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HEARING THREE
COMMISSION ON SAFETY AND ABUSE
IN AMERICA'S PRISONS

DATE: November 2, 2005
TIME: 8:30 a.m. to 3:22 p.m.
PLACE: Washington University School of Law
Anheuser-Busch Hall, Room 310
St. Louis, Missouri 63130

ACA Standards and Accreditation
Pages 335-404

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10 MR. BRIGHT: Good morning again, everyone.

11 Our final panel here this morning is going to talk
12 about accreditation, and particularly accreditation by
13 the American Correctional Association. We have four
14 panelists, Jeff Washington, Evelyn Ridley-Turner,
15 Brian Dawe, and Michael Hamden who have joined us.

16 Let me just say a word about the subject
17 and then a word more about the members of the panel.
18 These standards have been promulgated, as I said, by
19 the American Correctional Association to get some kind
20 of uniformity in the correctional institutions. The
21 accreditation process is controversial. Not everybody
22 is for it, but some people are, and that's one of the
23 things we'll talk about today in terms of the value of
24 it. But there's certainly a lot of correctional
25 professionals who believe that it's been a very

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1 valuable tool.

2 And what we want to ask our panel to talk
3 about is their perceptions of the accreditation
4 process from the point of view of correctional
5 officers, from the point of view of management and
6 prison rights advocates, which we have one of each on
7 the panel here. And in addition, to talk about how
8 the process can best be used to improve standards in a
9 facility, and whether accreditation is effective or
10 not, whether it brings about accountability, whether
11 they're really met once somebody is certified. Are
12 they -- do we continue to monitor them to see that
13 they continue to live up to the standards that they
14 were?

15 Jeff Washington is the Deputy Executive
16 Director of the American Correctional Association, and
17 he's on the ACA's Committee on Accreditation For
18 Corrections.

19 Evelyn Ridley-Turner has been in the
20 corrections business since 1974, and I think for the
21 last five years has been a commissioner of corrections
22 in Indiana.

23 Brian Dawe worked as a correctional officer
24 for sixteen years, and he's now the director of
25 Corrections USA.

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1 And finally, Michael Hamden is executive
2 director of the North Carolina Prisoner Legal
3 Services, and he has also been on the board of the
4 American Correctional Association's Commission on
5 Accreditation since 1998, I believe.

6 Thank you very much. We're delighted to
7 have you. You honor us with your presence. And
8 Mr. Washington, if you could start, that would be
9 great.

10 MR. WASHINGTON: Mr. Bright, thank you very
11 much. Mr. Chair, the other commissioners, we thank
12 you for having the opportunity to speak before you
13 this morning. The task that you set forward is not a
14 difficult task as it relates to discussing
15 accreditation. But first, let me tell a little bit
16 about the American Correctional Association.

17 The American Correctional Association was
18 founded in 1870. The ACA has nearly 20,000 members
19 and over eighty chapters and affiliates. ACA
20 represents all facets of corrections, including
21 federal, state, military correctional facilities,
22 prisons, county jails, detention centers, probation
23 and parole agencies, community corrections, halfway
24 houses, correctional officers.

25 We take a holistic view of this entire

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1 business of corrections. ACA also promotes public
2 policies as they relate to corrections. ACA develops
3 a standards with its Standards Committee and
4 administers the accreditation process. Each
5 commissioner has been given three documents from the
6 association. And at your leisure, I hope that you
7 take the opportunity to go through those documents.
8 If you do that, you will see that there is ample
9 information to give you a good picture of what the
10 association does.

11 The first document I'd like you to refer to
12 is the ACA folder. Within that folder you have copies
13 of ACA's Public Correctional Resolutions and ACA's
14 Public Correctional Policies. These resolutions and
15 policies are voted on by ACA's membership. ACA's
16 membership votes for a delegate assembly, the
17 legislative body of the association, to tackle issues
18 that the membership feel are important to the business
19 of corrections.

20 Within these two documents you'll see where
21 ACA has taken public stands on certain aspects of
22 corrections that will inform you and give you a
23 picture of what we stand for and how we support our
24 correctional members.

25 The next document that you have is the

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1 ACA's Standards Manual. This manual is the fourth
2 edition of the adult correctional institution's
3 standards. These are the standards that are used by
4 adult prisons, state-operated facilities, facilities
5 operated by the military, and facilities operated by
6 the Federal Bureau of Prisons.

7 Within this document there are over 450
8 standards. Ten percent of those standards being
9 mandatory standards that deal with life, health, and
10 safety issues. And the others considered nonmandatory
11 standards, those standards that still have to be
12 complied with as an agency or program enters the
13 accreditation process.

14 The other document that you have in front
15 of you is a book called Measuring Excellence. And
16 it's a history of corrections and standards and
17 accreditation written by Paul W. Key. It was a book
18 written a number of years ago, but it takes an
19 outsider's look at the accreditation process, asks
20 some of the questions you put forward here this
21 morning, and answers some of those questions. It
22 talks about the process not being a perfect process.

23 It also talks about some improvements in
24 the process to make the process more long lasting and
25 more effective. Mr. Key took the opportunity to

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1 review all the history of accreditation, accreditation
2 as administered by the American Correctional
3 Association began in 1974, with the first facilities
4 being accredited. He took a look at those facilities
5 that were accredited then. He took a look at those
6 standards that were in effect at that time also.

7 He pointed out very clearly that the
8 standards that the American Correctional Association
9 have had with -- the standards we have today are those
10 standards which began as 36 principles in 1870 at the
11 first meeting of our association. An opportunity for
12 individuals to sit down and decide what was good
13 correctional practice. And the way we operate and do
14 business today, we feel that we've improved upon those
15 original 36 principles of how to operate good
16 correctional facilities.

17 And we hope that in the future, with
18 outside influence, with information from members who
19 have the opportunity to suggest changes in standards
20 and with a diverse members of our 28 member
21 accreditation commission, we feel that this process
22 can do more to make operating correctional facilities
23 better, to make them safer, safer for staff, safer for
24 the offenders, and safer for the public. Thank you.

25 MR. BRIGHT: Ms. Ridley-Turner.

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1 MS. RIDLEY-TURNER: Thank you. I want to
2 thank the commission members for inviting me here
3 today to talk about accreditation. Just one
4 correction. I was commissioner in Indiana until
5 January of this year. Left the office after 31 years
6 in corrections.

7 I've been involved with accreditation
8 throughout my career in corrections, and when Governor
9 O'Bannon interviewed me before I was appointed
10 commissioner, one of the things he wanted to know,
11 what were my goals? What did I want to do with the
12 Indiana Department of Corrections? And one of my
13 goals -- it wasn't all of them -- was that I wanted to
14 have agency-wide accreditation for the Indiana
15 Department of Correction.

16 The governor probably, very like you, asked
17 me why I felt accreditation was important? What would
18 that do for our agency? And you know, I shared with
19 him, and hopefully in my written materials and in
20 talking with you today I can share with you why I felt
21 it was important for our agency to be accredited.

22 I shared with the governor that I felt that
23 while all our facilities had policies, we had
24 procedures, we had operational standards for operating
25 the facility, when you have 34 facilities in an

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1 agency, that's quite large. Sometimes things get
2 misconstrued in the interpretation. And I shared with
3 him that I wanted to have a process so that we could
4 look internally, and that's part of the process. You
5 have mock audits. You look at what you're doing.

6 There's standards that you live up to, but
7 it's also a little beyond that. It was getting staff
8 involved to move toward a concerted effort and one
9 goal. I wanted our staff to believe that we were in
10 this together, that we were working to do things in
11 their best interests, and that accreditation was not
12 something that I on high was pushing down and
13 mandating that facilities had to do.

14 I was mandating that we had to be
15 accredited, but I was in the fray as well. I wanted
16 all our agencies -- that meant central office. That
17 meant I had to get my hands dirty. I had to go and
18 make sure we were living up to standards. The
19 standards were different for facilities.

20 I was responsible for juvenile and adult
21 facilities, and in looking at that it wasn't that we
22 weren't doing a lot of the things that standards set
23 out. As Jeff mentioned, there are life, health,
24 safety. It covers all areas of the operations of a
25 facility. But what was more important to me is that

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1 you could go from facility to facility and everyone
2 knew what everything meant. It was operational
3 procedures. It was life, health, safety issues. We
4 were all going by the same agenda.

5 When we -- when I left office, just to end

6 there, we had all but two of our facilities
7 accredited, and that included our central office, our
8 training facility, as well as our industries
9 facilities. What was involved with accreditation was
10 more than just going by and complying to have the
11 audit done and then everybody sit back and say we got
12 through it. It's over.

13 What I wanted to do was to make this really
14 part of our operation, and we got to the point that
15 our policies were being prepared in compliance with
16 the standards, and this was for the right reason. It
17 was because it made sense to do it that way. Then
18 everyone knew what the policy was. They knew what the
19 ACA standard was, and we were moving to have all our
20 internal audits that would be conducted in the off
21 year of the three year accreditation and
22 reaccreditation, we would go by those same standards
23 because it made sense to go by those same standards.

24 This wasn't a thing of make work. We
25 didn't want people to feel that, as I said, this is

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1 just a process you go through. You sit back and it's
2 over. We wanted to live by the standards.

3 While we were going through some of the
4 audits and getting through the process, I'm not going
5 to leave you with the impression that everybody jumped
6 up and said, oh boy, she's wonderful. We want to do
7 this. It wasn't that way. I had a lot of naysayers,
8 and even some of the naysayers were my own executive
9 staff, some of the superintendents.

10 A lot of them felt like this was just
11 something else to do, and if we leave her to her own
12 devices, she'll be gone and then we can get back to
13 business as usual. But I had a lot of converts in
14 this as well. I'd go to the facilities and I'd meet
15 with the staff and we'd talk about the importance of
16 accreditation, and I had superintendents and other
17 staff coming up and saying, you know, I thought we
18 were doing this right, but the audit and what it
19 pointed out was we thought we were on track, but we
20 needed to do a little bit more.

21 So you know, when you're working in a
22 facility, when you're doing operations 24/7, sometimes
23 it gets to the point that you can't see the forest for
24 the trees, and that was what I was finding out with
25 some of our facilities. They did have procedures in

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1 place, but I think what this does, it gives you a peer
2 review. It gives you the opportunity to work towards
3 a common goal. And I believe that, for me, that was
4 the purpose of accreditation and why I felt the value
5 in the Indiana Department of Corrections. Thank you.

6 MR. BRIGHT: Mr. Dawe.

7 MR. DAWE: Thank you. Good morning and
8 thank you. I'd like to thank the commission for this
9 opportunity. When I grew up my friends and I often
10 played cowboys and Indians, cops and robbers, soldier,
11 fireman, etc., the usual array of role playing that
12 children do. But no one I knew then or any
13 correctional officer I know now grew up locking their
14 friends in the basement and playing correctional
15 officers.

16 It's not a job you grow up aspiring to do.
17 A lot of that has to do with the perception held by
18 the public about corrections. My organization
19 believes we can change that by bringing down the
20 walls. We believe that by exposing corrections to the
21 light of day, that we can change that perception and
22 hopefully the future of corrections in a positive way.
23 I believe that accreditation can play a vital role of
24 promoting that transparency and changing that
25 perception.

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1 As corrections is constituted today, line
2 staff are often put in situations where failure is
3 almost a certainty, and then they're blamed for that
4 failure. As an example, when I worked I was the only
5 officer in a housing unit with sixty inmates. One of
6 our common, which is a small eight by ten room, was
7 converted to hold six inmates in three bunk beds.

8 I would ask anybody on the commission or
9 anybody in the public today to choose your five best
10 friends to be placed in that situation and to see how
11 long you are friends. The bottom bunk can become a
12 life and death situation. That is a situation
13 destined for failure, and that's what we have to work
14 in. Accreditation can expose those situations and set
15 standards to rectify them.

16 That ratio of sixty inmates to one officer
17 I have worked under is more common than not. It
18 underscores one of the most dangerous things in
19 corrections today, that of staffing ratios.
20 Nationally, that ratio is reported at 5.4 inmates per
21 one security staff member. Anyone who has ever gone
22 behind the walls knows how ridiculously misleading
23 that ratio is.

24 The number of inmates are simply divided by
25 the number of staff to establish that ratio. It's a

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1 lie, and it's a dangerous one for all of us.
2 Accreditation can help to expose that. They can
3 expose those ratios, and they can also help us
4 establish mandatory staffing levels. Those are just
5 two examples of where accreditation can help.

6 So what should the accreditation process
7 look like? In order for an accreditational process to
8 effectively address the issues that plague
9 corrections, it must be fearless in its willingness to
10 expose the problems it discovers, be transparent and
11 open to public scrutiny, seek to raise standards
12 whenever possible, monitor facilities that have been
13 accredited, and must not be beholden to those
14 facilities for its economic survival.

15 Corrections professionals promote an
16 accreditation process that provides a mechanism by
17 which we can measure the success of failure in our
18 nation's prisons and jails. Evaluating our
19 correctional facilities is a necessity if we are to
20 establish standards that balance the need for humane
21 treatment of those who are incarcerated for the safety
22 of the public, the staff, the officers, and the
23 inmates. I would propose an accreditation process
24 that includes the following:

25 Number one, the standard by which a

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1 facility will be evaluated must be known in advance.

2 Number two, the accreditation should be
3 conducted using, but not be limited to, corrections
4 professionals.

5 Number three, there should be no advanced
6 notification as to when an accreditation will occur.

7 Number four, the accreditation team should
8 have no familiarity with the administration of the
9 facility it is evaluating.

10 Number five, there should be no financial
11 link between the organization accrediting the facility
12 and the facility itself.

13 Six, evaluations should be based on
14 practical applications, not procedural ones.

15 Seven, the results of the accreditation
16 process should be available to our elected officials
17 and the public at large, redacting only that limited
18 information that may compromise the safety and
19 security of the facility or would violate statute.

20 Number nine, follow-up monitoring should be
21 done with on-site visits. I'm sorry, that was number
22 eight.

23 Number nine, recommendations to address
24 concerns raised by the accreditation team should be a
25 part of the evaluation and should include steps that

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1 meet to establish those standards.

2 Number ten, and above all else,
3 accreditation should be as transparent as possible.

4 Secrecy in corrections can be deadly. If best
5 practices can be shared in a network nationwide, why
6 should society be willing to accept anything less?

7 Over 95 percent of the individuals we
8 incarcerate will be released back in our communities.
9 We must do all we can to foster an environment that
10 maintains public safety while providing opportunities
11 for the inmates in our care to positively assimilate
12 them back into society. With that I thank you once
13 again, and would welcome any questions at the
14 appropriate time.

15 MR. BRIGHT: Thank you. Mr. Hamden.

16 MR. HAMDEN: Good morning. Thank you for
17 the opportunity to speak with you.

18 My name is Michael Hamden. For the last
19 twenty years I've been employed by North Carolina
20 Prisoner Legal Services first as a staff attorney, and
21 for the last ten years as its director. I also have
22 the privilege of co-chairing the American Bar
23 Association's Corrections and Sentencing Committee and
24 served as the ABA's liaison to the American
25 Correctional Association. In the American

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1 Correctional Association I have the honor to serve on
2 the Standards Committee, the group that promulgates
3 standards, and on the Commission For Accreditation For
4 Corrections.

5 I'm not the spokesman for any of these
6 organizations. I'm here to share with you my
7 experiences and observations to the extent those have
8 a bearing on your work. ACA accreditation
9 accomplishes some very important things. One thing
10 that people should understand, that it is almost
11 entirely a voluntary process. Almost everyone who's
12 involved in ACA accreditation does so because they
13 choose to set the highest standards for the operation
14 of their facility and not because they're compelled to
15 do so.

16 The process is collaborative and
17 supportive. It focuses on efforts to improve the
18 facility and to professionalize the people who work
19 there. It has the effect of improving safety and
20 standard of life for people who work in the facility
21 and people who are confined there.

22 Finally, I'd just like to thank the
23 commission for your work and for undertaking this very
24 important project. I thank also the staff and
25 especially the Vera Institute. Thanks very much and

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1 be happy to address any questions you may have.

2 MR. BRIGHT: Thank you. If I could just
3 ask the first question, since I sort of got the mike
4 here, Mr. Washington, it was said here it's a
5 voluntary process, right?

6 MR. WASHINGTON: Correct. It is, sir.

7 MR BRIGHT: No institution is required to
8 do it unless you're a warden -- excuse me. Unless
9 your commissioner says we're going to certify all
10 the --

11 MR. WASHINGTON: Well, in the early days of
12 the process there were a number of states that were
13 required by way of lawsuits and the settlement of
14 lawsuits, and/or required by way of their legislature
15 to be involved in the process. But as far as the
16 Association is concerned and the Commission is
17 concerned, it is a voluntary process.

18 MR. BRIGHT: I meant this question, which
19 is how transparent is that process? And secondly,
20 what if somebody is certified -- an institution is
21 certified, what sort of audits are conducted after
22 that to see that they maintain the certification? And
23 thirdly, if someone's accreditation is revoked, how is
24 that accomplished?

25 MR. WASHINGTON: Let's get the terminology

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1 correct. The American Correctional Association
2 accredits its correctional facilities. We are
3 accrediting those facilities. So the way an audit
4 takes place is that once an agency signs a contract or
5 a program signs a contract with us, a staff person is
6 assigned from our staff to be the liaison for that
7 agency to help walk them through this process.

8 We have a contract with the agency that is
9 asking for accreditation. The American Correctional
10 Association and the Commission enter into a contract
11 with that agency. Those agencies are usually
12 governmental agencies. So the process is transparent
13 in that instance, where if you have a question or if
14 the outside public wants to talk about what's going on
15 at that facility or have a copy of the report which is
16 a result of the audit, it's available through that
17 government, through that government entity, through
18 the Department of Corrections, but not through the
19 American Correctional Association.

20 The other question that you ask, follow-up
21 audits. If a facility is accredited by the
22 Association, the accreditation is good for three
23 years. During that three-year period, time period, we
24 have the ability to go back to that facility and
25 monitor if we feel that that is necessary. If there

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1 are significant events that take place at that
2 facility, or if we get information from outside
3 sources or newspaper articles, we'll inquire as to
4 what's going on at that facility.

5 Also, every facility or program that is
6 accredited is also required to give us an annual
7 report. And in that annual report they talk about any
8 significant changes at the facility. They talk about
9 if there's been a change in management of the
10 facility, and as I said before, any significant
11 events. So we have the opportunity to continue to
12 have dialogue with those programs during the
13 three-year period.

14 If a facility is revoked at this point, an
15 agency has to sit out for one year. We go back to
16 work with them to figure out what those problems might
17 be and bring them back in for an audit and a review by
18 the Commission in order to restore them to the
19 accreditation process.

20 MR. BRIGHT: Is that public knowledge? I
21 mean, if you -- for example, the Fulton County Jail in
22 Atlanta, by some miracle, got accredited. If it
23 were -- if its accreditation were taken away, would
24 that be public knowledge or would that not be?

25 MR. WASHINGTON: We do not do a press

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1 release saying we've revoked the accreditation process
2 of any facility or any program.

3 MR. BRIGHT: Why not?

4 MR. WASHINGTON: What was mentioned by
5 Ms. Turner was this process is collaborative. It was
6 also mentioned by Mr. Hamden. It's a collaborative
7 process.

8 The American Correctional Association's job
9 here is to improve corrections, and we feel that we
10 can do that by working with correctional facilities to
11 help improve their programs. And in our view we
12 prove and help to improve those programs by working
13 with them. There are enough individuals out there who
14 will continue to lobby against them, who will notify
15 the public of problems, who will also take issue with
16 things that happen at the facility.

17 I've worked for the American Correctional
18 Association for twenty years, and in those twenty
19 years I've done all I possibly could, either working
20 in the standards department or working in the
21 executive office now, to help correctional facilities
22 and programs in this country. And I feel that my
23 association has done the exact same thing.

24 MR. BRIGHT: Well, it's sort of like the
25 bar association disbaring a lawyer and not telling

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1 anybody when it happens.

2 MR. DUDLEY: I mean, what you're describing
3 seems to me an enormously important function in
4 supporting the member organizations and helping them
5 to improve their performance by meeting these agreed
6 upon standards. I guess what I'm curious about is if
7 at some point there was a requirement that
8 correctional facilities be certified or accredited in
9 order to exist in the same way that hospitals must be
10 or whatever, would you see this -- and particularly in
11 light of some of the other comments, would you see
12 this, the process that you're doing, as appropriately
13 assuming that function, or would that undermine your
14 work in the sense of actually trying to help member
15 organizations improve their function, and there should
16 be some other organizations that would do that type of
17 accreditation? You know what I'm saying?

18 MR. WASHINGTON: Let's examine the process
19 that you speak of. The national -- the Joint
20 Commission on Hospital Accreditation is probably one
21 of the most powerful accrediting groups in this
22 country. They hold the power of either continuing the
23 operation or closing down hospitals in this country.
24 That is not a power that I look forward to our
25 commission having. We are a helping body. That's

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1 what we've --

2 MR. DUDLEY: I recognize that.

3 MR. WASHINGTON: That's what we are known
4 for. That's what we would continue to be. But the
5 Joint Commission on Hospital Accreditation has
6 something else. There's Medicaid funding and other
7 governmental funding tied to those hospitals achieving
8 their accreditation and keeping it, and there's a huge
9 lobbying effort by the Joint Commission on Hospital
10 Accreditation in order to maintain that particular
11 spot and pulling that kind of money in for helping
12 correctional -- helping hospitals remain accredited.

13 There's not that kind of money set aside by
14 the federal government to help state facilities or
15 local facilities improve. There was at one time when
16 we had the crime bill. There was money put out there,
17 but that money was only put out to build facilities,
18 not to help keep those facilities operating after you
19 built those facilities.

20 So one of the things you look at is states'
21 rights in this. Are you going to have something
22 mandated from the federal government and mandated with
23 no money, or are you going to have something mandated
24 from the federal government that comes with
25 appropriate funds in order for you as a correctional

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1 figure to be able to do your job.

2 MR. DUDLEY: So you're saying that if such
3 were the case, all they could do is simply close a
4 correctional facility, and what would be the purpose
5 of that?

6 MR. WASHINGTON: Well, exactly right. What
7 would happen in that instance, you have got to deal
8 with the employees that are there. You have got to
9 deal with the offenders who are there. Our purpose in
10 this entire field in dealing with corrections and
11 dealing with accreditation is to help improve
12 conditions. Where we find problems we want to give
13 the administrator solutions to those problems and help
14 them better their facility.

15 If they can't remain in the process, then
16 we ought to walk them through how they can come back,
17 and provide the assistance to get there because our
18 ultimate goal is to provide safer facilities, safer
19 for the community, safer for the staff, and safer for
20 the offenders who are in the facilities.

21 MR. DUDLEY: I'm clear about that. I guess
22 I was trying to get a sense as to in light of some of
23 these other comments, were you feeling that -- and I
24 think what you're describing seems to be enormously
25 important. I guess what I was trying to understand is

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1 whether or not you felt there was any role for a
2 different type of process that was controlling in a
3 different sort of way.

4 MR. WASHINGTON: Well, I think that you
5 still --

6 MR. DUDLEY: I'm not sure there is.

7 MR. WASHINGTON: I think you still run into
8 the problem of a process if it is mandated. It has to
9 be mandated by someone and you're looking -- you're
10 dealing with state facilities and/or private
11 facilities, but state facilities in particular that
12 are operated by the states and looking at state
13 sovereignty. Right now the state department of
14 corrections is not being mandated to do anything that
15 is not funded by the federal government, and that's a
16 clear separation that remains.

17 MR. SCHWARZ: I wonder if the discussion
18 that's been going on could be helped if it was made
19 somewhat more concrete, and for the two of you who are
20 at the Commission, you said, Ms. Ridley-Turner, when
21 you were in Indiana there was an example of an audit,
22 or audits. And you said something like the audit and
23 what it pointed out was helpful to you. And so I
24 think it would be helpful if you said what that was.

25 And Mr. Washington, maybe you could also be

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1 more concrete by giving examples of where you believe
2 the practice shows that the cooperative, helpful
3 effort that you describe has, in fact, made a
4 significant difference in trying to be concrete on it.

5 MS. RIDLEY-TURNER: I might address one
6 example this brings to mind that I was addressing with
7 them was tool control. Tool control is a mandatory
8 standard. If you're in a maximum security facility,
9 you want to know at all times where all your
10 instruments -- tools are, because tools can become
11 weapons.

12 This was in our maximum facility. They
13 thought they had a great tool control system in line.
14 It was there. It was by policy. They were following
15 it to the letter, they thought. When we were getting
16 ready for accreditation at that facility, they went
17 through, they looked at the standard. And I had an
18 accreditation manager appointed at central office
19 whose function it was to go around, among other
20 things, and help the facilities come on-line to become
21 accredited.

22 When they went and did the mock audit, they
23 found that there were tools in places that tools
24 shouldn't have been. The superintendent was asked
25 about this. And we developed immediately at that

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1 facility a different tool control process. The tool
2 control was something that needed to be for the
3 operation of the facility.

4 What pointed it out was the audit and
5 getting ready to come to accreditation to meet the
6 standard. They found that there was a big gap in
7 security. There was a breach there that needed to be
8 fixed, and went about doing that. That came about
9 because they were attempting to go through the
10 accreditation process.

11 But that's just an example that sprang to
12 mind. Those are some of the things that get pointed
13 out when you go through the auditing process.

14 MR. WASHINGTON: In every standards manual
15 that we have, we have a standard that requires that
16 there be fire inspections at the facility, and those
17 inspections are to take place annually. And those
18 inspections are to be completed by an individual who
19 does not have control over the facility or work
20 directly for anyone in that facility.

21 Throughout those manuals, both adult and
22 juvenile, it has sort of opened correctional
23 facilities up to other agencies to come in and give
24 them a helping hand in improving fire protection at
25 the facility. That's a positive. When in the past it

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1 might have been more difficult to have the fire
2 marshal of a particular jurisdiction to have the time
3 to come into a correctional facility.

4 So I think that a prime example is that we
5 feel that those facilities are more safer, even
6 facilities who aren't in the accreditation process,
7 but who do have these standards manuals. You can
8 usually suggest that they're probably doing fire
9 inspections on an annual -- on an annual basis.

10 A question I would put forth, there are at
11 least two of your commissioners who throughout their
12 correctional career have latched on to this process
13 and feel that it was appropriate for them to use
14 throughout their processes, as working from one state
15 or one facility to another.

16 I think that's an example that individuals
17 have latched on to, and we feel they're good
18 management tools to not only manage and help manage
19 inmates, but also in dealing with staff. Because
20 throughout this process we feel that it's transparent
21 enough that inmates know what's required, staff know
22 what's required, and the administrators are also held
23 to a standard because they know what's required.

24 MR. SCHWARZ: Could you give an example, is
25 it -- like fire inspections, but actually affects how

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1 the relationship between correction officers and
2 prisoners works, and how you -- specifically how your
3 audits have made something happen? I'm trying to help
4 you bring out a more concrete description of what's
5 happened.

6 But I think to make the record, you ought
7 to help us and tell us about some specific things that
8 you think have been done that help on cutting down on
9 excessive force like we discussed in the panel before
10 you, or relating to other matters that are important
11 in the life the prisoners live and the life that
12 correctional officers live within the institution.

13 MR. WASHINGTON: Sir, I would think that
14 every standard that we have in the manual is important
15 in the life of the offenders.

16 MR. SCHWARZ: Give some examples of where
17 you think -- and because you're -- you've got them,
18 you've been there twenty years, of where you think
19 there have been some specific improvements in
20 particular states in how they handle the problems that
21 exist.

22 MR. WASHINGTON: I can't give you specific
23 examples on what's happened.

24 MR. SCHWARZ: You don't have to tell me
25 about a state, but do it just sort of as a generic.

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1 MR. WASHINGTON: I can't give you specific
2 examples of states, but let's talk about a number of
3 the standards. There's a standard that requires the
4 square footage standard, for example. The old
5 standard that we talked about talked about seventy
6 square feet of space in a cell. After research, we
7 took a look at that particular standard, and it was
8 better to take a look at that standard asking for 35
9 square feet of unencumbered space. Space, that is,
10 that you would need to be able to exist to move around
11 in a cell or in a housing unit, and we felt that that
12 was very important.

13 The standard that deals with the shower
14 ratios. The standard specifically talks about the
15 shower ratios for individuals in a housing unit. That
16 has gone a long way to provide assistance for
17 individuals to be able to use the showers, which is
18 very basic.

19 We have the standard that talks about meal
20 preparation. Very important, the standard that talks
21 about meals in the facility. That at least two of
22 those meals have to be hot meals, and that between the
23 first and the last meal they can't be more than
24 fourteen hours. Very, very important to provide
25 individuals with the appropriate nutrition and to

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1 provide them with the appropriate meals they need to
2 be able to exist.

3 MR. HAMDEN: I have some concrete -- each
4 of the standards that Mr. Washington recited to you
5 has been the basis for some action in a panel hearing
6 in front of a facility or sometimes, in some cases, in
7 front of the systems. They're system-wide policies
8 that are not in compliance with the standard that can
9 be addressed on a system-wide basis in the context of
10 a single accreditation hearing.

11 And I can remember a couple of cases. One
12 specifically where prisoners in punitive segregation
13 were being deprived of exercise completely, had no
14 opportunity to exercise at all. And the facility
15 appeared and requested a waiver from compliance with
16 the standard on the basis that this was designed to be
17 punitive, and the deprivation of exercise reinforced
18 the message that you're not going to behave as you
19 behave. That doesn't comply with standards. It is
20 not a subject fit for a waiver and excuse not to
21 comply with the standard.

22 And we discussed, with the facility, the
23 legal implications of failing to provide adequate
24 exercise for prisoners, including those in segregated
25 status. They changed the policy.

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1 Another facility that I can remember was
2 feeding an incredible number of people. I'm not going
3 to get this exactly right, but they had something like
4 three shifts, and they were feeding and allowing
5 something like ten to twelve minutes for each group to
6 eat. Well, I mean, that doesn't comply with
7 standards, if it's even physically possible.

8 And by discussing that and having the
9 benefit of input from their peers who have dealt with
10 crowding issues and these types of challenges, get
11 ideas for how to address the problem, and if that kind
12 of help can solve the problem, then that facilitates
13 the process. So those are two examples that I can
14 think of offhand.

15 MS. SCHLANGER: You all have a great deal
16 more experience with this than I do, but I've been
17 working or in and around prisons and issues to do with
18 prisons for about ten years now. For ten years I've
19 been hearing the same complaints from some folks about
20 accreditation. And I don't know the truth of these
21 complaints, but I would really like to hear you all
22 address them because I've never heard them addressed.

23 Those complaints about accreditation are
24 that it's not tough enough, that the standards are too
25 low. That's one set of complaints. I think you have

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1 actually talked about some of that. But the bigger
2 complaint you hear about accreditation is that it's
3 about paper compliance, that it's not true, that it's
4 all about whether or not the folks at the facility can
5 talk a good game and have the right policy in place,
6 but not about whether they've complied with that
7 policy.

8 So particularly when you hear this
9 complaint it's about the use of force policy. I'm
10 getting back to Mr. Schwarz. So the idea is, yeah,
11 there's a use of force policy, but you know what, they
12 violate it. And ACA accreditation is not geared at
13 understanding that kind of noncompliance. It misses
14 real problems.

15 Again, I'm not -- I'm not putting this
16 forth as true. I'm just telling you what I've been
17 hearing for ten years. So that the argument is it
18 misses real problems. And how do we know it misses
19 real problems? Well, because every year there are
20 accredited facilities that face really serious
21 lawsuits or where people die in force situations or
22 whatever. And so we know that it's not right.

23 And I do remember one in my old hometown,
24 where the ACA came back to a facility months after it
25 had been accredited and revisited it. And I'm going

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1 to get this terminology wrong, but lifted the
2 accreditation until it solved things when some
3 problems came to light after the site visit. So
4 that's the problem you hear about accreditation.

5 And there's one more problem you hear about
6 accreditation -- I think Mr. Dawe spoke to it also,
7 and that is that it's so opaque that if you're a
8 community member who has, you know, democratic reasons
9 to want to know what goes on in a governmental
10 facility in your hometown, that you can't find it out.
11 And that accreditation is so opaque that it -- all you
12 can find out is we're accredited. But you can't find
13 out sort of the inner workings of that in a way to
14 know how serious to take that.

15 So again, I mean, I've just -- I don't want
16 to sound like I'm attacking you because I'm really
17 not. I don't have a view on this, but I've been
18 hearing people say this stuff for a long time. And as
19 I say, I've never heard anyone answer it. So I'd
20 really like to hear since we have three people who
21 work on accreditation a lot and who are very good
22 faith and, you know, who are trying to do all the
23 right things, I'd like to know how you respond to that
24 set of critiques.

25 MR. DAWE: Yes, if I may. As a line

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1 officer, I went through several accreditations. And I
2 can tell you one of the biggest problems we had with
3 that was we knew well in advance who was coming, when
4 they were coming, and you could always tell the day
5 the accreditation team would be there because there
6 would be more staff. You'd be tripping all over them.
7 And the day after the accreditation team left, the
8 staff would then be gone.

9 So it became a situation where it was very
10 easy to step up to the plate and meet the minimal
11 standards, knowing that full well within 48 hours you
12 were going back to the way business was done as usual.
13 And also knowing that you would not see an
14 accreditation team for three more years.

15 The paper audit at the end of every year
16 after the first year is simply a matter of the
17 Department of Corrections signing off saying, yeah,
18 we're doing the same things you told us to do a year
19 ago, and there's no checks and balances on that. That
20 leads to one of the biggest problems in accreditation,
21 and that is familiarization between the ACA
22 accrediting team and the institution they're
23 accrediting.

24 Yes, I can understand Mr. Washington and
25 the ACA's feeling that they should work in concert

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1 with the administration for progressive change, and
2 that's understandable and applaudable in many cases.
3 However, there is a failure to address the real
4 issues. The staffing issues, the inmate violence, the
5 recidivism rates, the issues that we deal with on the
6 line every day.

7 Sure, it's nice to have a policy that says
8 you must have protective vests. But if the department
9 goes out and buys ballistic vests that protect you in
10 the chance of a gunshot, and doesn't provide
11 stab-proof vests, which is really what we're in danger
12 of having happen to us, then that's a fallacy that
13 that policy in any way is helping the department of
14 corrections or the men and women who work there.

15 The final thing I'd like to say on this is
16 the economic link. As long as you are paying to be
17 accredited, that accreditation is going to be flawed
18 and lacks credibility in my mind. I think there
19 should be governmental oversight. I think
20 accreditation should be done by a governmental agency
21 not linked with the facilities, especially not
22 economically with the facilities they're accrediting.
23 It causes a tremendous conflict of interest.

24 The ACA, being a nonprofit association, I
25 understand that, but there's a lot of money involved

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1 here. And there's a lot of money that changes hands
2 for one accreditation. 12,000, 15,000 dollars an
3 accreditation. Remember, this is a voluntary process.
4 What superintendent in his right mind is going to
5 spend 15,000 dollars to have the public know they
6 failed.

7 That leads to the next problem, which is
8 visibility, which is transparency. I do not buy, and
9 do not believe, that anybody should stand behind
10 accreditation process and say we can't disclose that.
11 It's up to the department of corrections to disclose
12 that. I don't buy that. I think all us as citizens
13 of this country, and the officers that work there and
14 inmates that are incarcerated there need a better deal
15 than that. We need to expose this to the light of day
16 as we do so many other problems in corrections. And
17 hiding behind that veil of secrecy does no one any
18 good.

19 MR. BRIGHT: Mr. Washington.

20 MR. WASHINGTON: I'm troubled, and I need
21 to tell you why I'm troubled. I've sat through these
22 commission hearings for a day and a half, and there
23 has been no other panel that has sat here and where
24 individuals on that panel have been attacked. And I
25 don't feel comfortable with that. Or the process that

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1 those individuals are talking about has been attacked.
2 And I don't feel comfortable with that. I feel that
3 this panel has been stacked against accreditation,
4 against the association.

5 You can take a look at Mr. Dawe and his
6 comments concerning this whole process. I will not
7 respond to the accusations that he's made. I've
8 clearly stated how transparent we believe this process
9 is, and how we are in this process to help. You talk
10 about whether or not agencies or individuals out in
11 the public have the ability to be involved in this
12 process. They do. There's a notice put in public
13 areas that tell individuals that a hearing is about to
14 take place, and they have the opportunity to either
15 call our agency or send us letters or contact the
16 facility and ask for an interview with the audit team.

17 Let's talk about the audit team. Over 650
18 correctional individuals who we feel are appropriate
19 to do the job they're doing, and they do it on a daily
20 basis for not very much compensation. They do it
21 because they believe in this process, and they believe
22 it's something that needs to go forward.

23 The amount of money that an agency spends
24 on accreditation, between seven and 10,000 dollars,
25 yes, we think it's very important that they spend that

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1 money. We also understand that there is no other
2 organization out that accredits correctional
3 facilities that has government backing.

4 You talk about whether or not an agency or
5 a facility fails the accreditation process, what
6 happens after that. There are hospitals every day
7 that fail the Joint Commission on Hospital
8 Accreditation, and you still go to those hospitals.
9 They have operations. They have people who die in
10 those facilities.

11 There are universities across this country,
12 like this, that are accredited by organizations that
13 will credit educational facilities. But we know that
14 they graduate people who are illiterate and who can't
15 practice law or who can't do other things, but we
16 continue to send our children to those colleges.

17 You're holding corrections to a higher
18 standard than you're holding any other profession in
19 this country, and I take offense to that. I think
20 this process is transparent. Individuals who want to
21 participate in this process have the ability to do
22 that. And I think as corrections professionals and as
23 the oldest correction association in this country, I
24 feel we stand strong on what we've done in
25 accreditation and what we've done for the profession

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1 of corrections, and will continue to do so.

2 MR. BRIGHT: Anybody else? Yes, sir,
3 Mr. Hamden.

4 MR. HAMDEN: Yes. With respect to
5 Mr. Washington, who obviously feels very deeply about
6 this process, and rightfully so, in my opinion a lot
7 has been accomplished. A lot of good work goes on.
8 On the other hand, I think Mr. Dawe makes good points
9 and Commissioner Schlanger certainly addressed some
10 criticisms that I've heard. And I'll take a shot at
11 answering them.

12 The standards are not tough enough in some
13 respects. I agree there are standards that do not
14 come to the level I think we could accomplish, but I'm
15 a member of the Standards Committee, and one of twenty
16 or so members, all of whom are correctional
17 professionals with great experience and expertise.
18 And I would not represent to you that I know better
19 than they do.

20 These things are discussed and debated, and
21 sometimes hotly debated. A vote is taken, and then we
22 have a standard or then we have a revised standard.
23 That's the process by which this happens. It's a good
24 process. It's an open process, and it invites input
25 from the public and from people who have criticism.

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1 And I think I speak for the commission, not formally
2 but on a personal level, that we are concerned about
3 the integrity of the process and welcome help to
4 improve the process. So that's the standards
5 question.

6 Paper compliance, there is a lot of
7 paperwork involved. But before a facility has an
8 audit team on the premises they work a year to
9 eighteen months to prepare for the audit, and that's
10 not simply paperwork. That's changing procedures and
11 educating people and getting people involved. Then an
12 audit team, usually comprised of three people who have
13 expertise in some aspect of correctional operations,
14 come into the facility. And usually those are
15 collegiate visits. Sometimes they become heated and
16 hostile. But the object is always to improve the
17 operation of the facility.

18 After the audit, the facility has an
19 opportunity to respond in writing to the findings of
20 the auditor, and then the facility sends
21 representatives to the panel hearing to advocate its
22 position to argue about whether they were in
23 compliance or whether they should be allowed a waiver
24 not having to comply. And due process is built into
25 that. Again, I am really proud to be part of that. I

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1 think it's a wonderful thing, very supportive.

2 I also agree there are ways in which it can
3 be improved. And the commission is involved in
4 continuously improving its operation, and open to
5 criticism and happy to have any help we can get.

6 Not adequately transparent, I think there
7 are respects in which that's true. I don't believe
8 that we advertise or announce that facilities have
9 been accredited. I don't think we do that. And I
10 know that we don't advertise that accreditation has
11 been revoked. We do ask for input from people in the
12 institutions, staff, offenders.

13 I'm not sure that that -- the word that
14 there's an accreditation pending reaches the general
15 community, and I think it would be if it did. I also
16 think that advocacy groups interested in the operation
17 of the prison should be aware of the process and
18 should know that the commission welcomes input of all
19 kinds, and particularly well-founded criticism.

20 I mean, we want to know how the facility
21 operates. We would like to identify and to address
22 the problems. There is an economic link, and that is
23 the way that the process is financed at present.
24 There is an inherent conflict in that, and it is
25 uppermost in the minds of commissioners, and I'm

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1 pretty sure uppermost in the minds of agency
2 representatives.

3 I believe we do a reasonably good job of
4 putting that consideration aside. For example, the
5 commissioners have no specific knowledge of the terms
6 of the contract or the amount that is being paid or
7 any concern about that aspect of it. It is basically
8 a review of the material we have in front of us, the
9 report from the representative of the agency, and a
10 determination by the panel as to whether the
11 facility's in compliance.

12 So in summary, I would say it's a great
13 process. I'm proud to be part of it. There are lots
14 of ways that it can be improved. We're working on
15 some. We'd like to have ideas about how that can be
16 further improved and welcome input from anybody who's
17 interested.

18 MS. RIDLEY-TURNER: I might add from my own
19 perspective, again, I think that your comment about
20 the paper compliance, I think it would be hard-pressed
21 for me to tell my superintendents when they were going
22 through this that this is just a paper compliance.
23 Because as I indicated to you, they got their life
24 blood into it. And they knew that this is how we were
25 going to be monitoring them for time to come.

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1 And maybe that's just the management of the
2 particular state agency or the facility taking it in
3 too and believing that this is a process that works
4 and not making it a paper process. I don't know. But
5 I see more than just pushing papers and becoming
6 compliant. Correctional agencies, we have policy, we
7 have procedure. I mean, that's how we run.

8 This is just the manner of saying there's
9 secondary compliance to see that you're doing it,
10 you're not just saying you're doing it. It's a way to
11 look back for the manager of the facility as well as
12 for the auditors when they come.

13 And one thing that I don't think Jeff
14 mentioned, but one of the standards required, I
15 believe, that we have a citizen's advisory committee.

16 So it is quite open that some of the facilities had to
17 go out and invite the community into the facility in
18 order to meet that standard. So facilities that had
19 not had advisory committees operating before, I had
20 facilities going out and inviting citizens to come in
21 and to become part of the advisory committee.

22 And these committees began to function in a
23 way they would come in at least quarterly, and they
24 would find out what was going in the facility. And
25 that was opening up what normally had not been an open

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1 facility to the public to come in and see. So I think
2 that's some transparency that comes about because of
3 ACA. That we do have to do this if we want to be
4 accredited, not just that's the right thing to do, but
5 that's another thing that happens.

6 MR. BRIGHT: Mr. Maynard.

7 MR. MAYNARD: I have, of course, been a
8 member of the Commission on Accreditation and the
9 Standards Committee, and I've been an auditor for many
10 years. I have been warden where institutions were
11 audited and accredited, and so as director went
12 through several. I don't think I ever -- there was
13 never one audit that I went through, or my
14 institutions went through, that I thought we had
15 anything made. It was always really a question down
16 to the last. But I didn't feel any of the -- you
17 know, that since we paid, all of a sudden we're going
18 to be passed.

19 I think -- so my perspective on the
20 accreditation has always been from the other side,
21 saying here is a group of standards that we imposed on
22 ourself. Nobody else is doing it, and we think we
23 want to raise our own standards. So I'm kind of like
24 Jeff. When it's criticized I think, well, we're being
25 criticized for doing something on our own that tries

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1 to improve our profession.

2 I guess the question depends where you
3 stand, depends on where you sit. I'm sitting over
4 here now. I'm feeling the people say help us figure
5 out what is -- what should we recommend in terms of
6 accreditation. I think, you know, the idea that this
7 system is not the best, that may be true. But what is
8 better, and who has done anything to do anything
9 better, and who's going to fund it?

10 I know -- I know there are institutions out
11 there that I wished everybody had to go through some
12 accreditation process because I think it really
13 improves the operations. But I don't know how we, or
14 how anybody, can say that the system is mandatory,
15 that it is required. We can't do that, but it seems
16 like to me that it would be better if we did have a
17 system that was -- had some more force to it to cause
18 more people to be involved.

19 I think as was mentioned, you know, there
20 are institutions where -- accredited institutions
21 where people die. There are accredited hospitals
22 where people die. It doesn't guarantee anything. But
23 I think over time, I think that evidence will show
24 that -- and having run accredited institutions, I
25 think they're run better than institutions that are

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1 not accredited.

2 I just think it's a management. It's
3 simply good management standards that deal with
4 administration segregation, how long people can be on
5 administrative segregation, how often they have to be
6 reviewed. There's lots and lots of standards that
7 deal with better management within the organization.
8 But still again, over here, the question is what would
9 the system look like that would be better than what
10 we've got? How would it be funded, and what would it
11 look like?

12 MR. DAWE: Is that directed at me, sir?
13 First of all, let me make it perfectly clear, if I
14 haven't done so already, that we are very much in
15 favor of an accreditation process. We think that that
16 is critical to progressive change within a
17 correctional environment. Our problem is not with the
18 ideology behind accreditation, nor the ideology behind
19 the ACA.

20 Our problem is with the methodology and how
21 the end result is evaluated and how change is asked
22 for. We've had several meetings with the ACA.
23 Mr. Washington may not be aware of that. I've written
24 to them on numerous occasions, Ron Angelo from
25 Virginia, who come down to our conferences and spoke

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1 with us on the ACA.

2 So we have tried to be involved with the
3 ACA at those levels. We seem to get brushed aside
4 quite often because our concerns are not within the
5 realm of what the ACA is trying to do. We want to be
6 the tougher. I think one of the problems we have in
7 corrections is we're not tough enough. I find it odd
8 that I'm the only one up here on this side of the
9 table questioning the ACA, yet Mr. Washington feels
10 attacked.

11 I'm a correctional officer. I think we
12 took a pretty bad beating up here the last couple of
13 sessions. So I feel too we have been under attack.
14 What we're looking to do, we're looking to make
15 changes so that we can better evaluate these systems.
16 One of the things we're very concerned with is
17 staffing ratios. There's very little on staffing
18 ratios or anything mandatory.

19 Additionally, how can we make this system
20 better? I think we have to try and take the money out
21 in some manner. Now, we can't mandate certain things
22 from the federal level, but we may be able to mandate
23 from the state level that there is some type of
24 outside accreditation process or some way to take the
25 link between the ACA or whoever the accreditation body

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1 is, and with fiscal -- their fiscal stability in a
2 pass/fail from their institutions, there has to be a
3 way to make those changes.

4 I'm not proposing that I know what that --
5 what that way is, but I am proposing that we need to
6 do everything we can find -- to find a way to do those
7 things. We can't -- we can't settle for status quo.
8 It's not working. The glass is less than half full,
9 and we need to look for ways to better that.

10 One of the ways we can better that is by
11 looking at a process of accreditation. Not saying the
12 ACA accreditation doesn't mean anything. It means a
13 lot in certain instances. I've got no problem with
14 that. I think in certain instances they should be
15 applauded for the job they do and the willingness to
16 do it, but it does not go far enough. The
17 relationships are too cozy in our opinion. We know
18 when it's coming. I don't know how you can have an
19 accreditation process when you know it's coming before
20 it gets there. There's no checks -- unannounced
21 checks when handling things like that happen.

22 Those things can be changed relatively
23 easily without a monetary problem. And I think those
24 things should be changed. I think, yes, everybody
25 needs to know the standards by which they will be

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1 accredited, but they don't need to know the date the
2 accreditors are coming. They don't to -- they don't
3 need to be told a lot of the prerequisite things that
4 are happening now.

5 They need to have them walk in the door and
6 find out the staffing they saw when they walked in the
7 door when they knew it was coming is a hell of a lot
8 different than the everyday staffing. And those are
9 things that are obvious to us that work on the line.
10 I worked the line for sixteen years. I saw many of
11 these instances.

12 So let me just finish by saying that
13 ideologically we are on the same page. We need to a
14 accredit our facilities. We need them to be
15 transparent. We need them to be open to public
16 exposure. We can do a lot more than we're doing in
17 the current system to bring that to fruition and to
18 make it better for us all.

19 We all have the same objective here. We
20 want first and foremost in corrections is public
21 safety. That's our number one goal. The second from
22 an officer's standpoint is the safety of the staff
23 that we work with. Third is the safety of the
24 officers, my brother and sister officers. The fourth
25 is the safety of the inmates. Those are the four

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1 categories by which we have to -- should be judged.

2 In order for us to judge those categories,
3 we need to take a strong, unrelenting look at how to
4 make these changes possible. Let's not make it
5 easier. Let's make it harder.

6 MR. BRIGHT: Mr. Washington, go ahead. I'm
7 sorry.

8 MR. WASHINGTON: Twenty-five years ago --
9 or I think it was in 1974 when this process began, it
10 began because the courts felt that judges didn't want
11 to operate correctional facilities. And they
12 basically told the corrections professionals you've
13 got to, number one, develop some standards or we're
14 going to run these facilities for you. And now that
15 you've developed those standards, you need to develop
16 a process by which you can measure whether or not
17 you're doing what you say you are doing.

18 And since 1974 those standards have gotten
19 increasingly tougher in areas that they need to get
20 tougher in. This whole process, one forgets, is
21 minimal standards. It does not stop a facility from
22 going beyond those standards. When you're looking at
23 dealing with correctional facilities across the
24 country, you find a level at which you can operate and
25 you can bring facilities up to that level. And you do

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1 understand that there are facilities and programs that
2 will go beyond that level, and you applaud them and
3 you do all you can to help them.

4 There are 3300 jails in this country. And
5 most of those jails are small jails, mom-and-pop
6 operations that we talk about. And today those jails
7 feel that they, in some instances, can't get into this
8 process. I disagree. They can. But we've had to
9 make the process more friendly to be able to deal with
10 them and deal with the predicaments that they have in
11 operating small facilities, in small communities, with
12 small resources, or with less resources.

13 The philosophy that we have set in place as
14 it relates to this process is I look at this glass as
15 being more than half full. I know that these
16 facilities are better than they were. They can and
17 could and should be better. We will work with them to
18 get to that point, but that's where we have a
19 philosophy difference. We're willing to work.

20 In some instances, if you take a look at
21 litigators who deal with correctional litigation and
22 take a look at the commission and what we do in
23 accreditation, we're about doing things. The same
24 things. You want a result because of what you feel
25 has happened in a facility, and you do it by way of

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1 litigation. The American Correctional Association and
2 Commission has chosen to do it with accreditation,
3 holding agencies to a standard.

4 Be it a minimal standard, but a standard
5 that takes into consideration life and health and
6 safety issues and makes those standards mandatory, and
7 deals with the other standards as being non-mandatory
8 standards. But an agency buys into compliance with
9 every standard that's applicable to their facilities.

10 As long as we continue to work in the
11 process, of course we're going to try to improve it.
12 Of course, at every one of our Standards Committee
13 Meetings we have testimony from the outside. We work
14 very closely with outside groups to deal with changes
15 in the standards.

16 One that comes to mind very specifically is
17 the standard that deals with telephones and telephone
18 communications. That standard was pushed through by a
19 group called CURE, Citizens United for Rehabilitation
20 of Errants. That standard was put together and forced
21 through and explained to the Standards Committee that
22 this was wrong. That it was wrong to charge
23 exorbitant fees to individuals who call folks from
24 correctional facilities. And the Standards Committee
25 listened, and the Standards Committee made that

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1 change.

2 With the PREA Commission and the inferences
3 on sexual abuse within correctional facilities, the
4 Standards Committee stepped to the plate and developed
5 standards that deal with sexual abuse. So I say we're
6 responsive. We could do better. We want to do
7 better. Because the professionals who are on the
8 Standards Committee and those people who are on the
9 Commission, I know we will do better.

10 I think it's the best process that we have
11 now. I think it has worked. I'd like to see it
12 improved. It will be improved, but I think it's the
13 best thing we have going, and the association will put
14 its backing behind it.

15 But my first and most important job is to
16 make this process and this profession as professional
17 as I possibly can. All the other things will fall off
18 into that. We'll have safe facilities, safer staff,
19 safe for the offenders, safe for the public. I think
20 that we do that, and we'll continue to do that.

21 MR. HAMDEN: Just one concluding thought.
22 The question as to whether the commission can
23 propagate some requirement that all correctional
24 facilities follow some accreditation process. I think
25 it's clear not. But I don't know that there's any

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1 reason that Congress couldn't do so in connection with
2 the power they have over the purse. I think virtually
3 all correctional facilities receive federal funding in
4 some kind. So if that were the commission's
5 recommendation, then there probably is a way that it
6 can happen.

7 MR. BRIGHT: All right. Mr. Krone and the
8 General.

9 MR. KRONE: Well, here the question was the
10 answer I was looking for. We were hearing all about
11 the flaws, we were hearing about I can't do this, I
12 can't do that. I want to know why we can't get it
13 mandatory. What good is having all the great work
14 you're doing, all the importance it is if we can't
15 make it even across the board something that sounds
16 like you're saying it can't be done, it can't be done.
17 I want to know how we as a commission can overcome
18 that obstacle.

19 If I open up a restaurant and they tell me
20 I don't have to wash my hands, I know I'm going to
21 wash my hands because I'm pretty sure the rest of the
22 public might not want to eat at some of those places
23 that don't have to. If you've got these good rules in
24 place and the important things you're trying to
25 improve constantly -- I mean, I don't like the idea of

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1 thinking after a hundred years you still haven't
2 figured out a way to get this implemented nationwide,
3 get this into use because they really do need it.

4 Maybe if that would have been done twenty,
5 thirty, fifty years ago we wouldn't have to have this
6 commission now. But my question is going to be what
7 obstacles -- how do we as a commission overcome this
8 candor of it's not being done obstacle and say how do
9 we get this implemented across the board some way? If
10 not mandatory, statutory, but at least, you know, give
11 the people in corrections the encouragement, the
12 reason, the motivation to say, well, I'm going to do
13 it voluntarily, and all of them, the peer pressure
14 alone would make them want to do it.

15 MR. SCHWARZ: I think with the power you
16 have on this commission then you should make a
17 recommendation, and whatever that recommendation will
18 be, we'll see how and whether or not the public
19 follows.

20 MR. DAWE: If I may, Mr. Krone, if you look
21 on what I presented in my written testimony, I set out
22 some standards that we've talked about at Corrections
23 USA. The first one is the standards by which a
24 facility would be evaluated must be known in advance.
25 That's done -- can be done and that's not a problem.

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1 Number two, the accreditation should be
2 conducted with correctional professionals. We're
3 there. Most of that is being done now.

4 Number three, there should be no advance
5 notification as to when the accreditation will occur.
6 We can certainly do that. It's not being done.
7 There's no physical problem with that.

8 Number four, the accreditation team should
9 have no familiarity with the administration
10 facilities. We can do that. That's not a problem.
11 That can be done.

12 Number five, there can be no financial
13 link. There's a problem. Now, that's something we
14 may have to look at from a mandatory standpoint, some
15 type of federal funding to set that up.

16 Number six, evaluations are based on
17 practical applications. My example is of the
18 ballistics vest versus a stab-proof vest. We can do
19 that too.

20 Number seven, the results of the
21 accreditation process should be available to
22 everybody, to the public. The public pays for our
23 prisons. They're going to pay for the inmates when
24 they come out. They pay for them when they're in
25 there. There needs to be full accountability and full

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1 disclosure. Again, of course with the caveat that you
2 can't disclose anything that would disrupt the safety
3 and security of the institution or violate state
4 statute.

5 Follow-up monitoring should be done with
6 on-site visits. We can do that. That doesn't seem to
7 be a problem. Recommendations to address concerns
8 raised by the accreditation team should be a part of
9 the evaluation and include steps to meet the
10 established standards, and that's already being done.

11 And number ten, accreditation should be as
12 transparent as possible. Virtually everything we're
13 standing for can be done readily today. It does not
14 need to wait for later on to fill the glass. We can
15 do that now, and that's what I propose we do. We want
16 tougher standards. We want it safer for everybody
17 beyond those walls, and we're going to strive to make
18 sure that we do that.

19 MR. KRONE: And we're going to take up a
20 collection after this and maybe we can get that
21 funding. Everybody drop a dollar in the door when you
22 go out.

23 MR. BRIGHT: General.

24 MR. RIPPE: I just want to follow on to
25 what Director Maynard and president-elect Maynard

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1 said, Mr. Hamden, and a little bit of what Ray said.

2 I think this is a mountaintop kind of a question.

3 Here's what I'm trying to come to grips with.

4 I spent most of my life in the United
5 States military. Even, you know, in National Guard
6 units there's mandatory uniform standards that
7 everyone trains to. I think that we'd all expect
8 that. I mean, if I was here to say that we're going
9 to lift all the standards and make it voluntary for
10 military units, I think everyone would be horrified.

11 So what I'm trying to come to grips with
12 and the commissioners and the many, many discussions
13 we've had is, you know, what should we recommend?
14 Should there be some set of mandatory standards that
15 raise the common denominator, and if so how should we
16 check to make sure that we've in fact done that?
17 That's really what we're trying to come to grips with
18 today.

19 I would like to personally be on the record
20 thanking and commending ACA for all they've done to
21 try to make our prison and jails better. So that's --
22 if you can help me help us out there, that -- I mean,
23 that's a big mountaintop question, but we're going to
24 be asked that. Should there be standards? And if
25 there are, how should they be checked and enforced?

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1 MR. WASHINGTON: Well, there are standards.

2 MR. RIPPE: I know there are. I know there
3 are. I know that, but what I mean by that is
4 standards that everyone is required to comply with.
5 That's the question we're going to be asked to answer.

6 MS. RIDLEY-TURNER: I would just say as a
7 former administrator of an agency, one who volunteered
8 to comply with standards, I think it's a good thing to
9 have and, you know, it would be ridiculous to say that
10 I would not support mandatory standards if we had to
11 do it, but I think that opens up another issue with --
12 and it's been relayed here -- the funding for it.
13 What if something comes up that the agency as much as
14 they would like to comply, the money is not available
15 because that, again, becomes -- if it's a federal
16 mandate, one of those what we call unfunded
17 mandates --

18 MR. RIPPE: There's no easy answer here.

19 MS. RIDLEY-TURNER: Well, you know, that's
20 the reality, but I think that as a former correctional
21 administrator of an agency, I had felt that the
22 importance was there and did not have any problem with
23 agreeing to have standards for that agency, and I
24 would think that a lot of my colleagues around the
25 board have embraced the process as well and would not

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1 back away from standards. Whether they be mandated,
2 that would be something that if it happened, I don't
3 know that there would be a lot of disagreement, but I
4 think you have to look at who's going to fund it, how
5 is it going to get funded, and who's going to pay for
6 the things that need to be done for that agency to
7 have them make compliance basically.

8 MR. HAMDEN: I would say that there are
9 national standards and they exist both in the form of
10 ACA standards, but more importantly in the form of the
11 Constitution and laws of the government and the
12 decisions of our courts about the way that prisons
13 must operate at some minimal level that provides
14 humane treatment of prisoners, and I think that it
15 serves the correctional profession well if those
16 standards can be clearly articulated in the context of
17 correctional operations, and I have no reservation in
18 saying that I think that that would be a service to
19 the correctional profession and our communities and
20 the people who are in prison. So ...

21 MR. RIPPE: Thank you.

22 MR. BRIGHT: Mr. Ryan.

23 MR. RYAN: Yeah. Let me just throw out I
24 have absolute bias in this. I'm a commissioner. I'm
25 on the Standards Committee. I have an accredited

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1 facility. I'm going to become accredited under health
2 confinement and community corrections. That's my next
3 goal. So with that as a bias sitting here, I think
4 that standards are absolute.

5 I worked in California and now in Florida.
6 California had minimum jail standards state
7 regulations. We have Florida model jail standards
8 state regulations. So the regulations are out there.
9 I don't care whether it's mandatory, it's -- how much
10 it costs, it's the way to do business. If you're a
11 good businessman and you sit there and figure out what
12 the best way to do business is, ACA has put out an
13 outstanding model for that business. If you want to
14 be good in your business, you at least had better do
15 this, and so it's been outstanding.

16 So with that as my bias, getting -- the
17 expectation from the commission is what to do with the
18 information that you've provided on this. As a
19 commission, going back to what Steve was saying, what
20 should we do with your information? What is it that
21 we really need to do with it? Do I as a commissioner
22 ask in my final report to say everybody should be
23 accredited at a certain level? The mandatory
24 standards, maybe the -- only the mandatory standards
25 should be the basis for every jail and prison in

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1 America.

2 That's something the commission should set
3 as a standard of expectation and set it up. If you
4 have the other 400 standards, you ask everybody should
5 try to get -- as we do -- ninety percent of those
6 should be your goal, and a time achievement over the
7 next five years or something. What do we do with your
8 information? What should we as a group have on the
9 final page of the report regarding standards and
10 accreditation?

11 MR. WASHINGTON: Tim, I have a bias here
12 also.

13 MR. RYAN: I notice.

14 MR. WASHINGTON: I would hope that your
15 report would say that after looking throughout this
16 profession that we see a process by which facilities
17 can and do operate transparently and also operate
18 constitutionally and are safe and secure. This
19 process should be made available to all those
20 individuals who operate correctional facilities or
21 programs.

22 Now, that's not mandating it. That's
23 telling folks what's out there. That's making it
24 available and folks knowing that this process is there
25 and talking a little bit about the process. And you

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1 know, you can use anecdotal stories if you'd like
2 about facilities that have been involved in this
3 process and what has happened to them. Now, I'm not
4 telling you to make it mandatory, but I think that you
5 should in that report talk about this process and the
6 number of years it's been in existence, why it came to
7 be, and how it's helped the profession.

8 MR. RYAN: Thank you.

9 MR. BRIGHT: Mr. Schwarz.

10 MR. SCHWARZ: I think the mandatory
11 discussion that Commissioner Maynard started is really
12 the heart of the matter. If it were mandatory -- and

13 I have no bias coming in, but listening to the
14 conversation, it seems to me making accreditation
15 mandatory would be a good thing. If it were mandatory
16 some of the other process questions quite likely will
17 be looked at differently, and it seems to me two
18 process questions have been talked about.

19 One is pre -- whether the visits are
20 preannounced and whether they are off -- thereafter
21 occur again without being preannounced. If the
22 accreditation were mandatory, just one listener
23 believes that that would make the case in favor of not
24 preannouncing very, very strong.

25 Now, the other question that's been talked

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1 about, confidentiality of results. Frankly, I think
2 that can be argued on either side even if it's
3 mandatory. I think the United States accepts that the
4 International Red Cross can -- has a right to come in
5 to all those things we're running which I guess they
6 call prisons overseas, and the condition there is that
7 the results are confidential.

8 I could imagine even in a mandatory system
9 that a process would work better if the results were
10 confidential, but I think that could be debated. What
11 I'm sure about is if the -- if it were mandatory to
12 have accreditation, one would have a different kind of
13 discussion about the process issues that have been
14 going back and forth. I mean, I don't know if that's
15 a comment by a commissioner or a question, but if
16 anyone wants to react to it, I would be interested.

17 MR. HAMDEN: I concur. I think you're
18 exactly right.

19 MR. BRIGHT: Dr. Dudley.

20 MR. DUDLEY: Well, to show how up in the
21 air we are about this, I don't really understand the
22 announce, unannounced thing. Having been responsible
23 for being on that side of the table, hospital
24 accreditations as an accreditor and as an accreditee,
25 I guess, a person being accredited, I think it depends

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1 on the -- I'm more focused on your other argument in
2 the sense of, you know, kind of what are you actually
3 doing when you're doing the accreditation, and if the
4 accreditation process actually makes sense.

5 Then I don't think you can pretend to be
6 good one day because you know somebody is going to be
7 coming in. And if the accreditation process is
8 actually a real process, then that can be seen through
9 because it just otherwise falls apart. But that's
10 just my opinion. I have a different sort of question,
11 though.

12 What I was trying to get at before is to me
13 I see the importance of -- and I kept trying to say
14 that, of what's actually going on right now, and for a
15 person responsible for a system who is dedicated to
16 improving the quality of that system or that
17 particular institution, and has the legislative
18 support or whatever, sort of whoever is responsible
19 for the funding to actually help them then institute
20 whatever improvements need to be done, and then
21 therefore volunteer to go through this process with
22 the goal of upgrading the quality of the institution
23 and services, all of that makes perfect sense to me,
24 okay.

25 My question is is that if you mandate this

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1 for somebody who doesn't necessarily want to do it, or
2 for somebody who's faced with executives or a
3 legislature or whatever who's not interested in
4 funding to improve the system -- in other words, they
5 don't have all those sorts of reasons and capabilities
6 to voluntarily upgrade -- I guess I'm trying to
7 understand -- and maybe I didn't ask the question well
8 before.

9 What would be the T in mandating it? I
10 mean, you know, my point was is that, you know, I
11 mean, for us we have the medical societies or whatever
12 that will do what you're doing. You know, we have a
13 parent-physician's program. We have all sorts of
14 things they'll help physicians get their act together
15 within the profession, right.

16 And then there's this whole other thing
17 that happens where, you know, our license can be
18 removed and we can't practice. You know, if we
19 don't -- if we fail these internal systems. And you
20 can't practice or the Joint Commission will close your
21 hospital, and I just can't envision that there's going
22 to be some mandatory process in which that we'll
23 decide if you blow this, we're just going to close the
24 jail and you just have to let these people go.

25 I mean, that's my question. You know,

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1 what's the point of mandating it? What would be --
2 what would make anybody do anything if you mandate
3 this program? I'm just trying to understand what that
4 would be to make it meaningful.

5 I mean, you could mandate that everybody go
6 through what you go through now, right? And then you
7 can give them all the advice in the world on how to
8 improve their program. If they say we just don't want
9 to do that or the legislature says we're not going to
10 fund these institutions to do that, then what was the
11 point?

12 MR. BRIGHT: Mr. Dawe.

13 MR. DAWE: If the legislature refuses to
14 fund it, that's one issue. But if the institution
15 refuses to comply, you can remove the administrators.
16 You don't have to close the facility. If they can't
17 comply and if their managerial skills do not bring it
18 up to the point where they can comply with these
19 mandatory standards, they can be removed. It's clear
20 that that's a problem. You don't have to close the
21 facility obviously. But from a legislative
22 standpoint, that's a different question. There has to
23 be a lot of political pressure brought to bear on
24 that.

25 MR. WASHINGTON: Well, then the question is

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1 who removes the official? Have you created a new body
2 that trumps the governor of a state or -- I'm trying
3 to follow you on this.

4 MR. DUDLEY: I'm trying to figure it out.

5 MR. BRIGHT: Mr. Hamden.

6 MR. HAMDEN: If passing the standards were
7 a precondition for federal assistance, that would be
8 pretty much the end of it, I think. If you had to
9 comply with the standards in order to be eligible for
10 federal funding, then you have participation.

11 MR. BRIGHT: Mr. Green will ask the final
12 question of this panel.

13 MR. GREEN: I was looking at the numbers
14 that were provided as part of our briefing materials
15 in terms of the number of institutions that either
16 have gone through accreditation or are in some stage
17 of accreditations. The numbers seem very low
18 percentage-wise.

19 I know it's been alluded to that these are
20 perhaps financial considerations that drive the
21 decision whether or not to ask for accreditation and
22 to start that process, but part of it, I guess I'm
23 just trying to gauge the attitude of the profession.
24 How much of this in terms of what seems to be low
25 numbers -- I think for prisons I think it was less --

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1 it was around twenty percent and for jails it's much,
2 much lower. What is driving the lack of participation
3 voluntarily in this process?

4 MR. WASHINGTON: I think that part of it is
5 not being educated that the process is attainable. I
6 think that is -- that is a huge part of it. When you
7 say financial considerations, it's not the fee that's
8 paid to us. It may be the financial considerations
9 that a facility has to deal with in order to be
10 brought to compliance with the standards, and it may
11 mean improvements within the facility.

12 It may mean additional staff to do one
13 thing or the other. Not necessarily forced by the
14 standards, but as a result of requirements within the
15 standard. So those are the financial requirements
16 that are sort of heaped upon agencies in some
17 instances, and they can't make it.

18 And it may also be that we have to do a
19 much better job of communicating the possibility of
20 achieving this process out there to our corrections
21 professionals. We may have a smaller number of
22 facilities that are accredited, but I assure you that
23 even in those facilities that aren't accredited, they
24 have a copy of this book and are doing some sort of
25 compliance with this -- with this standards manual.

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1 If they don't have a copy of this book,
2 they do have a copy of another book that we produce
3 called Policy and Procedure Development Manual, a
4 manual which guides them through the development of
5 policies and procedures to help them operate their
6 facilities. So there are a number of things that we
7 have as an association that we provide to the
8 profession that may bring them to this process, but it
9 may not, but they are informed.

10 MR. BRIGHT: I want to thank on behalf of
11 the whole commission everybody on the panel. I
12 particularly want to thank Mr. Washington for the
13 materials that you gave us. I think all of -- both
14 the materials and your statements are immensely
15 valuable. You can tell there was a great deal of
16 interest on the part of the commission, and we're most
17 grateful to you for being here with us. Thank you
18 very much.