COLORADO
Office of Community Corrections
Division of Criminal Justice
CDPS

Colorado Community Corrections

Core Security Baseline Report

This report outlines the baseline efforts for the Colorado Community Corrections Core Security *Standards*, providing background, methods, findings, and future direction for the process.

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Part I: Background

Introduction

In order to inform the development and implementation of a proposed performance-based contracting (PBC) payment model, the Core Security Baseline Audit process provided metrics for public safety and security. The Core Security Baseline Audit measures compliance and quality of work with a limited number of *Colorado Community Corrections Standards (C.C.C.S.)*. The *C.C.C.S.* are designed to establish minimum levels of service within Colorado community corrections programs, and reduce risks associated with managing clients in the community in an effort to increase public safety.

Development

In 2017, The Division of Criminal Justice (DCJ), Office of Community Corrections (OCC), in partnership with local community corrections boards, local governments, and the private sector, published a revised version of the *Colorado Community Corrections Standards* as part of an ongoing effort to integrate modern criminology and implementation research into the policies, practices, and organizational operations of community corrections programs. The 2017 *Standards* revision includes a total of ninety-four (94) *Standards*. Twenty-one (21) of those *Standards* were selected for measurement in Core Security Baseline Audits, including the majority of the Client Supervision section. The *Standards* measured in the Core Security Baseline Audit process focused on security and public safety related to client supervision. One (1) Organizational Management/Accountability *Standard* was also measured due to the security and public safety component. The specific *Standards* measured in the Core Security Baseline Audit process were:

- CS-010 Random Headcounts and Facility Walkthroughs
- CS-011 On-Grounds Surveillance
- CS-020 Client Property
- CS-030 Contraband
- CS-040 Random Off-Site Monitoring
- CS-041 Furlough Monitors
- CS-042 Job Search
- CS-044 Home Visits
- CS-050 Recording Authorized Absences
- CS-060 Substance Testing Processes
- CS-061 Entry Urine Sample
- CS-062 Interim Drug Testing Processes
- CS-063 Confirming Positive Test Results
- CS-080 Medications
- CS-090-094 Escape
- OMA-020 Milieu Management

The Core Security Baseline Audit process developed by the OCC was guided by general principles of performance auditing and program evaluation. While the 2017 *Standards* revisions represented changes to varied aspects of community corrections performance expectations, each of the 21 *Standards* reviewed within the Core Security audit process existed in the previous iteration of the *Standards* in some form, and several were not substantially changed. Accordingly, audit methods and measures already existed for these *Standards*. Using these tested methods and measures as a guide, the OCC conducted a thorough review of each *Standard* and ultimately a rigorous multi-method approach was applied to each. Specifically, no *Standard* audited was reviewed in only one way to ensure that the most complete picture of program practice was gained during each audit. As you will see in the Methods section below, each of the 21 *Standards* reviewed during a Core Security Baseline Audit was looked at not only through program documentation, but also staff observation, staff and client interviews and other methods as deemed

appropriate. Additionally, the OCC rated each *Standard* on elements of Compliance, such as the frequency with which activities were performed, and the Quality of the activity performed as determined by observations, detailed in interviews and shown in documentation. Finally, the OCC held several trainings statewide on the audit tools and processes to ensure transparency of the methods, measures and expectations.

Baseline Audit Timeline

Core Security Baseline Audits were to be completed for all thirty-three (33) Colorado community corrections programs by June 30, 2020. Baseline audits began in January 2019 (see Method section for audit process details) and were completed, thereafter, twice a month, on average. In March 2020, Core Security Baseline Audits were halted due to the COVID-19 pandemic, leaving six (6) programs remaining in the baseline audit timeline. As the severe and protracted nature of the pandemic became more evident, the OCC determined there would be too many confounding variables to include the audit findings from the remaining six (6) programs. These programs have been excluded from the data and interpretation within this report. Additionally, three (3) programs closed during the baseline timeline and were not included in the baseline sample. One (1) other program closed after having a baseline audit. That data is included in this report.

Part II: Methods

Program Notification/Completion Timeframe

From program notification to completion, a Core Security Baseline Audit lasted between seven (7) and nine (9) weeks. The Core Security Baseline Audit can be separated into three (3) distinct components: Pre-site, On-site, and Post-site.

Pre-Site

The pre-site process was composed of many elements to initiate contact with the selected facility, gather information prior to auditing, and ensure thorough communication between the OCC, the local community corrections board, and facility leadership. Once an eligible program was selected for a Core Security Baseline Audit, an audit notification was sent via email to the Program Director, local Community Corrections Board, Chief Probation Officer, Department of Corrections (DOC), and other executive program staff, as applicable.

Facility selection and timeframe were the initial steps of this preparation phase of the audit process. It is important to note that programs were provided with three (3) weeks notice via email. Email notification consisted of an official audit notification letter outlining details such as audit start date and time, a list of requested documents to assist with the audit process, and an information brochure on the Core Security Baseline Audit process to inform staff and clients regarding how they may be asked to participate. The OCC asked that facility leadership distribute this brochure to staff prior to the audit start date. Requested documents may have included, but were not limited to, emergency and privilege furlough information and client and staff rosters. Facility completion of the Program Information Packet (PIP) provided the OCC audit team with program specific information and presented a space for programs to submit details of their current practices. This was important because programs were at different stages of implementation during the baseline measurement period with regard to those *Standards* that were new or substantially revised. The Records Location Map (RLM) helped the team navigate program database systems for documentation review. A pre-site conference call was then scheduled with facility leadership and the local Community Corrections Board to review the purpose of the audit, clarify point-of-contact persons, and discuss logistical information.

Once program audit documents were received, they were reviewed by the OCC staff. OCC staff may have contacted the program for follow-up if incomplete documentation was received, or if clarification was needed. The OCC

randomly selected a sample list based on the provided client roster documentation, which included client names, intake dates, and supervision level. It was the goal of OCC staff to select one (1) client from each level, resulting in a sample size of eight (8) to include four (4) residential clients and four (4) non-residential clients. If a program did not serve non-residential clients, one (1) additional residential client for each level would then be selected. Based on the provided documentation on program staff schedules and the number of employed security staff (also sometimes referred to as 'line staff' or 'front line staff'), the OCC audit team would select the number of staff to be interviewed and observed. The staff interview and observation plan remained flexible to accommodate staff and client needs.

Documentation review also consisted of auditing client discharge files. The Community Corrections Information and Billing (CCIB) system was utilized by OCC staff to select these files over the twelve (12) months prior to the audit start date. Files were chosen specifically related to substance use termination and escapes/unauthorized absences. Audit staff assembled a sample size of up to seven (7) files for each measurement based on program data. The sample list for case files, substance testing, and escapes were then sent to the program so that they could begin gathering documentation in preparation for the audit.

On-Site

The On-Site segment of the Core Security Baseline Audit process consisted of an entrance meeting, implementation of audit tools (file and documentation reviews, staff observations, staff interviews, and client interviews), exit meeting, and scheduling the final report out meeting. On-Site for a Core Security Baseline Audit began with a brief meeting with the Program Director and other program executives, as applicable. Local Community Corrections Board members and program staff were encouraged to attend this meeting. The purpose of the initial meeting was to discuss the overview of the baseline audit process, audit methodology, and to schedule any necessary measurements, such as staff observations of operational practice, staff interviews and client interviews.

This portion of the audit process focused on staff and client interactions, client experience, staff knowledge and awareness, and documentation supporting the requirements of *C.C.C.S.* by using multiple measurement methods, including:

- Client Case File Reviews – This is a review of client specific information, usually contained in a case management software system and/or paper file.
  - Residential Files:
    - CS-030 Contraband
      - Pat Search Sample: Levels 1-4, Goal of most recent 6 months (up to 12 months for a larger sample, if needed).
      - Room Search Sample: Levels 1-4, Goal of most recent 12 months.
    - CS-040 Random Off-Site Monitoring
      - Sample: Levels 1 & 2, Goal of ten (10) weeks within most recent 12 months. Levels 3 & 4, Goal of two (2) months within most recent 12 months.
    - CS-042 Job Search
      - Sample: Levels 1-4, Goal of 4 weeks within the most recent 12 months.
    - CS-050 Recording Authorized Absences
      - Sample: Levels 1-4, Based on sign-outs reviewed from Random Off-Site Monitoring.
    - CS-061 Entry Urine Sample
      - Sample: Levels 1-4, Review initial UA results report and chain of custody documentation.
    - CS-062 Interim Drug Testing
      - Sample: Levels 1-4, Review all full months within client's current level, up to 12 months.
      - CS-062 was under review by OCC. This *Standard* was not scored and programs were given verbal feedback only.

- Non-residential Files:
  - CS-044 Home Visits
    - Sample: Levels 5-8 Only, Goal of 6-12 months within the most recent calendar year.
  - CS-062 Interim Drug Testing
    - Sample: Levels 5-8, Review all full months within client's current level, up to 12 months.
    - CS-062 was under review by OCC. This *Standard* was not scored and programs were given verbal feedback only.[1]

- Sample File Review – This is also a review of client specific information from software and/or paper files but is a separate sample, selected based on clients who fit the specific criteria for review.
  - CS-041 Furloughs
    - Sample: List of clients who have taken a furlough within the most recent calendar year (goal of four (4) of each furlough type).
  - CS-063 Confirming Positive Test Results
    - Sample: Up to seven (7) file reviews within the most recent 12 months.
  - CS-090-094 Escapes
    - Sample: Goal of seven (7) clients who have escaped in the last 12 months – Combination of Diversion & Transition Clients.

- Program Logs – This is a review of facility-wide centralized files, within software systems and/or paper files.
  - CS-010 Headcounts and Facility Walkthroughs
    - Headcounts Sample: Goal of two (2) months, Minimum of three (3) randomly selected days for each month.
    - Facility Walkthroughs Sample: Goal of two (2) months, Minimum of three (3) randomly selected days for each month.
  - CS-030 Contraband
    - Room Search Sample: Goal of most recent 12 months.
    - Facility Search Sample: Minimum of most recent 12 months.
  - CS-080 Medications
    - Counts, Follow up Action Taken, Weekly Review Sample: Goal of random selection of 10-20 client medications in the most recent 30 days.
    - Medication Count Audits Sample: Centralized File-Goal of the most recent 12 months of medication count audit records. Individualized Client Sample-Based on 10-20 randomly selected clients from Counts, Follow up Action Taken, Weekly Review Sample.
  - OMA-020 Milieu Management
    - Sample: Goal of two (2) random months of security staffing schedules.

- Live Observations – OCC staff observe program staff conducting tasks as they naturally occur within the facility. Staff who are not yet completing independent work and are still in training are not included.
  - CS-010 Headcounts and Facility Walkthroughs
    - Headcounts Sample: Minimum of three (3) observations, either live observation or via camera footage. One must be a live observation.
    - Facility Walkthroughs Sample: Minimum of three (3) observations, either live observation or via camera footage. One must be a live observation.
  - CS-011 On-Grounds Surveillance
    - Sample: Minimum of three (3) observations.
  - CS-030 Contraband
    - Pat Search Sample: Minimum of three (3) observations, either live observation or via camera footage. One must be a live observation.
    - Room Search Sample: Minimum of one (1) live observation.
    - Facility Search Sample: One (1) live observation, if available during on-site visit.

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[1] In January 2020, the OCC convened a subcommittee to revise the CS-062 Interim Drug Testing *Standard*. The work of the subcommittee was completed in March 2020; however, due to the COVID-19 pandemic, implementation of the new *Standard* was paused.

- o CS-080 Medications
  - ▪ Sample: Minimum of three (3) observations, either live observation or via camera footage. One must be a live observation.
- o OMA-020 Milieu Management
  - ▪ Sample: Goal of three (3) observations.

- Staff Interviews - Conducted on-site or via telephone, depending on availability and scheduling. Staff are asked a series of questions related to various *Standards* to assess staff awareness and staff conduct. It also provides staff a private environment to discuss concerns or ask questions regarding the baseline audit process. Staff interviews typically take between thirty (30) and forty-five (45) minutes. Certain staff interviews are interactive and take place in the natural setting in which a task would occur. The OCC staff shadows a program security staff as the program security staff answers questions and provides information about how to complete a task as related to a *Standard*. Staff who are not yet completing independent work and are still in training are not included.
  (Sample: Minimum of five (5) randomly selected staff interviews.)
  - o CS-010 Headcounts and Facility Walkthroughs
  - o CS-011 On-Grounds Surveillance
  - o CS-020 Client Property
  - o CS-030 Contraband
  - o CS-044 Home Visits
  - o CS-060 Substance Testing Processes
  - o CS-080 Medications
  - o OMA-020 Milieu Management

- Client Interviews - Conducted on-site or via telephone, depending on availability, scheduling, and privacy to ensure anonymity. Clients are asked a series of questions related to staff conduct regarding various *Standards*. It also provides clients a private environment to discuss concerns or ask questions regarding the baseline audit process, as well as discuss their experience with the program. Client interviews typically take between thirty (30) and forty-five (45) minutes.
  (Sample: Minimum of five (5) voluntary client interviews.)
  - o CS-010 Headcounts and Facility Walkthroughs
  - o CS-011 On-Grounds Surveillance
  - o CS-020 Client Property
  - o CS-030 Contraband
  - o CS-044 Home Visits
  - o OMA-020 Milieu Management

It is important to note staff and client interviews were voluntary, anonymous, and confidential. Additionally, throughout each of these On-Site components, OCC valued transparency, inclusion, and feedback. Scoring forms were shared for each process that was at low-risk for skewing results, staff were invited into the file review space to aid their understanding and growth around the *Standards* being evaluated, and feedback was made available after each observation and interview.

Security staff observations were randomly selected for each of the designated shifts: days, swings, and graves.

Upon completion of the On-Site portion, a brief exit meeting was conducted with program leadership, local Community Corrections Board staff, and any interested program staff able to join. During the exit meeting, the OCC staff solicited feedback regarding the audit process and provided program leadership and staff with information on areas of exigence, if any. The final report out meeting was scheduled five (5) weeks from the on-site week.

Post-Site

The Post-Site component of the Core Security Baseline Audit process consisted of data input and review, data output/scoring, and report development. All working documents were used to input data into an Excel Spreadsheet, which automated Core Security's scoring algorithms. A review of the data entered was conducted by checking the outputs for errors based on the Pre-Site and On-Site activities and measurements entered into the spreadsheet.

Once data input was completed, the output data was utilized to create a data table for each *Standard*. Data tables identified scores for each *Standard*'s measurement, including documentation, staff awareness, and staff conduct. The totality of these data tables along with a color-coded and numbered scoring system were utilized to identify the program's areas of strength and areas of growth (see below for details). Lastly, the final report was presented during an interactive meeting with program administration, the local Community Corrections Board, and any additional program staff. This meeting highlighted the Core Security Baseline Audit findings, included a discussion of *C.C.C.S.* requirements, and addressed program questions and concerns. In addition to providing the audit results, the final report served to inform the program of staff training needs, operational adjustments, and client concerns.

OCC extended training and technical assistance to programs for implementation support and change management, if desired by program leadership.

Final audit findings were broken down into the following scoring categories:

- 0.00-0.99: Immediate Action (red)
- 1.00-1.99: Needs Improvement (orange)
- 2.00-2.99: Satisfactory (yellow)
- 3.00: Meets Expectations (green)

If immediate action items presented a public safety concern, a follow-up audit and/or limited scope audit may have been warranted and conducted.

Members of the Core Security team were, at times, invited to present the final audit report to the governing Community Corrections Board. In these instances, a broader focus on what the Core Security Baseline Audit represented and how the program was operating in the context of baseline was provided, along with suggestions of how the board may be able to support the program moving forward.

Part III: State-Level Findings

Statewide Core Security Baseline Audit Findings

Each *Standard* within the Core Security Baseline Audit was broken down into its various elements and scored across multiple domains, to include whether frequency requirements were met, whether activities were sufficiently randomized to enhance their impact, whether documentation met expectations, if activities were executed by staff properly and whether understanding of expectations was supported by both staff and client interviews. Appendix A details the statewide findings across each of the *Standards*, elements and domains reviewed.

The Statewide Core Security Baseline Audit Findings is very similar to the report received by programs upon completion of their Baseline Audit. The Statewide findings, like individual program reports, contains scores for each of the *Standards* overall as well as the breakdown of scores related to each *Standard*, element, and domain which feeds the final score. These element and domain scores help to provide a more detailed understanding of areas of proficiency and areas in need of improvement.

The Statewide Core Security Baseline Audit Findings differ from individual program reports in a few important ways. First, while the Statewide report outlines general expectations after the numerical tables for each *Standard*,

individual reports contained more directed feedback based on the actual performance of the program in that area. Second, the Statewide Findings provide not only the average statewide score on each measure, but also an "average range" in order to help programs better understand how to interpret their individual findings as compared to the statewide averages. This was accomplished by calculating a standard deviation[2] (SD) for each measurement on the Statewide Core Security Baseline Audit Findings, and both adding and subtracting that value from the mean (average) score of that measurement to create a range. This range is visually represented in each table within the report in addition to a mean score. Generally speaking, programs within this range for a given measure may be considered average in that area in relation to their peers, programs above the range would be considered to have a strength in that area, and programs below the range have greater room for growth and improvement.

Statewide Areas of Strength

While strengths can be found throughout the Statewide Core Security Baseline Audit Findings in more micro-level element and domain scores, the five stand-out *Standards* were:

CS-010 Headcounts and Facility Walkthroughs
CS-011 On-Grounds Surveillance
CS-050 Recording Authorized Absences
CS-060 Substance Testing Processes
CS-061 Entry Urine Sample

Random Headcounts and Facility Walkthroughs have the intended purpose of ensuring that programs are not only aware of the whereabouts of clients (headcounts) within the facility, but also engage with clients in the milieu (walkthroughs). Programs across the state showed significant strengths in the frequency and documentation of headcounts (Appendix A, pg. 3). Additionally, while walkthroughs are a newer expectation within the 2017 *Standards*, programs showed strengths not only in their documentation, but in the quality of staff/client interactions that were observed. While areas of both headcounts and walkthroughs had room for improvement, the *Standard* overall, on average, fell in the *Satisfactory* range.

The quality of On-Grounds Surveillance is measured by determining staff's awareness and protocols regarding safety, security and monitoring equipment usage, client reports of their feelings of safety within the facility and adequacy of staff practices when observed in this area (Appendix A, pg. 5). Average statewide scores show strengths in each of these areas, and in fact, this *Standard* is the highest rated within the Statewide Core Security Baseline Audit Findings.

Whenever a client leaves or returns to a community corrections facility, they are required to sign in/out. This process is an important accountability measure and the resulting documentation can become legal evidence in some cases. Programs demonstrated a trend toward clear and consistent documentation when Recording Authorized Absences (Appendix A, pg. 12).

Programs also demonstrated strengths in documenting Entry Urine Samples taken (Appendix A, pg. 14) and in ensuring that Substance Testing Processes were executed appropriately (Appendix A, pg. 13).

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[2] Standard deviation is a measure of spread within a dataset. The larger the standard deviation, the greater the differences between scores in that given dataset. For data with a normal distribution that can be represented as a bell curve, a range of +/- 1 standard deviation from the mean represents 68% of the population. +/- 2 SD represents 95%, and +/- 3 SD represents 99.7%. While not all measurements within the Statewide Core Security Baseline Audit would be considered to have a normal distribution, using this method universally can still provide greater insight for programs on their performance than a mean alone.

Statewide Areas of Growth

While the remaining *Standards* reviewed overall fell in the *Needs Improvement* category, none fell into the *Immediate Action* category. The three lowest rated *Standards* statewide were CS-044 Home Visits, CS-042 Job Search and CS-080 Medications.

Home Visits is a *Standard* specific to non-residential supervision and it has many components to it. Generally, the *Standards* require that a home visit be conducted prior to releasing a client to non-residential status and then at set intervals thereafter depending on the client's level of supervision. The Home Visit *Standard* also requires entrance into the client's home, client contact, and a home assessment. A home assessment consists of evaluating a client's stability/level of functioning, physical condition, client affect, physical condition of the residence, presence of persons other than the client in the home and the nature of their interactions with staff, if any, the nature of interaction between the client and staff, as well as any other identified concerns.

While documentation of completed home visits showed up as a strength in the Statewide findings (Appendix A, pg. 11), most other elements of this *Standard* were rated in the *Immediate Action* category. This *Standard* is one which has stirred much debate amongst programs, the OCC and other stakeholders. The two sides of this debate generally center around the importance of in-home visits to effectively assess client functioning on non-residential status and concerns for staff safety in this practice. The generally low scores in this area may be reflective of this on-going debate.

The Job Search *Standard* requires programs to monitor a client's whereabouts a minimum of twice per week when they are actively searching for employment. This is an important area of accountability for clients who are often near the beginning of their community corrections supervision. A variety of methods are outlined in *Standards* regarding how this might be accomplished while limiting any potential negative impact on the client's employment search. While documentation quality of job searches conducted fell into the *Needs Improvement* range (Appendix A, pg. 10), compliance with frequency requirements fell into the *Immediate Action* range.

The Medications *Standard* contains many different requirements. Ultimately there are two main goals within the *Standard*; to ensure that medication are securely handled by program staff (e.g. secure storage, accurate medication counts, regular audits, appropriate disposal) and to ensure appropriate oversight of clients taking prescribed medication (e.g. self-administration procedures, weekly review of ingestion habits, appropriate and timely intervention when warranted).

Areas in which programs struggled most regarding Medications included taking follow-up action when medication audits or counts indicated discrepancies (i.e. determining why/how the discrepancy occurred), completing weekly reviews of client medication habits in order to determine when a client is not taking medication as prescribed, following up with the client to ensure failure to take medication as prescribed is remedied, and properly documenting each of these medication related activities (Appendix A, pg. 16). Each of these areas fell in the *Immediate Action* range.

Some elements of this *Standard* were new with the 2017 revision, while other aspects have been long standing. Generally, those areas of the Medication *Standard* which scored the highest were those which have been the longest standing within community corrections, while areas such as weekly review are a newer expectation.

Part IV: Context and Limitations

While the measurement process developed for the Core Security Baseline Audits was founded in known measurements and performance audit principles, limitations arose at various points in the Baseline process.

Sample sizes were carefully crafted to ensure that findings for any given program represented a trend and not a singular misstep. However, in some instances, data availability limited intended sample sizes creating a strain on mathematical outcomes. For instance, while OCC staff intended a sample size of seven clients who escaped within the 12 months prior to the audit, some programs had very low escape rates and there were not seven escapes available to review. Similar sample size challenges occasionally occurred with the frequency of job search and furlough monitoring opportunities when clients in some facilities rarely signed out for these reasons (among other *Standards*).

Another limitation encountered was that of documentation. While the multiple methods employed across the Core Security Baseline Audit process reduced reliance on documentation as the sole indicator of performance (a limitation of past audit processes), documentation was still a critical component of the measurement process. Accordingly, program data system challenges at times impacted Baseline audit outcomes when documentation could not be found and/or accessed. Similarly, auditors and program staff found that the degree to which programs engaged with the OCC during the audit impacted outcomes. During the audit process, any documentation that was needed but could not be found was provided to program leadership in writing. The program was then given time to locate the specified documentation and provide it to auditors while they were on-site. If the program could not locate/provide the documentation requested, they were asked to note that on the written "Missing Documentation Form." Anecdotally, programs who assigned one or more staff members to work alongside OCC in our data collection efforts tended to not only have greater understanding of their findings, but also greater success ensuring needed documentation was provided to auditors.

Part V: Future Direction

Feedback Considerations

As discussed earlier in this report, most of the *Standards* measured in the Core Security Baseline Audits were not inherently new, nor are audits and *Standards* measurement generally. However, the specific methods and calculations included in the Core Security Baseline Audits were new to both the OCC and community corrections programs. Maintaining consistent methodologies for the Core Security Baseline Audits throughout the baseline period to ensure comparable experiences amongst programs meant that valuable feedback and potential measurement changes could not be implemented until after baseline completion. The Core Security Baseline Audits provided an opportunity to collect data and feedback to inform any changes to Core Security measurements and processes moving forward.

Throughout the duration of the Baseline Core Security Audit process, OCC staff solicited feedback from programs regarding the audit, including pre-site, on-site, and post-site processes. Below are some common areas of feedback received.

As discussed above in the *Context and Limitations* section, sample size concerns were a common theme throughout the baseline period. While most areas reviewed allowed for robust sample sizes, the infrequency of some activities made mathematical calculations problematic. New methodologies for sampling and determining performance ratings in these select areas will need to be explored further.

Scoring weights arose as another common theme in feedback and in OCC considerations for future measurement changes. The general concept is that perhaps not all elements of a *Standard*, or measurement approaches, should be created equal. For instance, as discussed above, the Job Search *Standard* was one of the lowest scoring *Standards* statewide. When reviewing the measurements for that *Standard* more closely, you will find that while it rated in the *Needs Improvement* category overall, the statewide average for meeting the frequency requirements (monitoring clients' locations when they are on job search) fell into the *Immediate Action* category (Appendix A, pg. 10). However, because those rare monitors that were conducted were documented relatively well, the overall score for the *Standard* was raised. The measurement question at hand is whether the quality of the documentation

should be weighted equally to the frequency and quality of the activity actually performed. This question of documentation vs practice is pervasive throughout the Core Security Audit process and is one worth examining more closely moving forward.

Finally, a great deal of feedback was received regarding the format of the reports. Initially reports were structured to provide as much transparency into the methods and domains measured as possible. However, for many, these tables were more confusing than helpful. Additionally, some programs asked for a more expansive narrative portion so they could better understand exactly what changes were needed in order to improve scores in the future. It became clear that there were many and varied needs among stakeholders with regard to the layout, design and content of Core Security audit reports. The OCC will need to engage with stakeholders to determine the best approach for a future report structure.

Appendix A: Statewide Core Security Profile

Statewide Baseline Core Security Audit Findings

Measurement Details

Compliance & Quality with the _Standards_ is described at four levels:

3.00	Meets Expectations
2.00 – 2.99	Satisfactory
1.00 – 1.99	Needs Improvement
0.00 – 0.99	Immediate Action

The _Standards_ rated in this report are limited for the purpose of a Core Security review:

❖ CS-010: Random Headcounts and Facility Walkthroughs
❖ CS-011: On-Grounds Surveillance
❖ CS-030: Contraband
  ❖ CS-020: Client Property
❖ CS-040: Random Off-Site Monitoring
❖ CS-041: Furlough Monitors
❖ CS-042: Job Search
❖ CS-044: Home Visits
❖ CS-050: Recording Authorized Absences
❖ CS-060: Substance Testing Processes
❖ CS-061: Entry Urine Sample
❖ CS-063: Confirming Positive Test Results
❖ CS-080: Medications
❖ CS-090: Escape
  ❖ CS-091: Direct Sentence Clients (Residential)
  ❖ CS-092: Condition of Probation Clients
  ❖ CS-093: Transition and Condition of Parole Clients
  ❖ CS-094: Direct Sentence Clients (Non-Residential)
❖ OMA-020: Milieu Management

Unless otherwise noted in a specific Standard, the program sample size for this report is twenty-four (24).

Summary of Core Security Audit Results			
Colorado Community Corrections Standards (CCCS)	Average	Standard Dev.	Average Ranges
CS-010 Random Headcounts & Facility Walkthroughs	2.18	0.43	1.74 - 2.61
CS-011 On-Grounds Surveillance	2.40	0.28	2.11 - 2.68
CS-30 Contraband	1.78	0.50	1.28 - 2.28
CS-020 Client Property			
CS-040 Random Off-Site Monitoring	1.66	0.50	1.16 - 2.16
CS-041 Furlough Monitors	1.94	0.64	1.30 - 2.58
CS-042 Job Search	1.06	0.96	0.09 - 2.02
CS-044 Home Visits	1.00	0.39	0.61 - 1.40
CS-050 Recording Authorized Absences	2.09	0.95	1.14 - 3.00
CS-060 Substance Testing Processes	2.07	0.52	1.55 - 2.59
CS-061 Entry Urine Sample	2.25	0.80	1.45 - 3.00
CS-063 Confirming Positive Test Results	1.67	1.32	0.35 - 2.99
CS-080 Medications	1.56	0.39	1.16 - 1.95
CS-090 Escape (CS-091 to CS-094)	1.65	0.65	1.00 - 2.29
OMA-020 Milieu Management	1.87	0.49	1.39 - 2.36

CS-010 Random Headcounts & Facility Walkthroughs

Compliance Review Criteria	Average	Standard Dev.	Avg. Ranges
Frequency	2.71	0.54	2.17 - 3.00
Random Headcounts Compliance Results	2.71	0.54	2.17 - 3.00

Quality Review Criteria	Average	Standard Dev.	Avg. Ranges
Documentation	2.88	0.33	2.54 - 3.00
Diversity/Randomization	2.23	0.69	1.54 - 2.92
Staff Conduct	1.81	0.42	1.39 - 2.22
Client Report of Staff Conduct	1.65	0.43	1.22 - 2.08
Random Headcounts Quality Results	2.14	0.30	1.84 - 2.44

	Average	Standard Dev.	Avg. Ranges
Random Headcounts	2.42	0.52	1.90 - 2.94

Compliance Review Criteria	Average	Standard Dev.	Avg. Ranges
Frequency	1.96	1.17	0.79 - 3.00
Facility Walkthroughs Compliance Results	1.96	1.17	0.79 - 3.00

Quality Review Criteria	Average	Standard Dev.	Avg. Ranges
Documentation of Staff/Client Interactions	2.00	0.87	1.13-2.87
Diversity/Randomization	2.00	0.85	1.15-2.85
Staff Awareness	1.57	0.50	1.06-2.07
Staff/Client Interactions	2.05	0.64	1.41-2.69
Facility Walkthroughs Quality Results	1.90	0.57	1.34-2.47

	Average	Standard Dev.	Avg. Ranges
Facility Walkthroughs	1.93	0.92	1.01 - 2.85

	Average	Standard Dev.	Avg. Ranges
Final	2.18	0.43	1.74 - 2.61

"Spirit" & Intent of the Standard
To provide randomized, but routine physical accountability monitoring of clients. Walk-throughs are a semi-structured practice with a primary emphasis on staff initiated interactions with clients that focus on constructively responding to client behaviors.

Compliance Outline
Fourteen (14) Random Headcounts and Facility Walkthroughs conducted during each calendar day and across all shifts. Seven (7) shall be Random Headcounts and seven (7) shall be Facility Walkthroughs.

- ❖ *Documentation: Record of the date and time of such counts, signed by the staff member conducting the count, expected return time of clients off facility grounds at the time of the count*
- ❖ *Diversity/Randomization: Examples: Times conducted, Route taken, Different staff members are conducting counts*
- ❖ *Staff Conduct: Staff do not announce headcounts to clients in advance & visually confirm each client's identity during the headcount*
- ❖ *Staff Awareness*
- ❖ *Staff/Client Interactions*
- ❖ *Documentations of Staff/Client Interactions*
- ❖ *Client Report of Staff Conduct*

	Average	Standard Dev.	Avg. Range
Client Report of Safety	2.62	0.38	2.23-3.00
Staff Awareness of Clear Protocols	2.36	0.42	1.94-2.77
Adequacy of Staff Practice	2.22	0.49	1.73-2.71

	Average	Standard Dev.	Avg. Range
Final	2.40	0.28	2.11-2.68

"Spirit" & Intent of the Standard

For program staff to have an ongoing awareness of the dynamics and activity within the facility as a method for monitoring and maintaining safety for the clients, visitors, staff, and the community.

Compliance Outline

❖ *None*

Quality Outline

❖ *Staff Awareness-Clear Protocols: The usage of electronic equipment for monitoring including: the preservation of potential evidence; storage, archiving and review of video footage; and establishing the limits of staff observation to comply with the Community Confinement Standards of the Prison Rape Elimination Act*

❖ *Adequacy of Staff Practice: Staff practice is sufficient to effectively observe client on-grounds*

❖ *Client Safety: Clients ratings of how safe they feel in the facility*

CS-30 Contraband CS-020 Client Property			
Compliance Review Criteria	**Average**	**Standard Dev.**	**Avg. Range**
Pat Search Frequency	2.33	0.94	1.39-3.00
Room Search Frequency	1.13	1.24	0-2.36
Facility Search Frequency	1.21	1.29	0-2.50
Compliance Results	1.56	0.83	0.72-2.38

Quality Review Criteria	**Average**	**Standard Dev.**	**Avg. Range**
Pat Search Documentation	2.69	0.36	2.33-3.05
Room Search Documentation	1.80	0.74	1.06-2.55
Facility Search Documentation	1.75	0.92	0.83-2.67
Pat Search Diversity/ Randomization	1.96	0.90	1.06-2.86
Room Search Diversity/Randomization	1.98	0.93	1.05-2.91
Facility Search Diversity/Randomization	1.75	1.20	0.55-2.95
Pat Search Adequacy of Search Practices	2.28	0.48	1.80-2.76
Room Search Adequacy of Search Practices	2.49	0.44	2.04-2.93
Facility Search Adequacy of Search Practices	1.87	0.55	1.33-2.42
Pat Search Chain of Custody Documentation	2.67	0.47	2.20-3.00
Room Search Chain of Custody Documentation[3]	3.00	0.00	3.00-3.00
Facility Search Chain of Custody Documentation[4]	Not Rated		
Risk Adherence	1.97	1.00	0.97-2.97
Staff Awareness of Contraband Definitions	2.15	0.33	1.82-2.47
Staff Awareness of Contraband Actions & Responses	1.83	0.36	1.47-2.19
Staff Awareness of Chain of Custody Practices	1.69	0.62	1.08-2.31
Quality Results	2.03	0.35	1.68-2.38

Final	1.78	0.50	1.28-2.28

"Spirit" & Intent of the Standard
To enhance safety of clients, visitors, staff, and the community through practices designed to detect and control dangerous, illegal, or inappropriate items in the facility.

Compliance Outline

❖ *Frequency:*
  ❖ *Pat Searches,*
  ❖ *Client Room Searches,*
  ❖ *Facility Searches,*
  ❖ *Program Discretion Searches (Vehicle, Canine & Limited Visitor Searches)*

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[3] *Program Sample Size = Thirteen (13)*
[4] *Program Sample Size = Six (6)*

- ❖ *Contraband Definitions: Dangerous, Major, Minor*
- ❖ *Contraband Procedure: Detection, Confiscation, Storage, and Disposal*
- ❖ *Disciplinary Actions & Responses: Definition & Transparency*
- ❖ *Adequacy of Search Practices:*
  - ❖ *Pat Searches- A pat search does not require the removal of pants or shirts. If personnel of the same gender are not available, the patting down of a client's body is not required. Empty all pockets, With empty pockets-authorized program personnel of the same gender (unless otherwise allowed by PREA) lightly pat the client's body over clothing from head to toe, Remove shoes, Presentation of Personal Items for Inspection including but not limited to-Purses, Wallets, Backpacks, Other items that could be readily used to conceal contraband, If applicable-Remove socks, Jackets, Hats/Bandanas, Gloves, Belts.*
  - ❖ *Client Room Searches-Area where client sleeps, Area where a client stores personal property, Client bedding, Personal Property, Room Furnishings Fixtures and Decorations, Closets, Attached Bathrooms, Other places where contraband may be hidden*
  - ❖ *Facility Searches-Laundry Rooms, Conference Rooms, Bathrooms, Dining Areas, Kitchens, Outside Areas, Pull Areas from Client Room Search for more breadth.*
  - ❖ *If applicable: Vehicle Searches, Canine Searches, Limited Visitor Searches.*
- ❖ *Documentation:*
  - ❖ *Pat Searches-Date, Time, Staff Member, Results.*
  - ❖ *Client Room Searches & Facility Searches-Date & Time search was performed, Name of staff performing search, What was searched, Location of Search, Documentation of any contraband found, Follow-up actions taken regarding found contraband.*
  - ❖ *Chain of Custody Records-A detailed description of the item, Dates for all process stages and disposal methods. Chain of Custody Records maintained in a centralized file for all confiscated contraband,*
  - ❖ *Client Searches maintained in client case records, All Other searches maintained in a centralized file.*
- ❖ *Diversity/Randomization: Randomization techniques to increase the likelihood of contraband detection*
- ❖ *Risk Adherence: Frequency of searches is appropriate for the client*

CS-040 Random Off-Site Monitoring

Compliance Review Criteria	Average	Standard Dev.	Avg. Range
Weekly Frequency - Levels 1 & 2 - Work[5]	1.23	1.13	0.10-2.35
Weekly Frequency - Levels 1 & 2 - Pass	0.29	0.61	0-0.90
Monthly Frequency - Level 3 & 4 - Work	2.04	1.27	0.77-3.00
Monthly Frequency - Level 3 & 4 - Pass	1.13	1.36	0-2.49
Compliance Results	1.18	0.76	0.42-1.94

Quality Review Criteria	Average	Standard Dev.	Avg. Range
Proper Contact/Monitoring Methods	2.66	0.39	2.27-3.00
Documentation	2.44	0.44	1.99-2.88
Diversity/Randomization	1.95	0.59	1.36-2.53
Risk Adherence	1.53	0.56	0.96-2.09
Quality Results	2.14	0.37	1.77-2.52

	Average	Standard Dev.	Avg. Range
Final	1.66	0.50	1.16-2.16

"Spirit" & Intent of the Standard
To provide randomized, but routine accountability monitoring of clients in the community.

Compliance Outline

- ❖ *Frequency of Monitors per Table CS-040*

Quality Outline

- ❖ *Proper Contact/Monitoring Methods: Personal contact; Staff initiated monitors via active GPS enabled ankle monitors; Staff initiated monitors via active GPS enabled cellular phones including verification of the client's voice; Any document that can be easily verifiable as connected to a specific client and issued by a person of authority such as medical personnel, government agencies, legal representatives, etc. Documents must include a legible date and time, and must be provided to program staff immediately upon return to the facility; Staff initiated telephone contact with the client, a known supervisor, treatment provider or other approved person*
- ❖ *Documentation: Monitoring method, time of the monitor, date of the monitor, client location, signature of the staff, and results of the verification, follow-up on negative monitors*
- ❖ *Diversity/Randomization: Techniques to increase the efficiency of off-site monitoring*
- ❖ *Risk Adherence: Frequency of monitoring is appropriate for the client*

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[5] *Program Sample Size = Twenty-Two (22)*

CS-041 Furlough Monitors

Compliance Review Criteria	Average	Standard Dev.	Avg. Range
Emergency Furlough Pass Verifications Compliant[6]	1.22	1.31	0-2.54
Privilege Furlough Pass Verifications Compliant[7] ● *Client monitored at the Appropriate Frequency per Client Level* ● *Client monitored at least Twice (2x) per 24-hour sign-out period*	2.25	1.16	1.09-3.00
Compliance Results[8]	1.65	1.01	0.64-2.66

Quality Review Criteria[9]	Average	Standard Dev.	Avg. Range
Furlough Approval & Monitor Documentation	2.29	0.86	1.43-3.00
Diversity/Randomization	2.28	0.59	1.69-2.86
Risk Adherence	2.12	0.63	1.49-2.74
Quality Results	2.23	0.53	1.69-2.76

	Average	Standard Dev.	Avg. Range
Final[10]	1.94	0.64	1.30-2.58

"Spirit" & Intent of the Standard
To provide randomized, but routine accountability monitoring of clients in the community on furlough status.

Compliance Outline
❖ *Privilege Furlough Frequency* ❖ *Emergency Furlough Frequency by Table CS-041*

Quality Outline
❖ *Furlough Approval Procedure: Privilege Furlough approvals, emergency furlough circumstances* ❖ *Randomization: spaced throughout furlough period* ❖ *Risk Adherence: Frequency of monitoring is appropriate for the client*

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[6] *Program Sample Size = Eighteen (18)*
[7] *Program Sample Size = Twelve (12)*
[8] *Program Sample Size = Twenty (20)*
[9] *Program Sample Size = Twenty (20)*
[10] *Program Sample Size = Twenty (20)*

CS-042 Job Search

Compliance Review Criteria	Average	Standard Dev.	Avg. Range
Weeks Compliant ● *Verifications Timely* ● *Opportunities Taken* ● *Acceptable Verification Methods Used*	0.55	1.07	0-1.62
Compliance Results	0.55	1.07	0-1.62

Quality Review Criteria	Average	Standard Dev.	Avg. Range
Documentation	1.56	1.06	0.50-2.62
Diversity	2.20	1.17	1.03-3.00
Quality Results	1.56	1.12	0.44-2.68

	Average	Standard Dev.	Avg. Range
Final	1.06	0.96	0.09-2.02

"Spirit" & Intent of the Standard
To provide randomized, but routine accountability monitoring of clients in the community on job search in the least intrusive manner for employers.

Compliance Outline
❖ *Monitoring Frequency*

Quality Outline
❖ *Documentation: Verification method, the date, and time of the monitor, location/agency contacted, signature of staff (name of the staff member) and results of monitor* ❖ *Diversity: Strategic targeting of job search locations for community verifications completed to increase the efficacy of monitoring*

CS-044 Home Visits

Compliance Review Criteria[11]	Average	Standard Dev.	Avg. Range
Initial Home Visits Compliance	0.95	1.09	0-2.04
Interim Home Visits Compliance • *Direct Client Contact* • *Entered Residence* • *Home Visit Frequency*	0.48	0.91	0-1.38
Compliance Results	0.69	0.50	0.19-1.19

Quality Review Criteria	Average	Standard Dev.	Avg. Range
Initial Home Visit Assessment[12]	0.73	0.51	0.22-1.25
Interim Home Visit Stability/Level of Functioning	0.93	0.69	0.23-1.62
Documentation	1.98	0.39	1.59-2.37
Quality Results[13]	1.27	0.43	0.84-1.70

	Average	Standard Dev.	Avg. Range
Final[14]	1.00	0.39	0.61-1.40

"Spirit" & Intent of the Standard
To have randomized interactions with non-residential clients in their home environments with a primary purpose assessing their level of safety, stability, and functioning as a means for identifying support and intervention needs.

Compliance Outline

❖ *Frequency of visits per NR level and Risk*
❖ *Interim Home Visit Frequencies, including Initial Home Visit Completion where contact with the client is made and their residence has been entered*

Quality Outline

❖ *Initial Home Visit: Assessment- Effective assessment regarding the client's new living arrangement (Safe environment, sanitary, suitable living conditions, community environment, verify paperwork/documentation of location matches the physical location during on-site)*
❖ *Interim Home Visits: Stability/Level of Functioning*- Staff adequately observed and/or discussed the stability of the client's living situation (Physical condition of the client (Appearance, grooming, hygiene), Client affect (Emotional state-depressed, anxious, manic, etc.), Physical condition of residence-health and safety hazards, Adequate food, Presence of persons other than those approved to live at the residence-nature of interactions with staff if any, Nature of interaction between client and staff (cooperative, hostile, evasive, etc.), Other identified concerns.*
❖ *Documentation: Date, Time, Staff member who conducted the home visit, Home visit details*

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[11] *Program Sample Size = Twenty-One (21)*
[12] *Program Sample Size = Fifteen (15)*
[13] *Program Sample Size = Twenty-One (21)*
[14] *Program Sample Size = Twenty-One (21)*

Quality Review Criteria	Average	Standard Dev.	Avg. Range
Documentation	2.09	0.95	1.14-3.00
Quality Results	2.09	0.95	1.14-3.00
Final	2.09	0.95	1.14-3.00

"Spirit" & Intent of the Standard
To maintain thorough and accurate documentation of authorized absences of clients from the facility for use in legal proceedings regarding client escapes and absconsions.

Compliance Outline
❖ *None*

Quality Outline
❖ *Documentation: Sign Out Logs- Clear and consistent with adherence to all documentation elements (client name, date, time of departure, destination by street address, expected return time, actual return time, and client acknowledgement & identify the authorized purpose: work, pass, furlough, and job search), Staff and client are to acknowledge prior to the client's departure and following arrival, Electronic/biometric verification methods secure and auditable, Location Change Authorization Details- clearly and consistently documented on sign-out log (documentation elements exception of client acknowledgement)*

CS-060 Substance Testing Processes

Quality Review Criteria	Average	Standard Dev.	Avg. Range
Substance Testing Processes	2.07	0.52	1.55-2.59
Quality Results	2.07	0.52	1.55-2.59
Final	2.07	0.52	1.55-2.59

"Spirit" & Intent of the Standard

To guide substance monitoring practices that are performed using safe and sanitary methods and are documented in a manner that meet legal and statutory requirements.

Compliance Outline

❖ *None*

Quality Outline

❖ *Substance Testing Processes: (a) Notification of testing & collection of urinalysis samples, Documentation; (b) Chain of Custody & testing of samples shall be designed to meet acceptable evidentiary standards; (c) Urinalysis samples storage; (d) In-house substance abuse testing equipment, including breath testing equipment, operate in accordance with manufacturer's guidelines, including collection, storage and testing, Documentation; (e) Drug screening kits meet Food and Drug Administration standards & are used in strict compliance with the manufacturer's instructions; (f) Urinalysis & other testing for alcohol and controlled substances use basic safety precautions; (g) Visual monitoring of urinalysis collection using staff of the same gender as the person being tested with possible exceptions for transgendered or intersex clients (determined on a case by case basis incorporating risk screenings, programming assignments, the resident's perspective on their gender identity, and safety and management considerations consistent with the spirit and intentions of the National PREA standards); (h) Outside testing laboratory is properly licensed and/or certified; (i) Clients not be charged a fee for substance abuse testing without written approval of the DCJ; (j) Substance abuse testing documentation maintained in individual case records to include, the date and time of tests, substances tested, staff and offender identification, and test results*

CS-061 Entry Urine Sample

Compliance Review Criteria	Average	Standard Dev.	Avg. Range
Entry UA Compliance ● *Entry UA Timeliness* ● *Entry UA Substances Tested (Full Panel)* ● *Entry UA Returned within Three (3) Business Days*	1.63	1.41	0.22-3.00
Compliance Results	1.63	1.41	0.22-3.00

Quality Review Criteria	Average	Standard Dev.	Avg. Range
Documentation	2.87	0.39	2.48-3.00
Quality Results	2.87	0.39	2.48-3.00

	Average	Standard Dev.	Avg. Range
Final	2.25	0.80	1.45-3.00

"Spirit" & Intent of the Standard
To detect the presence and levels of alcohol and/or other drugs in the client's system at the time of program entry.

Compliance Outline
❖ *Entry Urine Sample Timeliness*

Quality Outline
❖ *Documentation: Date & Time of Collection, Substances Tested, Staff ID, Client ID, Sample Result, UA Results Return Date/Time*

CS-063 Confirming Positive Test Results

Compliance Review Criteria[15]	Average	Standard Dev.	Avg. Range
Confirmation or Admission Documentation Retained	1.67	1.32	0.35-2.99
Compliance Results	1.67	1.32	0.35-2.99
Final	1.67	1.32	0.35-2.99

"Spirit" & Intent of the Standard
To provide either documentation of secondary confirmation of positive substance test results, or a written admission of use, for clients that are being transferred to a higher level of custody as a result of the substance use.

Compliance Outline
❖ *GC/MS and/or LC/MS/MS confirmatory testing results and/or Admission of Use form signed by the client*

Quality Outline
❖ *None*

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[15] *Program Sample Size = Twenty-One (21)*

CS-080 Medications

Compliance Review Criteria	Average	Standard Dev.	Average Ranges
Medication Counts	1.54	0.91	0.63-2.45
Required Follow-up Action Taken[16]	0.04	0.20	0-0.25
Medication Audit Frequency	1.92	1.22	0.69-3.00
Weekly Review Frequency	0.33	0.90	0-1.23
Disposal Frequency	1.92	1.41	0.50-3.00
Disposal/Chain of Custody	1.58	1.44	0.14-3.00
Compliance Results	1.24	0.54	0.70-1.78

Quality Review Criteria	Average	Standard Dev.	Average Ranges
Documentation	0.84	0.58	0.26-1.42
Self-Administration	2.46	0.41	2.05-2.87
Safely Secured	2.54	0.43	2.11-2.97
Weekly Review	1.46	0.60	0.85-2.06
Intervention	1.59	0.52	1.07-2.11
Modification/Changes	2.30	0.44	1.86-2.75
Quality Results	1.86	0.35	1.51-2.21

	Average	Standard Dev.	Average Ranges
Final	1.56	0.39	1.16-1.95

"Spirit" & Intent of the Standard
To guide policy, procedures and practices regarding a variety of issues related to the safety and accountability of medication storage and disposal, and self- administration of medications by clients. The primary emphasis of this Standard is to address client misuse/nonuse of medication through education and behavioral interventions that promote client health and safety.

Compliance Outline

- ❖ *Medication Counts*
- ❖ *Medication Follow-up*
- ❖ *Intervention & Modification*
- ❖ *Medication Audit Frequency, Medication Weekly Review Frequency, Medication Disposal Frequency & Chain of Custody*

Quality Outline

- ❖ *Weekly Review Process: (May be data-driven) Identify when medications are not taken as prescribed*
- ❖ *Documentation: Medication Audit Records- Date, time, name of medication and dosage of each self-administered medication; Medication Weekly Review Records; Medication Disposal/Chain of Custody Records- two staff counting and signing to verify the chain of custody of all disposed medications; Intervention Records- Follow up when not taking as prescribed (case notes, critical, IRs); Modification/Changes in Medication Records- Any modification, discontinuation or disposal of client medication*

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[16] *Program Sample Size = Twenty-Three (23)*

- ❖ *Self-Administration of Medication: One medication handled at a time with staff handing the source container to the client, directly observing the self-administration of the medication, and documenting the date, time, name of medication and dosage that is taken*
- ❖ *Safely Secured: Medications are safely secured-In a locked cabinet that remains locked when not in use, Staff use proper precautions to ensure medications are out of client's reach during administration, Medications are organized to ensure proper medications are administered to the appropriate client*, Storage methods meet any manufacturer's requirements (e.g. refrigerated medications)*

Compliance Review Criteria	Average	Standard Dev.	Average Ranges
Escape Compliance ● *Initial Notification within Four (4) Hours* ● *Permanent Warrant Documentation within One (1) Business Day* ● *Victim Notified (Direct Sentence Only)*	1.17	0.99	0.18-2.15
Compliance Results	1.17	0.99	0.18-2.15

Quality Review Criteria	Average	Standard Dev.	Average Ranges
Direct Sentence (Residential) Documentation	2.26	0.59	1.68-2.85
Transition & Condition of Parole Documentation[17]	1.94	0.74	1.20-2.69
Quality Results	2.17	0.58	1.59-2.75

	Average	Standard Dev.	Average Ranges
Final	1.65	0.65	1.00-2.29

"Spirit" & Intent of the Standard
To guide policies, procedures, and practice to ensure that escapes are reported to the proper law enforcement entities in a timely and accurate manner.

Compliance Outline
❖ *Timeliness of Initial Escape*   ❖ *Timeliness of Initial Escape Notification*   ❖ *Timeliness of Permanent Escape Warrant*   ❖ *Victim Notification (DIV Clients)*

Quality Outline
❖ *Documentation: Confirmation Records, Initial Warrant Notification Records, Permanent Warrant Records, Additional Notification Records, Record Congruency, Accuracy & Details-Conditions under which a client is placed on escape status, All attempts to locate the client, Initial escape notification, Evidentiary documentation for permanent escape warrant, Outcome of attempts to locate the client documented in client's case file, etc.*

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[17] *Program Sample Size = Fifteen (15)*

OMA-020 Milieu Management

Compliance Review Criteria	Average	Standard Dev.	Average Ranges
At Least Two (2) Dedicated Staff on Duty for All Shifts	2.00	1.08	0.92-3.00
Number of Shifts with Increased Staffing during the facility's busiest hours (Peak Times)	0.78	1.10	0-1.88
Compliance Results	1.44	0.94	0.50-2.38

Quality Review Criteria	Average	Standard Dev.	Average Ranges
Adequacy of Staff Coverage	2.30	0.36	1.94-2.66
Adequacy of Staff Practice	2.49	0.37	2.12-2.86
General Emergency Response Awareness	2.13	0.48	1.65-2.61
Quality Results	2.31	0.31	2.00-2.62

	Average	Standard Dev.	Average Ranges
Final	1.87	0.49	1.39-2.36

"Spirit" & Intent of the Standard
To guide policy, practices, and procedures to ensure that facilities are sufficiently staffed with personnel that are trained to adequately perform client supervision and any other required duties including responding effectively in emergency situations.

Compliance Outline
❖ *Staffing Pattern*

Quality Outline
❖ *Adequacy of Staff Coverage*   ❖ *Adequacy of Staff Practice*   ❖ *General Emergency Response Awareness*