



THE CRITERION

A PUBLICATION OF THE CORRECTIONAL ACCREDITATION MANAGERS' ASSOCIATION

November 2007

Fall Issue

What is CAMA?

The Correctional Accreditation Managers' Association [CAMA], established in 1988, is a national organization representing professionals in adult corrections, juvenile justice, law enforcement and all related areas of the criminal justice system.



CAMA, an affiliate of the American Correctional Association, is committed to developing a better understanding of the accreditation process by promoting correctional standards, and providing training as an avenue for communication and problem solving techniques related to accreditation.

In this issue:

CAMA'S New Executive Director - Dave Taylor	1
Ten Things Not To Do	2/3
Kentucky DOC Implements Clean Teams	4
Celebrating the Present Remembering Our Past	5
It's Time To Recognize Two Of Your Peers	5
Mission Point Resort	5
Mackinac Island Helpful Links	5
CAMA Meeting Minutes	6
CAMA Strategic Plan	7
After The Visiting Committee's Final Report	7/8
Contact Information	9

CAMA'S NEW EXECUTIVE DIRECTOR



Dave Taylor, Executive Director

In 1992, I attended my first CAMA conference in Louisville, Kentucky. At the time, I was the assistant Accreditation Manager at one of the few accredited probation departments in the country. Little did I know the role that CAMA would come to play in my life.

I am honored to have been selected by the Board to be

the Executive Director of this fine organization. At our twentieth annual conference last May, the Board met with several of CAMA's founding leaders to discuss where we have come in two decades and where we are going. The result of that meeting was a strategic plan and a commitment to providing increased services to our members.

One of the biggest changes over the past twenty years is a medium that scarcely existed when CAMA was founded – the internet. Aside from our annual training conference (which I hope you will attend) our website is the primary resource for our membership. Through our website, we will be posting announcements, offering training material, and publishing our newsletter. Check often, as new material will be added regularly. If you are not already a member of CAMA, please join. The cost of a three year membership to CAMA is less than the annual membership to many organizations. If you are a member, thank you, and please renew when your membership comes due. Membership will ensure

that you have access to all of the materials on our enhanced web site.

The position of Executive Director of CAMA is part-time, and I will be keeping my "day job" as Supervisor and Accreditation Manager of the Montgomery County Adult Probation Department in Dayton, Ohio. In other words, I will be continuing the challenge that you all face – to maintain high standards and professionalism in a constantly changing environment. As my friend Denise Robinson is fond of saying, I want to be "audit ready every day".

Over the past year, I have been privileged to work with a fine Board as the North Central Regional Director. This is a hard-working and energetic Board, but CAMA is only as strong as its membership. Please let me know how CAMA can help you achieve and maintain correctional accreditation. If you have not yet achieved accreditation, we can help you get there. If you have, we can help you maintain it. I hope that you will also consider lending your expertise to other agencies that may be struggling with what you have already accomplished.

CAMA has three membership meetings each year which you are welcome to attend. We meet at the beginning of each of the ACA conferences (January and August) and of course at the annual CAMA training conference. If I can assist you in the meantime, please email me at cama.ed@earthlink.net. I look forward to hearing from you, learning from you, and helping you attain and maintain excellence.



VISIT MICHIGAN'S UNIQUE MACKINAC ISLAND FOR THE 2008 CAMA CONFERENCE

FOR MORE INFORMATION ABOUT MACKINAC ISLAND VISIT

<http://www.mackinacisland.org/index.html>



TEN THINGS AN ACCREDITATION MANAGER SHOULD NOT DO

BY: DAVID K. HAASENRITTER, ASSISTANT DEPUTY (CORRECTIONS OVERSIGHT)

CAMA is always conducting training or putting out information through different mediums to assist accreditation managers in attaining or maintaining accreditation. We have provided information on folders, welcome books, medical standards, fire safety standards, standards in general, amongst other topics. These were all; this is how you should do this. I thought I would take a different approach in this issue of the Criterion and discuss *Ten Things an Accreditation Manager Should Not Do*. All of these are true and happened to me as an auditor, but the names have been changed to protect the innocent. And you thought Mark Flower's lists of things an auditor should not do was funny and unbelievable....well here we go on David Haasenritter's believe it or not.

hour I began to get concerned and located the flight arrangements of the other team members and the letter that ACA provides with the facility POC. I called the facility POC, of course no one works in those special offices on Saturday.



1. Forget to pick an auditor up. This was my first audit. I traveled long and far, but no one was there to greet me at baggage claim as we had discussed. Maybe they are just running late I thought, so I waited as planned. After an

The facility is located almost two hours from the airport, so they are not in the phone book. The chair arrives three hours after me so I had the airport page the chair 20 minutes after he is supposed to arrive. I am in luck, he returns the page and we meet up with his facility escort. The escort says I was supposed to be picked up with the other auditor since we came in about 20 minutes apart. Good plan except the escort forgot and when he met his first auditor he departed. Not a good first impression.

2. Do not make hotel reservations. I sit at the airport, just having completed an audit that was taxing and tiring. I am playing back my phone message as I wait for my flight and I get a call from the facility I am auditing next week (arriving on Sunday). The facility wants to know my flight times, which I reply still waiting for final coordination by Chris at ACA. They then ask me if I had made hotel reservations, would all the auditors be staying there and if I had not made them yet would I need some recommended hotels or would I want them to make them. After a long silent pause.... I request they make the hotel reservations for all three auditors. After a long silent pause she says oh, o.k. I tell her I will call her tomorrow or as soon as I get my flight information from ACA. I reassure her it will be a good week, thinking to myself this is their second reaccreditation? I immediately call ACA and cry on their shoulder. He reassures me they were told to make the hotel reservations. Not a good first impression.

(Continued on page 3)



The 21st annual training conference of the Correctional Accreditation Managers' Association will be held on historic Mackinac Island, Michigan. The conference will be held at the Mission Point Resort. Panel Hearings will be held May 30 and 31, 2008. The conference will be May 31 - June 3. Michigan's "Building Bridges" CAMA conference invites you to network with other professionals and to share ideas and problem-solving techniques.

We're on the Web!
<http://cama.corrections.com>

"Make it a Great Day"

We see or hear quite frequently the phrase "Have a great day!" or "Have a nice day!"

I was told once by a very successful person as he left our meeting "Make it a great day!"

It took me a minute to realize the difference in what he said... I never forgot it!



Published by The Correctional Accreditation Managers' Association. We welcome submissions from those connected with our association. All submissions become the property of CAMA. All rights reserved. To contact us with your suggestions, questions or submissions, please email us at:

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Joe.Rion@ky.gov

Dave Taylor, Executive Director

cama.ed@earthlink.net

Dr. David Helmic Sr., Editor

dhelmic@thegeogroupinc.com

Grapevine, Texas Welcomes ACA

Join ACA for the 2008 Winter Conference at the Gaylord Texan Resort and Convention Center in Grapevine, Texas.

January 11—16th

The theme this winter will be

Work Force:

The Heart of Corrections



Ten Things an Accreditation Manager Should Not Do - from page 2

3. No welcome book. Some facilities send this in the mail, others hand it to you when you arrive and others provide on the first day of the audit. Well, I experienced a fourth method, no welcome book. This is not a show stopper. Neither a standard nor a quality of life issue and it is never mentioned in the facility report. This document has no standard (CAMA w/ ACA is working on that) and is only graded at the annual CAMA best welcome book contest. But this document is really the first impression of the facility other than the phone call from the accreditation manager; it sets the tone for the audit, and if all inclusive provides the chair all the necessary documentation the chair needs to write the report. You can even assist and provide a synopsis of all the good things your facility does to sprinkle in the report. The welcome book can play an important role in the chair writing the report.

4. Call ACA or your higher headquarters about an auditor before you discuss with the chair. After spending the first night of an audit with the late shift we arrive back to the hotel hungry with a just few places open for dinner after midnight. As I walked to the establishment I receive a phone call from an ACA staff member who wants to know what was going on with the audit and auditor Joe. I asked the ACA staff member what was she talking about, which she replied the agency accreditation manager received a phone call from the facility about one of the auditors. I asked the ACA staff if the facility had approached the chair first, and had she called the chair (luckily I was not the chair). The answers to both questions was no. I recommended she call the chair and discuss the issue with him, and that, though I was not watching over the auditor in question, I did not observe him being out of line. A facility can always call ACA, but ACA will more than likely call the chair to see what is going on. All my time in the military I learned things should be handled at the lowest level. If you are not satisfied with what the chair says or does, then you should call ACA if needed. Not a good situation to have ACA wake up a chair (which is what happened) over an issue he knew nothing about. The warden was not happy when he was told about the phone calls without his knowledge or approval.

5. Demand compliance based on a finding at another facility. As an auditor you occasionally audit facilities from a specific agency back to back (sometimes even that same week). I was once doing two facilities under the same agency back to back. At the second facility I had asked for additional information in reference to ACI standard 4-4281-1, policy, procedure and practice ensures that information is provided to offenders about sexual abuse/assault, etc., I informed them what they provided did not meet the standard. Instead of looking for information to make them compliant they called the other facility and asked them what they used to be compliant. They determined I had found the other facility

compliant and that they had used the same agency policy and procedures. They argued since I found the other facility compliant with the same documentation, I should find them compliant or find the other facility non-compliant. I informed them they should never compare themselves to another facility in the process or an audit. I then pulled from my bag a handout the other facility provided that covered the standard that this facility did not have in the file nor could they produce such a document. The room was silent.

6. Inform the auditors your job is on the line. Unfortunately you conduct audits where there are mandatory standards that are not compliant. This is not a good feeling for the auditors or the facility. While conducting such an audit, I had the accreditation manager inform me the warden's and their job, was on the line. It obviously was a strong hint to find them in compliance. Auditors do truly work to assist the facility, but the integrity of the process must be maintained. As an auditor you feel bad, but you do the right thing.



7. Offer or buy the auditors meals. I have been at the ice breaker dinner where the facility has already worked out with the restaurant to have one check. As we place our order I as the chair point out to my team members and say to the waiter or waitress if you have not been told the three of us at a minimum require separate checks. I have had the waiter/waitress inform me someone has already coordinated for just one check. I again inform the waiter/waitress, we will need separate checks. One time a facility even made it an issue it would pick up a tab and commented surely one meal would be no harm nor buy their accreditation. I explained it would not but nor would there be the perception that it did and insisted on separate checks. Please do not put the auditors in that position. This includes meals consumed at the facility; the auditors should pay what the staff pays.

8. Provide auditors a working room that someone from the facility has to work in or the accreditation manager hovers in the room with the auditors. I have done audits where we have worked in someone's office and they still were expected to be working in there during the audit. I have been in audits where the accreditation manager sits in the conference room the whole time. In both of these cases I had to ask for the person to leave at least temporarily so the audit team could discuss some issues and observations. Give the auditors some space. They need to talk between themselves. Most auditors brief the

accreditation managers as things come up. They do not keep secrets from you.

9. Argue with an auditor over a file. I have had audits where the facility does not accept a finding and argues with the auditor. Usually you hear "we have always been compliant with that standard." The audit team in making a determination has already discussed it with the facility. This is a new audit and you should never compare your current audit to your previous audit. I have even had at least one facility tell me, "You are correct, we are non-compliant, but since the previous audits found me compliant, you have to find me compliant." I chaired an audit when the facility informed me that "I did not understand" when I asked them, why they disagreed with a finding. Later it was explained the designer promised the facility that they would meet all physical plant standards. Do not argue with the auditors. If they inform you that you need more information provide it. If they inform you they are finding you NC, and you have additional information, provide it. If they still find you NC, take the issue up when you respond to the report prior to the commission and again with the commission during the hearing. You could even call your ACA accreditation specialist after you have talked to the chair, but remember the team is the eyes and ears at the facility.

10. Allow a contractor working for you to call their central office to complain about the audit. Sometimes we will audit facilities that are provided services through contractors or other agencies in such areas as food service or medical. I did an audit where the medical staff at the facility was so frustrated with the questioning of policy and requesting of additional documentation by the medical auditor, that they called back to the contract headquarters and complained about the audit. The next day, the accreditation manager informed me (for the first time) that they were not happy with the medical auditor and what he was requesting the facility to provide. The accreditation manager also informed me that the contractor had called back to her contract company headquarters. At that time none of the folders were marked as non-compliant. I informed the accreditation manager since they have taken it to a level outside of the facility I had no action to take because they raised the issue above the chair's head. I then informed the accreditation manager I would appreciate in the future any perceived issues with my team be raised to the chair first for resolution if necessary. The audit teams work with you and you should do the same.

Some people will read this and say this is common sense. Some auditors could probably give other examples for each thing not to do that they have experienced, or provide a longer list of things not to do. The bottom line is these things have happened. I did not list them to single facilities out, but rather to share some experiences I have had as an auditor. My hope is people will use these as they prepare for an audit, as they train their staff just as they use other training tips CAMA provides.



www.portionpaccorp.com

THE KENTUCKY DEPARTMENT OF CORRECTIONS AND PORTIONPAC HAVE A CLEAN SOLUTION

KENTUCKY DEPARTMENT OF CORRECTIONS IMPLEMENTS CLEAN TEAMS

By: Marvin Klein, CEO PortionPac



In the past few issues of our PortionPac newsletter, *The Connection*, we have talked about the dangers of MRSA and other infectious illnesses that can be transmitted in hospitals, schools and other places where there is close personal contact.

If there is any good news related to this serious problem, it is that many of our readers are fighting back and have implemented programs to help control these sometimes antibiotic resistant illnesses. One unique program that came to our attention is from the Kentucky Department of Corrections that instituted special "Clean Teams" to clean and disinfect high contact surfaces in their facilities.

Here is an article on this important project from their recent Newsletter:



Clean Team will do more than keep things Spic and Span

In late 2006 and early 2007, Kentucky Department of Corrections Commissioner John D. Rees, Jerry Kantlehner, Mark Smith and Caryn Stets of PortionPac began exploring an idea that could save the state vast amounts of money and reduce sick time for employees and inmates.

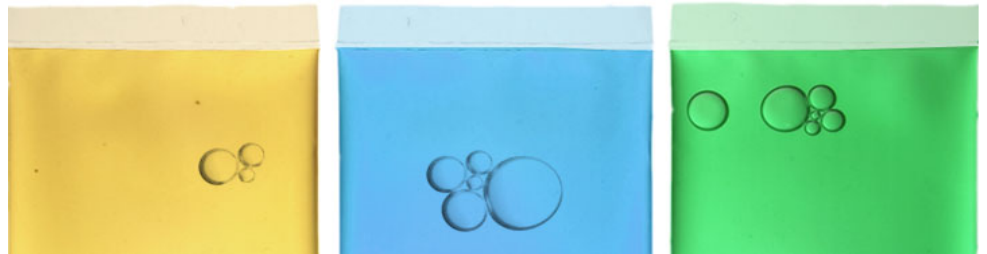
Hand washing and high-touch surface cleaning Reduces Illnesses and Cuts Costs. We know that raising awareness about the importance of proper hand washing and increasing the frequency of regular

cleaning of high touch surfaces --whether a school desk or a hospital door handle -- works to control the spread of infections and certainly cuts costs associated with medical care, lost time from work, etc. Last month Medicare announced that they will not pay hospitals for the sometimes extensive additional care required to treat nosocomial infections (hospital acquired). It looks like Medicare is trying to get hospitals to address these illnesses that Medicare believes are preventable. Investment of time, setting processes and procedures and using the appropriate products in the right way to help

And special kudos to the PortionPac team of Mark Smith, Buster Adams, Caryn Stets and Jerry Kantlehner who helped develop the Clean Team Program.

Mark Smith commented: *"While our main objective was to create a healthier environment for both inmates and staff, the understanding that the Warden and his staff are taking steps to improve inmate and officers health has helped make this project a success. I'm excited about what the implementation of this concept could mean to other facilities in the State and around the country."*

We believe good things come in small packages



prevent these illnesses may not only reduce the costs of treating the infections, but also additional costs of hospitalization and for employees time off work.

Your Added Bonus....The Clean Syndrome an ancillary, and highly important, benefit of the process of special cleaning is something we have discussed for forty years. We coined the phrase "The Clean Syndrome" and it is a concept designed to influence people to reduce the volume of dirt they create. When your clients see someone working very hard and effectively to protect their health, they tend to be more cooperative with the janitorial department and don't create unnecessary dirt. In the Kentucky example, Cheryl Million - Public Information Officer of the Kentucky Department of Corrections commented that the inmates were very appreciative of the work the of the Clean Team and some wrote letters of appreciation to the Warden.

CorrectPac® for Correctional Facilities

In 1981, PortionPac established a separate division devoted to the challenges of cleaning and sanitation in the Corrections Industry. Today, our CorrectPac Program is serving hundreds of local, state, federal, and private correctional facilities.

The CorrectPac Industry Program process begins with a feasibility study in one area of one facility. This allows us to determine how to meet your needs and allows you to evaluate the results. The CorrectPac Product System, education and documentation are all part of this process. When you're ready to implement the program, we'll help you achieve control and simplicity whether you have one facility, are statewide or even national.



Serving the cleaning industry since 1964

www.portionpaccorp.com

Celebrating the Present by Remembering Our Past

By: Dave Taylor, Executive Director CAMA

Every year, CAMA provides two scholarships for members to attend the annual CAMA conference. One is the Accreditation Manager of the Year. The other is the Linda J. Allen Scholarship. For the past year, I have been collecting historical material such as old CAMA newsletters for eventual inclusion on our web site (stay tuned). One question has eluded me though – who was Linda J. Allen. All I could find was the statement that she was an “early supporter of CAMA” and that she was from South Carolina. As I was sorting through a box of old CAMA material recently, I found a single, photocopied page from a newsletter (undated) that answered my question. The following was written by Dan McGehee, who at the time was the Accreditation/Unit Manager Branch, South Carolina Department of Corrections:

CAMA Loses a Good Friend

On December 26, 1990, Linda J. Allen, Director of Community Residential Programs for the Alston Wilkes Society, died. In August of 1990, Linda underwent a lung transplant at Baylor University in Dallas which was successful. She fought long and hard for a renewed life, but fell short the day after Christmas.

Linda was an ardent believer in CAMA from its inception. She was a charter member of CAMA and participated in our first two training conferences. She served on our first nominating committee.

At Alston Wilkes she was directly responsible for ensuring the successful accreditation of three adult halfway houses, and for implementing systems to ensure they stayed accredited. Linda believed in quality in all that she did and worked hard to achieve her purposes.

At the funeral services for Linda in Columbia, her minister said it best, “Linda Allen lived her sermon everyday.” For those of us who knew her, we knew that, too.

Linda Allen will be missed.

I did not have the pleasure of ever knowing Linda Allen. Those who strive for excellence in accreditation do so by living accreditation every day. We know that accreditation is not a one time, or once every three years event. It is a daily event. The spirit of Linda Allen truly lives on in CAMA.

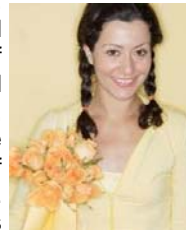
THE 2008 CAMA CONFERENCE WILL BE ON BEAUTIFUL MACKINAC ISLAND

OUR THEME: BUILDING BRIDGES



It's Time To Recognize Two Of Your Peers

Each year, CAMA recognizes two of its own with special awards. The Accreditation Manager of the Year award recognizes a line level Accreditation Manager who is directly involved in the accreditation process within an agency or agencies. Nominees for this award must be active members of the Association and employed by a Federal, State, County or private sector entity at the time of nomination. The Linda J. Allen Scholarship supports a CAMA member who has been active within the organization and does not have the financial means to attend the conference. Both awards provide the winner with up to \$1200 to attend the annual CAMA conference. This can include registration, hotel, meals, and travel expenses. If you know someone who is deserving of either of these awards, please submit your nomination to Joe Rion, CAMA President. Please include the name, position, and agency of the person you are nominating, the agency that he or she works for, and the reason why you are making this nomination. Please include which award you are making the nomination for. Send nominations to joe.rion@ky.gov.



Mission Point Resort



Mission Point Resort welcomes guests to our delightful corner of historic Mackinac Island with a unique blend of style, grace, hospitality and value.

On the southern shore of Mackinac Island, Mission Point Resort offers 243 pleasingly appointed rooms and suites. Four distinctive restaurants serve everything from gourmet cuisine to deli and carry-out. Comprehensive conference, banquet and catering facilities make us the ideal choice for weddings and corporate retreats. An 18-hole pro putting course with real bent-grass greens. Bike rentals, kids' activity center, salon, lawn sports complex, tennis, outdoor heated pool and hot tubs. Fitness center with steam room, dry sauna, tanning, massage and more.

Mission Point is sophisticated, but not pretentious. Secluded, yet close to the heart of everything. Just a 10-minute stroll from the center of town. Casually elegant, graciously relaxed and eminently affordable.

“One of the Top 10 Islands in the World.”

-Condé Nast Traveler

Helpful Links

[Mackinac Island Map](#)

The Best trail map and business locator map available period.

[Mackinac Island Visitors Guide](#)

The most comprehensive guide to Mackinac Island which includes lodging, shopping, dining, attractions, itineraries, history

[Mackinac Island Fact Sheet](#)



Early Morning Main Street on Mackinac Island

**CAMA EXECUTIVE BOARD MEETING AUGUST 12, 2007
ACA KANSAS CITY**

FACILITATOR: Joe Rion
SCRIBE: Jo Glazier

EXECUTIVE BOARD IN ATTENDANCE:
Joe Rion, Dave Haasenritter, Angela Arabie, Dave Taylor, Lynn Baade, Byron Jasis, and Jo Glazier

GUESTS: J Paton Dellow, Sanford Seymour

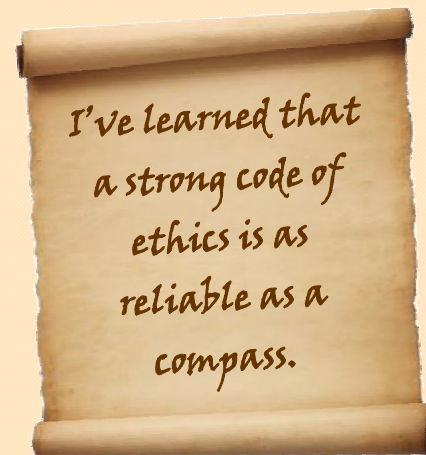
- Welcome by Joe Rion. Introduction of participants.
- Motion by J. Rion to approve the April 14, 2007 minutes, 2nd by B. Jasis.
- Treasure's report: Checking \$5,000.00/ Savings \$35,446.43 as of July 31, 2007. This does not include CAMA's Kentucky Conference which should be about \$15,000 to \$20,000 minus the \$5,000 seed money. The delay is due to a paper error on hotel part regarding the number of rooms. Motion by D. Taylor to approve, 2nd by J. Glazier.
- Review of 4/14/2007 Action Items: D. Haasenritter reviewed ACA/CAMA Dues, and they are up to date through December 2006. D. Taylor to send A. Arabie the type of outside audit used by Correctional Accreditation Association of Ohio. A. Arabie to obtain estimates in Louisiana to bring CAMA up to date from 1998 for a base line, then audits every two years to run with cycle of President's election. D. Haasenritter, (not J. Rion) to contact M. Flowers with request to publish names/contact information on his staff and will also discuss CAMA's committee formed to perform field advisory functions. B. Jasis will issue summary on 'Council on Facilities meeting and send to J. Glazier. D. Haasenritter to update Constitution and By-laws, done ready for vote at General Session. S. Renshaw to compile Criterion for web, done and on web. J. Rion to discuss web plans with P. Fiacco, done and P. Fiacco will continue in role.
- Action Items Carry Over: D. Haasenritter to contact P. Fiacco with website priority list. D. Haasenritter to send e-mail to CAMA members involved with the Accreditation Manual (see 4/14 minutes) to obtain copies of their projects. D. Haasenritter to explore the cost of

business Cards for Executive Team. D. Haasenritter to review CAMA membership list and if member not renewing then CAMA literature will be sent.

- Criterion Editor Position: Executive Board voted to appoint Dr. Helmic from Mississippi as editor. Action Item: J. Rion to call Dr. Helmic and contact other applicants.
- Executive Director Position: Three applications received, Jeff Rogers, Dave Taylor, Michelle Van Deusen. Action Item: J. Rion to send Executive Board submitted resumes and All e-mail J. Rion vote.
- CAMA's Strategic Plan presented to Board for vote. Motion to accept the final August 2007 version by B. Jasis, 2nd by L. Baade. Action Item: J. Glazier to distribute 8/2007 version to membership. Action Item: B. Jasis, D. Taylor, J. Glazier to develop brochure for distribution to stakeholders perhaps as a handout at Auditor Refresher Workshops. Action Item: J. Rion/D. Haasenritter to review Strategic Plan tasks and assign to Executive Board Members
- Kansas City CAMA workshop: B. Jasis to demonstrate his Access database for organizing files and updates. Decision: This workshop and future CAMA workshops will be evaluated using the form developed by J. Glazier. Action Item: J. Glazier will send Executive Board evaluation results.
- Action Items: All: Send J. Glazier emails/ addresses for past presidents D. McGehee, Parkes Casselbury, Matt Novak, Jeff Rogers (have), Cathy Slack, Justin Taylor, Mary Hardy-Hall, Clare Armstrong-Seward (have), Dora Wheat/Gorey (have), Joe Rion (have). J. Rion send J. Glazier Harley Rauch contact information.
- Future elections: Action Item: D. Haasenritter to solicit names of potential CAMA candidates from membership.
- Future Conferences: Conference in **2008** Michigan Action Item: J. Rion to review available air transportation and distribute 2008 flyer at Accreditation Training. **2009** New York State either Niagara Falls or Saratoga Springs, **2010** Ohio, **2011** Florida, Miami Dade. Motion to approve sites by D. Taylor, 2nd B. Jasis.
- Bob's CJ News: Executive Board approved sending to CAMA Members as blast e-mail with request to have members contact Bob Berg if they wanted to be added to his mailing list. Action Items: J. Glazier to send Blast e-mail.

Motion to adjourn L. Baade, 2nd B. Jasis

Live and Learn



**CAMA GENERAL SESSION MEETING AUGUST 12, 2007
FOLLOWING EXECUTIVE BOARD MEETING**

PARTICIPANTS: Joe Rion, David Haasenritter, Lynn Baade, Byron Jasis, Dave Taylor, Angela Arabie, Jo Glazier, Jennifer Stohr, Cynthia Jevvak, Ray Mulally, Florida DOC, Jeff Rogers Correction Consultant, Todd Woodward, KY Probation & Parole. Tom Grant, NYS Parole Board, Don Ross Palm Beach Co. Sheriffs Office, Patricia Brown, Palm Beach Co Sheriffs Office, W. Palm Beach FL, J. Paton Dellow III DOC, Retired, Accreditation auditor, Lt. Frosty McWilliams, Weber Co. Sheriffs Office, Ogden Utah

- Welcome by Joe Rion. Introduction of participants.
- Treasure's report see information above
- Conference updates 2008, 2009, 2010, and 2011 see information above
- Constitution and By-laws August 2007. Membership vote, motion to approve J. Glazier, 2nd Jeff Rogers.
- Strategic Plan see information above
- Criterion Editor see information above
- Executive Director see information above
- Website see information above
- Kansas City training and CAMA workshop see information above
- Meeting Adjourned

Approved by
CAMA Executive Board August 2007

"FREEDOM TO BE YOUR BEST MEANS NOTHING UNLESS YOU'RE WILLING TO DO YOUR BEST."

- COLIN POWELL

CAMA STRATEGIC PLAN AUGUST 2007

VISION

To support and improve the corrections profession by advocating best practices through the standards and accreditation process set forth by the American Correctional Association (ACA)

MISSION

To support and assist correctional agencies worldwide in achieving and maintaining the American Correctional Association (ACA) accreditation for their agency/facility through their Accreditation Manager by offering professional training, networking, and technical assistance. CAMA recognizes that no one person is responsible for the accreditation process for any given agency/facility or department but believes that a firm foundation for the process can and should be established through the accreditation manager

GOALS AND TASKS

Goal # 1: Provide professional training and technical assistance

Tasks:

- Conduct workshops at CAMA's annual training conference
- Develop lesson plans for core workshops
- Conduct workshops at other conferences in the area of our expertise
- Develop succession planning strategies
- Provide various strategies to disseminate accreditation materials
- Obtain and publish professional articles consistent with CAMA's vision and mission
- Work with ACA to develop an Accreditation Managers' Training Manual and an Auditors' Training Manual

Goal # 2: Communicate accreditation and CAMA - related information with correctional professionals

Tasks:

- Develop protocols which establish

and maintain methods of timely, correct, concise, clear and complete communication

- Develop and maintain website to provide information
- Provide avenues for accreditation managers to network
- Coordinate a directory of expertise between CAMA and ACA

Goal # 3: Identify and cultivate opportunities to enhance the CAMA Organization

Tasks:

- Promote/increase scholarship/awards programs
- CAMA representative attend ACA Standards Committee
- Cultivate partnerships with other organizations
- Develop opportunities to increase membership
- Review standard operating procedure for Constitution and Bylaws bi-annually
- Update Strategic Plan's objectives annually
- Comprehensive Strategic Plan review every three years
- Develop a marketing strategy

Goal # 4: Conduct an annual training conference

Tasks:

- Establish conference protocols and put it in manual form
- Develop a system to identify conference locations
- Develop partnerships with vendors
- Define the conference program
- Define the roles of the CAMA Board and the Host Committee
- Develop protocols which select presenters and topics which support the vision and mission of CAMA

*Approved by
CAMA Executive Board August 2007*



AFTER THE VISITING COMMITTEE'S FINAL REPORT

BY: DAVID K. HAASENRITTER, ASSISTANT DEPUTY

The audit close out has just ended. The auditors are on their way home or to another facility. They have briefed the facility you had a 100 percent compliance with the mandatory standards, and 97 percent compliance with the non-mandatory standards. The chair stated the process would be he/she had 14 days to complete the report, which ACA would provide to the facility and the commission hearing would be during the CAMA conference in April. Staff are proud of their accomplishments and everyone is planning a vacation between now and the hearing in 60 days. This is your first audit as the accreditation manager, the facility's third reaccreditation. The last accreditation manager had informed you following the audit, all the work was done till you were at the panel hearings. WRONG!

For every standard found in noncompliance, the agency will respond with a plan of action, waiver, an appeal, or discretionary compliance. For years your choices were only plan of action, waiver, or an appeal, but recently the commission has provided discretionary compliance as a fourth option. This article will discuss each of your options.

The audit chair should have left you a copy of the standard cover sheet for each standard the visiting committee found you in non-compliance and non-applicability. The facility should immediately start planning a response and not wait for the ACA report. The chair will provide comments to the commission to your responses. A well planned response will make the commission hearing smoother. The commissioners will evaluate and vote on each of your responses.

Appeals

Appeals should be used when the facility non-concurs with the findings of the visiting committee. Appeals could be for an error or oversight by the visiting committee in reviewing documentation (i.e., finding a facility non-compliant with the shower standard when they have sufficient number of showers to meet the standard) or applying particular standards to the program (i.e., finding a facility non-compliant with standards applicable to female inmates and it is a male only facility). The appeal should provide all of the information necessary for the panel to rule on the finding. It could be as simple as providing a picture of the showers in a housing area... (continued on page 8)

After The Visiting Committee's Final Report—from page 7

to providing documentation that demonstrates your compliance with or non-applicability of the standard. The agency may not present documentation that did not exist at the time of the audit. The burden of proof that the documentation existed at the time of the audit is on the agency. The result of a successful appeal is a change in the status of the standard (compliance or applicability) and recalculation of the agency's compliance tally. If the panel denies the appeal, the agency must submit a plan of action, waiver or discretionary compliance for the standard. The denial of a mandatory standard could result in other actions of the commission.

A Plan of Action

Historically, a plan of action is the most common response provided for non-compliance findings of a standard. A plan of action is developed to correct the deficiencies of noncompliant standards. The plan of action specifies: 1) the statement of deficiencies, 2) description or summary of actions necessary to achieve compliance, 3) tasks to be completed, 4) individual responsible for each task, and 5) timetables to be met. For programs and facilities operating under a parent agency, the plan requires that both the individual program being audited and the parent agency list activities that will be required to achieve compliance with a particular standard. Thus, both the program or facility and the parent agency are held accountable for activities to achieve compliance.

Both the visiting committee and Commission panel will review the feasibility of plans to achieve compliance. Plans of action that make sense and are feasible are likely to be approved. An example would be for a non-compliance with ACI standard 4-4120, "Volunteers agree in writing to abide by all facility policies, particularly those relating to the security and confidentiality of information" due to no policy and signing of such an agreement. The description of summary of actions to be achieved would include: establishing a policy and form for the volunteers to sign; ensuring all current volunteers are given an opportunity to read the appropriate policies and sign the form; and ensure a system was established for all future volunteers. For each action you must establish an individual responsible for the action and date the action is to be completed. A common plan of action for a physical plant deficiency is to ask for more resources to correct the deficiency. This can be done once or twice; more than that could lead the commission to view the plan of action to be repetitive or simply a plan of action that is continuously used with new

dates. Plans of actions that are approved will be reviewed for completion during the next audit. Plan of actions that are rejected by the panel have to be modified or changed to a waiver or discretionary compliance. The commission prefers a plan of action but options such as waivers and designations of standards as discretionary are available to agencies. An approved plan of action does not change the facility score.

Waivers

The agency may elect to request a waiver following a finding of noncompliance by the visiting committee when the agency overall programming compensates for the lack of compliance, state statute specifically prohibits compliance, the existing physical plant cannot be modified without substantial expenditures, or the non-compliance is of a very minimal nature, or where repeated unsuccessful attempts have been made and documented to obtain funding to achieve compliance. In requesting a waiver, the agency provides all of the information and details necessary for consideration of the request to include: a description of existing conditions resulting in noncompliance; circumstances that preclude achieving compliance with the standard; previous actions taken to achieve compliance; conditions that may compensate or mitigate for the deficiency in meeting the standard; and there is no adverse affect on the life, health, and safety of staff or inmates/residents/offenders/clients or the constitutional operation of the facility or program. For example, if the waiver request concerns the shower ratio, the agency should include the shower ratios, and the time the showers are open for use. A facility whose shower ratio is 1:9 and who does not limit times showers are open may decide to submit a waiver versus requesting authorization and resources for modifying or expanding the shower area. Another example would be a facility that previously submitted a plan of action to change a state statute that was denied by state legislatures during the last audit period. It may not be feasible to resubmit a plan of action and request to the legislatures. Waivers should not be requested without previously attempting to correct the deficiency.

The panel may: grant a waiver for the noncompliance standard; waive part of the standard and specify that the agency submit plans to meet the remaining requirements of the standard (this may occur, in particular, with standards that contain several different requirements); or deny the request for the waiver and require a plan of action from the agency to meet the standard. Waivers are not granted for mandatory standards. Waivers do not change the conclusion of noncompliance, alter the standards compliance tally, or are automatically approved at each hearing.

Discretionary Compliance

Recently the Commission developed a new response called "Discretionary Compliance." A facility may designate up to two percent of the applicable, non-mandatory, non-compliant standards/expected practices as discretionary when the non-mandatory score is above 95%, and may designate one percent when the non-mandatory score is below 95%. The non-compliance of the discretionary standard cannot adversely affect, in a significant manner, the life, health, and safety of staff or inmates/residents/offenders/clients or, to any degree, the constitutional operation of the facility or program. The reason for the non-compliant standard to be granted discretionary compliance must be one of the following:

1. An unwillingness to request funds from a parent agency or funding source; or,
2. A preference to satisfy the standard/expected practice's intent in an alternative fashion; or,
3. An objection from a parent agency, higher level government official, or funding source to the nature of the standard/expected practice; or,
4. A clear policy in place at a higher level that is contrary to the requirements of the standard/expected practice; or,
5. An existing provision in a collective bargaining agreement that makes compliance impossible (without bargaining with the employees' union to effect such a change).

The election of discretionary compliance use may be exercised at the facility's discretion. At the panel hearings the facility can change to a waiver or plan of action following discussion with the panel. Once an agency designates a standard/expected practice as discretionary during one accreditation cycle, it may elect to change to a plan of action or, of course, comply with the standard/expected practice in the course of a subsequent cycle. An approval does not change the standard to compliance or change the facility/agency score.

All these options must be filled out on the form provided by the ACA staff.

This article was intended to quickly cover the options to responding to non-compliance. During the CAMA conference these will be covered in more depth and examples will be provided.

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