COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Division of Corrections Ouachita River Correctional Unit Malvern, Arkansas

May 21 - 23, 2024

VISITING COMMITTEE MEMBERS

Mike Rucker, Chairperson ACA Auditor

Anita Carnell ACA Auditor

Joe Rizzo ACA Auditor

A. Introduction

The audit of the Ouachita River Correctional Unit, Arkansas Division of Corrections, Malvern, Arkansas was conducted on May 21 - 23, 2024, by the following team: Michael Rucker, Chairperson; Joe Rizzo, Member; and Anita Carnell, Member.

B. Facility Demographics

Rated Capacity: 1898
Actual Population: 1925
Average Daily Population for the last 12 months: 1882

Average Length of Stay: 1 year, 6 months, 23 days

Security/Custody Level: Medium

Age Range of Offenders: 18 years to 93 years

Gender: Male Full-Time Staff: 515

52 Administrative/Program, 3 Support, 359 Security, 101 Medical.

C. Facility Description

The Ouachita River Correctional Unit (ORCU) is a modern brick, concrete block, and precast concrete structure that started receiving inmates in 2003. The facility is located in Malvern, Arkansas situated in Hot Spring County approximately 47.7 miles Southwest of Little Rock off of Highway 67 with nearby access to I-30. It sits on approximately 488 acres of land with approximately 31 acres inside the secure compound and approximately 457 acres outside the secure compound. ORCU is the Arkansas Division of Corrections' newest medium security institution due to the 2002 special legislative session's call to address prison overcrowding. The designed facility capacity is 1898. The average daily population for the last 12 months is 1882.

Security is provided by a double chain link fence with razor wire and a microwave system between the fences. There are four armed towers located around the perimeter all of which are manned 24 hours a day. Security is reinforced by vehicular roving patrol. Entry is controlled at the Front Entrance gate and the Sally Port. Inmate movement is monitored and controlled with the use of video cameras, control rooms, and electronically controlled gates. The facility operates two shifts: 6:15 a.m. to 6:15 p.m. and 6:15 p.m. to 6:15 a.m. Each shift consists of 74 Correctional Officers, eight Sergeant positions, a Captain, and two Lieutenants. The entry to all housing areas are equipped with electric locks with key overrides. Alpha-Hotel Barracks and SND are key operated entry doors. Correctional Officers assigned to each housing area and barracks maintain visual and interactive contact with the inmates. There are electric, key override, riot gates in the main hallways. These gates are operated and monitored with video cameras inside Hospital Control, North Control, Central Control, and South Control. The vital core of ORCU is Central Control located between the Administration Building and the Prison.

To enter the facility, you must pass through the Entrance Gate, operated by the Front Tower, into the Administration Building. There are two gates in the Perimeter Fence. The vehicular entrance is at the rear Sally Port and is manned during the day. Utility Squad and Field Utility workers are released through the Sally Port Gate. The West Tower located here is manned 24 hours a day. Inmate Housing is as follows: Housing 1, 2, and 3 consists of two-man cells for general population, with the exception of twelve (12) of the cells used as single-man handicapped cells. Alpha, Charlie, Delta, Echo, Foxtrot, Golf, Hotel, SNC, and SND are open barracks for general population. Bravo Barracks houses the inmates who are participating in the Principals and Applications for Life (PAL Program. Bravo Barracks houses 46 inmates. Punitive Isolation consists of East & West Isolation which is single cells. RPU (Residential Program Unit) houses 96 mental health inmates. These inmates are assessed by the Mental Health staff. Habilitation Program houses up to 40 inmates that are mentally challenged and are unable to function in general population. These inmates are under the care of the Mental Health staff. There are eight single cells in the Habilitation Barracks. RSVP (Reduction of Sexual Victimization Programs) consist of Barracks 9, 10, and 11. 9 barracks houses 78 inmates while 10 and 11 barracks houses 80 inmates each. Intake Barracks 1-6 houses inmates entering the Arkansas Division of Corrections with the exception of death penalty inmates.

Intake operates at a capacity of 246 beds. The Hospital houses short-term and longterm medical care inmates and has a bed capacity of 28. The custody level of the current inmates in this unit is: 485 maximum custody inmates 520 medium custody inmates 920 minimum custody inmates Other areas of ORCU include the Infirmary, Laundry, Inmate Dining Halls, Staff Dining, Kitchen, Gym, School/Vo-Tech, General/Law Mailroom, Records Department, Library, Count Room, Visitation, Maintenance/Construction. In addition, the facility has a Non-Contact and Contact Visitation area and an area for Attorneys to visit with their clients. Buildings and operations not inside the perimeter fence are: Four Towers, Armory, Firing Range, Horse Barn, Dog Kennels, Fueling Station, Maintenance Building, Entrance Building, and Sally Port Building. In January 2012, a new Hospital opened adding even more beds to the unit. In conjunction with opening the Hospital, the Special Programs Unit and the Special Needs Unit were also opened. The total number of employees at ORCU is 411. This does not include the Medical Staff that are contracted by the state and are employed by Wellpath. The staff breakdown is as follows: 359 Security Positions 52 Administrative Positions 22 Program Staff Positions 101 Contracted Medical Personnel Special operations consist of educational services. Reduction of Sexual Victimization Program (RSVP), Habilitation Program, Recreation Program, Religious Programs, Work Program, Hobby Craft Programs, and the Paws in Prison Program.

D. Pre-Audit Meeting

The team met on May 20, 2024, in Malvern, Arkansas, to discuss the information provided by the Association staff and the officials from Ouachita River Correctional Unit.

The chairperson divided standards into the following groups:

Standards #1A-01 to 2G-03 Michael Rucker, Chairperson Standards #3A-01 to 5F-08 Joe Rizzo, Member Standards #6A-01 to 7F-08 Anita Carnell, Member

E. The Audit Process

1. Transportation

The team was escorted to the facility by Shelly Jones, ACA Administrator, Central Office.

2. Entrance Interview

The audit team proceeded to the office of Jared Byers, Superintendent. The team expressed the appreciation of the Association for the opportunity to be involved with Ouachita River Correctional Unit in the accreditation process.

Jared Byers, Superintendent, escorted the team to the Chapel where the formal entry meeting was held.

The following persons were in attendance:

Jared Byers
Randy Straughn
Emmer Branch
Tristan Head
Quintin Mixon
Curtis Clark
Douglas Sell
Superintendent
Deputy Warden
Field Major
Building Major
Grievance
Mental Health

Amanda Murdock Rehab Program Manager (RPU)
Donna Dycus Rehab Program Manager (RSVP)

Channon Newman School Principal

Crystal McCoy HSA

Phyllis Deever Unit Trainer

Nadia Gonzalez Habilitation Supervisor

Lisa Roker Rehab Program Manager Intake/General Population

Rachel McLelland Intake Processing Supervisor

Angie Williams Records Supervisor

Kelly Moring Business Officer Manager Brandi Prince Mailroom Supervisor

Paula Gray Human Resources Supervisor

Heather Griffin Program Specialist

Darrell Bassham HSA

Brandon King Key Control Supervisor
Paula Holley Food Prep Manager
Josh Crosby Fire/Safety Lieutenant

Karen Lawrence Commissary Supervisor
Paul Walter Hospital Lieutenant
Darrell Williams RPU Lieutenant

Dillan Jennings Captain

Don Moreland Intake/ Restrictive Housing Lieutenant Jacob Montgomery Emergency Preparedness Lieutenant

Jerilynn Hosman, Classification Supervisor Evan Nally Maintenance Sergeant

Scott Pollett Chaplain

David Hankel Director of Maintenance

Lisa Hankel ACA Manager
Stacey Wiley Program Specialist
Rebecca Nesbitt Visitation Clerk
Allison Cash Grievance

Arielle Rideout Deputy Warden Administrative Assistant

Jeremy Mayhue Program Specialist

Shelly Jones ACA Manager-Central Office

Jacob Higgins

Lieutenant Fire/Safety-Central Office
William Straughn

Gaylon Lay

Lieutenant Fire/Safety-Central Office

Deputy Director-Central Office

Superintendent-Central Office

M. D. Reed Chief Deputy Director-Central Office

Dexter Payne Director-Central Office

Dana Haynes Regional Manager-Central Office
Jason Kelly Regional Manager-Wellpath
Emma Hamer Mental Health-Central Office
Ronald Martin Construction-Central Maintenance

Manda Bass Central Office

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 8:30 a.m. to noon on Tuesday and 8:30 a.m. to 11:00 a.m. on Wednesday. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

M.D. Reed, Chief Deputy Director William Straughn, Deputy Director Jared Byers, Superintendent Shelly Jones, ACA Administrator Jacob Higgins, Fire/Safety Lieutenant Ronald Martin, Construction Manda Bass, Public Information Specialist Donald Moreland, Intake Lieutenant Josh Crosby, Fire/Safety Lieutenant Dillan Jennings, Captain Quintin Mixon, Building Major David Hankel, Director of Maintenance Brandon King, Key Control Lieutenant Jacob Montgomery, EPC Lieutenant Rebecca Nesbitt, Visitation Clerk Jeremy Mayhue, Program Specialist Paul Walter, Hospital Lieutenant Tristan Head, Field Major Darrell Williams, RPU Lieutenant Jason Kelly, Regional Manager Wellpath Dana Haynes, Regional Manager Wellpath Melissa Moore, Medical Administrator for ADC Kim Rosenthal, Regional Director of Operations Wellpath James Bassham, HSA (Infirmary) Crystal McCoy, HSA

Notices of the reaccreditation audit were posted throughout the facility.

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 compound is surrounded by a double fence 12 feet six inches high. These fences have one roll of razor wire and a micro-wave detection system that includes 17 microwave zones. The perimeter detection system also includes cameras which are monitored by the control center. When a zone is transgressed, an audible- visual alarm is activated in the Control Room. The Central Control Room officer alerts tower and/or perimeter patrol vehicle to check and clear the alarm as needed. Alarms are cleared in Central Control after being cleared by a tower officer and/or the Perimeter Patrol Vehicle. The perimeter is observed from four towers staffed 24/7 whose staff are equipped with AR 15 rifles, however due to staff shortages only two of the four towers are manned. Tower 1 at the front entrance was toured by this writer and Warden Byers. There is a perimeter patrol post from dusk till dawn. The perimeter staff person is equipped with an 870 shotgun. Entry into the perimeter is accessed through the front walk-through gate and a vehicle sallyport at the rear of the facility.

It should be noted that the rear sally port is used by the various county jails around the state for transport of state sentenced inmates to Ouachita Reception Unit.

They are processed at Ouachita and transferred to one of the Arkansas state prisons throughout the state. It is also used for inmates leaving the facility to work on various outside work details.

The transport vehicles from both the agency and other law enforcement agencies use a weapons vault located near this vehicle sallyport which is under the supervision of the tower. Facility transport staff is equipped with Glock handguns.

This facility conducts shift briefings for each of the two 12-hour shifts, which provides all staff the ability to enter their work area informed of any changes or potential issues. Most security staff carry keys, OC spray, handcuffs, and a radio. Those staff with the rank of Lieutenant or higher are also issued Tasers.

The facility has 976 cameras in place and functioning. Staff enters the facility through the main entrance building. As part of the screening process staff must clear a metal detector, must clear a total body scanner and then they are pat searched by a staff member. Their belongings are searched through an x-ray machine, they sign in through a biometric scanner and then a time clock.

The Armory/Key Control building is located outside the secure perimeter near the main entrance. The Armory building was clean and well organized. All inventories that were checked by this writer were accurate and the assigned staff was responsive to all questions. All replacement and spare keys are stored in the Key Control area. The armory consists of the following: Glocks, Shotguns, Ars, Non-lethal Shotguns, 37 MM (seven in the Armory, two in Central Control), and Glocks for Pine Bluff Central Transportation. The chemical inventory is properly dated. They have an ample supply of the following ammunition: 223, 556, 40, slug and buckshot.

Security staff normally carries keys, radio, and OC. Daily key issue tracking is maintained by a key issue log which is accurately maintained and checked during and following each shift. If a set of keys is discovered to have been inadvertently taken from the property, the person who took them is contacted and directed to return to the facility to return the keys. The keys were properly inventoried, stored, and accurate issue documentation was maintained. Spot checks on issue and use of keys were conducted with several staff members (Security and Administrative). The staff checked was found to know both the number and use of their assigned keys. Inventories are maintained via computer program and paper backup. The paper backup was updated according to the inventory check schedule, checked, and found to be accurate.

The canine program is used for the training of tracking dogs. The kennel was clean and the dogs are well trained and cared for by Ouachita field staff and trained inmate trustees.

The Canine Unit assists the local law enforcement, including the game and wildlife in searches and apprehension. A local Veterinarian is contracted to provide services. There is a good management of chemicals and tools.

There is horse barn consisting of nine horses housed in two separate stables for horses that work with the dog tracking team as well as horses that are used to monitor inmate working outside of the perimeter of the facility. There is a good management of chemicals and tools.

Standard #5-ACI-1C-05 was found to be non-compliant since ORCU had an overall vacancy rate of 45.12% for the eighteen month period of 9/2022 to 2/2024.

Restrictive Housing

East and West Restrictive Housing is accommodated with 30 cells in each housing unit, totaling 60 cells for the Restrictive Housing area. While touring the unit it was noted that each cell is a single occupancy cell equipped with sink and toilet. There are four single occupancy showers on each side. Inmates are afforded the opportunity to shower three times a week .(Mon/Wed/Fri) Cell clean up, haircuts, and shaves are conducted three times a week (Mon/Wed/Fri). Inmates receive outdoor recreation for one hour five days a week. Mental Health and Medical staff conduct daily rounds, as well as when requested by the inmate. The Chaplaincy Department conducts emotional services rounds. Inmates are afforded the opportunity to have access to law library and notary. Upon initial assignment to Restrictive Housing pending disciplinary court review, inmates are seen by the Classification committee weekly until they have attended disciplinary court.

Residential Program Unit

The unit goal is to assist these men with their mental health issues. Many of these men are in need of intensive counseling and there is an attempt to release these men into general population. It was noted that some of these men because of their severe mental health issues and violent behavior will have difficulty being ultimately released back into general population. The unit houses 96 mental health inmates.

Environmental Conditions:

The facility was clean and well lit. Maintenance of the physical plant is good, and the day-to-day operation is conducted in a quiet and orderly fashion. The lighting, airflow, and temperature controls were all within acceptable levels at the time of the audit. The noise levels were extremely low throughout the facility. The movement in all areas did not reflect overcrowding. There was a good number of activities going on in the living and program areas. Adequate toilets and washbasins were available. Water temperature appeared to be within acceptable limits as evidenced by physical checks by this writer.

Sanitation:

The Caustic/Toxic is controlled by the Health and Safety Officer. All dilution of products deemed Hazardous or Toxic are directly controlled by the officer. Chemical boxes are locked and sent to housing and treatment areas in the am and returned by shift change when an exchange of boxes occur for the Evening shift. The facility is clean and well maintained in all areas. Inmate workers/porters are responsible, under the direction of staff, for cleaning the facility. Inspections by staff ensure the areas are maintained at a high level. Weekly safety and sanitation inspections are conducted by appropriate staff. There are eye wash stations in key critical areas of the facility. All chemicals are controlled and have proper SDS—sheets readily available. I was able to observe many throughout the facility. Staff and inmates are required to know the proper use and what to do in case of an emergency involving chemical and caustics. All staff are trained on safety precautions as noted through a review of the standards. Personal hygiene items

are available to inmates and staff. There is a housekeeping plan. Daily, weekly, and monthly inspections are performed by facility staff and were made available for review.

The Facility grounds are in excellent shape and are well maintained through inmate labor. The facility has a large area both inside and outside the facility to maintain. It appears to be well manicured and clean. Safety and sanitation inspections are conducted annually, monthly, weekly, and daily. All floors were clean and polished. Offices were free of clutter, and grounds were free of trash.

The facility is on public water and sewage system. Furnishing throughout the facility had appropriated fire-rating as required. The facility has a well-established housekeeping plan that outlines areas for cleaning on a daily, weekly and monthly basis.

Fire Safety:

The facility is monitored by an electronic fire detection system with enunciation panels in central control. Throughout the facility, exits were clearly marked. Evacuation routes were posted. The facility has 238 fire extinguishers, also fire hydrants, sprinkler systems, and range hoods that are inspected and with necessary documentation maintained. Annual fire inspections and weekly and monthly inspections by staff were available for review. Fire drills were being done for each housing unit on at least a quarterly basis and included evacuation of inmates from the buildings. There are Self-Contained Breathing Apparatus (SCBA) and sprinkler systems throughout the facility. Emergency keys have a series of drilled dots on each key ring providing tactile ID in low light environments. Fire drills are conducted on a quarterly basis on all shifts. The annual fire inspections are conducted by the Arkansas State Department of Fire Safety.

The facility's fire plan is reviewed and approved annually. The Malvern City Fire Department are designated first responders and are located 4 minutes from the facility. Smoke sensors are a combination of smoke and heat throughout the facility.

The Generators are tested full load quarterly and routine tested weekly.

Food Service:

The ORCU kitchen employees a Food Preparation Manager and seven Food Preparation Supervisors when fully staffed. The kitchen is in operation 24 hours a day, seven days a week. Approximately 180 inmates are employed in the food service department. Meals are prepared for breakfast, lunch, and dinner for approximately 1875 inmates and 200 staff. Medical snacks and special medical diets are prepared for inmates with medical needs; including inmates located in the ORCU Hospital that require strict diets. Inmate cooks learn the nutritional difference in the diet process and the Food Service Manager must be a Certified Dietary Manager because of the meal preparation for the ORCU Hospital.

A meal tray was sampled in the dining area on the second day of the audit and included taco sauce, spaghetti noodles, mixed vegetables, pears, cornbread and tea. The meal was of appropriate temperature and the serving size appeared to be uniform among the inmates. Inmates verbalized that the food was good for the most part, but had some "bad days" which is a typical response for most institutional food. Supper provided on the second day of the audit consisted of chicken a la king, mashed potatoes, applesauce and a large dinner roll. The meal was of adequate portions and was tasty.

Medical Care:

During the May 2024 Ouachita Audit, Healthcare Audit member Anita Carnell spoke with the following staff:

*James Bassham, ORCU Infirmary Health Services Administrator Roni Bowman, LCSW

*Emmer Branch, Deputy Warden

Shirley Champion, DON Infirmary

Donna Dycus, Rehabilitation Program Manager (RSVP)

Daniel Flora, Senior Chaplain

Nadia Gonzales, Habilitation Supervisor Lisa

Gray, RN

*Heather Griffin, LPC, Think Legacy

*Emma Hamer, LSW, Rehabilitation Director (Mental Health)

*Dana Haynes, Regional Manager, Wellpath

Guy Henry, MD

Samuel Jones, Hospital Security

*Jason Kelley, Regional Manager Wellpath

*Crystal McCoy, ORSNU Hospital Health Services Administrator

Tara Mahend, APN Mary Mason, RN LaSandra McCoullough, LMSW Tasha McGee, LPN, Infection Control Nurse Melissa Moore, Medical Administrator, ADC Kim Rosentaul, Director of Operations, Central Office, Wellpath Arielle Rideout, Scribe *Lisa Roker, Rehabilitation/Intake Population Manager Douglas Sell, Psychologist William Scott, MD, Day Clinic Cody Scroggins, Corporal, Day Clinic Security Natasha Thomas, Corporal Infirmary Security Angela Turner, RN Nannette Vowell, MD, Day Clinic Rhoda Washington, Medical Records Clerk, Infirmary *Miranda Wiley, Commissary Manager Laugretta Williams, Nurse Assistant Infirmary

(* Indicates follow-up interviews/visits to clarify points during folder review or area visit)

The mission of the Ouachita River Correctional Unit (ORCU) medical services is to provide reception services to all inmates coming into the Arkansas Division of Correction (ADC) system as well as provide hospital medical care to male inmates aged 18 and older from across the state of Arkansas. At the time of the audit, ORCU housed inmates aged 18 to 93 with the longest sentence length being life without parole. The physical plant of ORCU is divided into two parts: the older section which houses the medical section is licensed for six (6) beds and is called the "Infirmary" and the newer addition which houses the "hospital" or Special Needs Unit (SNU) which is licensed for twenty-eight (28) beds. ORCU also has a total of eleven (11) dialysis chairs and handles approximately thirty (30) inmates requiring dialysis from across the state.

The Infirmary consists of a security area, an inmate waiting room with bathroom facilities, four (4) observation rooms, an unused dental suite, an x-ray suite, a pharmacy area, an exam treatment room, a sick call room, the administrative area, five (5) staff offices, a medical records area, staff bathroom facilities and six (6) storage rooms. The Hospital area is divided into four (4) main sections: the Day Clinic, the Intake Medical area, the SNU Hospital and the Special Needs Department (SND) which most resembles a nursing home setting which houses inmates who can care for themselves but not live in general population. The Day Clinic consists of an emergency station, five (5) employee workstations, a sharp/tool room, one (1) lab room, an x-ray room, two (2) treatment rooms, one (1) inmate restroom and two (2) employee restrooms.

The Day Clinic houses a dental suite with four (4) dental chairs, one (1) holding cell, one (1) restroom, an autoclave room and one (1) supply room. Also in the Day Clinic is a dialysis area with eleven (11) dialysis chairs, one (1) staff office and a stockroom. There is an administrative hallway with eleven (11) staff offices, two (2) holding cells and one (1) clinic room. The Intake Medical area contains one (1) medical records office, one (1) break room, one patient restroom, one staff restroom, ten (10) staff offices, three (3) LPN offices and two (2) ADC offices. There is also a dental suite with two dental chairs and a panoramic dental x-ray room. The SNU Hospital area has nine (9) double occupancy patient rooms with restrooms, six (6) isolation negative pressure rooms with restrooms, one (1) pill room, one (1) IV room, one (1) clean equipment room, one (1) oxygen room, two (2) recreation yards, one (1) shower room, one (1) staff restroom, one (1) dayroom, one (1) nurses station and one (1) supply room. The SND, nursing home area, has ten (10) double occupancy patient rooms, six (6) single patient rooms, fourteen (14) open bunk patient areas, two (2) shower areas, two (2) patient restrooms, one (1) employee restroom, one (1) pill room, and one (1) provider office. There are also freestanding pill rooms in the Alphabet Barracks (general population barracks A-H), in the Intake area, in the Habilitation area as well as in the Residential Program Unit (RPU).

Health care services are provided through contract with Wellpath Care utilizing Wellpath employees under the direction of regional Wellpath administrators and unit Medical Directors, Guy Henry MD who is over the ORCU Infirmary and Nannette Vowell, MD who is over the SNU Hospital. James Bassham, RN is the Health Services Administrator (HSA) for the Infirmary while Crystal McCoy, RN is the HSA for the Hospital. All are on-site weekly. Day to day staffing for the Infirmary includes one medical doctor Monday through Thursday, one RN DON Mondays through Fridays, one additional RN three days weekly, seven (7) LPNs working rotating shifts with two per shift, one (1) LPN for sick calls each weekday, one (1) LPN for pharmacy/infection control each weekday, one (1) medical records clerk and one (1) certified nursing assistant (CNA) five days weekly. Staffing for the Day Clinic includes one (1) RN Charge Nurse, two (2) LPNs, one (1) MD and one (1) nurse practitioner who are onsite each day Monday through Friday. Intake Medical is staffed with three (3) LPNs, one (1) CNA, and two (2) nurse practitioners each weekday.

The SNU Hospital is staffed round the clock with one (1) MD, two (2) RNs per 12 hours shift and two (2) CNAs per 12 hour shift. The SND nursing home area is staffed with a part-time nurse practitioner three days weekly, one (1) RN on weekdays and one (1) LPN each 12 hour shift. Both the Alpha pill window and the Intake pill window each have one (1) LPN per 12 hour shift. Wellpath also contracts with physical therapy and has on-site one (1) physical therapist and one (1) PT tech each Monday through Friday days. Five (5) medical records clerks provide both records and appointment scheduling services.

On call services are available through the Zanoba Wellpath Telehealth portal which provides immediate emergency access with physicians.

Dental services are provided by two full-time dentists, Lamont Parson, DDS, and Larry Davis, DDS in the Hospital and Intake areas, with the assistance of one (1) dental hygienist and three (3) dental assistants. Dental services are not provided in the Infirmary and all Infirmary side inmates are brought to the Hospital side for dental services. There are four (4) dental chairs in the Day Clinic dental suite and three (3) chairs in the Intake dental suite. Two (2) autoclaves are available in the Day Clinic area for sterilization with logs kept for weekly spore tests. Dentures for inmates at all Arkansas ADC units are made in the Hospital area at ORCU. The area has four (4) trained inmates who make the dentures from provided molds and package the new dentures for mailing to the respective Arkansas units. Each of the inmates expressed gratitude for being a part of helping other inmates and were thankful for the opportunity to learn a skill that would be useful after release.

Ancillary Services

Laboratory: In the Infirmary, a trained CNA draws blood, while a couple of trained CNAs and any nurse on the Hospital side may draw blood as needed. LabCorp is contracted to pick up samples weekdays about 5:30 pm at the two (2) locked boxes at the front entry. Lab results are submitted electronically directly into each inmate's medical record within 24 to 48 hours. Critical lab values are called in immediately to medical staff.

Radiology: Radiology services are provided on the grounds through contract with Express Mobile two (2) days each week on Tuesdays and Thursdays in both the Hospital and the Infirmary areas. Results are electronically inserted into the medical record within 24-48 hours. Express Mobile also does ultrasounds and emergency x-rays as needed. Inmates who cannot be seen by Express Mobile are sent to Baptist Health Medical Center, the local emergency room in Malvern, when emergency x-rays or ultrasounds cannot be provided by Express.

Pharmacy Services: The main pharmacy area is in the Administrative hallway on the SNU/Hospital side. There are also seven (7) pill rooms in the Hospital, the SND, Alpha, Intake, RPU and Habilitation. Pharmacy services are provided by Diamond with ordered medication being shipped via UPS. New medications ordered before 2:30pm may be shipped that day, but most are usually received the next day. Upon arrival of the medication to the facility, nursing staff pick up the medications and take them to the pharmacy area. When emergency medications are needed, Diamond is first contacted for billing purposes and they make arrangements through a local pharmacy for the ORCU staff to pick up the needed medications. Walgreens in Malvern is most frequently used as back-up pharmacy, while the Compound Pharmacy in Benton is used for those meds that need to be compounded.

Keep on person (KOP) medications at ORCU are called On Person Medications (OPMs). Being allowed to have them is a privilege that is taken away if the inmates misuse or abuse the medications. Inmates are not allowed to keep on person narcotics, psychiatric medications, any medication that may present a high risk, coagulants, medications that are expensive such as Hep C medications or those with compliance issues. Medication administration is conducted around mealtimes by a nurse; but typically daily at 3a.m., 9a.m., 3p.m. and 9p.m. on the Hospital side and at 3a.m., 7a.m. and 3p.m. on the Infirmary side for general population inmates. Restrictive housing medications are delivered cell to cell by a nurse at approximately the same times as pill call. The pill room and medication carts were examined during the audit and were clean and orderly.

General population inmates can request sick call on the kiosks, while inmates in isolation can give their paper medical request form to the nurse or an officer. All requests are reviewed and triaged daily. Each health service request is classified as a 1, 2, 3 or 4; with 1s being seen within 24 hours, 2s being seen within 48 hours, 3s being seen within 72 hours and 4s just needing a reply (such as asking for a refill of an active prescription). Referrals can also be made to mental health and dental through the sick call process. Usually, 40-50 medical requests are handled weekly in the Infirmary and approximately 100 sick call requests are handled in the Hospital weekly. There is a \$3.00 co-pay for inmate-initiated requests not related to chronic care with no charge for chronic care or emergencies. Emergencies are handled within the four minute response time. ORCU has the Zanoba Telehealth portal and emergency physicians can be contacted immediately. Emergencies that cannot be handled at ORCU are taken to Baptist Health Medical Center in Malvern, National Park Medical Center in Hot Springs or to St. Vincent Hot Springs Regional Hospital.

ORCU has oxygen tanks on-site supplied through contract with Espiragas delivered by Airgas with tanks kept in the Medical Intake area, on the stretchers in the emergency rooms and through an external tank banking system that provides oxygen through the walls to each of the 28 hospital beds. There are six (6) negative air pressure cells to serve male inmates from around the state. Each cell is tested daily by medical staff and yearly by Maintenance. AEDs and emergency medical equipment are maintained in the medical area. First Aid kits are available in the vehicles and outside work areas; however these are locked and are seldom used with preference of the inmates being brought to the Infirmary or Hospital for emergency treatment. There is one stretcher with emergency bag and AED in each the Infirmary, the Hospital, Intake and Day Clinic. All medical tools and sharps counted during the audit were correctly counted and secured. The area was clean and organized.

Inmates receive regular medical exams. While all receive medical assessment at intake and medical care as requested, inmates ages 39 and under are seen for exam at least every 5 years, those ages 40 to 64 are seen at least every 3 years, and those ages 65 and older are seen annually. Chronic care patients are seen at least every three months or more frequently as needed.

Chronic care needs handled at the time of the audit included diabetes, hypertension, asthma, seizure, Hep C, and HIV; but chronic care clinics of all types are available depending on needs of the inmates. Specialty services are provided by local community clinics as needed. A therapeutic diet list is utilized in food service.

Inmates needing glasses are seen by Dr. Douglas Hassenpfug who provides optometry services to the area prisons on a set calendar with inmates at ORCU being seen about every two (2) months depending on the caseload. Eye glasses are supplied by Institutional Eye Care and are usually received within three (3) weeks of the exam. Staff explained that Dr. Hassenpfug works with his two sons, one who is an optometrist and the other who is their assistant, to operate a seamless and effective eye clinic on the Hospital/SNU side. With security getting the inmates, this eye clinic can examine up 90 to 130 inmates on two consecutive days of clinic.

ORCU contracts with Stericycle for the collection of biohazardous waste. While boxes are maintained in a locked area in the Infirmary and in a couple of rooms in the Hospital, pickup occurs one (1) to two (2) times weekly from an outside room. Medical records are all electronic through the Offender Management Information System (eOMIS). Two (2) Telehealth platforms are available: the emergency system Zanoba which provides an almost immediate access to emergency physicians and the Wellpath Telehealth system which is HIPAA compliant for psychiatric, chronic care, oncology, and other medical consults. Scheduled on-call providers are contacted for the patients housed in the infirmary who need emergency care.

ORCU has eleven (11) dialysis chairs and provides ongoing dialysis to approximately thirty (30) patients. ORCU also contracts for physical therapy services through Allstar Therapy. A physical therapist and PT tech are on grounds each weekday.

Healthcare Outcome Measures

A review of three (3) years of Health Care Outcome Measures was conducted. Comparison indicated consistent numbers with the identification of and provision of treatment to HIV, Hep C, TB, hypertensive and diabetic patients. During the audit cycle, there were nine (9) cases of MRSA reported, one case of active TB reported and six (6) cases of new converters on TB testing. At the time reviewed during the entire audit cycle, all but one HIV patients were on HAART and all on HAART had viral loads lower than 50 cps/ml. Six (6) occupational exposures to blood or potentially infectious materials were reported, and no serious medication errors were reported. During the entire audit cycle, twenty-six (26) problems were identified in quality assurance and thirty-three (33) problems were corrected. When asked about this overage, medical staff explained the excess corrections had been identified as problems in the prior audit cycle and corrected in this current audit cycle. No high-risk events were identified in quality assurance during the audit cycle. No offender grievances were filed for safety or sanitation concerns during the audit cycle.

A total of nine (9) of the 329 inmate grievances related to healthcare filed during the entire audit cycle were found in favor of the inmate, and none of the twelve (12) adjudicated lawsuits related to health care were found in favor of the inmate.

During the entire three year audit period, 90 suicide attempts were reported with six (6) completed suicides. Of the eighty-one (81) reported deaths, thirty-two (32) were unexpected natural deaths. Initially there were inconsistencies among the number of deaths reported to the healthcare auditor which was explained by medical staff as occurring due to "parent unit" status of the inmates. ORCU is the ADC hospital to which many inmates across the state are sent to receive medical care that cannot be provided at the assigned unit. Should those inmates die while receiving treatment whether at ORCU or an outside hospital, they will be counted as deceased by their "parent unit" which created an inconsistency of the presented numbers. The numbers presented on the healthcare outcome measures were corrected as much as possible during the audit.

Overall, the medical clinic was organized, clean and very well run. All ACA standards relating to health care that applied to this facility were met. Inmates and staff talked with were pleased with the services provided. Medical staff work closely with other facility staff as well as with other state units to ensure the inmate population needs are met. Nursing staff verbalized their enjoyment of their work.

Mental Health Services

Mental Health staff provides services throughout the inmates incarceration at ORCU. Their main duty is to conduct intake screenings for inmates coming directly from the state jails, which is frequently a variable number but can approach as many as sixty (60) per week. Mental Health determines programming needs so that the inmate may be sent to the most appropriate ADC facility. Mental health duties during incarceration include writing treatment plans, providing case management services, and crisis intervention when needed. They conduct PREA interviews and PREA counseling sessions as needed, conduct rounds in all housing units, sit in on psychiatric clinics, classification boards and weekly meetings with medical staff, coordinate death notifications with the chaplaincy as needed, conduct work release screenings, complete behavioral health assessments for disciplinary, as well as handle referrals, mental health related sick calls and consultations with staff. Mental Health staff also responds to records requests, checks with all inmates who have been to court to determine both mental and release status as well as schedules outside appointments in preparation for release. Along with individual sessions with the inmates, mental health staff conducts the Beyond Limits program, the Residential Program Unit (RPU), the Habilitation Unit and the male Reduction of Sexual Victimization Program (RSVP).

The Mental Health area at ORCU consists of a large conference room and staff offices in the Hospital, Infirmary and Intake areas. Mental health services are currently provided onsite by ADC employees, but ORCU is in the process of contracting with Wellpath to provide mental health related services. ORCU is not a psychiatric hospital, but does house stabilized psychiatric patients in the Residential Program Unit with the plan for them to progress off the unit into general population. At the time of the audit, ORCU had 451 inmates diagnosed with mental illness excluding substance abuse on the medication log and 421 patients on psychotropic medications to stabilize adjustment or treat mental illness.

Current Mental Health staffing includes Rehabilitation Program Director Emma Hamer, with three (3) master level licensed professionals and ten (10) bachelor level staff to provide mental health related services to the inmates. Psychiatric services are provided through a combination of face to face and tele-psych services utilizing Natalie Brush-Stroud, MD, Raymond Molden, MD and Robert Forrest, MD. Psychologist Douglas Sell is on-site for psychological consultation as needed. Emergency on-call services are provided on-rotation with all supervisory staff and licensed professionals placed on the on-call schedule.

Inmates placed on suicide-related treatment precautions are observed in an isolation cell while being monitored and logged. Paper gowns, suicide smocks and mats are available for the inmates placed on treatment precautions and logs are maintained with watches occurring at the specified interval. Generally, when inmates decompensate after hours, the mental health on-call staff is contacted and orders are given to security to place the inmate on treatment precaution at a specified interval. Mental health will then see the inmate the next day to adjust the precaution if needed. Two inmates were on suicide precautions at the time of the audit. Appropriate log documentation was maintained.

Beyond Limits is an eight (8) week program provided to all inmates on admission as needed to address behavior, depression and suicidal ideation. It is conducted in weekly individual sessions discussing the coping skills packet, but may be extended depending on the progress of the inmate. Inmates with stabilized mental health needs who are not suitable for the general population may be considered for housing in the male Residential Program Unit (RPU). The goal of this unit is to maintain the inmates in the least restrictive environment. The RPU is in a 124 bed restrictive housing unit with both upper and lower tiers and an open dayroom. No therapy groups were being held in RPU at the time of the audit. Inmates housed in RPU are only released to general population as determined to be appropriate by a multidisciplinary staffing process. The Habilitation Unit is a 47 bed open barracks with six (6) lock down cells for inmates who are found to have neurological impairments, brain injury/disease or are found to be developmentally challenged. All participants are vulnerable population inmates who are referred by psychiatry and psychology. Inmates in this program participate in two (2) groups three times weekly which discuss coping, social skills, honesty, basic education and literacy.

Inmates may be considered for movement when their daily functioning is adequate to deal with the complexities of living in the general population. The Reduction of Sexual Victimization Program (RSVP) is the statewide sex offender treatment program for males at ORCU. Inmates across the state are brought over based on their eligibility to parole which is usually within five years of their release. RSVP is located in Barracks 9, 10 and 11 and can house up to 238 inmates. Inmates in these barracks eat together, go to the yard together and are double celled over the three tiers; however single cells are available for handicapped inmates and inmates with PREA housing-related needs.

In such cases, inmates with PREA concerns cannot be brought to ORCU for RSVP until a single cell is available. RSVP is a six (6) month program broken into three modules. The first module teaches basics of the program, anger management, thinking errors, coping skills, stress management, relationship skills, relapse prevention and communication skills. The next module teaches cognitive behavior therapy, gives assignments and major therapy related to the crime. The last module focuses on Think for a Change (T4C) curriculum. Upon completion of RSVP, each inmate returns to his parent unit. During the audit cycle, 816 inmates completed this program.

The Substance Use Rehabilitation Services (SURS) program is not provided at ORCU. Inmates who require substance use treatment are transferred to the appropriate facility at the time the inmate is eligible to receive the services. Currently, Wellpath is in the process of negotiations to provide mental health services across the state. Should this take place all mental health programs except for substance use treatment will be provided by Wellpath.

Religious Programming:

Senior Chaplain Daniel Flora provides oversight for the chapel services at ORCU. Full time chaplains Scotty Pollette and Lloyd Withrow work under Chaplain Flora providing coverage and meeting the ACA standard requirements. The three chaplains along with trained volunteers provide chaplaincy services to both the inmates as well as staff when needed. Chaplaincy duties include conducting housing unit rounds, providing counseling, death notifications, family notification of inmate illness, arranging furloughs (hospital or funeral trips), crisis counseling as well as employee counseling, along with teaching in the ORCU faith based program, Principle Application of Life Skills (PALS) program. The chaplains ensure offered religious services are conducted. Regular open services (typically Protestant services) are held three times weekly. Additional scheduled religious programs include Jehovah Witness, Catholic Services, Church of God, Islamic and Wiccan along with the Kiaros group which comes on the grounds twice monthly. Inmates may also request other religious representation as needed. The chaplains do Mainline checks as inmates go to meals. The Chaplaincy has three (3) inmates assigned to clean the offices and approximately 30 regular volunteers who provide programming and assist with the provision of services.

The Chaplains have an on-call schedule to handle after hour emergencies which include some of the volunteers who have received special training to be on this on-call schedule. Currently, ORCU has one certified religious assistant who is a former inmate and is an encouragement to the inmates. The Central Arkansas Bible Institute holds evening classes twice weekly so that inmates may work toward a associates degree, bachelor or masters in theology. Currently, thirty (30) inmates are in the program and they have graduated seven (7).

Principle Application of Life Skills (PALS) is a 12 month faith-based program that teaches principles promoting integrity, personal responsibility and accountability. Classes have been slightly modified so that while teaching the commands of Christ, Muslims and Hindus are welcomed and included. PALS participants attend classes in the mornings and work in the afternoons. The PALS program can house up to 42 inmates and, at the time of the audit, had seven inmates assigned as PALS mentors with 35 participants. During COVID precautions when volunteers did not come on the grounds, the mentors taught the program. Mentors also work to set up the band equipment for the services which includes drums, piano, bass, guitars, trumpets and harmonicas. Chaplain Flora stated that while they have inmates to play the instruments, they have yet to have a trumpet player inmate.

Think Legacy

The Think Legacy program overseen by Heather Griffin, LPC is available to inmates who are within two (2) years of their discharge date. The Think Legacy program had previously been a six month program which included life skills along with Thinking for a Change (T4C); however Arkansas Act 659 requires ADC to implement only evidenced-based programs, so the program has been shortened to three (3) months and will only include T4C which is evidence-based. A maximum of forty-eight inmates can participate in the program which has two (2) four hour classes each week with a maximum of 12 students in each class. Inmates are assigned to work when not in class. To participate, inmates must be Class 1 or Class 2, disciplinary report free and working for 60 days before being considered for the program. Currently twenty-one (21) inmates are enrolled.

Storybook

Program Specialist Stacey Wiley provides supervision for the Story Book Project sponsored by the Cherokee Village Lutheran Church. This reading program allows for inmates to be recorded reading selected books to their children. The recording along with the book are sent to the children with hopes to build and maintain an intimacy between the inmate parent and child. This past year just over thirty (30) inmates participated with another thirty (30) expected to start this fall in preparation for the holidays..

Correspondence to ACA

One correspondence was sent to ACA requesting information on the purpose of ACA and to inform ACA that the inmate had initiated a federal lawsuit because ORCU has multiple ADA violations which included that the inmates did not have access to "the two ADA compliance officers that are supposed to be working here." The Healthcare Auditor discussed the inmate's situation with medical staff and then talked with the inmate who repeatedly stated that he had several lawsuits and grievances filed. The Healthcare Auditor explained the purpose of ACA accreditation and explained to the inmate that there is both an ADC ADA Compliance Officer and a unit ADA Compliance contact who is the ORCU Superintendent. The inmate was also told he had access to the Arkansas Spinal Cord Commission, a state agency that reviews his treatment quarterly. When asked to verbalize concrete concerns, the inmate said he wanted his own shower chair and that he had a burn from the water being too hot in the Echo housing handicapped shower. He stated that he is currently using a chair given to him by another inmate who alleged his family had sent it to him. Nursing staff stated that nothing is allowed on the grounds which has been sent by family to prevent the possibility of allowing contraband on the grounds and that each housing area has a shower chair in it.

At the time of the audit, the water in the Echo handicapped shower tested to be 110 degrees. Medical records concerning the reported burn were reviewed and indicated a 2nd degree burn on 3% of his lower leg that had blistered which occurred on 6/2/22. On 6/14/22, the inmate refused lab work. On 7/02/22, the inmate refused treatment of his leg and wrote, "Be advised I have decided to care for my burn wound. This relieves Wellpath of any responsibilities for it henceforth. Should I have trouble I will let you know." On 7/29/22, the inmate again refused treatment while writing that he had lost "1/3 cup of blood x 30 days" which he claimed equaled 3/4 gallon of blood; however, his statement of excessive bleeding could not be verified and no further action was taken. ORCU medical staff continues to provide on-going medical care to this inmate as he allows.

Recreation:

Recreation programs include volleyball, basketball, softball, football, soccer, handball, horseshoes, badminton, shuffleboard, ping pong, board games, arts and crafts. The program is designed to promote positive attitude change by improving the self-image and raising self-esteem. Four recreation yards are available, as well as two gymnasiums during periods of inclement weather. A comprehensive recreation program enhances the inmate's quality of life. In addition to the indoor and outdoor recreational activities, the recreation department offers four intramural sports leagues throughout the year including football, softball, and basketball. There is an exercise group offered three days a week for those inmates who are designated Chronic Care Patients.

The Inmate Work Craft Program, otherwise known as Hobby Craft, affords inmates an opportunity to make constructive use of their leisure time by participating in an approved work craft programs carried out under staff supervision. There are three types of work craft programs: art, wood, and leather. There are currently 150 art permits, 24 wood permits, and 25 leather permits; with each permit representing an inmate approved for the program.

Offender Work Programs:

ORCU has several programs that benefit the inmate population in various capacities. Think Legacy Re-entry is a six month program that teaches job readiness and life skills to prepare inmates for reintegration into society. Workforce Alliance for Growth in the Economy (WAGE) teaches job readiness skills with a focus on employability, customer service skills, and information technology. Inmates have the opportunity to attend college courses to obtain their Associate Degree in Entrepreneurial Studies. Inmates are assigned to a variety of institution job assignments such as food service, barracks porter, library, barber shop, maintenance, and outside prison fence jobs such as dog kennel, fence crew, field utility, maintenance, and vegetable processing. Work details in support of the community are also provided.

Academic and Vocational Education:

The Education Department exists to provide a valuable service for inmates. The department is a public school within the Correctional School System. The objective of the department is to aid students in obtaining a GED Diploma. The Division of Corrections mandates school attendance. Any inmate without verified proof of a high school diploma or GED, regardless of age, amount of time being served, or standardized test scores, must attend school until he passes his GED test. Inmates are assigned to a classroom level based on the Test of Adult Basic Education. English as a Second Language inmates are identified and placed at orientation. Students with prior Special Education needs are screened at orientation. During 2023 there were 59 GED graduates. There is an average school enrollment of 202 inmates.

Riverside Vocational Technical School (RVTS) at the Ouachita River Correctional Unit (ORCU) currently employs a Program Manager and four Technical Instructors. The campus offers Building Trades Technology, Computer Application Technology, Plumbing and Welding. These classes carry 15 students each for a total 60 inmate students. Our student population is made up of unit intake referrals, other unit referrals, parole board stipulated referrals and voluntary enrollments. The Computer Applications Technology class is a full-time class focused on the Microsoft Office Applications Suite and is followed up with, The Office: Procedures and Technology curriculum.

The Building Trades Technology, Plumbing and Welding programs are full-time classes based on the National Center for Construction Education and Research (NCCER) certified curriculum. Each instructor is an NCCER Certified Craft Instructor in his or her course of instruction. The NCCER program is recognized as a Nationally Accredited Training Program. During the 2023 - 2024 school year, the programs graduated approximately 51 students, each student completing 600 hours of technical training.

Visitation:

ORCU has two Visitation Clerks who are responsible for all inmate visits and phone calls. Applications for visits, as well as non-contact visits are channeled through the Visitation Office. The Visitation Clerks receive and process all visitation applications and are responsible for conducting back-ground checks, prior to approval by the Deputy Warden. The Visitation Clerks receive approximately 45 applications per day. All non-contact visits are set up by appointment only through the Visitation Office and must be an approved visitor prior to setting up the appointment. There is a spacious visitation room which has vending machines available for visitors and inmates. Visits have recently resumed following the COVID pandemic. Visits occur each weekend.

Library Services:

The library is open seven days a week and is stocked with a variety of books, newspapers, and periodicals. An Online West Law Computer Program available in the Law Library. Reading materials are available at two library locations and inmates may purchase and subscribe to reading materials for personal use. Inmates assist in maintaining the library circulation and in using the law library materials. A lending library is available to inmates from the community based on individual inmate requests. Inmates have access to the library on a scheduled basis. They have fifteen minutes to make their selections and must return the materials after two weeks. Inmates unable to visit the library may request materials by written request.

Laundry:

ORCU operates a central laundry. Clothing is turned over to an inmate worker who is part of the Laundry team. Clothing is inventoried and returned to the inmate the following day. All necessary clothing and hygiene items are provided to the inmate; including linens, clothing and uniforms, wash cloths, towels, toilet paper, soap and razors. Inmates are issued institutional clothing upon arrival. If they have personal clothing when they arrive, it is mailed out of the facility. Repair of clothing is available on a weekly basis. Hygiene items are issued weekly. The laundry was well maintained. Dryer lint traps are cleaned after each use and chemicals are controlled by a direct connection to the washers.

Inmates are supervised by staff who maintains control of chemicals and needles for the sewing machine.

F. Examination of Records

Following the facility tour, the team proceeded to the Superintendent's Conference Room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has no 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

ORCU has a very diverse prison population. The diversity is represented by the fact that the facility is divided into two major components to include intake of new inmates and serious medical and mental health conditions requiring hospitalization and specialized treatment and care, as well as a general population. See the Medical Auditors Comments regarding the Healthcare Outcome Measures.

The SIS Report for the current year had a report of fourteen incidents of sexual violence. The Deputy Warden (Operations) provided a detailed listing of these incidents which occurred during six months of the time period. Based on the significant number of prisoners with mental health issues, it is believed that the clinical staff are addressing the issues with individual counseling and treatment programs in an appropriate manner. Staff are aware of the seriousness of these issues and are maintaining supervision of the inmates who have displayed misbehavior in these specific situations.

3. Departmental Visits

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

Person(s) Contacted	Department Visited	
Cpl. Madelyn Byrd	Housing 1 Floor Officer	
Joshua Brumfield	Housing 1 Control Booth	
Cpl. Niklas Buzzard	Housing 1 Control Booth	
Cpl. Judy Blackwood	Laundry Supervisor	
Cpl. Barry Efird	ISO Officer	
Sgt. Zachary Hodge	ISO Sgt.	

Tiffany Liscomb
Lt. Don Moreland
Cpt. Paula Holly
Channon Newman
ISO Control Booth
ISO/ Intake Lt.
Kitchen Cpt.
School Principal

Ms. Catlett Teacher
Ms. Redic Teacher
Ms. Voss Teacher

Caroline Vargo Dental Hygienist

Tara Mahend APN

Rachel Mclelland

Miranda Wiley

Cpl. Michael Blankenship

Amanda Murdock

Dr. Sell

Herbert Straughn

Intake Processing Supervisor

Commissary

Intake

RPU 1 & 2 Officer

RPU MH Supervisor

RPU Psychologist

Deputy Warden

Captain Dillian Jennings Captain

Lt. Donald Mooreland Restrictive Housing & Intake Lieutenant

Lt. Jacob Higgins Fire & Safety Lieutenant

Manda Bass Public Information Specialist

Lt. Darrell Williams

Jeremy Mayhue

Shift Lieutenant

Program Specialist

Unit 3 Bks. Officer Cpl.

Control Booth Officer

Donna Dycus

Shift Lieutenant

Program Specialist

Unit 3 Bks. Officer Cpl.

Control Booth Officer

RSVP Administrator

Deborah Perry Advisor Melissa Crawford Advisor Perry Robinson Advisor

Cheryl Orr Administrative Analyst

Curtis Wiggins Advisor Darren Jones Advisor

Cpl. Myra Kervin RSPV Security

Burt Vanhorn Vo. Tech. Teacher Cpl. Gregory McDonald Vo. Tech. Security

Channon Newman Principal

Captain Paula Holley Kitchen Captain Cpl.
Dorian Wilson School Security Cpl.
Cody Scroggins Day Clinic Security Cpl.

Samuel Jones Hospital Security

Sgt. Corey Geddings Intake Processing Security Rachel McLelland Intake Processing Supervisor

Miranda Wiley Commissary Supervisor

Sgt. Sean Lane Intake Sergeant

Cpl. Michael Blankenship RPU 1 & 2 Bks. Officer

Amanda Murdock RPU 3-8 Rehab Program Manager

Douglas Sell Psychologist Sgt. Cassandra Campbell Alpha Bks. Officer Jason KelleyRegional Manager (Wellpath)Dana HaynesRegional Manager (Wellpath)Melissa MooreMedical Administrator for ADC

Kim Rosenthal Regional Director of Operations (Wellpath)

James BasshamHSA (Infirmary)Dr. Guy HenryMD (Infirmary)Shirley ChamponDON (Infirmary)

Tasha McGee LPN Infectious Control Nurse Rhoda Washington Medical Records Clerk (Infirmary)

Laugretta Williams Nurse Assistant (Infirmary)
Cpl. Natasha Thomas Infirmary Security

Crystal McCoy HAS
Tara Mahend APN
Ms. Lisa Gray RN

Dr. Nannette Vowell MD (Hospital)
Dr. William Scott MD (Day Clinic)

Mrs. Mary Mason RN
Mrs. Angela Turner RN

Cpl. Cody Scroggins Day Clinic Security Cpl.

Samuel Jones Hospital Security Jeffery Smith Recreation Coach

Stacey Wiley Library

Emma Hamer Rehabilitation Director LaSandra McCullough LMSW Mental Health Roni

Bowman LCSW

Nadia Gonzalez Habilitation Supervisor

Lisa Roker Rehabilitation/Intake Population Manager

Douglas Sell Psychologist

Donna Dycus Rehabilitation Program Manager

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 8:00 a.m. to 6:15 p.m..

The audit team was present during the day shift throughout the audit. Many staff were interviewed and observed in the performance of their duties. Staff were very professional and knowledgeable of their duties, post-orders, and answered the auditors questions in a thorough manner. Staff were observed interacting positively with the inmates. There were a few new officers interviewed who were in the training phase of their employment. They were participating in a new program which allowed new officer's to begin their employment before attending the corrections academy.

They did not interact with inmates but were able to observe post operations and learn about their future duties. This program has improved recruitment by allowing new employees to receive pay and benefits much sooner than in the past.

b. Night Shift

The team was present at the facility during the evening shift from 6:15 p.m. to 7:00 p.m.

An auditor was introduced to the oncoming night shift and discussed the audit that was being conducted and answered questions about the accreditation process. The officers were interested in the audit process and expressed a positive commitment to performing their duties and maintaining a safe and secure institution. They felt that the administration supported them in carrying out their duties and that they could bring any concerns they might have to their supervisors.

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

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

Standard #5-ACI-1C-05 was found to still be non-compliant. The last audit reported a vacancy rate of 53.92%. While the current rate of 45.12% was an improvement in the vacancy rate, it still exceeded the standard requirement of less than 10% for any 18-month period.

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

Approximately 111 inmates were interviewed during the course of the audit. Inmates expressed general satisfaction with the programs offered at the facility. They believed staff were responsive to their concerns and expressed awareness of the process for bring issues to staff. Inmates believed that the facility was safe and offered reasonable healthcare and services to meet their needs.

2. Staff Interviews

A large number of staff were interviewed during the course of the audit. There was a large number of staff who had been employed at the facility for many years and anticipated completing their career at ORCU.

They were pleased with the support they received from their supervisors and senior staff. Working conditions were appropriate for the prison environment and staff were supportive of the mission of a safe and secure prison while also offering inmates opportunity to work and attend programs to improve their reentry into society. Staff acknowledged the challenge of recruitment of new staff and hoped that additional staff would be recruited in the near future.

H. Exit Discussion

The exit interview was held at 11:00 a.m. in the Visitation Room with the Superintendent and 62 staff in attendance.

The following individuals were also present:

Shelly Jones, Agency ACA Manager, Central Office

Jacob Higgins, Fire/Safety, Central Office

Dean Shields, ADC Maintenance Coordinator, Pine Bluff Construction

Latoris Willis, ACA Manager, Max Unit

Dexter Payne, Director, Central Office

Dale Reed, Chief Deputy Director, Central Office

Rick Cooper, Assistant Deputy Director, Central Office

Todd Ball, Warden, Tucker Unit

William Straughn, Deputy Director, Central Office

Emma Hamer, Rehab Director, Central Office

Shelly Byers, Assist. Medical Administrator, Central Office

John Haynes, Building Major, Grimes Unit

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	Adult Correctional Institutions, 5 th Edition		
Supplement	Not Applicable		
Facility/Program	Ouachita River Correctional Unit Arkansas Division of Corrections		
Audit Dates	May 21-23, 2024		
Auditor(s)	Michael Rucker, Chairperson; Joe Rizzo, Member; Anita Carnell, Member.		
	MANDATORY	NON-MANDATORY	
Number of Standards in	64	509	
Number Not Applicable	2	32	
Number Applicable	62	477	
Number Non-Compliance	0	1	
Number in Compliance	62	476	
Percentage (%) of Compliance	100%	99.8%	

- ! 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 Division of Corrections Ouachita River Correctional Unit Malvern, Arkansas

May 21 - 23, 2024

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #5-ACI-1C-05

THE WARDEN/SUPERINTENDENT CAN DOCUMENT THAT THE OVERALL VACANCY RATE AMONG THE STAFF POSITIONS AUTHORIZED FOR WORKING DIRECTLY WITH INMATES DOES NOT EXCEED 10 PERCENT FOR ANY 18-MONTH PERIOD.

FINDINGS:

ORCU had an overall vacancy rate of 45.12% for the 18 month period of 9/22 to 2/24.

AGENCY RESPONSE:

Plan of Action

Ouachita River Correctional Unit will continue to focus on retention as well as recruiting. To have the highest number of potential applicants hired, we have partnered with local Community Colleges/Universities and High School Districts to allow unit staff to speak to those students who are seeking degrees that could align with our department and to those students who have not decided on their career path. Those presentations will allow students the opportunity to know there is an outlet where they can put their degree to work. We host job fairs and set up booths in the community to inform the public of the job opportunities and benefits of starting a career with the Arkansas Department of Correction. We also encourage our staff to tell others (friends/family/associates) of the benefits of working at Ouachita River Unit. The Arkansas Division of Corrections maintains a website (www.state.ar.us/doc) that lists all available jobs and has an on-line application process to aid all interested parties in seeking employment. The agency also places ads on social media sites such as Facebook, twitter, Instagram, LinkedIn, handshake, digital newspapers, and local radio stations.

Task

- a. Retain Staff
- b. Process Available Applicants
- c. Mentor all Staff in developing the skills needed for a career with the ADC

Responsible Agency

- a. Human Resource Administrator
- b. Human Resource Staff
- c. Warden and Human Resource Manager

Assigned Staff

- a. Human Resource Administration Staff
- b. Unit Human Resource Manager
- c. Ouachita River Correctional Unit staff

Anticipated Completion Date

Continuous, until vacancies are filled.

AUDITOR'S RESPONSE:

The Audit Team Supports the Plan of Action to establish staff programs for retention of staff and to increase community outreach to improve recruitment of new staff. The Audit Team recommends the additional staff financial incentive for referring qualified candidates.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Division of Corrections Ouachita River Correctional Unit Malvern, Arkansas

May 21 - 23, 2024

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard #5-ACI-5B-12

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT ADJUDICATED DELINQUENT OFFENDERS AND YOUTHS CHARGED WITH OFFENSES THAT WOULD NOT BE CRIMES IF COMMITTED BY ADULTS DO NOT RESIDE IN THE INSTITUTION.

FINDINGS:

ORCU does not house youthful offenders.

Standard #5-ACI-6A-10

IF FEMALE OFFENDERS ARE HOUSED, ACCESS TO PREGNANCY MANAGEMENT IS SPECIFIC AS IT RELATES TO THE FOLLOWING:

- PREGNANCY TESTING
- ROUTINE PRENATAL CARE
- HIGH-RISK PRENATAL CARE
- MANAGEMENT OF THE CHEMICALLY ADDICTED PREGNANT INMATE
- POSTPARTUM FOLLOW-UP
- UNLESS MANDATED BY STATE LAW, BIRTH CERTIFICATES/REGISTRY DOES NOT LIST A CORRECTIONAL FACILITY AS THE PLACE OF BIRTH

FINDINGS:

ORCU does not house female offenders.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Division of Corrections Ouachita River Correctional Unit Malvern, Arkansas

May 21 - 23, 2024

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #5-ACI-1B-24

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT, CONSISTENT WITH THE LAWS AND LEGAL PRACTICES WITHIN THE JURISDICTION, RESTITUTION IS COLLECTED AND ULTIMATELY MADE AVAILABLE TO THE VICTIMS OF CRIME AND/OR THEIR SURVIVORS. WHERE SUPPORTED BY STATUTE, AND FEASIBLE, VICTIM AWARENESS CLASSES ARE OFFERED TO HELP OFFENDERS UNDERSTAND THE IMPACT OF THEIR CRIMES ON THE VICTIMS, THEIR COMMUNITIES, AND THEIR OWN FAMILIES.

FINDINGS:

ORCU is not responsible for collecting restitution.

Standard #5-ACI-1C-12

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT EMPLOYEES COVERED BY MERIT SYSTEMS, CIVIL SERVICE REGULATIONS, OR UNION CONTRACT ARE APPOINTED INITIALLY FOR A PROBATIONARY TERM OF AT LEAST SIX MONTHS BUT NO LONGER THAN ONE YEAR UNLESS NATIONAL OR STATE REGULATIONS SPECIFY OTHERWISE.

FINDINGS:

ORCU employees are not covered by merit systems, civil service, or union contract.

Standard #5-ACI-3A-07

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT 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:

ORCU only houses male inmates.

Standard #5-ACI-3A-17

WRITTEN POLICY, PROCEDURE AND PRACTICE, IN GENERAL, PROHIBIT THE USE OF RESTRAINTS ON FEMALE OFFENDERS DURING ACTIVE LABOR AND THE DELIVERY OF A CHILD. ANY DEVIATION FROM THE PROHIBITION REQUIRES APPROVAL BY, AND GUIDANCE ON, METHODOLOGY FROM THE MEDICAL AUTHORITY AND IS BASED ON DOCUMENTED SERIOUS SECURITY RISKS. THE MEDICAL AUTHORITY PROVIDES GUIDANCE ON THE USE OF RESTRAINTS ON PREGNANT OFFENDERS PRIOR TO ACTIVE LABOR AND DELIVERY.

FINDINGS:

OCRU only houses male inmates.

Standard #5-ACI-3D-05

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT MALE AND FEMALE INMATES HOUSED IN THE SAME INSTITUTION HAVE SEPARATE SLEEPING QUARTERS BUT EQUAL ACCESS TO ALL AVAILABLE SERVICES AND PROGRAMS. NEITHER SEX IS DENIED OPPORTUNITIES SOLELY ON THE BASIS OF THEIR SMALLER NUMBER IN THE POPULATION.

FINDINGS:

ORCU houses only male inmates.

Standard #5-ACI-4B-31

(EFFECTIVE NLT OCTOBER 1, 2020) WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT STEP DOWN PROGRAMS ARE OFFERED TO EXTENDED RESTRICTIVE HOUSING INMATES TO FACILITATE THE REINTEGRATION OF THE INMATE INTO GENERAL POPULATION OR THE COMMUNITY. THESE PROGRAMS SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING:

- PRE-SCREENING EVALUATION
- MONTHLY EVALUATIONS USING A MULTIDISCIPLINARY APPROACH TO DETERMINE THE INMATE'S COMPLIANCE WITH PROGRAM REQUIREMENTS
- SUBJECT TO MONTHLY EVALUATIONS; TO GRADUALLY INCREASING OUT-OF-CELL TIME TO GRADUALLY INCREASING GROUP INTERACTION TO GRADUALLY INCREASING EDUCATION AND PROGRAMMING OPPORTUNITIES TO GRADUALLY INCREASING PRIVILEGES
- A STEP-DOWN TRANSITION COMPLIANCE REVIEW
- POST-SCREENING EVALUATION

*SEE DEFINITION FOR MULTIDISCIPLINARY SERVICES TEAM AND MULTIDISCIPLINARY TREATMENT TEAMS

**DEFINITION OF STEP-DOWN PROGRAM: A PROGRAM THAT INCLUDES A SYSTEM OF REVIEW AND ESTABLISHES CRITERIA TO PREPARE AN INMATE FOR TRANSITION TO GENERAL POPULATION OR THE COMMUNITY. INDIVIDUALIZED PROGRAMS INVOLVE A COORDINATED, MULTIDISCIPLINARY TEAM APPROACH THAT INCLUDES MENTAL HEALTH, CASE MANAGEMENT, AND SECURITY PRACTITIONERS. MEDICAL PERSONNEL WILL BE PART OF THE MULTIDISCIPLINARY TEAM WHEN INMATES WHO HAVE CHRONIC CARE OR OTHER SIGNIFICANT MEDICAL ACCOMMODATION NEEDS PARTICIPATE IN THIS PROGRAM.

FINDINGS:

ORCU does not have a step down program.

Standard #5-ACI-4B-32

(EFFECTIVE NLT OCTOBER 1, 2020) FEMALE INMATES DETERMINED TO BE PREGNANT WILL NOT BE HOUSED IN EXTENDED RESTRICTIVE HOUSING.

FINDINGS:

ORCU only houses male inmates.

Standard #5-ACI-4B-33

(EFFECTIVE NLT OCTOBER 1, 2020) CONFINEMENT OF OFFENDERS UNDER THE AGE OF 18 YEARS OF AGE IN EXTENDED RESTRICTIVE HOUSING IS PROHIBITED.

FINDINGS:

ORCU does not house inmates under the age of 18.

Standard #5-ACI-5B-13

IF YOUTHFUL OFFENDERS ARE HOUSED IN THE FACILITY, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THEY ARE HOUSED IN A SPECIALIZED UNIT FOR YOUTHFUL OFFENDERS EXCEPT WHEN:

- A VIOLENT, PREDATORY YOUTHFUL OFFENDER POSES AN UNDUE RISK OF HARM TO OTHERS WITHIN THE SPECIALIZED UNIT; AND/OR
- A QUALIFIED MEDICAL OR MENTAL-HEALTH SPECIALIST DOCUMENTS THAT THE YOUTHFUL OFFENDER WOULD BENEFIT FROM PLACEMENT OUTSIDE THE UNIT

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR THE PREPARATION OF A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR HOUSING A YOUTHFUL OFFENDER OUTSIDE THE SPECIALIZED UNIT AND A CASE-MANAGEMENT PLAN SPECIFYING WHAT BEHAVIORS NEED TO BE MODIFIED AND HOW THE YOUTHFUL OFFENDER MAY RETURN TO THE UNIT. THE STATEMENT OF REASONS AND CASE-MANAGEMENT PLAN MUST BE APPROVED BY THE WARDEN OR HIS OR HER DESIGNEE. CASES ARE REVIEWED AT LEAST QUARTERLY BY THE CASE MANAGER, THE WARDEN OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

FINDINGS:

ORCU does not house youthful offenders.

Standard #5-ACI-5B-14

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR THE DIRECT SUPERVISION OF YOUTHFUL OFFENDERS HOUSED IN THE SPECIALIZED UNIT TO ENSURE SAFETY AND SECURITY.

FINDINGS:

ORCU does not house youthful offenders.

Standard #5-ACI-5B-15

POLICY. PROCEDURE, AND PRACTICE WRITTEN **PROVIDE FOR** CLASSIFICATION PLANS FOR YOUTHFUL OFFENDERS THAT DETERMINE LEVEL OF RISK AND PROGRAM NEEDS DEVELOPMENTALLY APPROPRIATE FOR ADOLESCENTS. CLASSIFICATION **PLANS SHALL** CONSIDERATION OF PHYSICAL, MENTAL, SOCIAL, AND EDUCATIONAL MATURITY OF THE YOUTHFUL OFFENDER.

FINDINGS:

ORCU does not house youthful offenders.

Standard #5-ACI-5B-16

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT ADEQUATE PROGRAM SPACE BE PROVIDED TO MEET THE PHYSICAL, SOCIAL, AND EMOTIONAL NEEDS OF YOUTHFUL OFFENDERS AND ALLOWS FOR THEIR PERSONAL INTERACTIONS AND GROUP-ORIENTED ACTIVITIES.

FINDINGS:

ORCU does not house youthful offenders.

Standard #5-ACI-5B-17

YOUTHFUL OFFENDERS SHALL NOT HAVE PHYSICAL CONTACT WITH ANY ADULT INMATE THROUGH USE OF A SHARED DAYROOM, SHOWER AREA, OR SLEEPING QUARTERS. IN AREAS OUTSIDE THE HOUSING UNITS, AGENCIES SHALL EITHER: (1) MAINTAIN SIGHT AND SOUND SEPARATION BETWEEN YOUTHFUL OFFENDERS OR (2) PROVIDE DIRECT STAFF SUPERVISION WHEN YOUTHFUL INMATES AND ADULT OFFENDERS HAVE SIGHT, SOUND, OR PHYSICAL CONTACT.

FINDINGS:

ORCU does not house youthful offenders.

Standard #5-ACI-5B-18

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT PROGRAM PERSONNEL WHO WORK WITH YOUTHFUL OFFENDERS FROM THE SPECIALIZED UNIT BE TRAINED IN THE DEVELOPMENTAL, SAFETY, AND OTHER SPECIFIC NEEDS OF YOUTHFUL OFFENDERS. WRITTEN JOB DESCRIPTIONS AND QUALIFICATIONS REQUIRE TRAINING FOR STAFF SPECIFICALLY ASSIGNED TO THE UNIT OR STAFF WHO ARE RESPONSIBLE

FOR PROGRAMMING OF YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT BEFORE BEING ASSIGNED TO WORK WITH YOUTHFUL OFFENDERS. THE TRAINING SHOULD INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING AREAS:

- ADOLESCENT DEVELOPMENT
- EDUCATIONAL PROGRAMMING
- CULTURAL AWARENESS
- CRISIS PREVENTION AND INTERVENTION
- LEGAL ISSUES
- HOUSING AND PHYSICAL PLANT
- POLICIES AND PROCEDURES
- THE MANAGEMENT OF, AND PROGRAMMING FOR, SEX OFFENDERS
- SUBSTANCE-ABUSE SERVICES
- COGNITIVE-BEHAVIORAL INTERVENTIONS, INCLUDING ANGER MANAGEMENT, SOCIAL-SKILLS TRAINING, PROBLEM SOLVING AND RESISTING PEER PRESSURE
- SUICIDE PREVENTION
- NUTRITION
- MENTAL-HEALTH ISSUES
- GENDER-SPECIFIC ISSUES
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION

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FINDINGS:

ORCU does not house youthful offenders.

Standard #5-ACI-5E-10

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT COMPREHENSIVE COUNSELING AND ASSISTANCE ARE PROVIDED TO PREGNANT INMATES IN KEEPING WITH THEIR EXPRESSED DESIRES IN PLANNING FOR THEIR UNBORN CHILDREN.

FINDINGS:

ORCU is an all-male facility.

Standard #5-ACI-5E-11

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR SUBSTANCE ABUSE PROGRAMS, TO INCLUDE MONITORING AND DRUG TESTING FOR INMATES WITH DRUG AND ALCOHOL ADDICTION PROBLEMS.

FINDINGS:

ORCU does not have a drug treatment program.

Standard #5-ACI-5E-12

WHERE A SUBSTANCE USE DISORDER TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE ALCOHOL AND DRUG ABUSE TREATMENT PROGRAM HAS A WRITTEN TREATMENT PHILOSOPHY WITHIN THE CONTEXT OF THE TOTAL CORRECTIONS SYSTEM, AS WELL AS GOALS AND MEASURABLE OBJECTIVES. THESE DOCUMENTS ARE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

FINDINGS:

ORCU does not have a drug treatment program.

Standard #5-ACI-5E-13

WHERE A SUBSTANCE USE DISORDER TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR AN APPROPRIATE RANGE OF PRIMARY TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSING INMATES THAT INCLUDE, AT A MINIMUM, THE FOLLOWING:

- INMATE DIAGNOSIS
- IDENTIFIED PROBLEM AREAS
- INDIVIDUAL TREATMENT OBJECTIVES
- TREATMENT GOALS
- COUNSELING NEEDS
- DRUG EDUCATION PLAN
- RELAPSE PREVENTION AND MANAGEMENT
- CULTURALLY SENSITIVE TREATMENT OBJECTIVES, AS APPROPRIATE
- THE PROVISION OF SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT
- PRERELEASE AND TRANSITIONAL SERVICE NEEDS
- COORDINATION EFFORTS WITH COMMUNITY SUPERVISIONS AND TREATMENT STAFF DURING THE PRERELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT

FINDINGS:

ORCU does not have a substance disorder treatment program.

Standard #5-ACI-5E-14

WHERE A SUBSTANCE USE DISORDER TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE FACILITY USES A COORDINATED STAFF APPROACH TO DELIVER TREATMENT SERVICES. THIS APPROACH TO SERVICE DELIVERY SHALL BE DOCUMENTED IN TREATMENT PLANNING CONFERENCES AND INDIVIDUAL TREATMENT FILES.

FINDINGS:

ORCU does not have a substance disorder treatment program.

Standard #5-ACI-5E-15

WHERE A SUBSTANCE USE DISORDER TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE INCENTIVES FOR TARGETED TREATMENT PROGRAMS TO INCREASE AND MAINTAIN THE INMATE'S MOTIVATION FOR TREATMENT.

FINDINGS:

ORCU does not have a substance disorder treatment program.

Standard #5-ACI-5F-08

(EFFECTIVE NLT OCTOBER 1, 2020) WHERE A FACILITATED VICTIM OFFENDER DIALOGUE PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE AND PRACTICE PROVIDE THAT THERE IS A PROGRAM INITIATED AND REQUESTED ONLY BY A VICTIM OR VICTIM/SURVIVOR THAT PROVIDES AN OPPORTUNITY FOR SUCH VICTIMS OR SURVIVORS TO MEET FACE-TO-FACE OR BY OTHER MEANS WITH THE INMATE RESPONSIBLE FOR THEIR VICTIMIZATION IN A SAFE, SECURE, AND CONFIDENTIAL SETTING AFTER THOROUGH PREPARATION WITH, AND WITH THE ASSISTANCE OF A PROPERLY TRAINED FACILITATOR.

FINDINGS:

ORCU does not have a victim offender dialogue program.

Standard #5-ACI-6A-11

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:

ORCU houses male inmates only.

Standard #5-ACI-6A-39

(EFFECTIVE NLT OCTOBER 1, 2020) INPATIENT CARE UNIT IS FOR THOSE WHO ARE IN NEED OF INPATIENT MENTAL HEALTH TREATMENT. THESE UNITS SHOULD HAVE 24 HOUR SERVICES SUCH AS NURSING AND AVAILABILITY OF A QMHP, BEHAVIORAL HEALTH TRAINED CORRECTIONAL OFFICERS, AND CLINICAL PROGRAMMING. INDIVIDUAL TREATMENT PLANS WHICH WILL DEFINE THE TYPES AND FREQUENCY OF CONTACTS WITH MENTAL HEALTH STAFF FOR INMATES IN THE PROGRAM, HOUSING TO MEET THE THERAPEUTIC NEEDS OF THE INMATE AND TRANSITION PLAN UPON DISCHARGE FROM THE INPATIENT CARE UNIT.

FINDINGS:

ORCU does not have an inpatient mental health hospital.

Standard #5-ACI-6B-04

WHEN INSTITUTIONS DO NOT HAVE QUALIFIED HEALTH CARE STAFF, HEALTH-TRAINED PERSONNEL COORDINATE THE HEALTH DELIVERY SERVICES IN THE INSTITUTION UNDER THE JOINT SUPERVISION OF THE RESPONSIBLE HEALTH AUTHORITY AND WARDEN OR SUPERINTENDENT.

FINDINGS:

ORCU only hires qualified healthcare staff.

Standard #5-ACI-6B-10

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTION, TRAINING, STAFF SUPERVISION, FACILITY ORIENTATION, AND A DEFINITION OF TASKS, RESPONSIBILITIES AND AUTHORITY THAT IS APPROVED BY THE HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING.

VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

ORCU does not utilize volunteers in health services.

Standard #5-ACI-7A-08

FINDINGS:

ORCU does not have an industries program.

Standard #5-ACI-7A-09

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE SECURITY AND PROGRAM DETERMINATIONS NECESSARY FOR ANY INDIVIDUAL TO BE ELIGIBLE FOR INDUSTRIES WORK ARE MADE BY THE CLASSIFICATION COMMITTEE.

FINDINGS:

ORCU does not have an industries program.

Standard #5-ACI-7A-10

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE NUMBER OF INMATES ASSIGNED TO INDUSTRIES OPERATIONS MEET THE REALISTIC WORKLOAD NEEDS OF EACH INDUSTRIES OPERATING UNIT

FINDINGS:

ORCU does not have an industries program.

Standard #5-ACI-7A-11

EACH INDUSTRIES OPERATING UNIT HAS A WRITTEN QUALITY CONTROL PROCEDURE THAT PROVIDES FOR RAW MATERIAL, IN-PROCESS, AND FINAL PRODUCT INSPECTION.

FINDINGS:

ORCU does not have an industries program.

Standard #5-ACI-7A-12

A COST ACCOUNTING SYSTEM FOR EACH OPERATING INDUSTRIES UNIT IS DESIGNED, IMPLEMENTED, AND MAINTAINED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

FINDINGS:

ORCU does not have an industries program.

Standard #5-ACI-7A-14

PRIVATE INDUSTRIES ON THE INSTITUTION GROUNDS EMPLOYING INMATES IN POSITIONS NORMALLY FILLED BY PRIVATE CITIZENS PAY INMATES THE PREVAILING WAGE RATE FOR

FINDINGS:

ORCU does not have an industries program.

Standard #5-ACI-7A-15

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES EMPLOYED IN THE COMMUNITY BY PUBLIC OR PRIVATE ORGANIZATIONS IN POSITIONS NORMALLY OCCUPIED BY PRIVATE CITIZENS ARE COMPENSATED AT THE PREVAILING WAGE RATE FOR THE POSITION OCCUPIED. INMATES RECEIVING SUCH COMPENSATION REIMBURSE THE JURISDICTION FOR A REASONABLE SHARE OF ITS COST IN MAINTAINING THEM.

FINDINGS:

ORCU does not have an industries program.

Significant Incident Summary

This report is required for all residential accreditation programs. (Adult Correctional Institutions; Adult Local Detention Facilities; Core Jail Facilities; Boot Camps; Therapeutic Communities; Juvenile Detention Facilities; and Juvenile Small Detention Facilities.)

This summary is required to be provided to the Chair of your audit team upon their arrival for an accreditation audit and included in the facility's Annual Report. (Refer to Agency Manual of Accreditation for details). 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. It should contain data for the last 12 months; indicate those months in the boxes provided. 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, and Small Juvenile Detention Facilities.

Facility Name: Ouachita River Correctional Unit

Reporting Period: 2023-2024

Incident Type	Months	May 2023	June 2023	July 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024	March 2024	April 2024	Total for Reporting Period
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	2	0	0	0	3	0	2	4	0	2	1	14
	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide	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
	Offender/ Offender	1	0	0	0	0	1	0	1	0	0	1	0	4
Assaults	Offender/ Staff	0	0	0	0	0	1	0	0	0	0	1	0	2
Suicide		0	0	0	0	0	0	0	1	0	0	0	0	1
Mandatory Non- Compliance*		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
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.



			Through April 2022			Cycle Dat through		2022 I 2023	Cycle Da Through	ates: May 1 Apri	2023 I 2024
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
1. Administration & Management: Administer and manag	e the fac	cility in a professional and responsible manner cons	istent wit	h statu	tory rec	uirement	s.	I			I
1A: Facility Administration - The facility is administered efficiently and responsibly. Performance is based on goals, objective, and standard operating procedures and a system of regular review.	1A-1	Number of Plans of Action completed in the past 12 months divided by the number of Plans of Action approved by the Commission on Accreditation.	1	1	1	1	1	1	1	1	1
	1A-2	Number of expected practices in compliance divided by the number of applicable expected practices.	540	541	.998	540	541	.998	540	541	.998
1B: Fiscal Management - The facility utilizes appropriate fiscal planning, budgeting, and accounting procedures and provides for a system of regular review.		Compliance verified through expected practice files. No outcome measure required.									
1C: Personnel - The facility promotes diversity and competency through employee staffing, recruitment, promotions, benefit allocations and performance reviews.	1C-1	The average offender population in the past 12 months divided by the average number of filled full time positions in the past 12 months.	1703	238	7.15	1806	245	7.42	1887	149	12.66
	1C-2	The number of staff who left employment for any reason in the past 12 months divided by the average number of filled full time positions in the past 12 months.	114	238	.48	78	245	.32	105	149	.70
	1C-3	The number of verified employee violations in the past 12 months divided by the average number of filled full time staff positions in the past 12 months.	215	238	.90	204	245	.83	219	149	1.47
	1C-4	The number of staff terminated for conduct violations in the past 12 months divided by the average number of filled full time staff positions in the past 12 months.	21	238	.09	20	245	.08	334	149	2.24
	1C-5	The number of performance reviews rated acceptable or higher in the past 12 months divided by the total number of performance reviews conducted in the past 12 months.	207	250	.828	47	238	.197	237	411	.58
	1C-6	Average number of security staff positions filled per month for the past 12 months divided by the total number of authorized security positions.	7	189	.04	7	405	.01	117	359	.33
	1C-7	Number of security staff who left employment in the past 12 months divided by the total number of authorized security positions.	77	189	.41	56	405	.14	91	359	.25

			Cycle Dat Through			Cycle Dat through	es: May 2 April		Cycle Dat Through	es: May 2 April 2	
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
1D: Training & Development - The facility conducts pre- service, in-service, and specialized development programs to promote the effectiveness of staff, volunteers and other effected parties.		Compliance verified through expected practice files. No outcome measure required.									
1E: Case Records - The facility promotes appropriate security, access control, and other measures designed to assure the integrity of records entrusted to it's care.		Compliance verified through expected practice files. No outcome measure required.									
1F: Information Systems & Research - Effective systems of data and information storage and retrieval are vital for the maintenance of operational effectiveness and research capability.		Compliance verified through expected practice files. No outcome measure required.									
1G: Citizen Involvement & Volunteers - The facility is a responsible member of the community, supporting citizen involvement and volunteer initiatives as well as other community interaction.	1G-1	The total number of hours of volunteer service delivered by members of the community in the past 12 months divided by the average daily population in the past 12 months.	1,335	1,703	.783	3,098	1,820	1.702	4,153	1887	2.20
	1G-2	The total number of hours of community service work delivered by offenders in the past 12 months divided by 12.	32,264	12	2,688	39,830	12	3,319	74,004	12	6,167
2. Physical Plant: The facilities' physical plant is designed, equip	ped and r		inctions an	d access							
2A: Building and Safety Codes - The facility complies with professional building and fire safety codes to help ensure the safety of all persons within the facility.	2A-1	Number of worker's compensation claims filed in the past 12 months divided by the average number of filled full-time staff positions in the past 12 months.	60	238	.25	60	245	.244	54	411	.131
	2A-2	Number of sanitation or health-code violations identified by external agencies in the past 12 months.	2			6			11		
	2A-3	The number of fire and safe code violations identified by the governing jurisdiction in the past 12 months.	1			4			0		

			Cycle Dates: May 2021 Through April 2022			Cycle Da Through		y 2022 ril 2023	Cycle Da Through	ates: May n April	2023 2024
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
2B: Size & Organization - Facility capacity and functional design promote safety, an acceptable quality of life and operational innovation.	2B-1	Number of day's facility population exceeded the operational capacity in the past 12 months divided by 365.	2	365	.005	198	365	.542	366	365	.100
2C: Inmate Housing - Inmate housing areas are the foundation of institutional living and promote the safety and well-being of both inmates and staff		Compliance verified through expected practice files. No outcome measure required.									
2D: Environmental Conditions - Environmental conditions significantly influence the overall effectiveness of institutional operations. Lighting, air quality, temperature and noise levels are designed to preserve the health and well being of inmates and staff members.		Compliance verified through expected practice files. No outcome measure required.									
2E: Program and Service Areas - Adequate space is provided for the various program and service functions conducted within the institution. Spatial requirements reflect functional need.		Compliance verified through expected practice files. No outcome measure required.									
2F: Administrative and Staff Areas - All levels of staff are provided with adequate space to carry out their responsibilities safely and effectively.		Compliance verified through expected practice files. No outcome measure required.									
2G: Security - The physical plan supports the orderly and secure functioning of the institution.		Compliance verified through expected practice files. No outcome measure required.									

Appendix E: Out Come Measures

			Cycle I	Dates: Ma gh Api	y 2021 ril 2022	Cycle I Throug	Dates: Magh Ap	y 2022 ril 2023	Cycle Da	ates: May 2	
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
3. Institutional Operations: The Facility Protects the community, t accountability.	he staff, t	he offenders, and others from harm while maintaining	an orde	erly enviro	nment w	ith clear	expectat	ions of be	havior an	d systems	•
3A: Security and Control - The facility utilizes a combination of supervision, inspection, accountability, and measured force response to promote safe and orderly operations.	3A-1	The number of incidents in which force, as defined by the agency, was used in the past 12 months divided by the average daily population in the past 12 months.	43	1703	.025	82	1820	.045	89	1887	.047
	3A-2	Number of seizures of contraband, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.	137	1703	.080	153	1820	.084	74	1887	.039
	3A-3	The number of escapes, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.	0	1703	0	0	1820	0	0	1887	0
	3A-4	The number of disturbances, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 2 months.	0	1703	0	0	1820	0	0	1887	0
	3A-5	The number of acts of sexual violence, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.	16	1703	.009	9	1820	.004	14	1887	.007
	3A-6	The number of homicides, as defined in the Significant Incident Summary, in the past 12 months, divided by the average daily population in the past 12 months.	0	1703	0	0	1820	0	0	1887	0
3B: Safety & Emergency Procedures - The number and extent of security, physical plant, environmental and other emergencies are minimized. When they occur, the response mechanism minimizes severity.		Compliance verified through expected practice files. No outcome measure required.									

Appendix E: Out Come Measures

			Cycle D Through	ates: May h Apri	2021 l 2022	Cycle D Through	ates: May h Apri	2022 I 2023	Cycle Da Through	ates: Ma 1 Apı	y 2023 il 2024
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
3C: Rules & Discipline - The institution's rules of conduct and sanctions and procedures for violations are communicated to all inmates and staff. The disciplinary process respects due process.	3C-1	The total number of major disciplinary reports, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.	1187	1703	.697	1358	1820	.746	1571	1887	.83
	3C-2	The total number of minor disciplinary reports, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.	2769	1703	1.625	2028	1820	1.114	1276	1887	.67
	3C-3	Number of offender on offender assaults, as defined in the SIS form, in the past 12 months divided by the average daily population in the past 12 months.	79	1703	.046	7	1820	.003	4	1887	.002
	3C-4	Number of offender on staff assaults, as defined in the SIS form, in the past 12 months divided by the average daily population in the past 12 months.	38	1703	.022	1	1820	.0005	2	1887	.001
3D: Inmate Rights - The facility protects the constitutional rights of offenders and seeks a balance between the expression of protected liberties and the preservation of institutional order.	3D-1	Number of grievances found in an inmate's favor divided by the number of grievances filed in the 12 month period.	53	884	.059	23	944	.024	27	908	.0297
4. Special Management Housing & Restrictive Housing: In themselves, are removed from the general population and justly, humanely, in a constitutionally correct manner and process of the second s	placed in	n designated units. Such assignments are made	_				-			-	
4A: Special Management - Inmates who pose a threat are separated from general population and placed in a cell in a special management unit; (defined as segregation and including administrative segregation, protective custody or disciplinary detention); for periods of time less than 22 hours per day.	4A-1	Average number of offenders in Special Management Housing per month over the past 12 months divided by the average daily population in the past 12 months.	0	1703	0	0	1820	0	0	1887	0

			Cycle Dates: May 2022 Through April 2023			Cycle I	Dates: Ma	y 2022 ril 2023	Cycle I Throug	Dates: Ma	y 2023 ril 2024
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
4B: Restrictive Housing - Inmates who pose a direct and clear threat to the safety of persons or a clear threat to the safe and secure operation of the facility are separated from general population and placed in restrictive housing units / cells for periods of time 22 hours per day or greater.	4B-1	Average number of offenders in Restricted Housing per month over the past 12 months divided by the average daily population in the past 12 months.	47	1703	.027	53	1820	.029	51	1887	.027
	4B-2	Average number of offenders in Extended Restricted Housing per month over the past 12 months divided by the average daily population in the past 12 months.	24	1703	.014	3	1820	.001	1	1887	.0005
	4B-3	Number of offenders released from Restrictive Housing by the appropriate authority within 24-hours in the past 12 months divided by the total placed in Restrictive Housing in the past 12 months.	59	663	.088	88	501	.175	121	487	.248
	4B-4	Number of offenders in Extended Restrictive Housing that were released directly into the community from either Restrictive Housing or Extended Restrictive Housing within the past 12 months divided by the total number of offenders released in the past 12 months.	9	492	.018	0	422	0	0	620	0
5. Institutional Services: Internal assignment to housing and prog	gram servi		ent with	he safe op	eration c	of the fac	cility and s	should pre	pare the	offender	for
successful reintegration into society upon release as appropriate.											
5A: Reception & Orientation - All incoming inmates undergo thorough screening and assessment at admission and receive a thorough orientation to the institution's procedures, rules, programs, and services.		Compliance verified through expected practice files. No outcome measure required.									
5B: Classification - Inmates are classified to the most appropriate level of custody and programming both on admission and upon review of their status.		Compliance verified through expected practice files. No outcome measure required.									
5C: Food Service - Meals are nutritionally balanced, well-planned, and prepared and served in a manner that meets established governmental health and safety codes.		Compliance verified through expected practice files. No outcome measure required.									

Appendix E: Out Come Measures

			Cycle I Throu	Dates: Ma gh Ap	y 2021 ril 2022	Cycle I Throug	Dates: Ma gh Ap	ny 2022 ril 2023	Cycle I Throug 2024	Dates: M gh Ap	ay 2023 oril
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
5D: Sanitation and Hygiene - The institution's sanitation and hygiene program protects the health and safety of staff and offenders.		Compliance verified through expected practice files. No outcome measure required.									
5E: Social Services - Professional services including individual and family counseling, family planning and parent education; and programs for inmates with drug and alcohol addiction problems, meet the needs of identified		Where a substance use disorder treatment program exists, the number of treatment slot available divided by the average daily population in the past 12 months.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
iconol addiction problems, meet the needs of identified nmates.		Where a substance use disorder treatment program exists, the number of completers of the program divided by the average daily population in the past 12 months.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		Where a sex offender treatment/management program exists, the number of program slot divided by the average daily population in the past 12 months.	238	1703	.139	238	1820	.130	238	1887	.126
		Where a sex offender treatment/management program exists, the number of completers divided by the average daily population in the past 12 months.	217	1703	.127	240	1820	.131	359	1887	.190
5F: Re-entry - The institution provides a structured program to help inmates make a satisfactory transition upon their release from incarceration.		The number of offenders who have completed their re-entry plan, as defined by the agency, in the past 12 months divided by the number of inmates released in the past 12 months.	21	487	.043	32	446	.071	38	644	.059
6. Healthcare: Each offender receives appropriate physical and be	ehavioral	health care necessary to foster the restoration and main	ntenance	e of accep	table levels	of wellr	iess				
6A: Access to Services - Offenders have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.	6A-1	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months divided by the average daily population	1	1713	.00175	3	1713	.00175	5	1878	.002

Appendix E: Out Come Measures

			Cycle D Through	ates: May n April	2021 2022	Cycle I Throug 2023	Dates: Ma gh Ap	•	Cycle Da Through	ates: May n Apri	2023 I 2024
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
	6A-2	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months divided by the average daily population.	0	1713	0	0	1713	0	1	1878	.0005
	6A-3	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months divided by the Number of offenders administered tests for TB infection in the past twelve (12) months as part of periodic or clinically-based testing, but not intake screening.	0	3	0	0	3	0	0	0	0
	6A-4	Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months divided by number of offenders treated for latent tuberculosis infection in the past twelve (12) months.	0	16	0	1	11	.09	0	22	0
	6A-5	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time divided by Total offender population at that time.	145	1644	.089	120	1729	.069	149	1877	.079
	6A-6	Number of offenders diagnosed with HIV infection at a given point in time divided by Total offender population at that time.	10	1644	.006	14	1729	.008	13	1877	.007
	6A-7	Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time divided by Total number of offenders diagnosed with HIV infection at that time.	9	10	.9	14	14	1	13	13	1
	6A-8	Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml total number of treated offenders with HIV infection that were reviewed	14	14	1.0	9	9	1.0	11	11	1

			Cycle Dates: May 20 Through April 20			Cycle Da Through	ates: May	2022 2023	Cycle Da Through	ates: May 1 April	2023 2024
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
	6A-9	Number of offenders with an active individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time divided by the total offender population at that time.	335	1650	.203	381	1839	.2072	430	1839	.233
	6A-10	Number of offender admissions to off-site hospitals in the past twelve (12) months divided by average daily population.	192	1713	.11	162	1713	.09	200	1878	.10
	6A-11	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months divided by the average daily population in the past 12 months.	327	1713	.09	280	1713	.16	264	1878	.14
	6A-12	Number of offender specialty consults completed during the past twelve (12) months divided by Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.	1899	2338	.84	1830	2101	.87	2144	2167	.98
	6A-13	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg divided by total number of offenders with hypertension who were reviewed.	2	20	.1	10	20	.5	5	20	.25
	6A-14	Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent divided by Total number of diabetic offenders who were reviewed.	2	20	.1	4	20	.2	6	20	.3
	6A-15	The number of completed dental treatment plans within the past twelve (12) months divided by the average daily population during the reporting period.	491	1713	.29	576	1713	.34	532	1878	.28

			Cycle Dat	-	2021 2022	Cycle Dat	-	2022 2023	Cycle Da Through	ates: May	2023 I 2024
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
6B: Staff Training - The provision of health services should be done in a professionally acceptable manner including the requirement that all staff be adequately trained and qualified and can demonstrate competency in	6B-1	Number of health care staff with lapsed licensure or certification during a twelve (12) month period divided by Number of licensed or certified staff during a twelve (12) month period.	1	91	.01	1	98	.01	0	98	0
their assigned duties.	6B-2	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job divided by Number of new health care staff during the twelve (12) month period.	16	16	1	79	79	1	44	44	1
	6B-3	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months divided by the number of employees.	3	99	.03	3	102	.03	0	114	0
	6B-4	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months divided by the number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	0	0	0	0	0	0	0	0	0
6C: Offender Treatment - Offenders are treated humanely, fairly, and in accordance with established policy and all applicable laws.	6C-1	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months divided by number of evaluated offender grievances related to health care services in the past twelve (12) months.	4	99	.04	1	101	.009	4	129	.03
	6C-2	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period divided by the number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.	0	0	0	0	0	0	0	0	0

			Cycle D Through	ates: May h Apri	2021 2022	Cycle Da Through	ates: May n Apri	2022 I 2023	Cycle I 2023 Throug 2024	Dates: Ma gh Api	-
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
	6C-3	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months divided by Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months.	0	0	0	0	0	0	0	12	0
GD: Performance Improvement - Health care services are evaluated and continually improved	6D-1	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period divided by the number of problems identified by quality assurance program during a twelve (12) month period.	7	5	1.4	9	0	0	17	21	.80
	6D-1	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.	0	0	0	0	0	0	0	0	0
	6D-1	Number of offender suicide attempts in the past twelve (12) months divided by average daily population.	58	1713	.033	23	1713	.0134	9	1878	.004
	6D-1	Number of offender suicides in the past twelve (12) divided by average daily population.	2	1713	.001	3	1713	.001	1	1878	.000
	6D-1	Number of unexpected natural deaths in the past twelve (12) months divided by Total number of deaths in the same reporting period.	11	30	.36	8	27	.29	13	34	.38
	6D-1	Number of serious medication errors in the past twelve (12) months.	0	0	0	0	0	0	0	0	0
6E: Safety, Sanitation and Offender Hygiene - The facility or program is safe and sanitary. Appropriate services and supplies are provided to promote the maintenance of acceptable levels of offender hygiene.		Compliance verified through expected practice files. No outcome measure required.									

			Cycle Dates: May 2021 Through April 2022			Cycle Dates: May 2022 Through April 2023			Cycle Dates: May 2023 Through April 2024		
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
7. Inmate Programs: The Institution's programs for inmates provide meaningful work, educational, and recreational programs designed to facilitate a stable environment and the inmate's subsequent reentry into the community.											
7A: Work and Correctional Industries - Work and correctional industries programs incorporate work conditions that reflect jobs in equivalent work categories outside of the institution.	7A-1	The number of academic/vocational educational program slots available in the past 12 months divided by the average daily population in the past 12 months.	92	1703	.054	80	1820	.043	250	1887	.13
	7A-2	The average number of offenders with full time work/program assignments in the past 12 months divided by the average number of offenders eligible for work assignment in the past 12 months.	977	1029	.949	981	1033	.949	1226	1227	.999
7B: Academic and Vocational Education - The facilities academic and vocational education programs improve the educational levels of assigned offenders and participate in program accreditation, promote staff professional certification, incorporate community resources and participate in internal and external peer review	7B-1	The number of academic/vocational slots available divided by the average daily population in the past 12 months.	92	1703	.054	50	1820	.027	50	1887	.026
	7B-2	The number of offenders who passed the General Equivalency Diploma (HI Set) exams while confined in the past 12 months divided by the average daily population in the last 12 months.	21	1703	.012	37	1820	.020	59	1887	.031
	7B-3	The number of academic/vocational competency certificates issued in the past 12 months divided by the number of program slots available in the past 12 months.	21	55	.381	38	50	.76	51	50	1.02
7C: Recreation and Activities - Recreation and similar leisure activities are provided to reduce idleness, provide opportunities for skill acquisition, promote healthy activities and foster positive group Interaction.		Compliance verified through expected practice files. No outcome measure required.									

				Cycle Dates: May 2021 Through April 2022			Cycle Dates: May 2022 Through April 2023			Cycle Dates: May 2023 Through April 2024		
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3	
7D: Mail, Telephone & Visiting - The maintenance of family and community ties through the provision of comprehensive mail, telephone and visiting services is critical to stable institutional adjustment and improves opportunities for successful reintegration.		Compliance verified through expected practice files. No outcome measure required.										
7E: Library - The facility should provide library services that support educational programs, promote reading skills, enhance leisure activities and maintain awareness of circumstances in the community at large.		Compliance verified through expected practice files. No outcome measure required.										
7F: Religious Programs - The offender population should have the opportunity to participate in the practices of their faith group as enhanced through the supplemental contributions of community resources.	7F-1	The number of regular participants, as defined by the agency, in structured religious programming in the past 12 months divided by the average daily population in the past 12 months.	19	1703	.011	7451	1820	4.09	10,323	1887	5.47	