

# Board of Visitors

## Annual Report

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Franklin County Detention Center  
Farmington, Maine  
March 2024 (Report for Year 2024)



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## Introduction

*Franklin County Jail Board of Visitors is an oversight and advisory committee of citizens identified by the Sheriff to represent the interests of the people in Franklin County. It is mandated by law (Chapter 13, Title 30-A, 1607). The Board of Visitors (BOV) are chosen for their varied orientations, interests and expertise in the field of corrections and rehabilitation issues. The BOV focus in this capacity will be regarding public safety and security, jail staff safety, as well as inmate health and safety.*

*-from FCDC Policies and Procedures Manual 10/17*

As noted by the MDOC, the mission of corrections is to reduce recidivism while holding the offender accountable. The ultimate goal is to rehabilitate, ensuring that the inmate is able to maintain themselves upon release as part of the outside community. Priority must be given to inmate and staff safety in order to accomplish these goals.

*“The goal of the Franklin County Detention Center is to provide a safe, sanitary and secure place of detention for all persons committed to this jurisdiction for detention or correction.”*

*-from the 2020 [Inmate Handbook, Rules and Regulations](#)*

In looking at the words “detention” or “correction” it is important to consider the humane and respectful treatment of all inmates as core values. Basic needs and services consistent with a physically and emotionally healthy environment should be considered essential during their tenure at the Center. Beyond the standard custodial “clean and safe” considerations, we suggest that there are deeper needs to embrace that contribute to the fulfillment of the mission of the FCDC. The concept of “punishment” should not go beyond what the courts have delivered as a sentencing condition.

Previous Board of Visitor Annual Reports can be found here: [2023](#), [2022](#), [2021](#), [2020](#).

### **Statement from the Board of Visitors**

Each year, the Board of Visitors is tasked with writing a comprehensive report on the status of the county detention center. During the year, we strive to learn what practices, procedures and methods are used at the facility to meet the goals of providing a safe, sanitary, and secure location for our residents. We also try to educate ourselves on new methods, new laws, and the culture of incarceration in Maine and the United States. We want to provide the best services for our residents with the resources available.

Along with our investigatory and research duties, we also strive to provide recommendations and suggestions when there are improvements to be made. Part of this year's report will be reviewing the recommendations from last year's report and providing an update on the status of the recommendation, if applicable.

As a Board, we remain committed to maintaining and improving our current facility and continuing to provide comprehensive services for all of the facility's residents through rehabilitation, including education, expanded mental health treatment, access to medical care and peer recovery, treatment for substance use disorder, re-entry services, and adequate training and education for FCDC staff.

## **Recruitment and Retention of Staff**

Staffing and retention remain significant concerns. There is a need to conduct research and evaluate why retention rates are so low. This past year, the jail instituted recruitment strategies via hosting job fairs, posting jobs in “Indeed” and in the Daily Bulldog. Still, FCDC staff have expressed to the Board that there remains a need for additional personnel. Understaffing exacerbates challenges for covering shifts in times of illnesses, vacations, and trainings, which also contributes to staff burnout and turnover. Additionally, understaffing and turnover actually increases costs for the County because of the need to pay for overtime and the continuous process of hiring and training new staff.

Understaffing also presents safety concerns. Some staff expressed safety concerns regarding the Minuteman Security System, which is responsible for the automatic locking doors, the cameras, and the intercom system. The system server itself has glitches, and sometimes the control room monitors are three or four minutes behind real time. On one occasion, a door malfunctioned and did not respond to an electronic command; **as a result, someone got a broken nose and broken wrist**. IT for Minuteman has not been responsive to requests for assistance. There currently is no intercom for the lobby. When the intercoms were installed, some screws were missing and have not been provided. Only one of two speakers in the control room works.

Transport was another safety concern. Policy states there should be two Corrections Officers (“CO”) on transfer and both should hold certification as a law enforcement officer by the Maine Criminal Justice Academy. Currently there is only one CO who holds this certification. It is a safety concern to transport inmates with only one certified CO.

Staff also reported safety concerns regarding the FCDC inmates lacking sufficient programming. Unstructured, unfilled time can contribute to challenging situations and unsafe behaviors, which creates opportunities for staff injury.

The Bureau of Justice has awarded Franklin County Sheriff’s Department a Comprehensive, Opioid, Stimulant, Substance Use Program (COSSUP) grant. Please see the re-entry section starting on Page 20 for more details. The project is designed to comprehensively address the impact of illicit opioids, stimulants, and other substances through a multi-faceted approach that is also supportive of the [Sequential Intercept Model](#). (similar to diversion and deflection). **The FRP** will focus on systems level change to increase access to treatment, recovery and reentry services during the pre-release phase. There is funding to support standardized training that will include stigma, de-escalation, and the science of addiction, to mention a few.

The status of last year's recommendations from the BOV are as follows:

<b><u>Recommendation:</u></b>	<b><u>Status:</u></b>
Review and update the wellness policy clearly describing what services and programs are available to staff to support mental, physical and emotional wellbeing.	<b>INCOMPLETE</b>
Address staffing turnover by training some staff members in Interpersonal Communications in the Correctional Setting or IPC. There is a five-week program to become an instructor, and the instructor(s) could train FCDC staff annually.	<b>INCOMPLETE</b>
Provide additional, regular, and ongoing hands-on training pertaining to de-escalation and human behavior.	<b>INCOMPLETE</b>
Provide education regarding the dangers of burnout, recognizing signs and symptoms of burnout, and secondary trauma.	<b>INCOMPLETE</b>
Implement a peer support program for staff.	<b>INCOMPLETE</b>  <b>Two FCDC staff have been trained in the CISM program. However, the BOV views a peer support program as a separate and distinct opportunity to provide support to staff before it reaches a crisis level.</b>
Encourage regular visits by the Board of Visitors, County Commissioners or other decision-makers to meet with Corrections Officers and Administration.	<b>INCOMPLETE</b>

### **Additional Recommendations:**

- Develop an employee satisfaction survey to gain insight into employees' needs and levels of satisfaction. It is essential to prioritize employee care by ensuring they feel valued and recognize the importance of their work.
- Track the frequency and reasons why staff are called in on their days off with the goal of understanding what the most common reasons are and to develop strategies to address them. Utilize the information to develop better staffing levels.
- Perform a task assessment survey to determine which tasks take up the bulk of staff time during each shift.
- Contract for interpreter services for residents who speak a language other than English (Spanish, sign language, Somali, etc.)
- Utilize the COSSUP renovation funds to assess current space and make recommendations on better use of space for offices and programming.
- Prioritize staff safety. In regards to the Minuteman control system, ensure its peak performance at all times. Provide inmate programming that promotes restorative practices. Ensure that there are two certified COs for every transport.

### **Infrastructure**

The age, condition, and space concerns for our over 40-year-old Detention Center continue. Certain areas have been addressed and completed. Some projects are expected to commence during 2025. Nonetheless, it is imperative that incarcerated persons are housed in an environment conducive to rehabilitation and correction throughout the renovation process and beyond.

Sheriff Scott Nichols provided the following facility updates in preparation for this report:

<b><u>Project:</u></b>	<b><u>Status:</u></b>
The septic tank and leach field were replaced in 2022 with ARPA funds and continues to be much improved. There have been issues with the design of the system that need to be addressed.	<b>COMPLETE</b>
Minuteman Security and Life Safety has completed the control room switching panel upgrade. Most door lock systems have been replaced. Two remaining doors to be upgraded.	<b>NEARING COMPLETION</b>
A new medical wing was approved by County Commissioners and intended to be added in 2023. Space for mental health/addiction counseling, private meetings including attorneys and clients to be created or made available. The contractor has been selected and project start is anticipated for Spring 2025.	<b>Pending</b>
Grease traps in the kitchen are corroded, prevent effective drainage, and can be problematic for the newly replaced septic tank/leach field. This is a substantial project requiring full replacement.	<b>INCOMPLETE, still recommended as a priority expenditure.</b>
The backup generator has been approved for replacement. The jail is experiencing contractor delays. When installed, the new generator will be located outside the physical space of the jail, reducing fume buildup inside the building. The former location will be used to house extra oil tanks for facility heat and require less frequent fuel and sometimes, emergency deliveries.	<b>COMPLETE</b>



Complete replacement of all cameras within the physical plant as well as installation of new cameras to be installed in both control rooms for officer safety purposes.	<b>NEARING COMPLETION</b>
FCDC records are presently stored as paper files. It has long been the recommendation of the BOV to transition to electronic storage of records. The BOV recommends FCDC utilize the new record-keeping system to convert paper records to electronic records. Electronic storage would free up physical storage space at the jail, and allow a safer, more convenient, and reliable method of storing important records. Computer Aided Dispatch system upgrade is in development with implementation anticipated by the summer of 2025.	<b>ONGOING</b>
The recreation area is cleared with a snowblower during the winter, but the addition of an overhead canopy above the outdoor recreation area would better allow inmates to recreate outside during adverse weather.	<b>INCOMPLETE</b>
FCDC currently does not have adequate indoor recreation equipment for residents to utilize during inclement weather.	<b>INCOMPLETE</b>
There is no space or adequate staffing to safely facilitate contact visits, which are otherwise required by Statute and <i>Detention and Correctional Standards for Maine</i> . A visitation area that would accommodate contact visits by children and families of minimum and medium custody residents as provided for by state regulations would help maintain the community relationships that facilitate re-entry and ease the trauma and anxiety experienced by children with incarcerated parents.	<b>INCOMPLETE</b>

## **Inmate Access (Communication, Visitation and Computer Access)**

### **Communications**

In the [2023 BOV Report](#), it was mentioned that security of phone calls has improved. However, upon the most recent resident interview, residents report they can hear the dialing and voices of other phone calls on their phone while attempting to make their own calls. This appears to be a Securus issue, and can compromise attorney/client privilege and privacy. Additionally, the tablet phone calls are often poor connections, but still result in fees charged to the residents despite being unable to actually complete the phone call. FCDC should consult with the County IT Department to rule out any bandwidth or hardware issues.

The cost of phone services continues to be a hot topic. Last year, the BOV recommended that FCDC review the costs of phone services regularly. The BOV further recommends that indigent residents who qualify for the written communication tools provided also be provided with fifteen free phone call minutes per week. It is the BOV's understanding that phone calls are capped at \$0.21 per minute, so the cost would be a maximum of \$3.15 per week per indigent resident. The funds are recommended to come from the Inmate Benefit Fund. Further information regarding the cap on the cost of phone calls can be found [here](#).

<b><u>Recommendation:</u></b>	<b><u>Status:</u></b>
Costs of phone access should be reviewed regularly to evaluate the impact on families and re-entry, because high costs can serve as a barrier to an inmate's ability to communicate outside of the jail.	<b>INCOMPLETE</b>
It has been a recurring recommendation that FCDC should implement a mechanism for inmates to be able to review audio/video files received from their attorneys. This could be an external CD player, a laptop with a built-in CD player and disabled internet access, or simply a computer or laptop with flashdrive compatibility.	<b>INCOMPLETE</b>
The jail should also broadly facilitate Zoom/remote visitation. Zoom allows video chats to be time-limited and recorded, which could provide a simple solution to the staffing issue. It would also allow greater flexibility for attorneys to meet with their clients, as many attorneys are not local, which could help with issues related to the statewide attorney shortage.	<b>INCOMPLETE</b>

### **Inmate Classification and Segregation**

Please see the [2023 BOV Report](#) for further discussion. The progress of the BOV's previous recommendations is described below:

<b><u>Recommendation:</u></b>	<b><u>Status:</u></b>
Examine the time it takes to classify new inmates as minimum, medium or maximum to ensure this is happening within the 72-hour timeframe.	<b>INCOMPLETE</b>
Follow the United Nations standards on solitary confinement, revise FCDC's definition of solitary confinement to mean 22 or hours or more a day and provide inmates with at least 2 hours of meaningful human interaction while, and restrict use of solitary confinement to a method of last resort only in exceptional circumstances. "Exceptional circumstances" should not include staffing issues.	<b>INCOMPLETE</b>
Allocate additional space for female, trans, and nonbinary inmates. There is a great risk of functional solitary confinement for female, trans, and nonbinary residents because it is very likely that the inmate will be housed alone, as a result of these infrastructure failures. One solution is for FCDC to send any inmate who will be housed alone as a result of anything other than disciplinary segregation to Somerset County, where they are much more likely to be housed with other residents.	<b>INCOMPLETE</b>
FCDC should develop gender responsive policies to counter the isolation and inequities experienced by female, trans, and nonbinary residents.	<b>INCOMPLETE</b>

## **Medical and Mental Health Services**

### **Medical Services**

Alternative Correctional Healthcare (“ACH”), Sallie Albert owner/director is the current health care provider. The current medical staff full-time on site is nurse, Pamela Walp, LPN, who has been employed since July 2022. Greg Ellis, PA, continues as the medical provider, and is on site at FCDC once per week, which is usually on the weekends. The Director of Medical Services continues to be Dr. Jim Berry. A second nurse, Elizabeth Blake, RN, provides coverage on Wednesdays, weekends, and vacation coverage. It was mentioned that a med manager would be a great addition to the medical staff. Such an addition to the medical staff could manage the more complex pharmaceutical needs and reduce the opportunity for diversion.

Nurse Walp’s schedule has been adapted so that she now works from 9 a.m. to 4 p.m. and returns to FCDC at 6:00 p.m. to distribute medications. This has necessitated a change regarding when med pass occurs. Instead of 8 a.m. and 8 p.m., it is 9 a.m. and 6 p.m. The change has made Nurse Walp’s schedule much more livable but has necessitated schedule adjustments for other staff.

The physical space remains the same. As discussed in the infrastructure section above, plans have been made to significantly upgrade the medical space with ARPA funding, to include two negative-pressure holding cells, administrative space, and a larger examination area. The ventilation and heating/cooling systems will likewise be brought up to code. In the winter of 2022, the pipes to the heating and cooling unit in the medical room burst. In the two years since then, repairs have not yet been made. A space heater is in use during the day but unplugged at night. It is very cold in the room at the start of the day.

There is more use of computer technology, but it still may not allow for the efficient organization of medical records. Medical records are stored in locked cabinets. The contracted medical provider was to begin the digitization of medical data to assist in HIPAA compliance by late 2024, but this has not yet occurred. Nurse Walp has also consolidated all of the medical records and moved them into the medical room where they can be locked at night, which meets HIPAA requirements for ensuring confidentiality of medical records.

Medically assisted treatment (MAT) with suboxone for opioid use disorder remains available, including induction of treatment for jail residents with a history of this illness. Since substance use disorder (“SUD”) affects a large proportion of jail residents, provision of this treatment is critical for reducing the risk of relapse and overdose deaths upon release. Under the new medical provider, FCDC has

instituted a rapid induction protocol. Each resident undergoes a urine test that contains a detection panel for 14 different drugs. Residents no longer have to go through withdrawal before receiving SUD treatment. This is a welcome change and has reduced the medical risk and pain and suffering associated with withdrawal while waiting to begin treatment. Nurse Walp reports the new protocol has been a tremendous improvement in care.

A new method of providing MAT has become available in the community, involving the use of depot injection of buprenorphine, called Sublocade. One dose lasts approximately 28 days and its use would reduce the workload of medical personnel who now have to administer daily doses under strict protocols to ensure compliance and prevent hoarding or diversion. Although expensive per dose, savings may be realized in the reduction of staff time and improved efficacy of treatment. Somerset County Detention Center piloted this program and recently reported that 2 out of 3 inmates on Sublocade follow through on attending their first medical appointment after being released, compared to 1 out of 10 inmates on 24-hour Suboxone. They also saw a decrease in recidivism rates. A recent article about the program can be found [here](#). The full evaluation of this pilot has shown significant success in maintaining treatment post release. Sheriff Nichols and the Healthy Community Coalition intend to reapply for a grant to cover the up-front costs. The BOV supports this plan and appreciates the Sheriff's initiative and the unanimous support of the County Commissioners for pursuing these funds. There may also be funding opportunities available from the county opioid settlement funds.

In early December 2023, the state Opioid Settlement Task Force announced that funds will be made available for a detox facility in Franklin County. Plans for such a facility or alternative treatment scenarios are still under discussion. Should that come to fruition, the facility could have a significant positive effect on treatment for SUD in Franklin County.

Naloxone is available and accessible in several locations at the jail, in the event of opioid overdose. Naloxone kits are offered to all residents upon release. The Healthy Community Coalition has been an invaluable partner in providing this life-saving medication and the training and education to use it most effectively. The kits are placed in resident lockers with their belongings prior to release.

An influx of xylazine cases has occurred since the end of 2022. Xylazine does not respond to suboxone, so those withdrawing from its effects cannot find relief from medication. A side effect of xylazine use is tissue necrosis. Nurse Walp has taken a specialized wound treatment class online.

Of concern is the treatment protocol for the increasing number of inmates experiencing withdrawal from methamphetamines. Currently, there is no differentiation between opioid withdrawal and methamphetamine withdrawal. Both are treated with Suboxone or Subutex. The [American Addiction Centers](#) reports that, “There are currently no FDA-approved medications for the treatment of stimulant withdrawal.” Some medications can be prescribed for side effects such as anxiety and depression that occur after withdrawal.

Staff expressed concerns regarding the current protocol for administration of prescriptions, including Suboxone. The concerns were two-fold: First, there is a concern that anyone can be prescribed Suboxone, of whether they are actually addicted to opioids, which could result in additional opioid-addicted residents. Second, the administration protocol has changed. Formerly, residents were required to take medications in the presence of the nurse, the nurse performed an oral cavity check, and the resident stayed within view of the nurse for 10 minutes. Pursuant to the new protocol, the nurse distributes the medications and the residents are told to go into their cell for 20 minutes before they can come back out, which creates opportunity for diversion of the medication.

FCDC provides healthcare for female inmates, including birth control. In the past year, there was one pregnant inmate.

The status of last year’s recommendations from the BOV are as follows:

<b><u>Recommendation:</u></b>	<b><u>Status:</u></b>
Explore partnership with the local health system to provide additional expertise with co-occurring disorders (mental health and substance use) services.	<b>INCOMPLETE</b>
Meet with Alternative Correctional Healthcare to discuss concerns and develop a plan to address gaps in care.	<b>INCOMPLETE</b>
Board of Visitors to meet with Medical Providers to better understand how medications are verified, dispensed, and administered.	<b>COMPLETED, should be repeated annually</b>
Explore the care team model (weekly meetings across sectors, mental health and healthcare provider, Intensive Case Management (“ICM”), etc.) to work collectively on medical care for inmates to ensure the best care is being provided.	<b>INCOMPLETE</b>
Investigate and monitor medical treatment of the inmates, which is a critical function and responsibility of FCDC even though it is being provided by a	<b>INCOMPLETE</b>

contracted agency. Ensure that treatment is based on need of the residents and is not based on subjective or arbitrary factors.	
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**Additional Recommendations:**

- Repair the heating and cooling system in the current medical offices.
- Replace the exam table which has tears in the upholstery providing a convenient space for the harboring of infectious agents.
- Consider adjusting the methamphetamine withdrawal protocol.
- Reconsider the protocol for medication administration.
- Begin the process of digitizing medical files and developing digital medical forms

## **Mental Health Services**

Mental health services continue to evolve. ACH was contracted to provide mental health services and support groups at the jail. David O'Donnell, LCPC, provides evaluation and counseling for substance abuse and general mental health for 16 hours, over the course of two days each week, Monday and Wednesday.

David has revamped the mental health offerings to provide several psychoeducation groups for jail residents. He also meets with residents individually on an as-needed basis. The groups have been well received and attendance is generally high, with sometimes as many as 14 attendees, depending on census and court obligations of residents. The jail reports that David is liked by the residents and there are no problems with his groups. Depending on the jail census, he has held up to 5 groups per day. They meet in the library, which is truly a multi-purpose room, also used as a conference room, staff training room, and education site. Sometimes groups may not meet due to these other uses.

It is difficult to maintain privacy during these mental health services, since jail staff can walk through the library at any time. Consistency and privacy are important factors in creating an atmosphere where group members can speak openly and participate fully; these conditions guarantee neither. Space for private interactions is crucial.

Additionally, the mental health staff reports that, in order to really provide proper and appropriate diagnoses of the residents, the professional needs more time on average with each inmate. Mr. O'Donnell provides services to FCDC on Mondays and Wednesdays, which does not allow for meaningful conversations with Dr. Ellis, who is usually at the jail on weekends.

A major concern of mental health staff and the BOV is that the jail environment is not conducive to good mental health. Although residents are supposed to receive an hour of exercise each day, this often does not happen either because of low staffing, perceived safety threats, or weather that impacts outdoor recreation opportunities.

One important factor to promote mental health is sleep. There are an increasing number of complaints from residents regarding their ability to sleep at the jail. The evening medication pass is at 6:00 p.m. each night, including medications that may cause drowsiness. "Lights Out" at the jail is 10:00 p.m., so this may also be affecting the opportunity for residents to attain quality sleep. There are also concerns regarding the distribution, timing, and availability of prescription medications, which may also affect a resident's sleep and behavior.



Another concern raised regarding the jail environment is that there is little opportunity for creativity. Although residents can have short pencils, they cannot have colored pencils. They do not have an opportunity to engage in artistic expression, which can provide therapeutic release and other benefits. The limited access to exercise, outdoors, and the barriers to educational programming is also a major concern. FCDC should take these concerns seriously to improve conditions where possible to facilitate mental health improvement for its residents.

There is ongoing discussion about the protocol during a mental health crisis. Although FCSC reports that David is on-call 24/7 and may be contacted during a crisis to help determine next steps, there is not currently mobile crisis available. When someone is placed on a suicide precaution, they are placed on a 1:1 watch, which can be difficult due to staffing issues and could present safety concerns for both the staff and inmate. When someone “acts out”, the person is put into maximum security (disciplinary segregation). While in maximum security, residents are not allowed to attend groups and they are only permitted one hour outside of their locked cell per day. Some COs utilize a “time-out” procedure where someone is locked in for a short “cooling off” period, and some COs may bring the resident to booking and converse with them until the resident is regulated. The COs have discretion on how to handle each situation because there is no policy instructing on the use of these “time-outs” as opposed to a longer-term lockdown. Because the response is discretionary, there is an opportunity for disparate treatment of the residents and the disciplinary actions are not applied equally to all residents. Often, a resident cannot initiate their own “time-out” or take space when needed, because residents share rooms containing two to four beds.

Residents have also reported frustration regarding bathroom access and the lack of nighttime bathroom facilities. Residents are locked in their cells at night, without a toilet. COs are supposed to do nightly rounds every 30 minutes, in part to check to see if anyone needs to use the bathroom facilities. This protocol has limitations to its utility, because COs might not be always be available every 30 minutes for the check, based on other occurrences at the jail. Further, the 30-minute checks are a constant interruption of sleep throughout the night, and not everyone is able to wait 30 minutes to use the bathroom. Residents report occasions where a resident has been locked in their cell but need to access the bathroom, yet were unable to catch the attention of a CO by flipping the light switch in between 30-minute checks. If the residents make additional noise to try to catch the attention of the COs, they may receive disciplinary action. Residents suggest a solution to this problem may be to leave the room doors unlocked and allow full-time bathroom access, with the understanding the doors will be locked if residents violate the rules of loitering in the dayroom instead of going straight to the bathroom. Residents believe knowing bathroom privileges will be removed would be an incentive for this to work smoothly.

## **Recommendations:**

- Provide a weekly Narcotics Anonymous group at FCDC.
- Provide daily, in-person parenting courses.
- Begin a peer recovery coach training program at FCDC. There are two levels: the first level is an eight-hour training program. The advanced level is a 40-hour training program. Both training programs are provided by Health Acadia.
- Increase mental health services from 16 to at least 24 hours per week.
- Facilitate the collaboration between mental health and medical services to foster stronger partnership and avoid working in silos.
- Explore ways to promote health and wellness for inmates; this could be increased opportunities for creative arts and art materials, ensuring proper sleep hygiene, and increasing physical activity options.
- Identify and implement strategies to promote sleep hygiene.
- Board of Visitors should meet with Medical Providers.
- Initiate policy for residents to create their own time outs as needed. Specifically define policy for staff to equally apply time outs throughout all situations, with a focus on de-escalation and minimal segregation. Development of this policy should be paired with additional de-escalation training for staff.
- Institute a system that allows residents of the minimum/honor pod access to the bathroom at night and the tv remote with the understanding that the privilege will be lost and the doors will be locked if residents violate the rules by loitering in the dayroom instead of going straight to the bathroom.

## Education

Each county detention center is required by state law to provide educational services to its inmates. Franklin County contracts with Franklin County Adult Education to provide these services. Cassidy Marsh is the instructor that works Tuesdays and Thursdays to teach and coordinate services. She has completed various adult education professional development classes to complement her secondary teaching certification. She is currently coaching and mentoring other adult education teachers within the state. She was also awarded a State Advocacy Fellowship.

In addition to literacy and HiSET programming, a creative writing class and parenting classes are offered. The creative writing class is offered by Pat O'Donald, a former UMF professor and published author. The parenting class is provided by the Children's Task Force. Inmates can also earn their OSHA 10 certification online.

A survey of the inmates showed a need for more digital learning instruction. It is hoped the digital literacy instructor provided by a grant obtained by Franklin County Adult Education and Franklin County Economic Development Corp will be able to offer classes to address this need.

In addition, a state-wide grant from Maine Connectivity Authority that targets underserved populations, including incarcerated or formerly incarcerated individuals, has recently been open for bidding. This grant could provide devices, instruction, training, and support for additional programs within the detention center.

Another grant is available to provide training in a local manufacturing site for formerly incarcerated individuals. Mary Redmond-Luce, the director of Franklin County Adult Education, is investigating ways to transition currently incarcerated individuals into this program upon release.

The status of last year's recommendations from the BOV are as follows:

<u>Recommendation:</u>	<u>Status:</u>
The building of the Sheriff's training center to lessen the use of the educational space in the jail for staff training. With the current configuration of the jail, the educational space/library is used for staff training and lessens the time available for inmate educational programming.	<b>IN PROGRESS - New training center is under construction!</b>

Supported reconfiguring the current space to meet the needs of current programming. The need for additional training and mental health services are hindered by lack of space in the detention center.	<b>IN PROGRESS - the addition to FCDC is under contract and expected to start in 2025.</b>
Examine the timing of med pass delivery, recreational time, and other factors that are impacting the ability of residents to participate in educational activities.	<b>(STATUS?) - BOV met with Sally Arsenault to discuss the possibility of medication timing as an issue with inmates being too tired to attend classes. She feels it is due to unhealthy sleep practices that are affecting the lack of energy to attend classes. Recreation schedules have been made more accommodating to educational programming.</b>
Conduct regular surveys of residents to gauge their interests and explore whether additional education and or training programs can be added to the educational offerings.	<b>(STATUS?) - survey has been done. Check for further information</b>
Continue to build the volunteer class list.	<b>INCOMPLETE - one agency has been approached, but changes in personnel has delayed the introduction of this programming.</b>
Research possible training programs for addition to current offering.	<b>IN PROGRESS</b>

Research ways to attract and/or incentivize educational programming.	<b>IN PROGRESS - more internal promotion of programming has taken place this year.</b>
Offer additional religious services through onsite Chaplain or partnerships with local churches.	<b>INCOMPLETE</b>

### **Recommendations:**

- Continue to support additional training options for inmates.
- Support the digital literacy grant offered by the Maine Connectivity Authority to improve digital literacy offerings.
- Review space within the detention center to maximize the potential for more offerings within the building.
- Add an art class.
- Add a garden and grow fresh fruits and vegetables for resident consumption as well as for worker status.
- Allow a worker peer to facilitate same-gender self-help groups
- Add Narcotics Anonymous programming.

## **Re-Entry Services**

Various aspects of re-entry services have been discussed at length in our prior Board of Visitors Reports ([2023 BOV Report](#), [2022 BOV Report](#)). “Re-entry” generally refers to the process by which a person transitions from incarceration or detainment back into the community.

The Sheriff’s Office applied and was awarded a three year, one-million-dollar grant from the Bureau of Justice as part of its Comprehensive, Opioid, Stimulant, Substance Use Program (COSSUP). The project is designed to comprehensively address the impact of illicit opioids, stimulants, and other substances through a multi-faceted approach that is also supported by the [Sequential Intercept Model](#). (similar to diversion and deflection). The project will focus on systems level change to increase access to treatment, recovery and reentry services during the pre-release phase. The [Daily Bulldog](#) reported that the “money will fund the Jail Substance Use Recovery and Reentry Program. It will support two full-time correction officers and a behavioral health specialist.”

## **Forensic Intensive Case Manager**

For our residents at FCDC, much of their access to re-entry services is through Cheryl Rackliff, the Forensic Intensive Case Manager (“ICM”) employed by the Department of Health and Human Services. Cheryl generally establishes contact with every resident of FCDC, and the majority of residents choose to actively work with her. Cheryl works to connect residents to any community resource they might need, such as housing, mental health and/or substance treatment, and health care.

Cheryl’s work with FCDC residents requires a confidential space for her to meet with each client, as well as adequate time available to meet with each of her clients. The BOV has previously identified this as an issue, as lack of available space at FCDC has rendered this difficult. FCDC does not have a dedicated space available for Cheryl, so she has to travel back and forth between the DHHS office and FCDC, and must transport her computer and files with her. Currently, Cheryl generally meets with clients in the visitation room, which poses some additional issues. There are two cameras in the visitation room, which FCDC reports are only for video recording and do not have audio capability. Still, Cheryl finds that clients are sometimes reluctant to talk with her because the clients do not know whether they are being actively listened to or audio recorded. Additionally, Cheryl is only allowed to use the visit room for her work with clients if the room is available, which is not always the case because the room is also used for attorney-client visits, inmate visitation, and is sometimes used for FCDC programming for female inmates. Cheryl does not have much access to the FCDC library because it is so

often used for other programming and other needs. Cheryl does not generally use the other room connected to the FCDC lobby (which is called Room P10), which is mostly used for court and for Maine Pretrial Services. Not only is P10 often being used for these purposes, but FCDC also requires inmates to be strip-searched after going into Room P10. FCDC reports that the strip searches are necessary due to the risk of supervision contract participants leaving contraband in the room when they enter to see Maine Pretrial Services.

Residents shared that they are being strip-searched upon the return from Zoom court in Room P10, even though the room is inside the building and residents have not left the facility. However, residents report that they are not strip-searched upon the return from the library, which is across the hall from Room P10.

### **Maine Pretrial Services**

Maine Pretrial Services also facilitates re-entry for the residents eligible to be on a supervision contract. This supervision contract allows the resident to be released from FCDC and subsequently monitored, which generally includes conditions such as regular check-ins, urine screens, and other conditions.

### **Treatment and Recovery Court**

Treatment and Recovery Court was also described in greater detail in our prior BOV Report ([2023 BOV Report](#)). To summarize, the Maine Judicial Branch has several alternative “specialty” courts throughout the state. An Adult Treatment and Recovery Court (“TRC”) was introduced for Franklin County, which is also combined with Oxford County. In order to participate in TRC, a participant must be referred by way of a [referral form](#), and must be accepted to the program. The referral form is often submitted by an attorney, but may be submitted by the individual themselves or any other person. There are several eligibility requirements, including that the individual must be considered “high risk, high need” in regard to substance treatment. Because the program is funded by a discretionary grant through Bureau of Justice assistance funds, there is an eligibility prohibition on “violent offenders”. Additional information on this Bureau of Justice policy is available [here](#).

TRC is a very involved and extensive treatment program. Participants are engaged in substance treatment throughout the duration of the program, often starting with a residential treatment program or an Intensive Outpatient Program for substance treatment (which is a structured treatment program that generally requires several hours of participation, several times per week). TRC participants are required to work with an assigned case manager and must meet with the case

manager at least once weekly. Participants are subjected to random urine screens at least twice weekly. Participants attend court every other Friday.

Although TRC has been available to Franklin County for more than a year, Franklin County participation has been very low. Jazmynn Brown, the case manager for TRC, reports that the majority of referrals come from Oxford County and there are much fewer referrals from Franklin County, comparatively. The reason for this is unknown. Because there have been very few Franklin County residents that have participated in TRC so far, the treatment services and court events have generally been conducted out of Oxford County. TRC has not yet had to decide whether court will take place physically in Farmington court for Franklin County residents, or whether Franklin County residents will have to travel to Oxford County for court and services. However, Jazmynn reports that TRC assesses each participant's individual housing and transportation situation and the team tries to accommodate the individual's needs as much as possible.

FCDC has had 16 referrals to TRC and only one was accepted into the program so far.

### **Peer Recovery Coaching**

Peer recovery coaching while incarcerated can be an invaluable tool that is utilized in other Maine facilities. This program could potentially be a benefit both in creating an opportunity for future positive outcomes for the resident, but could also create a volunteer system of peer supports within the jail. In general, it does not seem that Zoom trainings are available outside of the parenting course currently running. This could also be an opportunity for worker status. It was a popular opinion that an art class would be extremely welcomed, as would the opportunity to garden and grown fresh fruits and vegetables for the residents to consume while also earning good time and learning a skill in the fresh air and daylight. Several residents interviewed pointed out that AA was the only self-help group for substances, and they feel there is a large need for an NA group. One mentioned willingness to facilitate the group as a peer if they were allowed.

### **Recommendations:**

Across the board, these individuals and agencies that facilitate the re-entry of FCDC residents back into the community report that some of the biggest challenges residents face are (1) stable housing, (2) transportation, and (3) access to attorneys. These are larger systemic issues that have widespread impact across the State of Maine. Although the BOV certainly does not expect FCDC to solve these issues, the BOV believes that all correctional facilities and agencies should be acutely aware of these systemic deficiencies and the effects of these deficiencies on our community as a whole, especially on low-income populations.



The BOV offers the following recommendations:

- Provide a dedicated private space for ICM, with a computer and printer set-up for efficiency, to provide a confidential location for clients to meet with the ICM without concern of their conversation being listened to or audio recorded, and allow adequate time and opportunity for ICM to meet with clients without interruption to the work space.
- Explore TRC options for Franklin County and troubleshoot barriers to enrollment for Franklin County residents.
- Provide further education on Treatment and Recovery Court to all FCDC staff and providers and provide access to this information for FCDC residents to increase the number of inmates who are utilizing this service.
- Increase enrollment by 20% in TRC.
- Develop a stronger relationship with the Recovery Center
- Build a comprehensive re-entry program that enhances warm hand offs for re-entry services such as MAT, Primary Care, Connections to recovery services.
- Ensure all inmates are receiving the drug overdose prevention first aid kit, that includes Narcan and local treatment and recovery resources.
- Work with community partners to implement a program to provide cell phones for residents upon their release from FCDC, to ensure that the individual has a means to communicate with their providers, case manager, pre-trial services, etc. to help eliminate an access barrier to successful re-entry.
- Allow Zoom training of peer recovery coaches, then utilize these coaches for worker status for 2-for-1s.
- Modify the strip-search policy so residents are not strip-searched after attending in-building activities, including court, library, groups, case management, etc.

## **Other Inmate Services**

### **Food Services**

Since May 2023, Eric Geisman, Sr., has been the Food Service Manager for the detention center. Eric has numerous years in the food industry preparing food in large institutional settings. Please note that Eric is the father of CO Eric Geisman, Jr.

In the kitchen, three staff members work rotating shifts to provide three meals per day to the inmates and staff. Most meals are served hot except one meal on Saturday and Sunday per state regulations.

Menus are prepared three months in advance and sent for review by a state nutritionist that evaluates the menus for calorie content and nutritional value. Protein offerings are varied throughout the week. Eric and his staff like to try new ideas, especially desserts- to improve their skills and provide the inmates with a treat.

Special menus needed for medical or dietary restrictions are reviewed and discussed with local medical staff. Trays are marked to show special menus to ensure the right meal gets to the correct person.

Food is placed on individual trays and carried to the cells by the CO's using a heated cart. The delivery process and return of trays takes about 30 minutes. There can be up to forty meals prepared a day when the detention center is full.

Eric uses a desk in the administration wing to compile menus, send emails, and order food. This is a distraction for everyone. There is also a storage space in the attic that is accessible by an outside stairway. It cannot be accessed during rec time.

In the attic, there are storage shelves and several freezers for storing protein and vegetables separately. The downstairs freezer being repaired has lessened the need for all the freezer space in the attic. Most of the shelving is holding overflow of paper products, not food. There are items on the floor by the freezers that prevent easy access to these units.

In discussion with Eric, he would like desk space in a less active space. When mentioned that the medical bay is supposed to be designated as an office and storage space for the food service, he felt that would be great, but he would not need all the space. He is interested in exploring options for multi-use of the space.

The only concern he voiced was the cost of the rented dishwasher. He is not sure how the lease agreement is structured, but he is concerned about the potential cost increases.

Some inmates reported that the food portion sizes are not adequate, particularly for larger bodies. They believe larger bodies should have larger portions. Some also questioned whether the portions on each tray are consistent, and whether the servings actually provide the number of calories they purport to provide. Residents also requested more fresh fruits and vegetables.

### **Recommendations:**

- Rearrange the freezers in the attic to provide easier access. The current design creates a trip and fall hazard.
- If food is going to be stored in the attic, cabinets that can be closed should replace the open shelving
- Review space availability for potential office and storage space when the medical office is relocated to the new section of the building. Can a reconfiguration of this space provide for the needs of the nutritional program and other programs at the same time.
- Make adjustments to meal trays based upon body size and caloric needs as determined by a nutritionist and/or dietician at resident's written request for review. Include this process in the handbook.
- Provide fresh fruits and vegetables daily.

### **Resident Worker Status**

It is unclear what the criteria is for worker status. One resident reported that despite being sentenced and housed approximately two months and being classified as minimum, her request for worker status has been denied by the Major. She reports she is aware of just one female who has ever been awarded this status, and the CO confirms. She reports she was denied due to being previously termed from the pretrial program related to her substance use struggles. This means that her residency will be straight time, rather than obtaining 2-for-1's. Her time served also has not been calculated and applied to her planned discharge date. All residents question why there are no longer opportunities for workers in the kitchen, inside, and outside.

**Recommendations:**

- Evaluate a clear and concise policy for achieving worker status, and include this in the resident handbook.
- Behavior during previous stays should not be considered for the current stay.
- Worker status should be awarded within 30 days, and a clear appeals process with multi-level review should be implemented.

**No-contact and Codefendant Issues, Recreation**

Around the time of the drafting of this report, two males and one female were recently transferred to other facilities due to codefendant issues. However, there are other issues including one between two females. The sentenced female does not have any conditions, but the unsentenced codefendant remains under no contact bail conditions. As a result, each of the females are housed separately, must attend recreational activities separately, and attend groups separately. Currently, this means each female can only attend ½ hour of the hour AA meeting. Isolation is detrimental to mental health. Overall, even when there is not a codefendant issue, there is a report that an average of three days per week for one hour each is all that the residents get for recreation time. There is no indoor recreation space. COs confirmed that due to three-man shifts, sometimes it just isn't possible to do recreation, booking, or an emergency all at the same time and so often recreation is what suffers. It is believed that DOC standards require five days per week of recreation.

**Recommendations:**

- See recommendations above regarding staffing (Page 3).

**Commissary**

The Securus phone system and the Keefe commissary system is separate. Although the Securus system allows outside individuals to add funds to the phone/tablet accounts online, the commissary funds must be sent via money order and by mail. Money orders are not accepted via in-hand delivery, which causes delays in the ability to order commissary for residents. Because of the separate systems, phone services cannot be purchased with commissary funds and vice versa.

Residents requested the opportunity to purchase Velcro sneakers from commissary. One inmate has a pair they obtained medically from another facility and he came in with them. The current footwear choices all have holes, which leads to wet, cold feet and can cause subsequent foot issues after outdoor recreation.

### **Recommendations:**

- Find a system to either combine commissary with Securus or explore the option of online loading of commissary funds that do not include the requirement for money order and the slow mailing process, or to share funds between the two programs. Allow for the purchase of Velcro sneakers from commissary.

### **Handbook and Policies**

It was unclear who is responsible for handbook updates, and although it is not outrageously outdated, some of the information is not accurate and there are resources missing. Residents report they are not given a copy of the handbook during booking and eventually may receive one after several requests.

Recommendation: It may be beneficial to figure out how to get the handbook uploaded to the tablets, it is unclear if this will save costs vs. handing out a handbook to each inmate with the potential for the paper forms getting damaged or not returned at discharge. This also could perhaps make updates to the information easier to complete.

### **Resident Items Issued**

Residents are not given pillows, and the mattresses are not designed with pillows attached. Residents are using blankets and clothing or folding the mattresses in an attempt to have a pillow-like situation.

### **Recommendation:**

- Residents should be given pillows or mattresses with built in pillows, or in low-risk situations, additional blankets in order to use them as pillows.