

***Standards Committee Meeting Minutes
ACA Winter Conference
Grand Hyatt Hotel
San Antonio, Texas
January 28, 2011***

Members Present

Harley Lappin, Chair, Washington D.C.
Dr. Lannette Linthicum, Vice Chair, Texas
Jeffrey Beard, Pennsylvania
Stanley Glanz, Oklahoma
David Haasenritter, Virginia
James LeBlanc, Louisiana
Brad Livingston, Texas
Denise Robinson, Ohio
Michael Wade, Virginia
Marge Webster, New Hampshire
Kathleen Bachmeier, North Dakota
Marilyn Rogan, Nevada
Michael Bradley, Florida
Joyce Burrell, New York
William Marshall, Illinois
Kevin Myers, Tennessee
Raman Singh, Louisiana

Members Absent

Brian Fischer, New York
Justin Jones, Oklahoma
Adrian Garcia, Texas

Staff

Kathy Black-Dennis, Director of Standards, Accreditation and Professional Development
Bridget Bayliss, Accreditation Specialist
Terry Carter, Accreditation Specialist
Christina Randolph, Office Manager
Brian Neilson, Accreditation Assistant

Welcoming Remarks

Harley Lappin welcomed the committee members and guests. Director Lapin gave a special welcome to the new members of the Committee and to Joyce Burrell, the new commissions. Director Lapin invited everyone to attend the healthcare reception later in the evening, from 6-7:00 p.m. An amendment was proposed to approve the August 2010 Meeting Minutes. David Haasenritter questioned if the minutes were accurate regarding ACA FILE # 2010-0026 He questioned if the intent was to make them compliant or non-applicable and suggested a modification/clarification of the comments was needed. Director Lapin requested a motion to approve the minutes as amended by

adding “regarding personnel files only”? Non applicability only applies to personnel records but compliance must be determined on the medical records.

A motion was made and seconded to approve minutes with the exception of this standard. ACA staff will review the recording of the meeting to determine what the position was, and bring it back before the committee in August.

Jim Gondles, Executive Director of the American Correctional Association welcomed everyone, and welcomed the returning of Harley Lappin.

Kathy Black-Dennis gave an overview of what is happening with the Committee and the Standards and Accreditation Department. Brian Neilsen was introduced as the newest addition to the Standards and Accreditation Department, and the return of Terry Jackson to the Standards and Accreditation Department was announced.

Rod Miller is writing 2 volumes on guidelines for certification of CORE Jail standards including how to comply with the standards and become certified. TN, OK, MS are currently targeted to begin the process. Darren Hall & Jim Gondles will be working with TN, OK and MS throughout the process.

Harley Lappin thanked Jim Gondles and the Standards and Accreditation for their assistance and hard work.

Dr. Lynette Linthicum announced the Corrections Accreditation Commission meetings on Saturday & Sunday with over 200 facilities going before the Commission, and reintroduced the new commissioners.

Kathy Black Dennis announced the completion of 431 audits this year. Staff & auditors have done an outstanding job in getting this done.

Director Lapin thanked Rod on his continued work with CORE Jail standards.

Guest Speaker

Lovisa Stannow- JUST Detention International, exec. Director

Would like to ask for our help to figure out how we can work together to end sexual abuse in detention as there is great potential to find common ground between ACA and JUST Detention International(JDI). They have assisted in the development of PREA, and continue to work to make sure that law is fully and meaningfully implemented. Less known than the op. eds etc. are their work WITH corrections & detention. Providing staff training, peer education programs with prisoners, helped broker MOU. Director Stannow appeals to the Committee, that they are the key, the leaders in stopping sexual abuse and in making the shift that standing up for the right to be safe in prison is the norm, not the exception. Director Stannow asked that all of the agencies represented here take the opportunity to make a thoughtful statement.

Director Lappin- Thanked Director Stannow and offered that there is more common ground than uncommon ground. The only concern is the implication that we protect or don't emphasize enough the small group of staff that act out on inmates. We want to eliminate the abuse, and remove both staff and inmates who abuse. We need more understanding from the other groups who do not understand the competing issues that we deal with.

Jim Gondles announced that ACA had partnered with other national associations for a proposal with BJA regarding PREA standards which, as was announced in Illinois, we lost. Gondles then invited Director Stannow and JDI to partner with in the interest of transparency and to begin working with the people who are chiefly our critics towards the end of the sexual abuse. ACA looks forward to working with JDI in the future.

NY-Wish many of the advocacy groups would begin to take on Labor as well as the corrections agency so that labor begins to consider these issues in their arbitration.

OK-need help on the prosecutor side when they don't want to move on a case that involves female perpetrators.

Director Lappin reminded everyone that there is a 60 day comment period on the PREA standards just published and encourage everyone to share their comments on the standards. Mr. Lappin thanked Director Stannow for her comments and partnership in this critical endeavor.

Standards Revisions

ACA File No.: 2011-001

Manual: Administration of Correctional Agencies

Edition No: 2nd Edition

Standard No.: 2-CO-1F-13

Agency/Facility: Arkansas Dept of Community Correction

Facility Size: N/A

Accredited: Yes

Proposal Type: Revision

Existing Standard: Written agency policy governs participation in non-medical, non-pharmaceutical, and non-cosmetic testing.

Proposal: Written policy and procedure governs voluntary participation in non-medical, non-pharmaceutical, and non-cosmetic testing.

Comments: Revision of the standard would bring it more in line with more recent versions of the same standard/expected practice found in other manuals. See 4-4113 and 4-ACRS-7D-12.

Submitted By: Plato Barnett

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals: ALL

Action taken by the standards committee:

Approved

ACA File No.: 2011-002

Manual: Administration of Correctional Agencies

Edition No: 2nd Edition

Standard No.: 2-CO-1F-14

Agency/Facility: Arkansas Dept of Community Correction

Facility Size: N/A

Accredited: Yes

Proposal Type: Revision

Existing Standard: Written agency policy prohibits inmates/juveniles/residents from participating in medical or pharmaceutical testing for experimental or research purposes.

Proposal : Written agency policy prohibits inmates/juveniles/residents from participating in medical or pharmaceutical testing for experimental or research purposes. Facilities electing to perform research will be in compliance with all state and federal guidelines. This does not preclude individual treatment of an offender based on his or her need for a specific medical procedure that is generally not available.

Comments: Revision of the standard would bring it more in line with recent versions of the same standard/expected practice designed to ensure adequate medical care and informed consent is provided. An offender should be afforded any relevant information related to his or her personnel medical care. An individual with a new medical procedure by his or her physician should be undertaken only after the offender has received a full explanation of the positive and negative features of the treatment and only with informed consent.

Submitted By: Plato Barnett

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals: ALL

Action taken by the standards committee:

Tabled

General Comments- Dr. Linthicum requested work on the verbiage. Refer it to medical healthcare committee and coalition for correctional healthcare so they can further clarify the terminology etc. and return with recommendations.

Manual: Adult Correctional Institutions

Edition: 4th Edition

Standard Number(s): 4-4132 Revised January 2007

Agency/Facility: N/A

Type of Proposal Revision

Existing Standard:

Revised January 2007. Cells/rooms used for housing inmates shall provide at a minimum 25 square feet of unencumbered space per occupant. Unencumbered space is usable space that is not encumbered by furnishings or fixtures. At least one dimension of the unencumbered space is no less than seven feet. In determining unencumbered space in the cell or room, the total square footage is obtained and the square footage of the fixtures and the equipment is subtracted. All fixtures and equipment must be in operational position and must provide the following minimums per person:

- Bed
- Plumbing fixtures (if inside the cell/room)
- Desk
- Locker
- Chair or stool

COMMENT: None

Proposal: Cells/rooms used for housing inmates shall provide at a minimum 25 square feet of unencumbered space per occupant. Unencumbered space is usable space that is not encumbered by furnishings or fixtures. At least one dimension of the unencumbered space is no less than seven feet. In determining unencumbered space in the cell or room, the total square footage is obtained and the square footage of the fixtures and the equipment is subtracted. The following equipment/furnishings are required per person:

- Bed
- Locker/storage space for personal items and clothes

In addition, if plumbing fixtures are provided in the cell/room, they shall be provided in the ratios as set forth in ACI 4-4137 (toilets) and 4-4138 (wash basins).

Desks/writing surfaces and chairs/stools shall be provided in cells/rooms in the ratio of one for each four persons confined in the cell/room.

General Comments:

In the example of a two person cell, the standard as written would require two beds (okay), two lockers (okay), two plumbing fixtures (NOT okay), two desks (not practical or really necessary), and two chairs or stools (not practical or really necessary). This revision attempts to make the standard more practical, while also bringing the number of plumbing fixtures in line with other ACA standards that govern that issue. In addition, we don't know what the term "in an operational position" means as it relates to equipment and furnishings, so we recommend deleting it.

Submitted by: David Bogard

Comments submitted by the Field:

Recommend tabling any inmate housing physical plant standards (4-4129 through 4-4142) for the Design Committee to review the standards at one time. What is the rationale behind desk ratio being 1-4?

Submitted by: Theresa Grenier, U.S. Army

The Standards Committee should table this proposal at this time. There is a lot of contradiction and confusion with the current standard and this proposal does not clarify the basic elements of the issue. First, it must be determined if the term "room" is a dormitory. If it is a dormitory with 50-75 inmates then how is the unencumbered space determined. Is it all of the living space only, or would it encompass all of the dormitory and possibly the dayroom minus the fixtures. It is not reasonable to require one desk/writing surface and chair or stool for each 4 inmates.

One standard is attempting to address different types of housing units and as a result it has become dysfunctional. It is suggested that a sub-committee be formed to address the issues with this standard with the possibility of defining a room is and a dormitory. Also, it may require multiple standards to address the different types of housing. The sub-committee should be comprised of architects and actual practitioners such as superintendents and wardens to ensure that the resulting standard(s) are viable.

Submitted By: Ray Mulally, Florida Department of Corrections

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Tabled

General Comments- defer to architectural design committee for review of all physical design standards and bring this proposal before the committee again, with the goal of all physical plant standards lining up with each other.

Manual: Adult Correctional Institutions

Edition: 4th Edition

Standard Number(s): 4-4133

Agency/Facility: N/A

Type of Proposal: Revision

Existing Standard: Revised August 2005. Written policy, procedure, and practice provide that single-occupancy cells/rooms, measuring a total of 80 square feet, of which 35 square feet is unencumbered space, shall be available, when indicated, for the following:

- Inmates with severe medical disabilities
- Inmates suffering from serious mental illness
- Sexual predators
- Inmates likely to be exploited or victimized by others
- Inmates who have other special needs for single housing
- Maximum custody inmates

COMMENT: The standard permits housing inmates of all security levels in multiple cells/rooms unless there is a need for single cells/rooms for an inmate in one of the groups listed. The caveat “when indicated” refers to determinations made by the classification system, medical diagnosis, or other professional conclusions.

Proposal:

Revised August 2005. Written policy, procedure, and practice provide that single-occupancy cells/rooms with a minimum of 25 square feet of unencumbered space shall be available for special management or segregation housing, when indicated, for the following:

- Inmates with severe medical disabilities
- Inmates suffering from serious mental illness
- Sexual predators
- Inmates likely to be exploited or victimized by others
- Inmates who have other special needs for single housing
- Maximum custody inmates

Where confinement in the single cell/room exceeds 14 hours a day, the cell/room shall measure a total of 80 square feet or provide 35 square feet of unencumbered space,

COMMENT: The standard permits housing inmates of all security levels in multiple cells/rooms unless there is a need for single cells/rooms for an inmate in one of the groups listed. The caveat “when indicated” refers to determinations made by the classification system, medical diagnosis, or other professional conclusions. More space in the cell/room is required when the inmate is confined to the cell for longer periods of time due to their particular classification and institutional practice concerning out of cell time for that classification.

General Comments:

More space in the cell/room is required when the inmate is confined to the cell for longer periods of time due to their particular classification and institutional practice concerning out of cell time for that classification. Some of the classifications noted above do generally result in long periods of confinement each day, while others may not. ACA standards used to recognize the fact that cell size should be connected with the amount of time that inmates are confined, but those time frames were dropped along the way (note that the concept of more space based on longer confinement is captured in the comment under the standard for segregation cells, 4-4141 (Interpretation August 2004). In addition, the proposed language allowing for either 80 square feet or 35 unencumbered resolves the apparent conflict between this standard and Standard 4-4129 (Revised January 2008), which allows for either 80 square feet or 35 unencumbered square feet in the calculation of rated capacity. Also, adding in the words “for special management housing” makes it clear that this standard is for those purposes and not for segregation (discussed in 4-4141R) or general population.

Submitted by: David Bogard

Comments Submitted by the Field:

Recommend tabling any inmate housing physical plant standards (4-4129 through 4-4142) for the Design Committee to review the standards at one time.

Submitted by: Theresa Grenier, U.S. Army

The majority of inmates that are in single cells and meet the criteria listed in the standard would be confined for more than 14 hours per day. I see no reason to revise the standard and it should remain as written.

Submitted by: Ray Mulally, Florida Department of Corrections

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Tabled

General Comments- review history of this standard to detect if this is a revision or a typo. Possibly refer to architectural committee for clarification and further review.

Manual: Adult Correctional Institutions

Edition No.: 4th Edition

Standard No.: 4-4264

Agency/Facility: Maine State Prison

Facility Size: 916

Accredited: Yes

Proposal Type: Revision

Existing Standard: Alternative meal service may be provided to an inmate in segregation who uses food or food service equipment in a manner that is hazardous to self, staff, or other inmates. Alternative meal service is on an individual basis, is based on health or safety considerations only, meets basic nutritional requirements, and occurs with the written approval of the warden/superintendent and responsible health authority. The substitution period shall not exceed seven days.

Proposal: Alternative meal service may be provided to an inmate in segregation who uses food or food service equipment in a manner that is hazardous to self, staff, or other inmates. Alternative meal service is on an individual basis, is based on health or safety considerations only, meets basic nutritional requirements, and occurs with the written approval of the warden/superintendent, or designee in his/her absence, and responsible health authority, or designee in his/her absence. The substitution period shall not exceed seven days.

Comments: Necessary meal substitutions could not be made in the absence of either the warden/superintendent or health authority the way the standard is currently worded. The designee(s) would only act in the absence of either the CAO or health authority.

Submitted By: Wendell Atkinson

Comments Submitted by the field:

If this is accepted, then all standards with warden/superintendent should add "or designee in his/her absence. Recommend change should have ACA put out policy that it is implied that in the absence of the warden/superintendent, health authority or anyone else, if falls to the person acting in their absence. Is this not implied?

Submitted by: Peter Grande, U.S. Army

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals: ALL

Action taken by the standards committee:

Approved with a modification to state only designee and remove "in his absence" from both the superintendant and medical authority portions. Add the word "Warden" to the glossary in the back and include note in the glossary about designee.

General Comments- Review all other standards to determine if there are any places precluding delegation. If there are none, then further define for auditors.

ACA File No.: 2011-006

Manual: Adult Correctional Institutions

Edition No.: 4th. Edition

Standard No.: 4-4321

Agency/Facility: Florida Department of Corrections

Facility Size: 103,000

Accredited: Yes

Proposal Type: Revision

Existing Standard: 4-4321 (MANDATORY) There is documentation by an independent, outside source that food service facilities and equipment meet established governmental health and safety codes; corrective action is taken on deficiencies, if any. Comment: Food service facilities and equipment should meet all standards and requirements set by qualified professional and/or governmental bodies. Food service personnel should be trained in accident prevention, first aid, use of safety devices, floor care, knife storage, and use of fire extinguishers. They should attend regular meetings to discuss accident prevention and analyze major accidents to prevent recurrence.

Proposal: 4-4321 (MANDATORY) There is an annual inspection by an independent, outside source that food service facilities and equipment meet established governmental health and safety codes; corrective action is taken on deficiencies, if any. Comment: Food service facilities and equipment should meet all standards and requirements set by qualified professional and/or governmental bodies. Food 83 Adult Correctional Institutions, Fourth Edition service personnel should be trained in accident prevention, first aid, use of safety devices, floor care, knife storage, and use of fire extinguishers. They should attend regular meetings to discuss accident prevention and analyze major accidents to prevent recurrence.

Comments: This standard does not have a time frame when inspections should be conducted. To make this standard consistent with other health and safety standards; it is suggested inspections be conducted on an annual basis. This revision should apply to all other manuals as appropriate.

Submitted By: Raymond Mulally

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Denied

General Comments-Facilities should rely on local authority to determine the frequency of the inspection.
To require everyone to go to once a year would add astronomical cost.

ACA File No.: 2011-007

Manual: Adult Correctional Institution

Edition No.: 4th Edition

Standard No.: 4-4389

Agency/Facility: Florida Department of Corrections

Facility Size: 102,000

Accredited: Yes

Proposal Type: Revision

Existing Standard: 4-4389 (MANDATORY) Designated correctional and all health care staff are trained to respond to health-related situations within a four-minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following: recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations; administration of basic first aid; certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization; methods of obtaining assistance; signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal; procedures for patient transfers to appropriate medical facilities or health care providers; suicide intervention

Comments: The facility administrator or designee may designate those correctional officers and health care personnel providers who have responsibility to respond to health care emergencies. Staff not physically able to perform CPR are exempt from the expected practice. Protocols: Written policy and procedure. Lesson plans and curriculum. Process Indicators: verification of training. Records and certificates. Interviews

Proposal: 4-4389 (MANDATORY) Designated correctional and all direct care health care staff are trained to respond to health-related situations within a four-minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following: recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations; administration of basic first aid; certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization; methods of obtaining assistance; signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal; procedures for patient transfers to appropriate medical facilities or health care providers; suicide intervention Comment: The facility administrator or designee may designate those correctional officers and health care

personnel providers who have responsibility to respond to health care emergencies. Staff not physically able to perform CPR are exempt from the expected practice. Protocols: Written policy and procedure. Lesson plans and curriculum. Process Indicators: Verification of training. Records and certificates. Interviews

Comments: The Standards Committee requested that I assist ACA staff in revising this standard. I am an advocate for all institutional staff being trained in CPR. A correctional institution is a stressful environment and as our staff becomes older there is always likelihood that someone, staff or inmate, will need CPR. However, today's economy does not lend itself to additional costs to train staff. Currently ACA requires a minimum of 40 hours of in-service training for all institutional staff, and usually this does not provide all of the instruction required. Additional time is usually required to provide all of the instruction mandated. There is a man-hour issue also that additional training will require more time for class instruction and time off of the job. My suggestion is that the standard be revised to require all designated correctional and all direct care, health care staff to be trained to respond to health-related situations within a four-minute response time.☐

Submitted By: Raymond Mulally

Comments Submitted by the Field:

I recommend adding a caveat that someone, designated correctional staff or designated direct care, are on shift at all times. Standard is meaningless if no one trained is on shift.

Submitted by: Theresa Grenier, U.S. Army

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Denied

General Comments- Add definition of "direct health care staff" to glossary.

ACA File No.: 2011-008

Manual: Adult Community Residential Services

Edition: 4th Edition

Standard Number: 4-ACRS-7D - 08

Agency/Facility: Arkansas Dept of Community Correction

Type of Proposal: Revision-Information Practices, Records and Data

Existing Standard: Procedures govern case record management, including, at a minimum, the following areas: the establishment, maintenance, use, and content of case records; right to privacy; secure placement and preservation of records; and schedule for retiring or destroying inactive records. The policies and procedures are reviewed annually. All entries in the case record are signed and dated. Appropriate safeguards exist to minimize the possibility of theft, loss, or destruction of records. Records are safeguarded from unauthorized and improper disclosure. When any part of the information system is computerized, security ensures confidentiality. The facility uses a "release of information consent form" that complies with applicable federal and state regulations. A copy of the form is maintained in the offender's case record. Employees, consultants, and contract personnel are informed in writing about the facility's policies on confidentiality of information and agree in writing to abide by them

Proposed: Procedures govern case record management, including, at a minimum, the following areas: the establishment, maintenance, use, and content of case records; right to privacy; secure placement and preservation of records; and schedule for retiring or destroying inactive records.

- All entries in the case record are signed and dated.
- Appropriate safeguards exist to minimize the possibility of theft, loss, or destruction of records.
- Records are safeguarded from unauthorized and improper disclosure.
- When any part of the information system is computerized, security ensures confidentiality.
- The facility uses a "release of information consent form" that complies with applicable federal and state regulations and a copy of the form is maintained in the offender's case record.
- Employees, consultants, and contract personnel are informed in writing about the facility's policies on confidentiality of information and agree in writing to abide by them.

- The policies and procedures are reviewed annually

Comment: Expected Practices should be concise, simple to understand and not overtly complex. They should be structured to help organizations understand what constitutes good quality service as well as how to be accountable to their consumers. Compliance should be demonstrated with a minimal amount of documentation and organized in such a way that the agency and the visiting committee members can easily determine compliance. The use of bullets would serve to better organize the expected practice. Compliance with the current expected practice as written makes it difficult and time consuming to differentiate the actions or activities intended to produce the desired outcome.

Submitted By: Plato Barnett

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals: ALL

Action taken by the standards committee:

Approved

General Comments-Standards and Accreditation staff will cross reference with other manuals.

ACA File No.: 2011-009

Manual: Adult Community Residential Services

Edition: 4th Edition

Standard Number: 4-ACRS-7D -12

Agency/Facility: Arkansas Dept of Community Correction

Type of Proposal: Revision -Information Practices, Records and Data

Existing Standard: In facilities that engage in, or allow the conduct of research, the facility complies with state and federal guidelines for the use and dissemination of research findings, with accepted professional and scientific ethics, and issues of legal consent and release of information. Procedures govern the voluntary participation of offenders in non medical, non pharmaceutical, and non cosmetic research programs. The facility administrator reviews and approves all research projects prior to implementation. All research results are made available to the facility administrator for review and comment prior to publication or dissemination.

Proposal: In facilities that engage in, or allow the conduct of research, the facility complies with state and federal guidelines for the use and dissemination of research findings, with accepted professional and scientific ethics, and issues of legal consent and release of information. Additionally the facility also complies with the following:

- The facility administrator reviews and approves all research projects prior to implementation.
- All research results are reviewed by the facility administrator prior to publication or dissemination.
- procedures govern the voluntary participation of offenders in non medical, non pharmaceutical, and non cosmetic research programs

Comment: Expected Practices should be concise, simple to understand and not overtly complex. They should be structured to help organizations understand what constitutes good quality service as well as how to be accountable to their consumers. Compliance should be demonstrated with a minimal amount of documentation and organized in such a way that the agency and the visiting committee members can easily determine compliance. The use of bullets would serve to better organize the expected practice. Compliance with the current expected practice as written makes it difficult and time consuming to differentiate the actions or activities intended to produce the desired outcome.

Submitted By: Plato Barnett

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals: ALL

Action taken by the standards committee:

Approved with modification of 2nd bullet to reflect exactly what is in existing standard and making it “facility/agency administrator”.

ACA File No.: 2011-010

Manual: Performance-Based Standards for Adult Local Detention Facilities

Edition No.: 4th Edition

Standard No.: 4-ALDF-2B-03

Agency/Facility: Larimer County Sheriff's Office Detention Center

Facility Size: 557

Accredited: Yes

Proposal Type: Revision

Existing Standard: (MANDATORY) Four/five point restraints are used only in extreme instances and only when other types of restraints have proven ineffective. Advance approval is secured from the facility administrator/designee before an inmate is placed in a four/five point restraint. Subsequently, the health authority or designee must be notified to assess the inmate's medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the inmate should be in a medical/mental health unit for emergency involuntary treatment with sedation and/or other medical management, as appropriate. If the inmate is not transferred to a medical/mental health unit and is restrained in a four/five point position, the following minimum procedures are followed: •direct visual observation by staff is continuous prior to obtaining approval from the health authority or designee •subsequent visual observation is made at least every 15 minutes •restraint procedures are in accordance with guidelines approved by the designated health authority •all decisions and actions are documented. (MANDATORY) COMMENT: A four/five point restraint secures an inmate's arms and legs (four point) and head (five point). Restraint guidelines include consideration of an individual's physical conditions, such as body weight.

Protocols: Written policy and procedure, forms. Process Indicators: observation, facility records and logs. Inmates' and staff interviews, documentation of approval(s) and observation.

Proposal: (MANDATORY) Four/five point restraints are used only in extreme instances and only when other types of restraints have proven ineffective or the safety of the inmate is in jeopardy. Advance approval is secured from the facility administrator/designee before an inmate is placed in a four/five point restraint. Subsequently, the health authority or designee must be notified to assess the inmate's medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the inmate should be in a medical/mental health unit for emergency involuntary treatment with sedation and/or other medical management, as appropriate. If the inmate is not transferred to a medical/mental health unit and is restrained in a

four/five point position, the following minimum procedures are followed: direct visual observation by staff is continuous prior to obtaining approval from the health authority or designee; subsequent visual observation is made at least every 15 minutes; restraint procedures are in accordance with guidelines approved by the designated health authority; all decisions and actions are documented. (MANDATORY) COMMENT: A four/five point restraint secures an inmate's arms and legs (four point) and head (five point). Restraint guidelines include consideration of an individual's physical conditions, such as body weight. Protocols: Written policy and procedure, forms. Process Indicators: observation, facility records and logs, inmates' and staff interviews, documentation of approval(s) and observation.

Comments: There are times that the safety of the inmate is jeopardized if other types of restraints are used instead of the restraint chair (5 point). For example, a mental health inmate that had stitches in his head started pulling the stitches out and banging his head. The restraint chair was the most reasonable option to ensure the safety of the inmate.

Submitted By: Cpl. Julie M. Berney

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals: ALL

Action taken by the standards committee:

Approved

General Comments: ACA staff will cross reference with the appropriate manuals for consistency

ACA File No.: 2011-011

Manual: Core Jail Standards

Edition No.: 1st Edition

Standard No.: 1 Core-1A-10

Agency/Facility: US Army

Facility Size: N/A

Accredited: Yes

Proposal Type: Revision

Existing Standard: A ventilation system supplies at least 15 cubic feet per minute of circulated air per occupant, with a minimum of five cubic feet per minute of outside air. Toilet rooms and cells with toilets have no less than four air changes per hour unless state or local codes require a different number of air changes. Air quantities are documented by a qualified independent source and are checked not less than once per accreditation cycle. Temperatures are mechanically raised or lowered to acceptable comfort levels.

Proposal: A ventilation system supplies at least 15 cubic feet per minute of circulated air per occupant, with a minimum of five cubic feet per minute of outside air. Toilet rooms and cells with toilets have no less than four air changes per hour unless state or local codes require a different number of air changes. Air quantities are documented by a qualified technician and are checked not less than once per accreditation cycle. Temperatures are mechanically raised or lowered to acceptable comfort levels.

Comments: 4-ALDF-1A-19 was modified from a "qualified independent source" to a "qualified technician". Core jail standards were derived from ALDF standards, and thus the core jail standard should be changed. All other standard manuals already reflect this change.

Submitted By: David K. Haasenritter

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals: It will only affect the CJS manual.

Action taken by the standards committee:

Approved

ACA File No.: 2011-012

Manual: Juvenile Probation and Aftercare Services

Edition No.: 2nd Edition

Standard No.: 2-7095

Agency/Facility: N/A

Facility Size: N/A

Proposal Type: Revision

Existing Standard: Written policy and procedure provide that any juvenile placed in detention or shelter care be brought before the juvenile court within two court days.

Proposal: Written policy, procedure, and practice provide that an alleged juvenile held in detention be brought to court for a detention hearing and assignment of counsel within 24 hours.

Comments: If an agency is accredited under the Juvenile Probation and Aftercare Services Standards and is also accredited under the Juvenile Detention Facilities Standards, there are separate time frames associated with when a youth must be brought before the court for a hearing in the two manuals. This creates a policy issue and possibly a due process issue because it would seem that the higher of the two standards should be utilized in correcting this situation.

Submitted By: Jeff Rogers

Comments Submitted by the Field:

As written, the proposal is "alleged juvenile" Is he/she a juvenile or an alleged juvenile?

Submitted by: Peter Grande, U.S. Army

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The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Tabled

General Comments-Jeff was trying to make language of this standard consistent with Juvenile Detention standards.

Deferred to research other standards so all are consistent.

ACA File No.: 2011-013

Manual: Juvenile Probation and Aftercare Services

Edition No.: 2nd. Edition

Standard No.: 2-7135

Agency/Facility: Montana Juvenile Parole/Aftercare

Facility Size: Statewide

Accredited: Yes

Proposal Type: Revision

Existing Standard: Written policy and procedure governing community supervision provide for a case review at intervals of no more than three months, with prompt reclassification when warranted.

Proposal : Written policy and procedure governing community supervision provide for a case review at intervals of no more than six months, with prompt reclassification when warranted.

Comments: Current standards for Juvenile and Aftercare Services were written and introduced in January 1983 with few changes to the standards since that time. Montana has complied with this standard. However, research shows that it takes six months before seeing any real changes in the score of a re-assessment due to the nature of more stable dynamic factors that take longer to change. Changing the standard to six months instead of three months allows for more accurate review of youth status in the process of re assessment or reclassification if warranted. Jim Bonta, author of many assessment instruments including LSI communicated the following to Multi Health Systems: From an empirical perspective, I know of 5 studies on the dynamic predictive validity of the LSI. All of the studies used 12 month retests. I see no need to routinely re-assess offenders every six months (if something significant has changed in the person's life then a re-assessment would be warranted). Not only would this be resource consuming but it creates conflicts with scoring some of the items based upon the last 12 months. Dr. Ed Latessa, University Of Cincinnati, sent this information via e-mail to Karen Duncan, Montana Youth Community Corrections Bureau Chief: "What I usually (sic) tell folks is that six months is the

minimum before we see any real changes in the scores. We have not seen much change in scores in less than six months probably due to the nature of some more stable dynamic factors that take longer to change. I agree with Jim, however in the case of juveniles some are only on probation for six months which is why I usually recommend a minimum of six months before reassessing.”²

Submitted By: Karen Duncan

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The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Denied

ACA File No: 2011-014

Manual: Performance Based Standards for Adult Local Detention Facilities

Edition: 4th

Standard Number(s): 4-ALDF-2A-52

Agency/Facility: Federal Bureau of Prisons

- **Size of Facility:** Various
- **Size of Agency:** Various

Type of Proposal : Revision

Existing Standard:

All special management inmates are personally observed by a correctional officer at least every 30 minutes on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal inmates are under continuous observation until seen by a mental health professional. Subsequent supervision routines are in accordance with that ordered by the mental health professional.

Proposal: Written policy, procedure and practice require that all special management inmates are personally observed by a correctional officer at least once every 30 minute period. These rounds must be conducted at least once every 30 minute period during which the routes and times are altered to maintain an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation. Suicidal inmates are under continuous observation and subsequent supervision routines are in accordance with that ordered by the mental health professional.

Comments: The requirement is that each 30 minute period (i.e. 8:00-8:30 a.m., 8:30 a.m.-9:00 a.m., 9:00 a.m.- 9:30 a.m., etc.) a correctional officer must make rounds and observe the activity of every inmate in a special management unit. During the next 30 minute period, a correctional officer must again make rounds and observe the activity of every inmate in the unit, but the routes and times must alter to maintain an irregular schedule.

General Comments: Staff who alter routes and times within the 30 minute period prevent inmates from participating in patterns of supervision and reduce their ability to engage in misconduct. The intent of the standard is that a correctional officer walks the entire unit at irregular intervals within a time frame that is correctional sound. The standard as previously written has caused some confusion with auditors who interpret the standard to mean that the correctional officer must see each inmate at exact 30 minute intervals. This interpretation prevents staff from altering routes and times.

Submitted by: Harley G. Lappin, Director, Federal Bureau of Prisons

Comments submitted by the field:

The proposed standard is much better written and consistent with best practice.

Putting an I/M on a "continuous watch" pending review by a "mental health professional" is not necessary, for example we may start with a 10 minute watch for an imminent risk for a threat of suicide. An actual attempt could result in continuous observation. The decision would be made by a nurse or a mental health professional.

The availability of a mental health professional 24/7 is a concern----unless nurses count.

Jim Dennis, Northern Ohio Regional Detention Center

I do not support this standard revision. I have never had a panel report yet struggle with this interpretation and the revision being suggested would allow an inmate to be seen at 8:05 for the first thirty minute period(8 to 8:30) and at 8:55 for the second thirty minute period(8:30 to 9). That means there are 50 minutes in between observations. Kevin Myers, CCA

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The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Denied

General comments: Commisioners feel this is an auditor training issue which should be addressed by ACA training- they do not want predictability. Should be an irregular schedule for visits, but they need to be seen at least one every 30 minutes.

ACA File No: 2011-0015

Manual: Adult Correctional Institutions

Edition: 4th

Standard Number(s): 4-4257

Agency/Facility: Federal Bureau of Prisons

Size of Facility: Various

Size of Agency: Various

Accredited: Yes

Type of Proposal: Revision

Existing Standard: Written policy, procedure and practice require that all special management inmates are personally observed by a correctional officer at least every 30 minutes on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal inmates are under continuing observation.

Proposal: Written policy, procedure and practice require that all special management inmates are personally observed by a correctional officer at least once every 30 minute period. These rounds must be conducted at least once every 30 minute period during which the routes and times are altered to maintain an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal inmates are under continuing observation.

Comments: The requirement is that each 30 minute period (i.e. 8:00-8:30 a.m., 8:30 a.m.-9:00 a.m., 9:00 a.m. - 9:30 a.m., etc.) a correctional officer must make rounds and observe the activity of every inmate in a special management unit. During the next 30 minute period, a correctional officer must again make rounds and observe the activity of every inmate in the unit, but the routes and times must alter to maintain an irregular schedule.

General Comments: Staff who alter routes and times within the 30 minute period prevent inmates from participating in patterns of supervision and reduce their ability to engage in misconduct. The intent of the standard is that a correctional officer walks the entire unit at irregular intervals within a time frame that is correctional sound.

The standard as previously written has caused some confusion with auditors who interpret the standard to mean that the correctional officer must see each inmate at exact 30 minute intervals. This interpretation prevents staff from altering routes and times.

Submitted by: Harley G. Lappin, Director Federal Bureau of Prisons

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The above proposed revision would also affect the following manuals:

Action taken by the standards committee:

Denied

General Comments: Modify existing standard to read “suicidal Inmates are under continuous observation”.

Rely on auditor training to implement the irregular schedule.

Kathy Black Dennis reminded everyone to turn travel reimbursement into Christina.

Director Lappin asked for a motion to adjourn.

Denise Robins made a motion to adjourn.

Marge Webster seconded the motion.

Motion passed.