing Drug Peer Specialist to the participants at ECACCC.

Offender Work Programs:

The therapeutic community environment has created a number of offender jobs inside the facility. They include daily cleaning of the facility, laundry, foodservice, maintenance, and yard crews. Outside Community Work Squads perform facility property maintenance and also operate a two-acre vegetable garden. The vegetables grown on facility grounds include squash and tomatoes that are served to resident population.

Academic and Vocational Education:

The East Central Arkansas Community Corrections Center's primary mission is to prepare assigned residents for successful re-entry back into the community. ECACCC manages five types of offender populations that include:

1. Special Needs Residential Substance Abuse Treatment
2. Short Term Drug Court
3. Long Term General Population
4. Supervised Sanctioned Program
5. Supervised Sanctioned Program Probationers

ECACCC offers a wide range of treatment programs that include the following:

Parenting:

Parenting classes are educational courses held on Wednesdays where parents attend to learn about caring for their children. Parents attend the classes based on court orders, custody cases or as a way to learn better parenting skills. The primary goals of parenting classes include improving relationships between parents and their children and teaching parents how to deal with the daily responsibilities of maintaining a home and family.

Safe Sex Education:

Safe Sex classes are educational courses held on Wednesdays that promote sex education. Residents in addiction can be at high risk for STIs and HIV. Sex education helps people gain the information, skills and motivation to make healthy decisions about sex and sexuality.

Communication and Finance:

Communication and Finance class is a religious approach used to learn better communication with your personal higher power. Communication and Finance meets every other Thursday. Residents learn how to be good stewards with money and other material possessions. Residents will learn about budgeting, debt, retirement savings, investments, insurance and money saving tips. Communication and Finance class helps build a custom financial plan based on a resident's goals, hopes and concerns.

Goodwill:

Goodwill Industries is one of the largest nonprofit providers of education, training and career services for people in the State of Arkansas. Goodwill meets once a month with residents inside the facility that are close to being released. Goodwill provides an overview of all the different programs and services offered that can assist with education, training and employment. Goodwill provides residents with local resources that can assist with education, training or direct employment after incarceration.

Mid-South Health Systems:

Mid-South Health Systems is one of 12 community mental health centers in Arkansas. These 12 centers, each composed of several counties, form the Mental Health Council of Arkansas. They cover the state with mental health resources including the seriously mentally ill and persons struggling with substance abuse. They provide residents with knowledge about mental health services, as well as aftercare support groups and locations for all of these resources.

Office of Child Support Enforcement:

Office of Child Support Enforcement (OCSE) works in partnership with the Federal Office of Child Support Enforcement and other State agencies. The actions of OCSE are based on federal and state laws. OCSE holds one class every month with different residential populations depending on the need. The primary goal of OCSE is to work with parents and guardians to help establish and receive court-ordered financial and medical support. They provide different services to the residents through notifications and providing resources to parents who have an open enforcement case and limited services.

YOGA/ Pilates:

Yoga is a group that focuses on meditation through mind, body and spiritual practices or disciplines. Yoga stretches the body for a feeling of energy and relaxation, while encouraging flexibility, strengthening the body and toning the muscles.

Yoga is also a wonderful means of alleviating tension, enabling one to regain mental balance with a sense of clarity and well-being. This promotes the resident being centered and free to have good judgement in the future.

Food and Nutrition:

Food and Nutrition class gives basic nutrition concepts for health and fitness. It emphasizes current dietary recommendations for maximizing well-being and minimizing risk of chronic disease. It also focuses on the use of tables, food guides, and guidelines for making healthy food choices which includes unique nutrition needs for selected stages of the lifecycle. In addition, the basic elements of food safety, diet for exercise and sports, and personal dietary evaluation techniques are covered.

Family Life Dynamics:

Family Life dynamics class focuses on the ways in which family members relate to one another because humans are capable of change, and family members take part in different experiences in the participant's life such as sobriety and a new healthy lifestyle. This class emphasizes the importance of family planning, parenting and balancing family life.

Money Management:

Money Management course is centered on financial literacy and basic money management. This class gives students a deeper understanding and appreciation for money and the economy. It focuses on teaching the student to create an emergency fund, pay bills on-time, how to save money, and pay off a credit card or debt in a timely manner.

Health & Wellness:

This course is designed to promote greater awareness, understanding and ownership of the multiple dimensions of health and wellbeing. This course emphasizes creating a healthier lifestyle through a holistic approach to understanding self and community. This class also encourages selfcare and mental well-being. Residents will learn a healthier approach to life through dialog, experimental activities and reflection.

Alcoholics Anonymous:

Alcoholics Anonymous is an international fellowship of men and women who have had a drinking problem. Members in AA/NA want to stay sober and help other alcoholics/ addicts achieve sobriety. There are no age or education requirements and meetings are usually non-professional.

Membership is open to anyone who wants to do something about his or her drinking problem. This group is founded on the AA Twelve Steps and the Twelve Traditions of spiritual and moral character development.

Al-Anon:

The Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics and people in AA/NA who share their experience, strength, and hope in order to solve common problems, they face. They believe alcoholism is a family illness and affects all aspects of the family. They focus on changing attitudes in order to aid in recovery for the full family unit.

Mobile Workforce:

Arkansas Department of Workforce has agreed to come to the unit once a month and station a Mobile Workforce Unit on the parking lot in order for residents to submit and go through modules for Work Keys. Work Keys is a system that assesses foundational work skills in 8 different areas. It helps them identify workplace skill strengths and provides training so they will qualify for higher wage jobs. It also initiates a resident's job search so they will be ready for success upon release.

Moral Recognition Therapy (MRT):

MRT (Moral Recognition Therapy) is a systematic, cognitive behavioral, step-by-step treatment strategy designed to enhance self-image, promote growth of a positive, productive identity, and facilitate the development of higher stages of moral reasoning. All goals are ultimately demonstrated by more appropriate behavior on the part of the program participants. Studies show that MRT significantly increases moral reasoning levels, enhances life purpose, facilitates increased social support, and gives participants more perceived control over their lives. MRT is widely recognized as an "Evidenced-Based Practice."

Domestic Violence:

This course is a six-week class that looks at statistics, facts and history. It also discusses characteristics and warning signs of someone who is abusive. Physical abuse, emotional abuse, and the dynamics of power and control are discussed in this course. The effects of domestic violence are damaging, both to the victim as well as any children in the home. This course helps with planning for safety and also focuses on healthy relationships and how to love yourself again after the abuse.

Seeking Safety:

This program is for residents dealing with co-occurring post-traumatic stress disorder/syndrome and substance abuse. In this class residents will gain an understanding of how their PTSD/S affects their assumption of a need for drugs, or how their drug usage has led to them experiencing traumatic events in their life. Residents are encouraged to understand how their trauma is affecting their current goals and life progression. Residents are motivated to focus on the here and now and use their past as a reference instead of a hindrance. Residents are also encouraged to gain control of their life and feel empowered.

Morning Development (AMD):

AMD is a structured start to residents and offenders' mornings with behavior standards being reminded for the day to come. It sets the tone for the day by residents sharing the community concerns, ensuring that community members stay informed of all essential information, and providing a positive awakening for their mind and body. The morning meetings are set out to help community members establish a healthy start, positive direction, and hopeful expectations for doing the next right thing one day at a time. AMD teaches the importance and value of the group or family having designated times to come together so that no one ever feels isolated. It also role models empowerment and right living, promotes community building, facilitates introspection and personal discovery, teaches community culture and values and promotes trust and safety.

Orientation Phase I Group:

Orientation is the first line of contact when the residents come in for treatment. In Orientation the residents learn what is expected of them in groups as well as the rules and Modified Therapeutic Community concepts. Residents are taught an overview of steps one to three in the Twelve Steps, and the concepts of living in a Modified Therapeutic Community. Each resident learns the model of an Encounter Group and why it is necessary to feel free to express themselves in an appropriate manner while finding new ways to deal with others. Mutual trust is developed and interpersonal communication increases. Residents are also introduced to thinking errors they may have and what changes they can begin to make.

Alcohol and Drug Education Phase II Group:

Phase II group provides education about substance use and abuse. This information includes factual data about what substance abuse is and warning signs of addiction. It also emphasizes the consequences that addiction can have on a resident's physical and mental health, family, relationships, and other areas of life.

The different topics in this course consist of Cognitive Behavioral Therapy (CBT), Alcohol & Drug Education as well as Criminal and Addictive Thinking. CBT, Criminal & Addictive Thinking address cognitive distortions and ways to retrain the thought process. These classes also address topics such as values, stages of change, boundaries and making functional choices and developing healthy coping skills.

Relapse Prevention Phase III Group: Phase III group is to increase self-awareness in order to prevent relapse by increasing an individual's sensitivity to his or her pattern or cycle. Relapse prevention is a cognitive-behavioral approach to relapse with the goal of identifying and preventing high-risk situations. A vital component in the treatment process is setting goals such as aftercare, stable housing, legal employment, continuing education, recovery meetings, positive recreational activities, positive support systems, and coping skills. Phase III is the final Phase of the Modified Therapeutic Community Program. Each resident will complete an effective plan of relapse prevention for post release.

Short Term Drug Court Program:

Short Term Drug Court Program includes individual and group therapy, 12- Step Alcoholics Anonymous and Narcotics Anonymous, process/static group, pre-release, life skills group, cognitive intervention, peer support, relapse prevention and anger management. Residents participate in approximately 25-28 hours of treatment per week. Staff works closely with each resident to make sure that they have a plan to address individual needs, which strengthens the recovery process. AM Life Skills: Life skills are the abilities for adaptive and positive behavior that enable humans to deal effectively with the demands and challenges of life. Residents learn the basics for maintaining daily life needs such as healthy social relationships, parenting, human needs, understanding and coping with their feelings, developing core skills, employment, decision-making, as well as effective communication.

Evening Development (PMD):

PMD is a structured end to residents and offenders Day with behavior standards being reminded one more time before the day ends. It sets the tone for the evening by residents sharing the community concerns, ensuring that the community stays informed of all essential information. This structured ending of the day provides a serene and calm environment to end the day. PMD also teaches right living and promotes community, facilitates reflection and teaches community values.

Social Services:

The facility has counselors and social workers to meet the social service needs of the residents. Each resident receives an individualized treatment plan designed to help them become positive, productive tax-paying citizens.

The residents participate in substance abuse classes, anger management, relapse prevention, moral resonance therapy, fatherhood classes, life skills, and celebrate recovery classes. Residents are moved between programs in a supervised group setting. Residents meet once monthly with their counselors to discuss progress of the treatment program. Resident also meets weekly in the pod for progress reports.

Visitation:

The facility has a visiting room for visits with its primary goal being Family Reunification. Visiting hours are on Sat. and Sunday from 8:00 a.m. to 3 :00 p.m. All visitors must have prior approval. Brief physical contact is allowed at the beginning and end of the visit. All visitors must have a photo ID. Legal counsel visit is permitted at any time.

Library Services:

The facility has a small well stocked library and an online legal library for use by the residents. The hours of operation are 8:00 a.m. to 3:00 p.m. Monday through Friday and 11:00 a.m. to 3:00 p.m. on Sunday.

Laundry:

The facility has a full-service laundry supervised by staff and operated by residents. Linen is exchanged weekly. The laundry starts washing and drying clothes at 4:00 a.m. Sunday thru Friday and closes at 8:00 p.m. The laundry is closed on Sat. for cleaning. The facility has four high capacity washers and four high capacity dryers, and all were working properly at the time of the audit.

A. Examination of Records

Following the facility tour, the team proceeded to the conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has zero notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had zero consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

A review of the Outcome Measures showed an absence of significant incidents in both nature and frequency. The numbers within the outcome measures are what would be expected for this type of facility.

The facility did have two inmate deaths during this accreditation cycle one related to an opioid overdose on the day of intake and one newborn death at birth. No evidence of agency neglect noted.

F. Examination of Records

Following the facility tour, the team proceeded to the Center Supervisor’s Conference Room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has zero notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had no consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

A review of the Outcome Measures showed an absence of significant incidents in both nature and frequency. The numbers within the outcome measures are what would be expected for this type of facility.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

<u>Department Visited</u>	<u>Person(s) Contacted</u>
	Phyllis Callaway-Silas Cen Debbie Ruff Phillip Glover
Security	Angela Garrett
Chaplain	Bruce Evans
Treatment	Brenda Walker
Food Service	Jamya Wren
Medical	David Smith
Maintenance	Stanley Booker

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 8:00 a.m. to 3:00 p.m. The audit team toured the facility observed residents doing cleaning details and moving from one program to another. The audit team spent extensive time visiting one on one with both residents and staff.

b. Evening Shift

The team was present at the facility during the evening shift from 3:00 p.m. to 5:30 p.m. The audit team observed the shift change report. Visited with oncoming staff and observed residents moving to different programs.

c. Night Shift

The team was present at the facility during the night shift from 6:10 a.m. to 7:15 a.m. The audit team visited with all night shift staff. The audit team observed a medication pass and visited with medical staff. The audit team also observed the shift change briefing.

5. Status of Previously Non-compliant Standards/Plans of Action

There were no findings of non-compliant standards during the previous ACA audit due to this being an initial audit.

The team reviewed the status of standards previously found non-compliant, for which a waiver was not granted, and found the following:

This is an Initial Accreditation Audit, no previous non-compliant findings found.

G. Interviews

During the course of the audit, team members met with both staff and offenders to verify observations and/or to clarify questions concerning facility operations.

1. Offender Interviews

The auditors interviewed 40 residents during the audit. They all said they felt safe in the facility. They felt the staff tried to be professional and helpful in providing them the tools they need to become productive citizens.

They felt the meals were notorious and portions were adequate. The residents all thought they had made positive progress and were treated fairly while at the facility. The audit team also attended two Therapeutic Community meetings with 50% of the inmate population present. The energy the inmates showed during the meetings was inspiring and change focused.

2. Staff Interviews

The audit team interviewed 36 staff members during the audit. The auditors both got the sense that all of the employees work well together as a team. They all stated that the best thing about their job was seeing people become successful in the community. All staff felt safe in the facility and have access to management at all times. The staff all felt that they receive excellent ongoing training in the latest techniques to help them perform their jobs. Many staff the team spoke with requested and were granted transfers from other Arkansas facilities to ECACCC.

H. Exit Discussion

The exit interview was held at 11:30 a.m. in the Visiting Room with the Center Supervisor Phillis Callaway-Silas and 34 staff in attendance.

The following persons were also in attendance:

Kevin Murphy, ACC Director
Jimmy Banks, Deputy Director
Phillis Callaway-Silas, Center Supervisor
Michael Fletcher, Assistant Deputy Director Treatment and Programs
Carrie William, Assistant Deputy Director for Re-Entry
Debbie Ruff, ACA Coordinator
Dina Tyler, Public Relations Coordinator
Phillip Glover, Assistant Center Supervisor

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

AMERICAN CORRECTIONAL ASSOCIATION
AND THE
COMMISSION ON ACCREDITATION FOR CORRECTIONS

COMPLIANCE TALLY

Manual Type	Audit Community Residential Services 4 th Edition	
Supplement	2016 Standards Supplement	
Facility Program	East Central Arkansas Community Correction Center	
Audit Dates	May 9-10, 2019	
Auditor(s)	Chairperson – James McClelland Team Member – James Allen	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	32	218
Number Not Applicable	0	14
Number Applicable	32	204
Number Non-compliance	0	0
Number In-Compliance	32	204
Percentage (%) of Compliance	100%	100%
<ul style="list-style-type: none"> • Number of Standards minus Number of Not Applicable equals Number Applicable • Number Applicable minus Number Non-Compliance equals Number Compliance • Number Compliance divided by Number Applicable equals Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Community Corrections
East Central Arkansas Community Correction Center
West Memphis, Arkansas

May 9-10, 2019

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #4-ACRS-1A-14

MALE AND FEMALE OFFENDERS DO NOT OCCUPY THE SAME SLEEPING ROOM.

FINDINGS:

The facility is a female only facility.

Standard #4-ACRS-2A-05

WHEN BOTH MALES AND FEMALES ARE HOUSED IN THE FACILITY, AT LEAST ONE MALE AND ONE FEMALE STAFF MEMBER ARE ON DUTY AT ALL TIMES.

FINDINGS:

The facility is a female only facility.

Standard #4-ACRS-2A-06

IF EMPLOYEE'S CONTRACTS ARE GOVERNED BY CIVIL SERVICE OR UNIONS, PROCEDURES PROVIDE FOR PROVISIONAL APPOINTMENTS TO ENSURE THAT SHORT-TERM PERSONNEL, BOTH FULL-TIME AND PART-TIME, CAN BE AVAILABLE DURING EMERGENCIES.

FINDINGS:

The facility does not use civil service or union employees.

Standard #4-ACRS-2A-13

THE ELECTRONIC MONITORING PROGRAM HAS A SYSTEM OF ACCOUNTING FOR AN OFFENDER AT ALL TIMES, INCLUDING VERIFICATION OF ACTIVITIES, REPORTING OF TARDINESS AND/OR ABSENCE FROM REQUIRED SERVICES OR ACTIVITIES, AS WELL AS OTHER PROGRAM VIOLATIONS.

FINDINGS:

The facility does not do Electronic Monitoring.

Standard #4-ACRS-2A-14

ACCESS TO COMPUTER EQUIPMENT IS LIMITED TO AUTHORIZED PERSONNEL WITH SECURITY CODES. ADEQUATE POWER AND COMMUNICATION BACKUP SYSTEMS PROVIDE CONTINUOUS, UNINTERRUPTED OPERATIONS.

FINDINGS:

The facility does not do Electronic Monitoring.

Standard #4-ACRS-2A-15

ANY INTERRUPTION IN SERVICE IS DOCUMENTED AND REPORTED TO THE AUTHORITY HAVING JURISDICTION.

FINDINGS:

The facility does not do Electronic Monitoring.

Standard #4-ACRS-2A-16

A DETAILED WRITTEN OFFENDER SCHEDULE IS DEVELOPED AND SIGNED BY A STAFF MEMBER AND THE OFFENDER.

FINDINGS:

The facility does not do Electronic Monitoring.

Standard #4-ACRS-2A-17

PROVISIONS ARE MADE FOR THOSE WHO ARE UNABLE TO PAY PROGRAM COSTS.

FINDINGS:

The facility does not do Electronic Monitoring

Standard #4-ACRS-4C-14

IF FEMALE OFFENDERS ARE HOUSED, ACCESS TO PREGNANCY MANAGEMENT SERVICES IS MADE AVAILABLE.

FINDINGS:

The Facility is a female only facility.

Standard #4-ACRS-4C-14-1

WHERE NURSING INFANTS ARE ALLOWED TO REMAIN WITH THEIR MOTHERS, PROVISIONS ARE MADE FOR A NURSERY, STAFFED BY QUALIFIED PERSONS, WHERE THE INFANTS ARE PLACED WHEN THEY ARE NOT IN THE CARE OF THEIR MOTHERS.

FINDINGS:

The facility does not allow infants to remain with mothers after birth.

Standard #4-ACRS-5A-26

THE FACILITY'S LOCATION FACILITATES ACCESS TO AND THE USE OF COMMUNITY-BASED SERVICES, RESOURCES, AND PUBLIC TRANSPORTATION. [NEW CONSTRUCTION ONLY]

FINDINGS:

The facility is not new construction.

Standard #4-ACRS-6A-04-1

THE ASSIGNMENT OF APPROPRIATELY TRAINED INDIVIDUALS TO ASSIST DISABLED OFFENDERS WHO CANNOT OTHERWISE PERFORM BASIC LIFE FUNCTIONS IS PROVIDED.

FINDINGS:

The facility does not house disabled residents.

Standard #4-ACRS-7 A-02

A SOLE PROPRIETOR OPERATING A FACILITY IS ABLE TO DOCUMENT THAT NECESSARY LEGAL MEASURES HAVE BEEN TAKEN TO PROVIDE CONTINUITY OF SERVICE IN THE EVENT OF BANKRUPTCY, INCAPACITATION, RETIREMENT, OR DEATH.

FINDINGS:

The facility is not a sole proprietor ship.

Standard#4-ACRS-7 A-03

THE AGENCY SATISFIES PERIODIC FILING REQUIREMENTS NECESSARY TO MAINTAIN ITS LEGAL AUTHORITY TO CONTINUE OPERATIONS. (PRIVATE AGENCIES ONLY).

FINDINGS:

The facility is not a private agency.

Standard#4-ACRS- 7A-4

AT A MINIMUM, THE BYLAWS FOR THE GOVERNING AUTHORITY OF THE AGENCY INCLUDE:

- MEMBERSHIP (TYPES, QUALIFICATIONS, REPRESENTATION, RIGHTS, DUTIES)
- SIZE OF GOVERNING BODY
- METHOD OF SELECTION
- TERMS OF OFFICE
- DUTIES AND RESPONSIBILITIES OF OFFICERS
- TIMES AUTHORITY WILL MEET
- COMMITTEES
- PARLIAMENTARY PROCEDURES
- RECORDING OF MINUTES

COMMUNITY

- METHOD OF AMENDING THE BYLAWS
- CONFLICT OF INTEREST PROVISIONS
- QUORUM FINDINGS:

The facility is not a private agency.

Significant Incident Summary

This report is required for all **residential** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: East Central Arkansas Community Correction Center
Reporting Period: May 2018 to May 2019

Incident Type	Months													Total for Reporting Period
		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	0	0	0	0	1	0	0	1	0	0	0	0	2
	Offender/Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with a Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	1	1
Other*		0	0	0	0	0	0	0	0	0	0	0	0	0

*May require reporting to ACA using the Critical Incident Report as soon as possible within the context of the incident itself.

Facility Name: East Central Arkansas Community Correction Center
Date: **June 1, 2018 through May 2019**

Standard	Outcome Measure	Numerator / Denominator	Value	Calculated O.M
1A	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months	1	
	divided by	Average number of Full-Time Equivalent staff positions during the past 12 months	114	0.00877
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the past 12 months	358	0
	(3)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(4)	Number of sanitation or health code violations identified by external agencies in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
1B	(1)	Number of accidents resulting in property damage in the past 12 months	1	
	divided by	total number of miles driven in the past 12 months unless otherwise noted	121,504	0.00000
	(2)	Number of accidents resulting in injuries requiring medical treatment for any party in the past 12 months	1	
	divided by	Total number of miles driven in the past 12 months unless otherwise noted.	121,504	0.00000
	(3)	Amount (\$) of damage from vehicle accidents in the past 12 months.	12,494.94	
	divided by	Total number of miles driven in the past 12 months unless otherwise noted.	121,504	0.10283
1C	(1)	Number of emergencies, caused by forces external to the facility, that result in property damage in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0

	(2)	Number of injuries, caused by forces external to the facility, requiring medical attention that results from emergencies in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0
	(3)	Number of times that normal facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0
	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months	0	
	divided by	Number of emergencies caused by forces external to the facility.	0	0
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0
	(6)	Number of injuries requiring medical attention that result from emergencies that were not caused by forces external to the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0
	(7)	Number of times that normal facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	1	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0.0027
	(8)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	2	
	divided by	Number of emergencies.	1	2
	(9)	Number of injuries requiring medical treatment resulting from fires in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(10)	Number of fires that resulted in property damage in the past 12 months	0	

	divided by	Average Daily Offender Population for the Past 12 Months.	358	0
	(11)	Amount (\$) of property damage from fire in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0
	(12)	Number of code violations cited in the past 12 months	1	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0.0027
	(13)	Number of incidents involving toxic or caustic materials in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0
	(14)	Number of incidents of inventory discrepancies during the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0
2A	(1)	Number of incidents in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0.0055
	(2)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	2	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0.0055
	(3)	Number of unauthorized offender absences from the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(4)	Number of times facility did not report offender absence to the responsible jurisdiction within the established time.	0	
	divided by	Number of unauthorized offender absences	0	0
	(5)	Number of instances of unauthorized access to the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0
2B	(1)	Number of instances in which force was used in the past 12 months.	1	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0.0027
	(2)	Number of times that staff uses of force was found to have been inappropriate in the past 12 months.	0	
	divided by	number of instances in which force was used	1	0
	(3)	Number of offender grievances filed alleging inappropriate use of force in the past 12 months	0	

	divided by	Average Daily Offender Population for the Past 12 Months.	358	0
	(4)	Number of grievances alleging inappropriate use of force decided in favor of offender in the past 12 months.	0	
	divided by	number of grievances alleging inappropriate use of force filed	0	0
	(5)	Number of injuries requiring medical treatment resulting from staff use of force in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0
2C	(1)	Number of incidents involving contraband in the past 12 months	10	
	divided by	Average Daily Offender Population for the Past 12 Months.	358	0.0279
	(2)	Number of weapons found in the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(3)	Number of controlled substances found in the facility in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0.0055
2D	(1)	Number of incidents involving keys in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0.0055
	(2)	Number of incidents involving tools in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
3A	(1)	Number of rule violations in the past 12 months	183	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0.0363
	(2)	Number of offenders terminated from the facility due to rule violations in the past 12 months	10	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0.0279
4A	(1)	Number of documented offender illnesses attributed food service operations in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(2)	Number of offender grievances about food service decided in favor of the offender the past 12 months	4	
	divided by	Number of offender grievances about food service in the past 12 months.	4	1

	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months	1	
4B	(1)	Offender grievances regarding offender access to personal hygiene decided in favor of the offender in the past 12 months	0	
	divided by	Number of offender grievances about access to personal hygiene in the past 12 months	0	0
4C	(1)	Number of suicide attempts in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0.0055
	(2)	Number of offender suicides in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(3)	Number of offender grievances regarding access to health care in the past 12 months	4	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0.0111
	(4)	Number of offender health care access complaints that are found to have merit in the past 12 months	6	
	divided by	Number of offender grievances regarding access to health care in the past 12 months	4	1.5
	(5)	Number of court suits filed against the facility challenging access to health care in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(6)	Number of health care access court cases decided against the facility in the past 12 months	0	
	divided by	Number of court suits filed against the facility challenging access to health care in the past 12 months	0	0
5A	(1)	Number of offenders who are employed upon release in the past 12 months	156	
	divided by	Number of offenders released in the past 12 months	786	0.198
	(2)	Number of offenders who move into permanent housing upon release in the past 12 months	457	
	divided by	Number of offenders released in the 12 months	786	0.581
	(3)	Number of offender substance abuse tests for which the results were positive in the past 12 mos.	2	
	divided by	Number of tests administered in the past 12 months	673	0.00297

	(4)	Total number of offenders who successfully completed the program in the past 12 months	177	
	divided by	Number of offenders who left the program in the past 12 months	786	0.225
	(5)	Number of offenders who showed improvement as measured by the objective assessment instrument prior to release in the past 12 months	600	
	divided by	Number of offenders released in the past 12 months	786	0.763
	(6)	Number of offenders who were arrested while in residence in the past 12 months	0	
	divided by	Daily Offender Population for the Past 12 Months	358	0
6A	(1)	Total number of offender grievances in the past 12 months, regarding: (a) access to court; (b) mail or correspondence; (c) sexual harassment; (d) discipline; (e) discrimination; (f) protection from harm	1	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0.0027
	(2)	Number of offender grievance (see a through e above) decided in favor of offenders in the past 12 months	0	
	divided by	Total number of grievances filed in the past 12 months	0	0
	(3)	Total number of offender court suits alleging violation of offender rights filed against the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(4)	Number of offender court suits alleging violation of offender rights decided in favor of offenders in the past 12 months	0	
	divided by	Total number of offender suits filed in the past 12 months	0	0

6B	(1)	Number of offender grievances regarding discrimination in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(2)	Number of offender grievances regarding discrimination resolved in favor of offenders in the past 12 months	0	
	divided by	Total number of offender grievances filed regarding discrimination in the past 12 months	0	0
	(3)	Number of grievances resolved in favor of offenders in the past 12 months	5	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0.013
	(4)	Number of grievances resolved in favor of offenders in the past 12 months	5	
	divided by	Total number of grievances filed in the past 12 months	15	0.3333
6C	(1)	Number of disciplinary incidents resolved informally in the past 12 months	96	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0.268
	(2)	Number of formal offender disciplinary decisions that were are appealed in the past 12 months	21	
	divided by	Total number of disciplinary decisions made in the past 12 months	151	0.1390
	(3)	Number of appealed disciplinary decisions decided in favor of the offender in the past 12 months	1	
	divided by	Total number of disciplinary decisions made in the past 12 months	151	0.006

	(4)	Number grievances filed by offenders challenging disciplinary procedures in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(5)	Number of disciplinary-related grievances resolved in favor of the offender in the past 12 months	0	
	divided by	Total number of disciplinary-related grievances filed in the past 12 months	0	0
	(6)	Number of court suits filed against the facility regarding discipline in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(7)	Number of court cases regarding discipline decided against the facility in the past 12 months	0	
	divided by	Total number of court decisions regarding discipline decided in the past 12 months	0	0
	(8)	Number of rule violations in the past 12 months	204	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0.569
	(9)	Number of offenders terminated from the facility due to rule violations in the past 12 months	10	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0.027
6D	(1)	Number of offenders released in the past 12 months who made regular payments toward their restitution obligations	N/A	
	divided by	Number of offenders who had restitution obligations in the past 12 months	N/A	
	(2)	Number of offenders who satisfy their court cost/fines obligations in the past 12 months	N/A	
	divided by	Number of offenders who had court cost/fine obligations in the past 12 months	N/A	
	(3)	Total amount of restitution paid by offenders in the past 12 months	N/A	
	divided by	Average Daily Offender Population for the Past 12 Months	358	358
	(4)	Total number of hours of community service donated by offenders in the past 12 months	8,377	
	divided by	Average Daily Offender Population for the Past 12 Months	358	23.399
	(5)	Total number of offenders who participated in restitution in the past 12 months	N/A	

	divided by	Total number of offenders housed in the past 12 months	1,146	1,146
	(6)	Total number of offenders who participated in community service work in the past 12 months	157	
	divided by	Total number of offenders housed in the past 12 months	1,146	0.013
	(7)	Total number of offenders who participated in victim awareness programs in the past 12 months	0	
	divided by	Total number of offenders housed in the past 12 months	1,146	0
	(8)	Total amount of restitution paid by offenders in the past 12 months	N/A	
	divided by	Total number of offenders housed in the past 12 months	1,146	1,146
	(9)	Total number of hours delivered by offenders who participated in community service work in the past 12 months	8,377	
	divided by	Total number of offenders housed in the past 12 months	1,146	7.309
7A		None		
	(1)	Total number of years of staff members' education as of the end of the last calendar year	1856	
	divided by	Number of staff at the end of the last calendar year	108	17.185
	(2)	Number of staff who left employment for any reason in the past 12 months	67	
	divided by	Number of full-time equivalent staff positions in the past 12 months	127	0.527
	(3)	Total number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education in the past 12 months	250	
	divided by	Number of full-time equivalent staff positions in the past 12 months	127	1.968
	(4)	Number of professional development events attended by staff in the past 12 months	144	
	divided by	Number of full-time equivalent staff positions in the past 12 months	127	1.133
7C	(1)	Number of incidents in which staff were found to have acted in violation of facility policy in the past 12 months	6	
	divided by	Number of full-time equivalent staff positions in the past 12 months	127	0.004
	(2)	Number of staff terminated for conduct violations in the past 12 months	12	
	divided by	Number of full-time equivalent staff positions in the past 12 months	127	0.094

	(3)	Number of offender grievances attributed to improper staff conduct which were upheld in the past 12 months	5	
	divided by	Number of offenders grievances alleging improper staff conduct filed in the past 12 months	6	0.8333
	(4)	Number of offender grievances attributed to improper staff conduct which were upheld in the past 12 months	5	
	divided by	Average Daily Population for the past 12 months	358	0.0139
	(5)	Where staff are tested, the number of staff substance abuse tests failed in the past 12 months	0	
	divided by	Number of staff substance abuse tests administered in the past 12 months	70	0
7D	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures)	0	
	divided by	Budget for the past 12 months	0	0
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit	0	
	(3)	Number of grievances filed by offenders regarding their records or property in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(4)	Number of offender grievances (records/property) decided in favor of offenders in the past 12 months	0	
	divided by	Total number of offender grievances (records/property) in the past 12 months	0	0
	(5)	Number of objectives achieved in the past 12 months	5	
	divided by	Number of objectives for the past 12 months	10	0.5
	(6)	Number of program changes made in the past 12 months	0	
	divided by	Number of program changes recommended in the past 12 months	0	0
7E	(1)	Number of grievances filed by staff in the past 12 months	1	
	divided by	Number of full-time equivalent staff positions in the past 12 months.	127	0.007
	(2)	Number of staff grievances decided in favor of staff in the past 12 months	0	
	divided by	Total number of staff grievances in the past 12 months	1	0

	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year	695	
	divided by	Number of staff at the end of the last calendar year (e.g. Average number of years experience)	108	6.435
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months	0	
	divided by	Number of staff termination or demotion hearings requested in the past 12 months	0	0
7F	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months	3,283	
	divided by	Average Daily Offender Population for the Past 12 Months	358	9.170
	(2)	Total number of individual community members who provided voluntary service in the past 12 months	1,419	
	divided by	Average Daily Offender Population for the Past 12 Months	358	3.963
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(4)	Total number of positive statements made by media regarding the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	358	0
	(5)	Total number of complaints from the community in the past 12 months	N/A	
	divided by	Average Daily Offender Population for the Past 12 Months	358	358
	(6)	Total number of hours of community service work delivered by offenders in the past 12 months	8,377	
	divided by	Average Daily Offender Population for the Past 12 Months	358	23.399
OPT	(1)	Number of offenders released in the past 12 months who are employed for six months after release	N/A	
	divided by	Number of offenders released in the past 12 months	773	773
	(2)	Number of offenders released in the past 12 months who continue substance abuse treatment for six months after release	N/A	
	divided by	Number of offenders released in the past 12 months	773	773

	(3)	Number of offenders released in the past 12 months who support themselves for six months following their release	N/A	
	divided by	Number of offenders released in the past 12 months	773	773
	(4)	Number of offenders released in the past 12 months who are convicted or adjudicated for a felony crime within 6 months after release	N/A	
	divided by	Number of offenders released in the past 12 months	773	773
	(5)	Number of offenders released in the past 12 months who are convicted or adjudicated for a misdemeanor crime within 6 months after release	N/A	
	divided by	Number of offenders released in the past 12 months	773	773
	(6)	Number of offenders released in the past 12 months who are convicted or adjudicated for a felony crime within 6 months after release	N/A	
	divided by	Number of offenders released in the past 12 months	773	773
	(7)	Number of offenders released in the past 12 months who are convicted or adjudicated for a misdemeanor crime within 12 months after release	N/A	
	divided by	Number of offenders released in the past 12 months	773	773