

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE INITIAL AUDIT

Maine Department of Corrections
Mountain View Correctional Facility
Charleston, Maine

October 1-3, 2018

VISITING COMMITTEE MEMBERS

Howard Carlton, Chairperson
ACA Auditor

Brian Neagle
ACA Auditor

Jimmie O. Atmore, Jr.
ACA Auditor

Howard Carlton
ACA Auditor

A. Introduction

The audit of the Mountain View Correctional Facility, Charleston, Maine, was conducted on October 1-3, 2018, by the following team: Howard Carlton, Chairperson; Brian Neagle, Member; and Jimmie Atmore, Jr., Member.

B. Facility Demographics

Rated Capacity: 446

Actual Population: 431 208-Medium, 223-Minimum

Average Daily Population for the last 12 months: 403

Average Length of Stay: 1 year, 2 months

Security/Custody Level: Medium/ Medium and Minimum

Age Range of Offenders: 18-75 years

Gender: Male

Full-Time Staff: 162- State Employees, 47- Contract Medical

(4) Administrative, (21) Support, (32) Program, (105) Security, (47) Contract Medical

C. Facility Description

The Mountain View Correctional Facility is located in Charleston, Maine on the site of the former Charleston Air Force Station. The facility opened in 1980 as the Charleston Correctional Facility, with 30 offenders under the administrative control of the Maine Correctional Center. Between 1981 and 1985 a second dorm was opened which brought the population count to 62. In 1985, a third dorm was opened which increased the population to 93. That year the facility assumed primary responsibility for its own operation. In 1990, the State's offender population was in a growth pattern which resulted in a new dorm being constructed and the count was increased to 143. During the next 9 years the offender population grew to 180, with four dormitories open. In 1999, the facility became a co-correctional facility in order to house a segment of the rapidly expanding minimum security female offender population. One dormitory was closed, and the facility population was adjusted to 131 males and 32 females. In 2001, the female population was moved, and the male population was cut back to 75. Then in 2007, the facility opened a second, 55 bed dorms in order to assist with the higher volume of offenders entering the system. The facility averaged 145 offenders. In 2014, a statewide increase in minimum security offenders allowed the facility to open an unoccupied dorm increasing the population to a capacity of 210.

The secure side of the current Mountain View Correctional Facility was originally a Juvenile facility built in 1998. It was expanded to hold 140 juveniles. In 2014, following a dramatic reduction in the juvenile population, the Mountain View Youth Development Center was transitioned to serve the juvenile population in one-half of the building and a Young Adult Offender Program in the other half. The juvenile population continued to decline, and the decision was made to move all of the juveniles to another facility in 2016.

At this time, the facility transitioned to the current adult treatment facility with specialized programs for sex offenders, young adults, offenders needing residential substance abuse treatment, and offenders needing specialized care due to age and/or disability. The facility still operates a six-bed juvenile detention unit providing temporary detention for arrestees until they can be arraigned by the Juvenile Judge. In 2017, the Mountain Youth Development Center and the Charleston Correctional Facility were merged to create the Mountain View Correctional Facility with one administration and a combined staffing package. Currently the facility is renovating another minimum-security dormitory that could house up to 64 additional minimum custody offenders. The secure side of the facility is all encompassed under one roof. It was originally built as a juvenile facility with multiple program spaces. The dorms, with individual two-man cells, are on one side of the hall. Food services, medical, the education/vocational classes and the library are on the other side of the hall. There is a spacious gym and well-designed program spaces. The administrative offices, the secure lobby, and master control are at the entrance to the building. There are lockers in the lobby for visitors and staff. There is a walk-through metal detector and a Heiman x ray machine for packages. The minimum side of the facility is to the side of the secure compound. There are four original dormitories, a food service building with an attached visitation/program space, a large gym, a vocational wood shop, the saw mill, the boiler building, the water treatment building, and the Warehouse and automotive vocational shop. There are two small buildings that house the Plumbing shop and Welding shop. The heat plant building has two wood burning and two oil furnaces that heat the minimum side. The minimum side has no fence. The secure side has one inner curved 12-foot fence with one strand of razor wire at the top. Perimeter lighting is by pole lights and building lights, sufficient to provide safety and security. Two 700 KW Caterpillar generators power 100% of the secure compound during power outages. Two 500,000 BTU boilers heat the buildings and provide hot water. One generator supplies essential power to the minimum side.

D. Pre-Audit Meeting

The team met on September 30, 2018, in Charleston, to discuss the information provided by the Association staff and the officials from Mountain View Correctional Center.

The chairperson divided standards into the following groups:

Standards #4-4001 to 4-4173 to Jimmie Atmore, Member
Standards #4-4174 to 4-4343 to Brian Neagle, Member
Standards #4-4344 to 4-4521 to Howard Carlton, Chair

E. The Audit Process

1. Transportation

The team was escorted to the facility by Cheryl Preble, Compliance Specialist.

2. Entrance Interview

The audit team proceeded to the office of Jeff Morin, Superintendent. The team expressed the appreciation of the Association for the opportunity to be involved with Mountain View Correctional Facility in the accreditation process.

The team members reviewed the standards they would each be responsible for. The Superintendent outlined the tour route. The Chair requested that time is spent in each area to provide a thorough evaluation of the area and the related standards.

Superintendent Morin escorted the team to the administrative conference room where the formal entry meeting was held.

The following persons were in attendance:

Name:	Title:
Jeff Morin	Superintendent
Chad Curtis	Deputy Superintendent
Gerald Merrill	Deputy Superintendent
Cheryl Preble	Compliance Specialist
Bruce Domenech	Administrative Captain
Brian Carl	Captain
Patrick Lockhart	Captain
Shane Tyrrell	Lt.-Special Investigations & Intelligence
Mary Lucia	Policy Coordinator
Darlene Sage	Human Resource Manager
Rosalie Morin	Staff Development Coordinator
Penny Ames	Office Associate II
Michelle Lawson	Office Specialist I
Sam Bradeen	Building Maintenance Supervisor
Mark McBrine	Food Service Manager
Jennifer Duffy	Unit Manager- Medium Units
Julie Harrington	Unit Manager- Minimum Units
Kim Partridge, RN	Health Services Administrator- CCS
Bonny Small, RN	Director of Nursing-CCS
John Newby	Regional Vice President- CCS
Castonguay	Regional Manager- CCS
Robert Clinton	Regional Medical Director
CCSJessica Johnson	Mental Health Director- CCS
Heidi Lacroix	RN-CCS
Jonathan Lawson	Warehouse Superintendent

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 team members introduced themselves and described their background. The audit schedule was also discussed at this time.

3. Facility Tour

The team toured the facility from 8:45 a.m. to 4:30 p.m. on Monday and from 8:30 a.m. to 10:30 a.m. on Tuesday. The following persons accompanied the team on the tour on Monday and responded to the team's questions concerning facility operations:

Jeff Morin- Superintendent
Chad Curtis- Deputy Superintendent
Gerald Merrill- Deputy Superintendent
Cheryl Preble- Compliance Specialist
Bruce Domemeh- Administrative Captain
Rosalie Morin- Staff Development Coordinator- (Scribe)
Penny Ames- Office Associate II- (Scribe)
Michelle Lawson Office Specialist I- (Scribe)
Sam Bradeen- Building Maintenance Supervisor
Jennifer Duffy-Vail- Unit Manager, Medium Units
Julie Harrington- Unit Manager, Minimum Units

Facility notices were posted throughout the facility. Staff and Offenders were aware that an audit was being conducted.

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. It was apparent that Mountain View has been well maintained over a long period of time. The buildings and grounds were in good repair, clean and well organized.

The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security:

The secure compound is surrounded by one 12-foot fence curved inward with one strand of razor wire at the top. The perimeter road is patrolled, and the fence is checked at least twice per shift. Offenders are not allowed in the area around the fence. There is a secure sally port for deliveries and transfers of offenders. Pedestrian traffic enters the front of the building where the lobby is monitored by a correctional officer. There is a separate metal detector for staff and one for visitors and offenders. The visitor/offender unit is more sensitive.

There is an x ray unit for all packages being brought in. Items not allowed are stored in either visitor or staff lockers in the lobby. All visitors are required to sign in.

All the doors are controlled in Central Control. All persons entering and exiting the building walk past the Central Control area. Security staff is posted in all areas of the facility to monitor and control offender activity and behavior.

The Central Control Complex contains the armory, key control room, and a NIMS command center.

There are 96 cameras monitoring all areas of the facility, retaining recordings for up to three weeks. There are four additional cameras that provide observation but no recording ability. There is a blue light in Control that flashes if a panic button is pushed by the lobby officer, signaling the need for additional assistance.

Staff keys are controlled by a key watch system just outside of the Control room.

The minimum side of the complex has a small control area across from the dormitories. They provide some supervision of the front of the minimum dorms and check offenders in and out to community work and the outside areas.

All offender mail is processed by the front lobby officer. Mail is delivered by the post office. The officer goes through the mail and either bundles it for delivery to the offenders, sends it to be monitored by the Internal Affairs unit, logs and delivers legal mail, or forwards it to the last address given by released offenders. All offenders get to mail out two free letters per week.

The administration area has a staff training room with a computer lab. Staff spends six weeks at the Criminal Justice Academy, seven days at the facility in a classroom setting, then three weeks OJT. This area also houses a staff fitness room with a Universal machine, two stationary bikes, and two treadmills. There is a separate male and female locker/shower room. There is a small staff break area.

There are two Caterpillar generators on the secure side that provide 100% power when needed. The minimum side has one generator that will provide power for foodservice, the waste water treatment plant, the water supply system, and minimal lighting. Heat and hot water on the minimum side are provided by two wood burning units.

All staff questioned had CPR/ First Aid certification, knew how to affect a fire evacuation, understood their post orders, and knew what procedures to take in various emergency situations. The staff appeared to be alert, attentive to their responsibilities and morale seemed high. Tools and keys were accurately inventoried and controlled. The armory was orderly and correctly inventoried. Staff questioned was aware of the use of force policies.

Security staff and procedures ensured controlled movement of offenders with safe and orderly movement to and participation in program areas.

Security staff has an organized Union- AFSCME. The other staff may organize under Maine State Employee Association Local 1989. There were no reported concerns with the Unions.

Environmental Conditions:

The secure side has air conditioning and the temperatures were comfortable. The lighting and air flow were good. There was natural lighting in all the areas except the Assisted Living Unit. The minimum side had windows that would open allowing fresh air and also provide plenty of natural light. The men in those units are able to go out in the adjacent yard and have covered areas to sit in. Smoking is not allowed on the secure side but is allowed on the minimum side. Offenders are supposed to smoke outside. Temperature may get warm in the dorms but again, they may open their windows and use fans.

The physical plant was extremely well maintained. Sanitation was exceptional in all areas, even those areas not in regular use. Weekly, monthly, and annual inspections were completed and follow up to deficiencies were noted. Pods and dorms appeared relaxed and offenders were engaged in various individual and group activities. All offenders have ample time out of the units to be engaged in activity. Temperatures were moderate in all areas. The noise level during the team's tours was relatively quite compared to normal prison units.

Sanitation:

During the audit period, all areas of the facility were found to be at exceptional levels of sanitation. It was clear to the team that the housekeeping plans were being followed. Bathrooms were clean and free of odor, soap residue and mold or mildew. The kitchen area was especially clean even during meal preparation times. The areas were organized and clutter free. There was no accumulation of trash anywhere and the grounds were free from paper or refuse. All areas smelled clean. Cleaning supplies were properly stored and accounted for. Workers were seen throughout the facility cleaning.

The local health department provides inspections twice a year and no major deficiencies were noted. Daily, weekly, and monthly inspections were done and recorded. The team made some suggestions to help make this practice more effective and the facility agreed to the need.

Fire Safety:

Fire suppression at the facility is a combination of wet and dry systems. The facility has Simplex fire alarm panels that detect fire throughout the facility using photographic smoke detection, duct/heat detection, and pull stations.

In the event of a fire, the facility has a mutual aid agreement with the local Charleston Fire department located about three miles from the facility. Annual Maine Fire Marshall Inspections are conducted, and no major deficiencies were noted. Fire drills are conducted on a monthly basis on both shifts. Documentation for all these requirements was in the file.

Evacuation routes were clearly posted in all areas of the facility.

Food Service:

The food service areas were clean and well maintained. Special diets and religious diets were available and carefully monitored. There is a six-week master menu approved by a Registered Dietitian. Offenders were very complimentary of food service. Proper sanitation procedures were followed in the food preparation, serving, and eating areas. Temperatures were correct for food on the serving lines, coolers, freezers, dry storage, and rinse water in the dishwasher. Sanitizer levels were correct in rinse water. Pots and pans were free of baked on food or grease. They were stored correctly. Staff may eat in the offender dining room. All food service staff and offender kitchen workers complete Serve Safe certification. Another note for this area was that the food service manager was seen out in the dining area talking with offenders to solicit their comments on his operation.

Food cost is \$2.25 per offender per day. The facility bakes all the bread that is served. The team ate several types and it was delicious. The food service manager also manages the five-acre institutional garden. He assures all the garden products can be utilized in the food menu. They have a machine that allows them to buy whole potatoes and slice, dice, and also make their own fries. This is just some of the innovative practices that help the food service area provide favorable meals to the population. The only complaint heard by the team was that the population wanted larger quantities. Portion control was adequate. The team ate a full meal in the offender dining room at Tuesday's lunch. It was diced fried potatoes, meat ball sub with homemade hoagie, corn, and fruit.

Medical Care:

Healthcare services at Mountain View Correctional Facility are delivered through a contract with Correct Care Solutions.

The staffing pattern for medical providers consists of one Physician who serves as the institutional Medical Director.

The Physician is at the facility 20 hours per week. A second Physician provides services 12 hours per week.

The medical department is supervised by a Health Services Administrator, who is an RN, and one Director of Nursing, who is an RN. The clinic is staffed 24/7 by six full time, two part time, and eight per diem Registered nurses. There are four full time and four per diem LPN's. There are three full time CNA-M's, and two full time and one per diem CNA. There is a full time Administrative Assistant, two part time Mental Health Clerks and a full-time unit secretary.

Offenders receive full dental care from two part time Dentist's and two Dental Hygienists. There is one dental chair and each Dentist is at the facility either Wednesday or Sunday. All sharps were counted and accounted for. There were 808 dental visits this past year.

The Behavioral Health Department provides individual and group psychotherapy services, crisis intervention (including 24-hour crisis coverage), program development, staff in-service training, and ongoing consultation to unit staff and treatment teams. The department includes six full time master's level clinicians, and licensed Substance Abuse Counselors. There is a Psychiatric Nurse Practitioner at the facility on Wednesday's for eight hours.

Behavioral Health Clinicians carry active caseloads providing individual psychotherapy, group therapy, and family therapy to offenders. A behavioral health clinician is on call for crisis services at all times and directs the level of intervention required in mental health emergencies.

The Mental Health Coordinator serves as the Director (under the direction of a Clinical Psychologist from the CCS Regional Office in Augusta) and provides supervision of all behavioral health personnel.

The Sex Offender Program is a six to nine-month program. It has a capacity of 63 participants. Currently there are 31 in the program. Groups are conducted twice a week for one- and one-half hours each session. If the offender completes the program, there are aftercare programs to participate in meeting one hour per week until they are released. They may be considered for minimum custody. After completion of the programs, offenders may be referred to SAPHE (Comprehensive Treatment Program for Men with Sexual Behavior Problems, Module on Corrective Thinking and Conventional Sexual Arousal Management).

Day One contracts with the MDOC to provide the Substance Abuse Program on the medium side that serves offenders with moderate to severe substance use disorders that have been referred by the DOC as needing residential or outpatient levels of care. They do operate a Therapeutic Community in D Unit. The offender participates in evidence-based programming, including group and individual treatment.

Offenders who successfully complete programming have the potential to transfer to a minimum custody setting for possible work release opportunities. Offenders in the program may be trained as Peer Recovery Coaches. The training is 30 hours. 17 offenders were trained in the last month. Outside Substance Abuse Centers hire Recovery Coaches. When program offenders ask for help, Peer Recovery coaches guide them. Correct Care Solutions operates the Substance Abuse program at the Minimum Housing.

Optometry services are provided on site four hours per month and include exams and provisions for corrective lenses.

Medical coverage is provided 24/7. After hour emergencies and situations occurring on weekends or holidays are addressed through an on-call system. Mayo Medical Center, located ten miles from the facility, is available for emergencies. The Mental Health staff is available for psychological emergencies. The Dentist is available for dental emergencies. Eastern Maine Medical Center is a Level 4 trauma center, located 30 miles from the facility. Ambulance transportation is provided by the local service.

The facility does not have an infirmary. There is no negative pressure room. Inmates who need infirmary care or negative pressure are sent to Mayo Medical Center or another DOC facility.

Facility nursing staff completes an assessment on all new admissions as soon as they are processed into the facility and prior to bed assignments. Staff has received appropriate training to assess medical and dental needs, suicide precautions, mental health concerns, and PREA issues. Offenders watch a PREA video in intake. Medical staff assesses new arrivals within 72 hours of arrival conducting a full exam to include blood panels, TB, hepatitis and HIV testing. Medical staff also pre-screen offenders prior to their arrival. Nurses receive updated training annually. They have all also had annual suicide and PREA training.

Offenders are able to access sick call services seven days per week. The procedure is that offenders deposit a medical request slip in the locked boxes at the entrance to the dining room. Staff collects the slips daily and triages them. Offenders are then called to medical for treatment based on the need identified. There is a \$5.00 co-pay system. If an offender needs to be seen outside of the sick call process, staff calls the clinic and the offenders are sent. The number of specialty consults ordered for the 2017-2018 period is 153 with 152 completed.

Ancillary Services:

Laboratory- services are completed by the medical staff. Specimens are sent to LabCorp for analysis. Results are returned electronically within 24 hours.

Radiology- examinations are performed onsite by New England Mobile X Ray, read by a radiologist and the results electronically communicated within 24 hours.

Pharmacy Services- are secured through Diamond. Orders are faxed and delivered the next day. Medications are delivered to a secure area at the facility checkpoint where nursing staff collect them. Medications are stored in the facility pharmacy. The pharmacy is inspected quarterly by a Pharmacist from Diamond. There have been no discrepancies on the inspections. A check of controlled medications, sharps, and tools was conducted with the auditor. There were no discrepancies. It was apparent that the checks are given high priority. Offenders at Mountain View receive their medications at the med window at 5:30 a.m., 10:30 a.m., 3:30 p.m., and 6:30 p.m. The facility makes many of the offender medications available for Keep on Person (KOP). Offenders who miss medication pickups at the window are called to the clinic for counseling and to be seen by the medical staff if needed. Narcotic medication is stocked in the Pharmacy. The inventory was counted with the auditor and had no errors. There were 251 offenders on 1106 prescriptions in the month of August. There were 131 offenders on 293 psychotropic prescriptions.

There is an AED located in the clinic which is taken to all emergencies. There were five other AEDs located at the check point lobby, and in strategic locations to the medium units and minimum dorms. All institutional staff is trained in the use of AED's. First aid kits are located in eleven areas inside and out for easy access. Kits are inventoried monthly. All security staff and other staff working in the facility are trained in first aid and CPR. Refresher training is provided for staff during their in-service. Staff is able to respond to emergencies within the four-minute response time. Medical staff is involved in drills and emergency exercises.

Offenders with chronic care needs are seen on a regular basis as determined by medical staff. There are a number of offenders assigned to specific chronic clinics.

Bio Hazardous waste is collected and stored in a secure room until it is carried out monthly by SteriCycle. Used sharps are properly disposed of.

The medical records are all electronic. Medical records are secured and accessed only as authorized. Once an offender is discharged, he may forward necessary information to outside providers for continuation of care after signing a release.

The Significant Incident Summary and Healthcare Outcome measures were reviewed. There were no offender deaths or suicides in this accreditation cycle. The institution's Quality Assurance program appears to be active and effective. Problem areas were addressed and resolutions to the identified problems were developed. The quarterly meetings between the medical and administrative staff appear to be meaningful. There were 44 medically related grievances in the last year of the cycle.

Medical staff takes the grievance process seriously and pay attention to offender concerns. There were no complaints from offenders regarding health services to the audit team.

The healthcare areas were extremely clean and well organized. Staff appeared dedicated to providing exceptional care.

Recreation:

The Recreation Director is responsible for oversight of the facility program. He has a BS degree in Sports Management and an extensive background. Two correctional staff are assigned to help coordinate the programs. The staff is trained to conduct recreational activity. Random offender workers are trained and assigned to assist with activities and tournaments. Activities include basketball, volleyball, weight training, pool, ping pong, and table games.

There is a large gym inside the secure side and another large gym at the minimum side. The gyms are open seven days per week and all offenders get at least 1 hour per day in them. They are equipped with multiple weight machines, free weights, Fooseball tables, treadmills, a band room, and pool tables.

There are outside recreation areas with a large ball field, walking tracks, horseshoe pits and handball. Recreation sponsors an Offender Fitness Group, basketball, softball, handball, and X-Box tournaments. On Sunday mornings, offenders may schedule to come to the gym with their children that visit and play.

The secure units have outside yards attached to the units that are open and include tables to sit at. There are recreational items in all of the unit day room areas.

Religious Programming:

The Chaplain is available for personal/family crisis situations that include bereavement, serious medical or other family emergencies. The Chaplain is available for all offenders regardless of religious affiliation. He plans, directs and coordinates all aspects of the religious programs for all of the offenders at the facility. The Chaplain develops and maintains relationships with religious resources in the community to help augment the delivery of appropriate religious services on religious holidays or as needed to meet the requirements of the diverse religious faiths.

All denominational Christian services are provided through the Chaplain. Catholic services are provided through the services of a local priest. The Chaplain coordinates all religious volunteers who consistently donate over 50 hours per month to mentor the offenders. The Volunteers provide weekly Bible study groups conducted on each unit at 6:30 p.m. on Monday nights. Pre-Release offenders are allowed to travel off site to a Pentecostal Church each week.

There is an offender led Native American group. They use an outside volunteer for the sweat lodge and smudge ceremonies.

Offender Work Programs:

All offenders are assigned a job, education, vocation, or a program. There are six community crews that do an assortment of projects in the community for nonprofit groups.

There is a robust work release program with anywhere from 40-110 offenders out working fulltime with 10-15 employers. At the time of the audit there were 11 employers:

Maple Lane Farm- five offenders
Crane Brothers- four offenders
Sprague's Nursery- two offenders
Cleaves Farm- three offenders
Alfalopes Farm- one offender
Haley Construction- five offenders
Pleasant River Lumber- four offenders
American Concrete-two offenders
LaBree's Bakery- 35 offenders
Tasman Leather Group- ten offenders

Offenders are paid minimum wage and up. They are required to contribute to a savings account, room and board, and possibly transportation cost. They are also required to make payments toward court ordered financial obligations such as victim restitution, child support, and fines. To be eligible for work release an offender must have completed all their programming, half of their sentence, 30-90 days discipline free, be within 24 months of release, and community custody. The facility has a "Work Ready Credentialing Program". It is a 60-hour long program that offenders may use when they are released and looking for a job.

One special work program the facility operates is a small Snow Shoe shop. The offenders take wood from the saw mill, cut it, soak it, and then use molds to bend the wood to make snow shoe frames. They then string them. The snow shoes are donated to a veteran's group who sell them, and the proceeds are used to fund the Veteran's flights to Washington DC to see the memorials. The offenders and the facility rightfully take pride in this service.

Academic and Vocational Education:

The Education Department has a Teacher/Coordinator. His responsibilities are to oversee the Academic Education Department and HiSet Program. He is assisted by an Office Associate II. She plans graduations and helps with the library. There are three academic teachers. ABE, HiSet (GED), and literacy are classes taught.

The Vocational classes offered are expansive and several attached to work programs.

VTI- Carpentry

VTI- Motor Pool

VTI- Culinary/ Safe Serve

CTS- Correctional Trades

CTI- Sawmill

VTI- Wood Harvesting/ Forestry

CTI- Small Engine Repair

The facility has a Master Instructor for NCCER- National Center for Construction Education Research. They teach two classes at a time with ten students per class. In the last year they have certified 100 offenders. They collaborate with the US Department of Labor to gain apprenticeship credit in the Vocational/work programs.

Social Services:

The Social Services staff offers several programs for offenders. Thinking for a Change is a 12 weeks program. Family Violence Education and Prevention is a 13 weeks program. Inside Out Dads is another program offered. There is AA offered by volunteers. There is a Classification team who review, analyze, and summarize offender records in order to recommend appropriate work assignment and other conditions of confinement.

Visitation:

Offenders are allowed visitation on weekends and federal holidays. The Visiting Room is located in the main building and there is one at the minimum side. The areas provide ample space for contact visitation privileges. There are vending machines with food, snacks, and drinks. Storage lockers are provided for the visitor's use.

Once a month offender may take their children to the gym on Sunday morning to play and interact.

Library Services:

The library is managed by a staff member with a law degree. The medium side library is open seven days per week. There are approximately 7000 books. They have rotated 1500 new books into the library since January 2018. There are ten different periodicals and several newspapers. There is ample seating and space. There are 150-200 items checked out of the library per day. There is a robust relationship with the Bangor Public Library with approximately two items ordered per day. There are four computers and the facility have both legal references and the Lexus Nexus system. An offender with a para-legal degree assists in the law library. The library checks out DVD players and DVD's.

The minimum side has a library that is accessible Monday through Friday. It has night time hours Tuesday and Friday evenings. There are 7000 books with new ones added four times per year. The library has 14 periodicals and the same newspapers as the medium side. There are computers available with the Lexus Nexus system. There are nine computers available for offenders to work on Hiset. There is a study group for the Hiset students held at night.

Laundry:

The facility has a central laundry that is available to both the medium and the minimum sides. The laundry operates seven days per week. The laundry was clean and well maintained. Chemicals are controlled in a locked room and are dispensed automatically. Each unit and dorm also have washers and dryers that offenders may use if they prefer.

F. Examination of Records

Following the facility tour, the team proceeded to the Administrative 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

The Significant Incident Summary for the past year was noticeably absent any figures. There was however, one escape from the minimum-security unit the week before the audit. The offender walked off from the dorm and was gone several days before being recaptured. There were only two offenders on offender assaults in the past year, neither causing any serious harm. Those are the only incidents recorded. The Outcome measures show that there was one offender diagnosed with active TB during the year. There were 103 offenders diagnosed with Hepatitis C. Two offenders had HIV. 190 specialty consults were completed in the reporting period. There were 44 health care related grievances for the whole year. The results show the attention by medical staff that is paid to the overall health care delivery at the facility. There were no complaints to the audit team during our visit.

3. Departmental Visits

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

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Key Control	Greg Curry- Key Control
Sergeant Armory	Ryan Dearborn- Armorer
Dining Hall/Kitchen	Mark McBrine- Food Service Manager
Maintenance	Sam Bradeen- Building Maintenance Supervisor
Vocational Classrooms	Mark Spahr- Culinary Arts Instructor VTI
	Paul Moulton- CTI Woodshop/NCCER
	Scott Demoranville- VTI Carpentry/NCCER
	Mike Mullaney- CTI- Small Engines
	Leon Gerry- Correctional Trades Instructor
	Corey Hill- Correctional Trades Instructor
	Tom Sands- CTS Correctional Trades
Education	Martin French- Education Coordinator
	Gary Gray- Teacher
	William McDonald- Hi-Set Instructor
Medical	Kim Partridge- Health Services Administrator
	Bonnie Small- Director of Nursing
Recreation	Ryan Dearborn- Recreation Supervisor
	Logan Morin- Recreational Corrections Officer
Chaplain's Office	Paul Dunfee- Chaplain
Library	Matthew Dever- Librarian/Teacher
Medium Units	Jenifer Duffy-Vail- Manager
Minimum Dormitories	Julie Harrington- Manager
Juvenile Holding Unit	
Sex Offender Program/Housing	
Substance Abuse Therapeutic Community	Heidi Weymouth- Counselor
Sawmill	Daniel Dugan- Correctional Trades Instructor
Wood Harvesting/Forestry	Joel Burdin- Vocational Trades Instructor
Water Treatment	Leon Gerry- Treatment Plant supervisor
Warehouse	Jonathan Lawson- Warehouse Superintendent
Heat Plant	Sam Bradeen- Building Maintenance Supervisor

4. Shifts

The visiting committee members were present in the facility on both shifts. The shifts report for 12 hours from 6:00 a.m. to 6:00 p.m., and 6:00 p.m. to 6:00 a.m.

a. Day Shift

The team was present at the facility during the day shift from 8:00 a.m. to 6:00 pm on Monday, 9:00 a.m. to 6:00 p.m. on Tuesday and 9:30 a.m. to 12:00 Wednesday.

Monday, the team visited all of the departments and housing units inside the secure compound and the dormitories in the minimum side.

On Tuesday, the team visited all of the outside programs and revisited areas inside the compound. Wednesday the team went back into the secure compound and visited several areas that were not seen Tuesday. All three days the staff were busy at the jobs they were assigned and there were many offenders involved in activities. Staff interaction with each other and with offenders was always seen as professional and respectful.

b. Night Shift

The team was present at the facility during the night shift from 6:00 p.m. to 7:30 p.m. Monday and 6:00 p.m. to 6:30 p.m. Tuesday.

The night shift was busy with offenders going to and from meals and involved in leisure activity. They were interested in the progress of the audit and receptive to questions. The staff was obviously proud of the facility and many had been with the facility during its many transitions. Again, the staff interaction between each other and with offenders was professional and all seemed at ease with the activity that was taking place.

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

The team reviewed the previous audit which evaluated Juvenile standards. There were no standards previously found non-compliant.

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

Over the three-day audit, the combined number of offenders spoken to by the three team members was 121. The offenders were at ease and felt free to talk to the team. The offenders felt that the facility offered several valuable programs. The men in the sex offender unit thought the program was valuable and several who had completed the program waiting for release felt that they had obtained both insight and coping skills that they could use once released. Likewise, the men in the substance abuse program were interested in the material and felt that they were obtaining valuable information that would help them in the future. The men in the kitchen were eager to discuss their jobs and were proud of the food and especially the baked breads. The team had one letter from an offender to the ACA. Audit team member Brian Neagle spent time one on one with this individual. The offender told Mr. Neagle that his intent was not so much to complain but to point out problems and suggest solutions. He did compliment the School and Library. He complemented the food quality but felt there should be more quantity. He wished there were more jobs.

Mr. Neagle shared the offender's concerns with Superintendent Morin. The Superintendent was receptive to the concerns and states they are trying to address some of the issues raised.

2. Staff Interviews

The team talked to 89 staff over the three-day audit. All of the staff was receptive to the team and our questions. They were proud of their areas and knowledgeable in the questions asked. They took great pride in the facility and most had been employed there for ten years or more. Many had been at the facility over the many transitions and adapted well. Due to the 12 hour shifts we were able to interact with both shift and observe activities.

H. Exit Discussion

The exit interview was held at 12:00 p.m. in the Visitation area with the Superintendent and 79 staff in attendance.

The following persons were also in attendance:

Joseph Fitzpatrick- Commissioner, Maine Department of Correction
Ryan Thornell- Deputy Commissioner, MDOC
David Porter- Deputy Director of Operations, MDOC
Holly Howieson- MDOC Medical
Heidi Lacroix, MDOC Compliance, Medical
Mary Lucia- MDOC Policy Coordinator
Chad Cooper- MDOC Compliance
Ryan Anderson- MDOC Compliance Director
Tom Olsen- MDOC Compliance
Vicki Burbank- MDOC COAT team/Compliance
Corey Alley, MDOC COAT team/Compliance
John Newby- Correct Care Solutions Regional Vice President
Robert Clinton- Correct Care Solutions Medical Director

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, 4 th Edition	
Supplement	2016 Standards Supplement	
Facility/Program	Mountain View Correctional Facility	
Audit Dates	October 1-3, 2018	
Auditor(s)	Howard Carlton, Chair Brian Neagle, Member Jimmie Atmore, Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	62	465
Number Not Applicable	6	19
Number Applicable	56	446
Number Non-Compliance	0	2
Number in Compliance	56	444
Percentage (%) of Compliance	100%	99.6%
<ul style="list-style-type: none"> ● Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable ● Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance ● Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Maine Department of Corrections
Mountain View Correctional Facility
Charleston, Maine

October 1-3, 2018

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard # 4-4132

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 FURNISHING 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 FIXTURES AND EQUIPMENT IS SUBTRACTED. ALL FIXTURES AND EQUIPMENT MUST BE IN OPERATIONAL POSITION.

FINDINGS:

The standard requires 25 square feet of unencumbered space in the cells per occupant.
Housing Area (A) - Ten two-man cells have 22.5 square feet per occupant.
Housing Area (E-b pod) – Eighteen bunks create 9.7 square feet per occupant.
Housing Area (E-c pod) – Sixteen bunks create 10.31 square feet per occupant.
Dorm 1- Twenty five four man cells create 5.13 square feet per occupant.
Dorms 2 and 3- Twenty two four man cells create 9.44 square feet per occupant.

AGENCY RESPONSE:

Waiver Request

The Minimum Unit was originally designed as an Air Force Base and the MDOC acquired these buildings and used them as a Minimum/Community Correctional Facility. The Medium Unit was originally a Juvenile Correctional Facility that was closed and now houses adult inmates.

AUDITOR'S RESPONSE:

The visiting committee concurs with the Waiver request. The offenders housed in the minimum units have free access to the program spaces and outside areas when not in count. The offenders in the secure part of the facility also have access to spacious program areas in the pod areas when not in count or night time lock down. The facility cannot reasonably change the cell sizes without a dramatic reduction in the population.

Standard # 4-4147

ALL INMATE ROOMS/CELLS PROVIDE INMATES ACCESS TO NATURAL LIGHT.

FINDINGS:

The space housing the Assisted Living Unit has no access to natural light. It is located next to the Medical Department.

FACILITY RESPONSE:

Waiver Request:

The Assisted Living Unit was originally designed for temporary housing for Juvenile Special Management. As our prisoner populations changed and the Juvenile Facility was closed and there was an identification of the aging prisoner population being housed in general population and being targeted/victimized by the younger prisoners. The housing area was selected as suitable as it was adjacent to the medical department.

AUDITOR'S RESPONSE:

The visiting committee concurs with the request for the waiver. The proximity to the medical department is ideal for these offenders who are wheelchair bound, suffer from serious conditions, and some who have Alzheimer's disease. The open program room was spacious and had a multitude of activities for this special population.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Maine Department of Corrections
Mountain View Correctional Facility
Charleston, Maine

October 1-3, 2018

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard # 4-4191

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 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.

FINDINGS:

Mountain View Correctional Facility does not utilize four/five point restraints.

Standard # 4-4353

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:

Mountain View Correctional Facility is a male facility and does not house females.

Standard # 4-4362

INTAKE MEDICAL SCREENING FOR OFFENDER TRANSFERS, EXCLUDING INTRA-SYSTEM, COMMENCES UPON THE OFFENDER'S ARRIVAL AT THE FACILITY AND IS PERFORMED BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL. ALL FINDINGS ARE RECORDED ON A SCREENING FORM APPROVED BY THE HEALTH AUTHORITY. THE SCREENING INCLUDES AT LEAST THE FOLLOWING:

INQUIRY INTO:

- ANY PAST HISTORY OF SERIOUS INFECTIOUS OR COMMUNICABLE ILLNESS, AND ANY TREATMENT OR SYMPTOMS (FOR EXAMPLE, A CHRONIC COUGH, HEMOPTYSIS, LETHARGY, WEAKNESS, WEIGHT LOSS, LOSS OF APPETITE, FEVER, NIGHT SWEATS THAT ARE SUGGESTIVE OF SUCH ILLNESS), AND MEDICATIONS
- CURRENT ILLNESS AND HEALTH PROBLEMS, INCLUDING COMMUNICABLE DISEASES
- DENTAL PROBLEMS

- USE OF ALCOHOL AND OTHER DRUGS, INCLUDING TYPE(S) OF DRUGS USED, MODE OF USE, AMOUNTS USED, FREQUENCY USED, DATE OR TIME OF LAST USE, AND HISTORY OF ANY PROBLEMS THAT MAY HAVE OCCURRED AFTER CEASING USE (FOR EXAMPLE, CONVULSIONS)
- THE POSSIBILITY OF PREGNANCY AND HISTORY OF PROBLEMS (FEMALE ONLY); AND OTHER HEALTH PROBLEMS DESIGNATED BY THE RESPONSIBLE PHYSICIAN

OBSERVATION OF THE FOLLOWING:

- BEHAVIOR, INCLUDING STATE OF CONSCIOUSNESS, MENTAL STATUS, APPEARANCE, CONDUCT, TREMOR, AND SWEATING
- BODY DEFORMITIES, EASE OF MOVEMENT, AND SO FORTH
- CONDITION OF THE SKIN, INCLUDING TRAUMA MARKINGS, BRUISES, LESIONS, JAUNDICE, RASHES, AND INFESTATIONS, RECENT TATTOOS, AND NEEDLE MARKS OR OTHER INDICATIONS OF DRUG ABUSE

MEDICAL DISPOSITION OF THE OFFENDER:

- GENERAL POPULATION
- GENERAL POPULATION WITH PROMPT REFERRAL TO APPROPRIATE HEALTH CARE SERVICE
- REFERRAL TO APPROPRIATE HEALTH CARE SERVICE FOR EMERGENCY TREATMENT

OFFENDERS, WHO ARE UNCONSCIOUS, SEMICONSCIOUS, BLEEDING, OR OTHERWISE OBVIOUSLY IN NEED OF IMMEDIATE MEDICAL ATTENTION, ARE REFERRED. WHEN THEY ARE REFERRED TO AN EMERGENCY DEPARTMENT, THEIR ADMISSION OR RETURN TO THE FACILITY IS PREDICATED ON WRITTEN MEDICAL CLEARANCE. WHEN SCREENING IS CONDUCTED BY TRAINED CUSTODY STAFF, PROCEDURES WILL REQUIRE A SUBSEQUENT REVIEW OF POSITIVE FINDINGS BY THE LICENSED HEALTH CARE STAFF. WRITTEN PROCEDURES AND SCREENING PROTOCOLS ARE ESTABLISHED BY THE RESPONSIBLE PHYSICIAN IN COOPERATION WITH THE FACILITY MANAGER. INMATES CONFINED WITHIN A CORRECTIONAL COMPLEX WITH CONSOLIDATED MEDICAL SERVICES DO NOT REQUIRE HEALTH SCREENING FOR INTRA-SYSTEM TRANSFERS.

FINDINGS:

Mountain View Correctional Facility only receives intra-system transfers which are excluded in this standard.

Standard # 4-4365

A COMPREHENSIVE HEALTH APPRAISAL FOR EACH OFFENDER, EXCLUDING INTRASYSTEM TRANSFERS, IS COMPLETED AS DEFINED BELOW AFTER ARRIVAL AT THE FACILITY. IF THERE IS DOCUMENTED EVIDENCE OF A HEALTH APPRAISAL WITHIN THE PREVIOUS NINETY DAYS, A NEW HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED HEALTH AUTHORITY. HEALTH APPRAISAL INCLUDES THE FOLLOWING:

WITHIN FOURTEEN DAYS AFTER ARRIVAL AT THE FACILITY:

- REVIEW OF THE EARLIER RECEIVING SCREEN
- COLLECTION OF ADDITIONAL DATA TO COMPLETE THE MEDICAL, DENTAL, MENTAL HEALTH, AND IMMUNIZATION HISTORIES
- LABORATORY OR DIAGNOSTIC TESTS TO DETECT COMMUNICABLE DISEASE, INCLUDING VENEREAL DISEASE AND TUBERCULOSIS
- RECORD OF HEIGHT, WEIGHT, PULSE, BLOOD PRESSURE, AND TEMPERATURE
- OTHER TESTS AND EXAMINATIONS AS APPROPRIATE

WITHIN FOURTEEN DAYS AFTER ARRIVAL FOR INMATES WITH IDENTIFIED SIGNIFICANT HEALTH CARE PROBLEMS:

- MEDICAL EXAMINATION, INCLUDING REVIEW OF MENTAL AND DENTAL STATUS (FOR THOSE INMATES WITH SIGNIFICANT HEALTH PROBLEMS DISCOVERED ON EARLIER SCREENING SUCH AS CARDIAC PROBLEMS, DIABETES, COMMUNICABLE DISEASES, AND SO FORTH)
- REVIEW OF THE RESULTS OF THE MEDICAL EXAMINATION, TESTS, AND IDENTIFICATION OF PROBLEMS BY A HEALTH CARE PRACTITIONER OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, IF SUCH IS AUTHORIZED IN THE MEDICAL PRACTICE ACT
- INITIATION OF THERAPY, WHEN APPROPRIATE
- DEVELOPMENT AND IMPLEMENTATION OF TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION

WITHIN 30 DAYS AFTER ARRIVAL FOR INMATES WITHOUT SIGNIFICANT HEALTH CARE PROBLEMS:

- MEDICAL EXAMINATION, INCLUDING REVIEW OF MENTAL AND DENTAL STATUS (FOR THOSE INMATES WITHOUT SIGNIFICANT HEALTH CARE CONCERNS IDENTIFIED DURING EARLIER SCREENING-NO IDENTIFIED ACUTE OR CHRONIC DISEASE, NO IDENTIFIED COMMUNICABLE DISEASES, AND SO FORTH)
- REVIEW OF THE RESULTS OF THE MEDICAL EXAMINATION, TESTS, AND IDENTIFICATION OF PROBLEMS BY A HEALTH CARE PRACTITIONER OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, IF SUCH IS AUTHORIZED IN THE MEDICAL PRACTICE ACT
- INITIATION OF THERAPY, WHEN APPROPRIATE
- DEVELOPMENT AND IMPLEMENTATION OF A TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION

INTERPRETATION JANUARY 2004. THE CRITERION FOR TESTING FOR VENEREAL DISEASES IS AT THE DISCRETION OF THE AGENCY'S/FACILITY'S HEALTH AUTHORITY.

FINDINGS:

Mountain View Correctional Facility only receives intra-system transfers which are excluded in this standard.

Standard # 4-4371

ALL INTERSYSTEM OFFENDER TRANSFERS WILL UNDERGO A MENTAL HEALTH APPRAISAL BY A QUALIFIED MENTAL HEALTH PROFESSIONAL WITHIN FOURTEEN DAYS OF ADMISSION TO A FACILITY. IF THERE IS DOCUMENTED EVIDENCE OF A MENTAL HEALTH APPRAISAL WITHIN THE PREVIOUS NINETY DAYS, A NEW MENTAL HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED MENTAL HEALTH AUTHORITY. MENTAL HEALTH APPRAISALS INCLUDE, BUT ARE NOT LIMITED TO:

- REVIEW OF AVAILABLE HISTORICAL RECORDS OF INPATIENT AND OUTPATIENT PSYCHIATRIC TREATMENT
- REVIEW OF HISTORY OF TREATMENT WITH PSYCHOTROPIC MEDICATION
- REVIEW OF HISTORY OF PSYCHOTHERAPY, PSYCHO-EDUCATIONAL GROUPS AND CLASSES OR SUPPORT GROUPS
- REVIEW OF HISTORY OF DRUG AND ALCOHOL TREATMENT
- REVIEW OF EDUCATION HISTORY
- REVIEW OF HISTORY OF SEXUAL ABUSE-VICTIMIZATION AND PREDATORY BEHAVIOR

- ASSESSMENT OF CURRENT MENTAL STATUS AND CONDITION
- ASSESSMENT OF CURRENT SUICIDAL POTENTIAL AND PERSON-SPECIFIC CIRCUMSTANCES THAT INCREASE SUICIDE POTENTIAL
- ASSESSMENT OF VIOLENCE POTENTIAL AND PERSON-SPECIFIC CIRCUMSTANCES THAT INCREASE VIOLENCE POTENTIAL
- ASSESSMENT OF DRUG AND ALCOHOL ABUSE AND/OR ADDICTION
- USE OF ADDITIONAL ASSESSMENT TOOLS, AS INDICATED
- REFERRAL TO TREATMENT, AS INDICATED

DEVELOPMENT AND IMPLEMENTATION OF A TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION

FINDINGS:

Mountain View Correctional Facility only receives intra-system transfers which are excluded in this standard.

Standard # 4-4401

THE INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION(S) TO AN OFFENDER IS GOVERNED BY APPLICABLE LAWS AND REGULATIONS OF THE JURISDICTION. WHEN ADMINISTERED, THE FOLLOWING CONDITIONS MUST BE MET:

- AUTHORIZATION IS BY A PHYSICIAN WHO SPECIFIES THE DURATION OF THERAPY
- LESS RESTRICTIVE INTERVENTION OPTIONS HAVE BEEN EXERCISED WITHOUT SUCCESS AS DETERMINED BY THE PHYSICIAN OR PSYCHIATRIST
- DETAILS ARE SPECIFIED ABOUT WHY, WHEN, WHERE, AND HOW THE MEDICATION IS TO BE ADMINISTERED
- MONITORING OCCURS FOR ADVERSE REACTIONS AND SIDE EFFECTS
- TREATMENT PLAN GOALS ARE PREPARED FOR LESS RESTRICTIVE TREATMENT ALTERNATIVES AS SOON AS POSSIBLE

FINDINGS:

Mountain View Correctional Facility does not administer involuntary Psychotropic medications. If needed, the offender would be transferred to another facility that handles these mental health crises.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Maine Department of Corrections
Mountain View Correctional Facility
Charleston, Maine

October 1-3, 2018

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard # 4-4137-1

(NEW CONSTRUCTION AFTER JUNE 2014). INMATES HAVE ACCESS TO TOILETS AND HAND-WASHING FACILITIES 24-HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THEIR CELLS/SLEEPING AREAS. TOILETS ARE PROVIDED AT A MINIMUM RATIO OF ONE FOR EVERY 12 INMATES IN MALE FACILITIES AND ONE FOR EVERY EIGHT INMATES IN FEMALE FACILITIES. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES. ALL HOUSING UNITS WITH THREE OR MORE INMATES HAVE A MINIMUM OF 2 TOILETS. THESE RATIOS APPLY UNLESS ANY APPLICABLE BUILDING OR HEALTH CODES REQUIRE ADDITIONAL FIXTURES.

FINDINGS:

This facility does not meet the definition of “New construction after June 2014”. The last new construction at Mountain View Correctional Facility was 2002.

Standard # 4-4138-1

(NEW CONSTRUCTION AFTER JUNE 2014). INMATES HAVE ACCESS TO OPERABLE WASHBASINS WITH HOT AND COLD RUNNING WATER IN THE HOUSING UNITS AT A MINIMUM RATIO OF 1 BASIN FOR EVERY 12 OCCUPANTS. THESE RATIOS APPLY UNLESS ANY APPLICABLE BUILDING OR HEALTH CODES REQUIRE ADDITIONAL FIXTURES.

FINDINGS:

This facility does not meet the definition of “New construction after June 2014”. The last new construction at Mountain View Correctional Facility was 2002.

Standard # 4-4139-1

(NEW CONSTRUCTION AFTER JUNE 2014). INMATES HAVE ACCESS TO OPERABLE SHOWERS WITH TEMPERATURE-CONTROLLED HOT AND COLD RUNNING WATER, AT A MINIMUM RATIO OF ONE SHOWER FOR EVERY TWELVE INMATES, UNLESS APPLICABLE CODES REQUIRE ADDITIONAL FIXTURES. WATER FOR SHOWERS IS THERMOSTATICALLY CONTROLLED TO TEMPERATURES RANGING FROM 100 DEGREES FAHRENHEIT TO 120 DEGREES FAHRENHEIT TO ENSURE THE SAFETY OF INMATES AND PROMOTE HYGIENIC PRACTICES.

FINDINGS:

This facility does not meet the definition of “New construction after June 2014”. The last new construction at Mountain View Correctional Facility was 2002.

Standard # 4-4147-1

(RENOVATION, NEW CONSTRUCTION AFTER JUNE 1, 2008). ALL INMATE ROOMS/CELLS PROVIDE INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST THREE-SQUARE FEET OF TRANSPARENT GLAZING, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN ROOMS/CELLS WITH THREE OR MORE INMATES.

FINDINGS:

This facility does not meet the definition of “New construction after June 2008”. The last new construction at Mountain View Correctional Facility was 2002.

Standard # 4-4147-2

(NEW CONSTRUCTION OR RENOVATION AFTER JUNE 1, 2014). EACH DORMITORY PROVIDES INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST 12 SQUARE FEET, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN THE DORMITORY.

FINDINGS:

This facility does not meet the definition of “New construction after June 2014”. The last new construction at Mountain View Correctional Facility was 2002.

Standard # 4-4181

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:

Mountain View Correctional Facility is a male only institution.

Standard # 4-4190-1

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:

Mountain View Correctional Facility is a male only institution,

Standard # 4-4278

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:

Mountain View Correctional Facility is a male only institution.

Standard # 4-4285

WRITTEN POLICIES AND PROCEDURES GOVERN THE ADMISSION OF INMATES NEW TO THE SYSTEM. THESE PROCEDURES INCLUDE AT A MINIMUM THE FOLLOWING:

- DETERMINATION THAT THE INMATE IS LEGALLY COMMITTED TO THE INSTITUTION
- THOROUGH SEARCHING OF THE INDIVIDUAL AND POSSESSIONS
- DISPOSING OF PERSONAL PROPERTY
- SHOWER AND HAIR CARE, IF NECESSARY
- ISSUE OF CLEAN, LAUNDERED CLOTHING AS NEEDED
- PHOTOGRAPHING AND FINGERPRINTING, INCLUDING NOTATION OF IDENTIFYING MARKS OR OTHER UNUSUAL PHYSICAL CHARACTERISTICS

- MEDICAL, DENTAL, AND MENTAL HEALTH SCREENING
- ASSIGNING TO HOUSING UNIT
- RECORDING BASIC PERSONAL DATA AND INFORMATION TO BE USED FOR MAIL AND VISITING LIST
- EXPLAINING MAIL AND VISITING PROCEDURES
- ASSISTING INMATES IN NOTIFYING THEIR NEXT OF KIN AND FAMILIES OF ADMISSION
- ASSIGNING OF REGISTERED NUMBER TO THE INMATE
- GIVING WRITTEN ORIENTATION MATERIALS TO THE INMATE
- DOCUMENTING ANY RECEPTION AND ORIENTATION PROCEDURE COMPLETED AT A CENTRAL RECEPTION FACILITY

FINDINGS:

Mountain View Correctional Facility is not an intake facility.

Standard # 4-4286

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THE PREPARATION OF A SUMMARY ADMISSION REPORT FOR ALL NEW ADMISSIONS. THE REPORT INCLUDES AT A MINIMUM THE FOLLOWING INFORMATION:

- LEGAL ASPECTS OF THE CASE
- SUMMARY OF CRIMINAL HISTORY, IF ANY
- SOCIAL HISTORY
- MEDICAL, DENTAL, AND MENTAL HEALTH HISTORY
- OCCUPATIONAL EXPERIENCE AND INTERESTS
- EDUCATIONAL STATUS AND INTERESTS
- VOCATIONAL PROGRAMMING
- RECREATIONAL PREFERENCE AND NEEDS ASSESSMENT
- PSYCHOLOGICAL EVALUATION
- STAFF RECOMMENDATIONS
- PRE-INSTITUTIONAL ASSESSMENT INFORMATION

FINDINGS:

Mountain View Correctional Facility is not an intake facility.

Standard # 4-4309

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR CLASSIFICATION PLANS FOR YOUTHFUL OFFENDERS THAT DETERMINE LEVEL OF RISK AND PROGRAM NEEDS DEVELOPMENTALLY APPROPRIATE FOR ADOLESCENTS.

CLASSIFICATION PLANS SHALL INCLUDE CONSIDERATION OF PHYSICAL, MENTAL, SOCIAL, AND EDUCATIONAL MATURITY OF THE YOUTHFUL OFFENDER.

FINDINGS:

Mountain View Correctional Facility does not house Youthful Offenders.

Standard # 4-4353-1

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

FINDINGS:

Mountain View Correctional Facility is a male only institution.

Standard # 4-4383

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:

All of the health care staff at Mountain View Correctional Facility are qualified and licensed, staffed 24/7.

Standard # 4-4391

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTION, TRAINING, STAFF SUPERVISION, FACILITY ORIENTATION, AND 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:

Volunteers are not utilized in the delivery of health care services.

Standard # 4-4417

THERE ARE SUFFICIENT BATHING FACILITIES IN THE MEDICAL HOUSING UNIT AND INFIRMARY AREA TO ALLOW OFFENDERS HOUSED THERE TO BATHE DAILY.

FINDINGS:

There is no Infirmary or Medical Housing Unit at this facility.

Standard # 4-4418

OFFENDERS HAVE ACCESS TO OPERABLE WASHBASINS WITH HOT AND COLD RUNNING WATER IN THE MEDICAL HOUSING UNIT OR INFIRMARY AREA AT A MINIMUM RATIO OF ONE BASIN FOR EVERY 12 OCCUPANTS, UNLESS STATE OR LOCAL BUILDING/HEALTH CODES SPECIFY A DIFFERENT RATIO.

FINDINGS:

There is no Infirmary or Medical Housing Unit at this facility.

Standard # 4-4419

OFFENDERS HAVE ACCESS TO TOILETS AND HAND-WASHING FACILITIES 24 HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THE MEDICAL HOUSING UNIT OR IN THE INFIRMARY AREA. TOILETS ARE PROVIDED AT A MINIMUM RATIO OF ONE FOR EVERY 12 OFFENDERS IN MALE FACILITIES AND ONE FOR EVERY 8 OFFENDERS IN FEMALE FACILITIES. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES. ALL HOUSING UNITS WITH THREE OR MORE OFFENDERS HAVE A MINIMUM OF TWO TOILETS. THESE RATIOS APPLY UNLESS STATE OR LOCAL BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO.

FINDINGS:

There is no Infirmary or Medical Housing Unit at this facility.

Standard # 4-4436

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:

Mountain View Correctional Facility is a male only institution.

Standard # 4-4462

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

FINDINGS:

There are no private industries at Mountain View Correctional Facility.

Significant Incident Summary

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

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

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

Facility Name: Mountain View Correctional Facility Reporting Period: Oct. 2017- Sep. 2018

Incident Type	Months	Oct. 2017	Nov. 2017	Dec. 2017	Jan. 2018	Feb. 2018	Mar. 2018	Apr. 2018	May 2018	June 2018	July 2018	Aug. 2018	Sep. 2018	Total for Reporting Period
	→													
Escapes		0	0	0	0	0	0	0	0	0	0	0	1	1
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	0	0	0	0	0	0	0	1	0	0	0	1	2
	Offender/Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with a Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	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.*

Health Care Outcomes				
Oct. 2017- Sep. 2018				
Standard	Outcome Measure	Numerator/Denominator	Value	Calculated O.M.
1A	(1)	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months	1	
	divided by	The average daily population	403	0.002
	(2)	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months	1	
	divided by	Average daily population.	403	0.002
	(3)	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months	7	
	divided by	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.	418	0.017
	(4)	Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months	1	
	divided by	Number of offenders treated for latent tuberculosis infection in the past twelve (12) months.	1	1
	(5)	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time	103	
	divided by	Total offender population at that time.	432	0.26
	(6)	Number of offenders diagnosed with HIV infection at a given point in time	2	
	divided by	Total offender population at that time.	432	0.005
	(7)	Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time	0	
	divided by	Total number of offenders diagnosed with HIV infection at that time.	2	0
	(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	0	
	divided by	Total number of treated offenders with HIV infection that were reviewed.	2	0
	(9)	Number of offenders diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) at a given point in time	83	
	divided by	Total offender population at that time.	432	0.19
	(10)	Number of offender admissions to off-site hospitals in the past twelve (12) months	8	

	divided by	Average daily population.	403	0.019
	(11)	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months	40	
	divided by	Average daily population in the past twelve (12) months.	403	0.099
	(12)	Number of offender specialty consults completed during the past twelve (12) months	190	
	divided by	Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.	190	1.0
	(13)	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg	13	
	divided by	Total number of offenders with hypertension who were reviewed.	26	0.5
	(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	5	
	divided by	Total number of diabetic offenders who were reviewed.	11	0.46
	(15)	The number of completed dental treatment plans within the past twelve (12) months	111	
	divided by	the average daily population during the reporting period.	403	0.28
2A	(1)	Number of health care staff with lapsed licensure or certification during a twelve (12) month period	0	
	divided by	Number of licensed or certified staff during a twelve (12) month period.	47	0
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job	15	
	divided by	Number of new health care staff during the twelve (12) month period.	15	1.0
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	0	
	divided by	Number of employees.	209	0
	(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	0	
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	209	0
3A	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months	2	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months.	44	0.045
	(2)	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period	0	
	divided by	Number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.	0	0
	(3)	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the	0	

		past twelve (12) months		
	divided by	Number of offenders adjudicated lawsuits related to healthcare delivery in the past twelve (12) months	0	0
4A	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period	2	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	2	1,0
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.	1	
	(3)	Number of offender suicide attempts in the past twelve (12) months	0	
	divided by	Average daily population	403	0
	(4)	Number of offender suicides in the past twelve (12) months	0	
	divided by	Average daily population	403	0
	(5)	Number of unexpected natural deaths in the past twelve (12) months	0	
	divided by	Total number of deaths in the same reporting period.	0	0
	(6)	Number of serious medication errors in the past twelve (12) months	1	
5A	None			
6A	None			
7A	None			
7B	None			
7C	None			