UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF KENTUCKY
AT FRANKFORT

OSCAR ADAMS and MICHAEL KNIGHTS **Plaintiffs** v. **COMMONWEALTH OF KENTUCKY, et al.** **Defendants.**	Case No. 3:14-cv-00001-GFVT

Seventh Semi-Annual Report by the Settlement Monitor

December 24, 2019

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I. INTRODUCTION

The Settlement Agreement in this matter was approved by the Court on June 24, 2015, and was set to remain in effect for five years from that effective date. Therefore, it is scheduled to expire on June 23, 2020. As this report explains, there has been much progress on compliance, particularly at some institutions. But there remain very significant areas of non-compliance. I am not confident that KDOC will be in substantial compliance by June 2020.

This report is based on two basic sources of information—the self-audit process I have described in prior reports, and site visits undertaken in the summer of 2019. With respect to the self-audits, I shared a self-audit checklist with each KDOC ADA Coordinator and Warden in mid-June 2019, requesting that each institution complete and return it to me one month later. I did not receive most of the self-audits timely (receipt dates are in Table 1, below); two of them were not provided until mid-September 2019, which pushed back the date of this report. The self-audits themselves are attached as Exhibit 4. (I have redacted inmate names and id numbers.) Based on the number of deaf/hard-of-hearing (hereinafter "deaf/HOH") inmates at each institution according to April data, and my prior encounters with each institution, I chose seven institutions for this most recent round of site visits (and pressed them hard to return the self-audits prior to those visits). Then I conducted site visits between July 29 and August 2. As previously, all staff provided me access to everything I asked for, and were entirely professional.

Table 1 tallies deaf/HOH inmates at each institution, and sets out dates each institution provided me with the self-audit and supporting documentation, and dates of my site visits. The number of deaf/HOH inmates listed at each institution is not their self-reported number; instead, I took a master list of deaf/HOH inmates that I maintain based on all the institutions' reporting, updated it up to April 2019, and then updated locations using KDOC's online inmate lookup page.

Table 1: KDOC Institutions

Institution	**# HOH Inmates** Apr. 2019 master list, locations as of Sept. 2019	**Self-audit received (Supporting documentation received)**	**Site visit date, if applicable**
Blackburn Corr. Complex (BCC)	12 (0 deaf)	July 26 (same)	
Bell County Forestry Camp (BCFC)	3 (0 deaf)	Sept. 12 (Sept. 13)	
Eastern Ky. Corr. Complex (EKCC)	59 (0 deaf)	Sept. 12 (same)	
Green River Corr. Complex (GRCC)	49 (0 deaf)	July 25 (same)	July 30
Ky. Corr. Inst. For Women (KCIW)	17 (2 deaf)	July 12 (July 16)	
Ky. State Penitentiary (KSP)	32 (1 deaf)	Aug. 5 (same)	July 29
Ky. State Reformatory (KSR)	217 (2 deaf)	July 18 (same)	July 31
Lee Adjustment Center (LAC)	32 (0 deaf)	July 26 (same)	Aug. 2
Luther Luckett Corr. Complex (LLCC)	155 (2 deaf)	July 22 (July 26)	July 31
Little Sandy Corr. Complex (LSCC)	92 (1 deaf)	July 26 (same)	Aug. 1
Northpoint Training Center (NTC)	76 (1 deaf)	Aug. 20 (Aug. 27)	
Roederer Corr. Complex (RCC)	26 (0 deaf)	Aug. 5 (Aug. 8)	
Western Ky. Corr. Complex/Ross-Cash (WKCC)	55 (0 deaf)	July 26 (July 29)	
TOTAL	**825 (9 deaf)**		

In what follows, I begin with systemwide issues raised by the self-audits and visits. Given that we are over four years into the compliance period, I have concluded that systemwide intervention/direction is needed for some widespread problems. I put systemwide action items in **bold text**. For ease of reference, I have repeated these recommendations in Exhibit 1. In a draft of this report, circulated in mid-October, I asked KDOC to respond to these items with either (a) agreement to undertake the listed action, a time frame for it, and a list of the particular personnel who will be responsible to complete it, or (b) a declination of the action item, with an explanation. The response is included in Exhibit 2 to this report. (Unfortunately, I inadvertently omitted two of the report's recommendations from the summary, and so they were not included in the initial response. I brought my oversight to the attention of KDOC and received a second response on December 17. It is the second part of Exhibit 2.)

Similarly, where I identified areas of concern for individual institutions, I requested that the institution's warden send me a similar memo, either (a) agreeing to solve the problem and explaining how, the time frame, and a list of the particular personnel who will be responsible, or (b) declining to solve the issue, with an explanation. The resulting response memos are compiled and attached as Exhibit 3.

II. SYSTEMWIDE ISSUES

1. *New ADA Coordinators.* At this point, nearly every facility has had more than one ADA Coordinator since the settlement agreement became effective. But there is no system in place for training/transition. For example, in February 2017, I provided live training to all the ADA Coordinators. The two PowerPoint slide decks I used for that training (Settlement Agreement training and CREATE Compliance) are posted by KDOC on a shared drive. This drive also contains a library of useful materials, including the Settlement Agreement itself, the Department's approved staff training, my various court reports, sample forms, and the like. But new ADA Coordinators are often not told about this training, and have not read the materials. Transitional assistance is often not provided to them. (Ideally, they would shadow their predecessor for some period of time, or have an experienced ADA Coordinator visit with them to provide guidance and advice.) In addition, KDOC has not implemented a system that updates the website listing of ADA Coordinators, at https://corrections.ky.gov/Facilities/AI/Pages/ADA-Coordinators.aspx. Currently, EKCC, LSCC, and RCC all have out-of-date ADA Coordinator listings. **KDOC should develop and implement an ADA Coordinator transition process, which should include processes for at least the following:**
    - **informing new ADA Coordinators about available resources,**
    - **linking them to other facilities' ADA Coordinators,**
    - **walking them through auxiliary aid, reporting, and tracking processes,**
    - **updating the recipients of ADA related emails (for example, automated transfer emails),**
    - **updating the KDOC website list of ADA Coordinators.**

2. *Inmate tracking, transfer alerts, etc.*
    a. Although some progress has been made, it remains the case that not all deaf/HOH prisoners are noted as such in the Kentucky Offender Management System (KOMS).

What is needed is for someone at KDOC headquarters to check <u>each and every</u> inmate for whom there is a record of a hearing impairment, and ensure that each of them is being appropriately tracked in KOMS. I can provide my master list to facilitate this effort. See the rest of this item for a discussion of what "appropriately tracked" means.

b. For those inmates who *are* noted in KOMS, there seem to be two different methods. Some are noted with a general precaution; others are noted with an ADA alert. See figures A & B.

Figure A: General Precaution

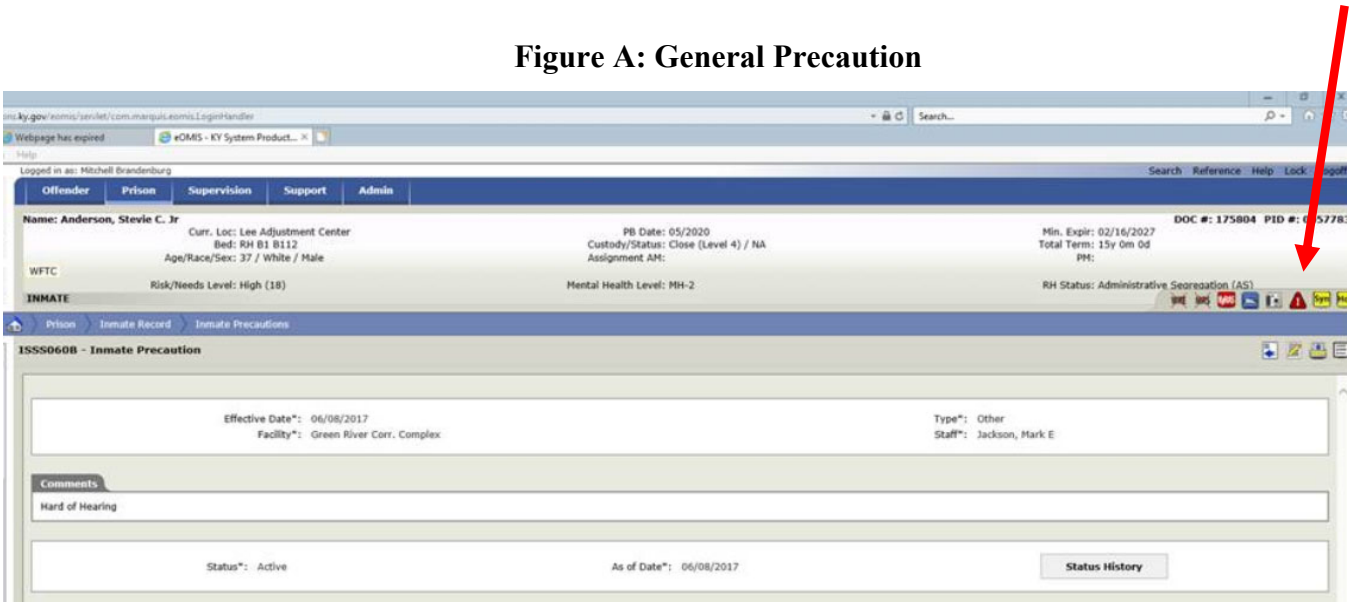
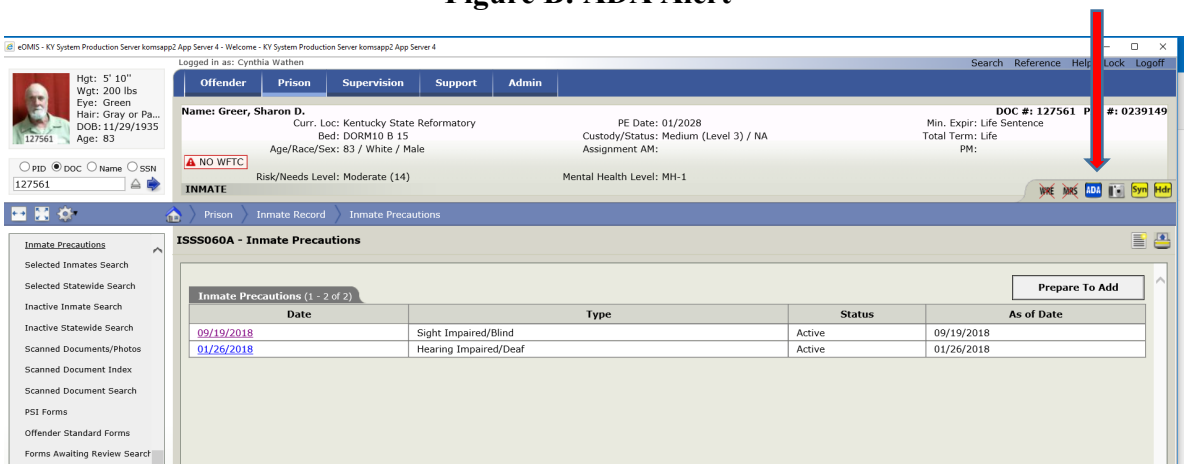


Figure B: ADA Alert



KDOC has implemented an automatic email alert to notify ADA Coordinators of transfers of individuals with ADA alerts. But it appears that individuals with the other, more general precaution, are not the subject of such alerts. **Any such individuals need an ADA alert.** In addition, it seems that the alerts are not always getting to the appropriate people at the transferred-to institution. Perhaps when the ADA Coordinator

switches, no updates are being made? Or perhaps the transfers are not being entered in the system appropriately? I notified Adult Institutions Branch Manager Debbie Kays of the issue on September 19, 2019, but I believe it remains unresolved. **The transfer notification system needs to be tested and problems solved, from KDOC headquarters.**

c. Even when the transfer notice works as planned, it goes to the ADA Coordinator, not medical staff. **Whether the information comes automatically to medical or is relayed by the ADA Coordinator, medical staff responsible for intake should be informed that a deaf/HOH inmate is incoming, so that they can ensure that audiology processes are not interrupted, deal with lost hearing aids, etc.**

d. ADA Coordinators agreed that the ADA precaution would be far more useful if it included more information: whether the individual needs interpretation services, other accommodations, hearing aid status, etc. **The ADA Coordinators should be polled to find out what information would be most useful, and the KOMS record of each individual with an alert should then be completed accordingly.**

e. One of the major advantages of having the KOMS alert is that it enables generation of institutional-level reports of the deaf/HOH inmates. But only a few of the ADA Coordinators know how to run such a report. **KDOC Headquarters should develop and promulgate a memo about how to run an ADA report from KOMS, sharing it with each ADA Coordinator—and ensuring that it is shared with new ADA Coordinators as well.**

3. *Audiology standards.*
   a. In May 2018, KDOC's medical providers set a systemwide standard for receipt of a hearing aid: after audiology testing, a hearing aid would be provided if the hearing threshold for the inmate's better ear was 35 dB or higher at two or more of the benchmark frequencies of 500 Hz, 1,000 Hz, 2,000 Hz, and 4,000 Hz. The policy also provides that "Two hearing aids shall be provided to a patient who meets the criterion for a hearing aid in both ears and meets at least one of the following requirements: Legally blind [or having] a compelling occupational, educational, or safety need for binaural hearing." In subsequent months, Dr. Frederick Kemen, the regional medical director for KDOC's health care provider (currently WellpathCare) informed me that he was amending that standard to include an additional benchmark frequency of 8000 Hz—in my view an appropriate change. However, in administering this standard, numerous inconsistencies remain.
      - Not all the institutions are using the correct standard. I have reviewed a slide deck used to train institutional medical providers on the current policy, and it correctly states the policy. However, at least one institution is using the prior iteration, which set the threshold dB level higher. **To solve this problem, providers at each institution should receive a new memo with the correct standard, and the update should be emphasized in some kind of training or other communications.**

- My interviews and several separate complaints from inmates suggest that some providers are not aware of the criteria for binaural hearing aids. I have seen several requests for binaural hearing aids rejected without evaluation of the correct standard. I have also been told that inmates who want two hearing aids need to file a medical grievance making the request. **Providers at each institution should be trained about how to evaluate the need for binaural hearing aids, and should review recent requests for two hearing aids and evaluate them against the policy, with oversight from the regional medical director. In addition, inmates who have hearing deficits in both ears should have the policy explained to them when they are denied binaural amplification, so that they can make an informed decision whether to grieve the denial.**

4. *Audiology services delays.* Timely delivery of audiology services remains a significant problem.
    a. It continues to be the case that tracking fails for numerous inmates, so that they can go extra weeks or months without moving to the next step of the audiology process. The systems already in place *should* solve this problem—if they are implemented correctly. But it seems clear that additional oversight/supervision is necessary. Barring unusual medical issues, the process can comfortably be accomplished in two months or less, the current recommendation. **KDOC's medical provider should centralize a reporting system so that if any inmate has not completed audiology processing in three months—from the first report of a hearing problem to provision of a hearing aid or other resolution—that is reported centrally and headquarters staff take a role in immediately solving the problem.**

    b. This is a particular issue when audiology processes are ongoing at the moment of an inmate transfer. KDOC has decided *not* to rescreen transferees, instead reserving hearing screening for their routine physicals (which they get every one, two, or three years, depending on age and health status). This is not itself a problem—but if transferees are not going to be rescreened, it is important that *pending* audiology services be continued. Currently, continuity is unreliable. It is unlikely to be sufficient to direct the transferring institution to notify the new institution of the ongoing need—this is the kind of handoff instruction highly likely to get lost. **There needs to be an instruction to *both* the transferring and the new institution; the transferring institution should send a progress note for all inmates whose audiology evaluation/provision is in-process, and the new institution should do a thorough chart review for each inmate who might be HOH, to check for in-process audiology needs.** Note that among the difficulties here is that until audiology screening is completed, the ADA tab is typically not checked in KOMS. I am not sure of the best way for medical staff to know who is in-process; someone with familiarity with the electronic medical record system should figure this out. What is clear is that the current system is not working.

5. *Request forms.* In November 2016, I recommended that various printed request forms be edited to include a request for communication services. See my prior Recommendation 48

("The Healthcare Request form should include boxes to check if auxiliary aids or services, including remote or in-person interpretation, are needed."); Recommendation 49 ("All the forms by which inmates apply for jobs, educational programming, etc., should have language similar to that in the recommended Healthcare Request form. So should classification and disciplinary forms that notify inmates of impending hearings or meetings."). I provided the following recommended language, to be added to the forms:

If you are deaf or hard-of-hearing, do you need any communication assistance for this healthcare visit?

□ *No*

□ *Yes: Video Remote Interpreter (VRI) (via "purple" laptop)*

□ *Yes: in-person qualified interpreter*

Please explain why you need an in-person interpreter rather than VRI

□ *Yes: other: (please specify)*

Language along these lines was duly added to the centrally-printed medical request form—but generally not to other forms. ADA Coordinators have reported to me that they are powerless to solve this problem; they say it must be handled centrally. Even for the medical request form, while I saw compliant versions of the printed forms at various points over the past several years, it now seems that the form in use at most or all institutions is the original version, without the pre-printed language that responded to Recommendation 48. **KDOC headquarters staff should review all forms by which inmates make requests that lead to in-person meetings, and ensure that each one includes notice that communication assistance is available at such meetings. For medical forms in particular, whatever issue has caused the reversion to the prior form should be corrected. In addition, interpretation services forms should clearly encompass religious and other volunteer-provided programming, and all inmate-staff communications.**

6. *Hearing aid loss on intra-prison moves and inter-prison transfers.* It seems to frequently happen that hearing aids are lost when inmates are moved from one prison to another or from one cell to another (particularly when this is an involuntary move, and the pack-up is done not by the inmate himself but by staff—for example, when someone is put into disciplinary segregation). This is an extremely expensive loss, and can take months to resolve, subverting access and communication rights. **I recommend that "adaptive equipment" be added to the printed property list used to track property during moves, and staff receive training that they must affirmatively locate such equipment and manage it appropriately. For inter-prison transfers, the best policy would be to instruct inmates to wear their hearing aids during the transfer.**

7. *Auxiliary aids*
    a. **Particular devices**. Here I list devices currently in use at KDOC institutions, with notes on each one.
        - *Videophones:* All of the KDOC institutions have a videophone kiosk. At all but KSP, those kiosks are provided by the telecommunications company Purple. At KSP, there is also a Sorenson videophone. The systemwide experience with the Purple phones is not good; the Purple videophones are prone to frequent outages, caused by faulty updates, conflicts with firewalls, and the like. KSP's experience with its Sorenson videophone is much better.

At this point, **KDOC headquarters needs to solve the Purple videophone outage problem so that outages are both rare and brief, or make a systemwide switch to a more reliable videophone provider.**

In addition, in a number of institutions, the videophone lacks any privacy from other inmates. Deaf inmates who use videophones in these circumstances report that other inmates frequently watch their calls, making comments about the individuals who appear on the screen. While some restrictions on privacy serve security purposes and avoid misconduct, it would be appropriate to provide a curtain that obstructs the television screen from casual observation by other inmates, without shielding the signing inmate from the waist down. **Each institution in which the videophone is widely visible to other inmates should install such a curtain unless there's a significant security obstacle.**

- *Portable phone amplifiers:* These are now in use at a number of facilities, and working well. **They should be available everywhere.** See, e.g., : http://www.harriscomm.com/portable-telephone-amplifier.html.

Figure C: Portable Phone Amplifier.

- *Phone volume control.* These are available nearly, but not quite, everywhere. **There should be at least one volume-control phone in every grouping of phones in every institution, including the phones used in restrictive housing.** In fact, I've been told repeatedly that even inmates who have no hearing issues prefer the volume control phones—so it might make sense to have the feature universally installed.

- *Captioned telephones (or "captels").* Several institutions agreed to pilot captioned telephones. There are some technical hurdles to installation—getting an outside line, linking the phones to the inmate pay-system, dealing with voice recognition. These need to be overcome, but KSP's experience demonstrates this is possible. **Captioned telephones should be made available in every institution, available at the same hours as a regular phone.**

Figure D: Captioned Telephone

- *Amplified phones.* **None of KDOC's institutions have an amplified phone, but these too would be worth looking into, centrally.** The features needed would be: amplification to 50 dB, with control over the amplification range (that is, whether amplification is at the high or low frequencies). See, e.g., https://www.hearingdirect.com/us/clarity-jv35-talking-desk-amplified-phone.html; https://www.harriscomm.com/clarity-alto-white-amplified-phone.html. Once captels are provided, these devices could be provided in the same place, using the same installation setup.

- *TTYs.* Every KDOC prison has at least one TTY. But not every prison has staff who know how to use the device, and inmates who might need them are not reliably told that they are available. I've explained previously that the instructions need to be detailed and user-friendly. **Each institution needs to work out and test a protocol by which TTYs can be used—and then write that protocol into full instructions capable of being followed by someone who has never used a TTY before.** I will test these by asking that such a person place a call to me at times arranged in the coming month or two.

- *Assistive listening systems.* Assistive listening systems using FM transmission are low-cost and can really help hard-of-hearing inmates in aurally challenging environments. **At every institution, assistive listening devices should be made readily available for such environments: religious, educational, and rehabilitative programming. The need is particularly urgent for Substance Abuse Programming, which many institutions conduct in extremely noisy and difficult locations.** Currently, only a few institutions have the systems, and even some that have equipment have not actually started to use it. Systems currently in use include:
    - GRCC: Whole House FM Transmitter 3.0, https://www.amazon.com/Whole-House-FM-TransmitterMicrophone/dp/B0742MMRKW/

  - LLCC: Peavey Assisted Listening System - 72.1 Mhz, https://www.amazon.com/Assisted-Listening-System-72-1-Peavey/dp/B007Q2O2F4
  - LSCC: System from www.kingdom.com

- *Earphones for video communication.* KDOC and the state of Kentucky communicate via video for several purposes. Some institutions use orientation videos to explain rights and responsibilities under the Prison Rape Elimination Act or (less often) institutional rules more generally. The Parole Board conducts many of its hearings via video. For inmates who are hard of hearing, it can be very helpful to provide earphones; these allow the inmate to turn the volume way up. **KDOC should ensure that earphones for video communication are available in each prison, and also anywhere parole hearings are held—that is, in county jails. In addition, individuals who might need this equipment should be informed that it is available.** (Figure E is a sign to this effect from WKCC.) I have discussed this issue with Kirstie Williard, a KDOC official who I understand to be responsible for KDOC interactions with jails. While she did not object to the recommendation, I have not been able to reach a resolution with her.

Figure E: Earphone Availability Sign

HEADPHONES AVAILABLE UPON REQUEST

- *Non-auditory alerts.* Many institutions now have non-auditory "bed shaker" alerts available to notify deaf/HOH inmates of fires and the like. These are fine—but they do not meet the need for non-auditory announcements. They are mostly triggered only by fire alarms (not intercom announcements for chow, pill-call, count, and the like). And they work only for the small number of inmates who have them, and only when those inmates are in their beds. Other options are crucial. **In any housing unit where it is practicable, KDOC should direct staff to flash the overhead lights to signal chow and pill-call. In addition, KDOC should direct implementation of some kind**

of personal notification to deaf/HOH inmates, so that they do not miss personal announcements (e.g., "John Smith, report to the Unit Administrator." See also subsection (b), below, for additional needed equipment.

b. **Inmate purchases of non-auditory alarm devices**. Several institutions have made it possible for deaf/HOH inmates to purchase non-auditory alarm clocks and/or watches. Many inmates have told me that these are extremely helpful devices, which facilitate deaf/HOH inmates' participation in prison programs, services, and activities. But, currently, decisions about availability of these devices are made separately for each institution. **KDOC headquarters should check with the institutions that have already piloted the devices about models and methods, and then should make them available for purchase by deaf/HOH inmates at all the institutions. (When inmates transfer from one institution to another, they should be authorized to bring these devices with them.)** Indigent inmates could use loaners, or could have the cost placed on their accounts as a lien.

c. **Bulletin boards**. At some institutions, all non-routine announcements are written up and placed on a bulletin board in day-spaces. This includes, for example, pages of particular inmates, announcements about scheduling, rule changes, and the like. Anything non-routine that might be communicated via intercom *also* is posted on an accessible bulletin board. (The boards may need to be locked, to minimize interference by other inmates.) **Bulletin boards posting non-routine announcements should be provided in every housing area at each institution.**

d. **Auxiliary aid processes**. Many of the KDOC institutions conduct an auxiliary aid process, by which an ADA Coordinator meets with each deaf/HOH inmate upon his or her transfer to the institution or evaluation as deaf/HOH. At this meeting, the inmate is informed of available resources and decisions made about access to certain auxiliary aids and accommodations. Other institutions are far less consistent and formal about getting this done. At this point, it is clear to me that this more casual approach does not lead to Settlement Agreement compliance. Experience has established that an auxiliary aid evaluation/process is an essential part of Settlement Agreement compliance. **KDOC should direct all institutions to implement this approach, and the auxiliary aid process should have the following characteristics**:

- **An auxiliary aid evaluation should be conducted within 2 weeks—and ideally substantially sooner—of each deaf/HOH inmate's arrival at an institution or identification as deaf/HOH.**
- **The evaluation/process should be performed at a meeting between the inmate and the ADA Coordinator, so that the inmate learns who the ADA Coordinator is, and so that the inmate is given appropriate information about resources and services.**
- **Effective communication should be provided at the meeting—meaning that an interpreter is necessary for any inmate who signs to communicate,**

and that for inmates who do not read, any documents should be fully explained using accessible language.

- **At the meeting, the inmate should be informed about all services/resources available—hearing aids, telephonic assistance, interpretation, captioning, etc. The brochure that has been developed for this should be kept on hand, and distributed at the meeting. It should be updated whenever necessary, as new devices or new procedures come online.**
- **Inmates should receive easy-to-provide resources no later than the meeting. For example, that is when they can get bed cards, hard-of-hearing IDs, etc. Criteria and a clear process should be developed for access to any limited resources (bed shakers, telephone amplifiers, etc.), and explained to the inmates.**
- **Inmates should be informed at the meeting about a clear process for getting any additional auxiliary aids/assistance they need.**

8. *Inmate handbook.* Every institution has an Inmate Handbook. At this point, most provide some notice about ADA issues. But the notices are often difficult to understand and leave out crucial issues. **KDOC should standardize this notice, using text along the lines of what follows**:

> {Institution} is required to comply with the Americans with Disabilities Act (ADA). A disability is a physical or mental impairment that substantially limits a major life activity such as seeing, hearing, walking, bathing or breathing. (Temporary conditions, like a broken leg, are not considered a disability.) Under the Americans with Disabilities Act, {Institution} will ensure that inmates with disabilities have access to all services, privileges, facilities, advantages, and accommodations that is substantially equivalent to access provided similarly situated non-disabled inmates.
>
> {Institution} will communicate effectively with inmates who are deaf and/or blind, ensuring that they can receive information from and provide information to staff. When needed for effective communication, {Institution} will provide "auxiliary aids and services." This means devices or services that assist in communication, such as interpretation, hearing aids, captioning, videophones, amplifiers, etc.
>
> HOWEVER, if something a disabled inmate seeks—a particular job, for example—would be dangerous, posing a direct threat of injury or death to the inmate or others, {Institution} can bar the inmate's access to that job after individualized consideration and consultation with appropriate medical experts.
>
> {Institution} has an assigned ADA Coordinator who is responsible for training and advising staff in ADA matters and monitoring ADA concerns such as accessibility requirements and accommodations. The ADA Coordinator also reviews requests for adaptive equipment and accommodations as well as ADA complaints. To contact the ADA Coordinator, you may {HOW TO GET IN TOUCH} {e.g., send written correspondence via Institutional Mail or, in the event you are unable to submit a written request, you may contact your Classification and Treatment Officer who shall document and forward your request.}

There is a federal court Settlement Agreement that governs services for deaf and hard-of-hearing inmates. It is available, along with additional information about such services, for all inmates to read on request, in the Inmate Legal Library.

Again, I have summarized each of the above recommendations in Exhibit 2, and KDOC's response is included in Exhibit 3. That response demonstrates very helpful engagement with the open issues, but additional inquiry/reporting will be necessary.

III. INSTITUTION-SPECIFIC ISSUES

Moving from systemwide issues to institution-specific ones, I now present information from the self-audits and my July/August 2019 site visits. The institutions are in alphabetical order. For several of the institutions, the circulated draft of this report also included some follow-up questions. Because those have now been answered, I omit them here (but some of the Warden's memos in Exhibit 3 include answers to them, redacted to protect prisoner privacy).

BCC (self-audit only)
Warden: Amy Robey
ADA Coordinator: Christy Peach

Areas of concern

- Deaf/HOH inmates live in Dorm 2C. This may be depriving some of opportunities only available elsewhere. The self-audit form states that inmates are allowed to request a different housing assignment. But one inmate requested to be housed elsewhere and was refused—even though his only accommodations are an HOH ID and bed card. See my prior reports for a discussion of the considerations raised by dedicated HOH housing.
- Devices:
  - BCC does not have portable phone amplifiers: one retailer declined to accept a Purchase Order for them. An alternative supplier should be located.
  - No assistive listening systems are in place.
  - Inmates are not offered the opportunity to purchase vibrating watches (but they are offered non-auditory alarm clocks).
  - No earphones are available for parole or other similar needs.
  - No captel.

Good practices

- To provide a non-auditory alert for count and pill call, dorm officers flash the bay lights.
- A TTY is available to inmates who use it, in a locked cabinet in a housing area; inmates are given the combination, so that they do not have to make a special request each time they wish to make a call.

BCFC (self-audit only)
Warden: Brandy Harm
ADA Coordinator: Derek Miracle

Areas of concern
- No assistive listening devices or captioned telephone.

Good practices
- BCFC has designated two "ADA inmates" whose job is to assist inmates with disabilities with reading, writing, and comprehension when necessary. Any HOH inmate can ask them for assistance, or can ask the ADA Coordinator and back-up. If an HOH inmate is paged and does not appear in response, an ADA inmate is asked to find and alert the HOH inmate.

EKCC (self-audit only)
Warden: David Green
ADA Coordinator: Kristopher King

Areas of concern
- The ADA Coordinator listed on https://corrections.ky.gov/Facilities/AI/Pages/ADA-Coordinators.aspx has been incorrect for months.
- It seems that the new ADA Coordinator has done only the computer-based training that is provided all staff, rather than the ADA Coordinator training.
- Audiology assessments are not always timely.
- Audiology progress tracking is only sometimes shared with ADA Coordinator.
- Devices:
  - No portable phone amplifiers.
  - No assistive listening.
  - No bed shakers.
  - No earphones for parole hearings or other uses.

Good practices
- ADA Coordinator walks the dorms each week, to facilitate access for deaf/HOH inmates.
- Dorm 3 has a non-auditory alert—a green light—to indicate inmate movement times.
- There is a working captel.

GRCC (July 30 site visit)
Warden: Kevin Mazza
ADA Coordinator: Mark Jackson

Areas of concern:
- The ADA Coordinator rarely receives automated email notices of transfers of deaf/HOH inmates to GRCC.
- Prior to my visit, the ADA Coordinator and medical staff were not routinely sharing information; there was insufficient communication regarding the identity of deaf/HOH inmates and of their progress through audiology processes. During the visit, a system was discussed that hopefully will solve the problem.

- It seems that there are delays and other issues for inmates who need hearing aid parts—e.g., filters. Medical needs to work out (a) how to obtain these parts, and (b) how to make them easily available to inmates.
- The ADA Coordinator was not conducting auxiliary aid assessments, and not using the developed documentation explaining available services and resources. As a result, inmates are not getting items they need, such as deaf/HOH cell cards, IDs, and auxiliary aids.
- It is unclear how GRCC will accommodate deaf inmates if there is a "whistle alarm"—a drill or actual incident in which inmates on the yard are instructed by a whistle to lie down on the ground.
- Equipment/Devices:
  - GRCC was not making phone amplifiers available to inmates.
  - GRCC had a PA system in the housing units, but often used bullhorns instead. These are very difficult for HOH inmates; the PA system is better, so it should be used.
  - Inmates reported that they were not authorized to bring their own headphones or earbuds into the school building. That means that use of a pocket talker is unavailable.
  - The SAP program has an FM assistive listening system, but had not yet used it.
  - There was no captel.
  - The TTY lacked instructions and I could not get it to work; directions need to be developed and then a test done where someone who has never used it before follows the directions and calls me, TTY to TTY and using a relay service to a regular phone.
  - A test should be performed of the VRI and the videophone.
  - Inmates were not authorized to purchase non-auditory watches/alarm clocks
  - Data provided on the self-audit did not always seem to be accurate. For example, not even one inmate was listed as having low literacy, which is implausible.
- Audiology services:
  - There seemed to be some confusion about the screening criteria for a medical provider audiology assessment. The written documentation stated that a "Yes" or "Sometimes" answer to one screening question requires follow-up; interviews of medical staff elicited a different answer.
  - Inmates reported that obtaining necessary audiology equipment (e.g., hearing aid batteries, filters, and service) was time-consuming and sometimes impossible.

Good practices:

- GRCC has used an in-person interpreter in a situation where the VRI would not be effective.
- GRCC has an FM transmitter microphone, which is used as an assistive listening device for educational programming. See https://www.amazon.com/Whole-House-FM-TransmitterMicrophone/dp/B0742MMRKW/
- GRCC offers an 8-hour sign language class for inmates.

KCIW (self-audit only)
Warden: Vanessa Kennedy
ADA Coordinator: Lori Holderman

Areas of concern:

- The ADA Coordinator reports only partial compliance with regularly communicating with deaf inmates and ensuring effective communication for deaf inmates. No details are provided on the deficits.
- Orientation videos are not captioned, not always shown in a quiet space, and not always amplified when needed.
- The videophone has experienced long outages. The VRI has also gone down—and was restored to operation only when a software update was reversed.
- Devices:
  - No personal phone amplifiers have been made available.
  - No assistive listening.
  - HOH inmates are not routinely allowed to purchase vibrating watches/alarm clocks.
  - No captel.
- Non-auditory alerts not sufficient to signal count alert, not programmed to signal different alerts, not used to notify prison-wide events, and not used to notify Deaf / HoH inmates of events specific to them.

Good practices:

- When inmates have missed announcements / alarms because they didn't hear pages, in-person notification is used.
- An in-person interpreter has been used in situations in which the VRI is ineffective.
- The ADA Coordinator monitors disciplinary reports to ensure that nobody is disciplined for failing to follow an order she could not hear.

KSP (July 29 Site Visit)
Warden: DeEdra Hart
ADA Coordinator: Roger Mitchell

Areas of concern:

- The audiology case list used by medical providers was incomplete. And audiology timeliness was poor—the "order sheet" moving people along in the process would get lost. This problem was solved by Health Services Administrator Nancy Raines, who set up a tasking protocol using a function known as "L Jellybean." Ms. Raines is retiring, though, and it is unclear whether the problem will stay solved once she is gone.
- The ADA Coordinator had not received ADA Coordinator/Settlement Agreement training.
- No auxiliary aid assessments/meetings were being performed. In their absence, there were several problems:
  - Inmates did not know who the ADA Coordinator is.
  - Inmates did not know what services etc. were available. (KSP has a brochure that explains what resources are available, but that brochure was not routinely shared with deaf/HOH inmates.)
  - Inmates didn't have bed cards, HOH IDs, and the like.

- There seemed not to be an adequate process for considering requests for reasonable modifications to existing policies, housing assignments, etc. For example, when inmates requested a cell move to a quieter housing area, that request seemed not to trigger consideration of the disability-related need.
- MRT (Moral Reconation Therapy), a group class, took place in a space with significant hearing challenges, including a loud fan. Accommodations were scarce. Although it seems implausible, inmates report they aren't aware of the possibility of moving up front. Consideration should be given to fixes: can the fan be moved? Can inmates be notified that they can move up front? Etc.
- Auxiliary aids:
  - There was no assistive listening/amplification system available, although HOH inmates expressed interest in using one, for example for MRT.
  - Inmates were not aware of the possibility of using a pager on the yard—and it was not a great notification system, in any event. Some alternative process for notifying inmates of individual pages and the like was needed—in-person notifications, bulletin board postings, or something else.
  - There were no portable phone amplifiers available.
  - Inmates were not given the opportunity to get vibrating watches or vibrating alarm clocks.
  - Not all phone banks had a phone with a volume control.
  - As is true systemwide, the Purple videophone had not worked consistently.
- Inmate transfers into restrictive housing separated inmates from their hearing aids, with long delays for their restoration.
- There continued to be an issue with the availability/utilization of the laptop-provided video remote interpretation (VRI). During my visit, the VRI was not operational. A VRI test is needed, in several locations of the prison, including from restrictive housing.
- It was not clear how KSP will accommodate deaf inmates if there is a "whistle alarm"—a drill or actual incident in which inmates on the yard are instructed by a whistle to lie down on the ground.
- It seemed that intercom announcements are not very accessible, because intercoms were difficult for HOH inmates to understand. There are announcements made via institutional tv channel, but of course this is no solution for inmates who don't have televisions. Use of a bulletin board might ameliorate this problem.
- It is not clear that hand-restraint protocols for inmates who sign are compliant with the Settlement Agreement.
- It was challenging to schedule confidential interviews between my assistant and inmates.

Good practices:

- For inmates undergoing audiology testing who struggle to use a computer, appropriate assistance was made available.
- The availability of a Sorenson videophone meant that difficulties with the Purple videophone mattered less (or not at all).
- KSP has implemented a good Special Needs Referral Form.

KSR (July 31 site visit)
Warden: Anna Valentine
ADA Coordinator: Cynthia Wathan

Areas of concern:

- As with other facilities, KSR's ADA Coordinator is not getting email alerts for transfers. To fill in the missing information, she has been checking the KOMS record for each inmate transferred to KSR. This is admirable but very inefficient.
- Devices:
  - KSR had several portable phone amplifiers, but they are now missing; more should be ordered and tracked.
  - There is no captel available, and there are several inmates for whom this would be a useful technology.
  - KSR owns FM transmitters for use in the chapel and in the Sexual Offender Treatment Program (SOTP) but has not actually used them yet.
- Audiology/Hearing Aids
  - As with other facilities, hearing aids have several times been lost during the transfer process.
  - For new hearing aids, it has been taking the provider, Audicus, up to 45 days to ship them. This is way too long.
  - A couple of times recently, Audicus has shipped hearing aids to the wrong prison.

Good practices:

- KSR has implemented an excellent process for auxiliary aid assessment. The ADA Coordinator meets with each incoming deaf/HOH inmate, promptly after arrival at the institution, to discuss available services and to assess what he needs. Needed equipment/services are then provided, and the meetings are memorialized. The ADA Coordinator meets with each inmate again after a year, to check in/update accommodations.
- KSR's ADA Coordinator memorializes requests for services and the response by scanning the kits she receives and their answers, and entering both into KOMS.
- Two helpful non-auditory methods of communicating announcements are being used: bulletin boards in housing areas, and institutional channel 17.
- To help avoid loss of hearing aids and other devices on cell moves/transfers, a checkbox for assistive equipment is being added to property forms.
- Inmates are allowed to purchase non-auditory alarm watches; group orders are placed each quarter.
- A useful HOH ID has been implemented. The regular ID card hangs horizontally; the HOH ID hangs behind it, vertically, so that both can be seen at once.
- Dorm signs are well designed.
- Hearing rescreening is done not during the annual physical, but at the same time as annual TB skin tests. This is an excellent method, because it's more likely to occur, and because it facilitates follow-up.
- An in-person interpreter has been used with success for a deaf inmate enrolled in sex offender treatment.
- The information brochure for deaf/HOH services has been appropriately adapted with helpful institution-specific info.

- There is a DVD available to inmates providing instruction in American Sign Language.
- Temporary door signs are used to mark the cell of HOH inmates when CPTU does not allow inmates to have their IDs due to the potential for self-harm.

LAC (August 2 site visit)
Warden: Daniel Akers
Assistant Warden: Troy G. Pollock
ADA Coordinator: Mitchell Brandenberg

Areas of concern:
LAC is run by CoreCivic, on a contract with KDOC. It is quite recently opened, so has had a shorter period of Settlement Agreement implementation. As of the time of my visit, there was essentially no Settlement Agreement compliance system in place. The ADA Coordinator reported that he simply had insufficient time to learn about the Settlement Agreement and carry out its terms.

- ADA Coordinator had not been trained.
- No training had been provided to staff.
- No auxiliary aid process was being implemented, and there had been little to no communication with deaf/HOH prisoners about how to access services or what services were available.
- No forms for requesting/waiving services were available.
- Devices:
  - No videophone or VRI was available.
  - TTY instructions were insufficient, and 711 didn't work (but 800-648-6056 did).
  - No assistive listening, including in difficult hearing environments like SAP.
  - No portable phone amplifiers.
  - No earphones for parole etc.
  - No captel.
- TV captioning was inconsistent.
- Basic communication was highly inaccessible:
  - No intercom systems were in use.
  - Timing of meals and yard changed frequently, augmenting the need for communication.
  - Inmate aids were appointed (and designated as "town criers") but it was clear that they did not know all the deaf/HOH inmates, and the deaf/HOH inmates did not know them.
- Audiology:
  - Medical did not send any documentation to the ADA Coordinator on HOH inmates other than what the ADA Coordinator requests following a Monitor inquiry. Medical often had a long (30 days+) delay in responding to inquiries.
  - It seemed that there were numerous inmates who had sought a hearing aid, but had not been provided audiology testing.

In response, I have had several follow-up conference calls with the ADA Coordinator and others. As of the end of September, it seemed that there had been progress. An auxiliary aid process was put into place and auxiliary aid meetings held; various forms were incorporated into that process. Videophones were installed (but the VRI remains inoperable). Information has gone out to

inmates and staff about services. I believe, however, that the other items identified above remain unsolved.

LLCC (July 31 site visit)
Warden: Scott Jordan
ADA Coordinator: Sherri Grissinger

Areas of concern:

- As in other facilities, the Purple videophone often fails. When outages occur, the VRS laptop is used as a substitute—but it is made available only during the workday, leaving deaf inmates unable to make calls during the most useful hours after work and on the weekend.
- Even when the videophone is working, it seems that there are access issues. Deaf inmates not housed in the unit where it is located must get permission to go to that unit; this should be easy and routine, but is apparently not.
- Audiology:
  - Hearing aid testing is being performed on-site, but insufficient assistance was being given to inmates whose computer literacy is low. After discussion during the site visit, this should be solved going forward.
  - Post-testing approval of hearing aids has been slow.
- Medical staff have not implemented an easy method for using VRI interpretation.

Good practices:

- The ADA Coordinator performed a survey of all the deaf/HOH inmates, asking about their experiences and needs.
- Devices:
  - For HOH inmates who are learning to read, educational staff introduced a home-made device they call a Tubeloo, which amplifies their voices so they can hear themselves as they read out loud.
  - A Peavey assistive listening system is available for HOH inmates in the chapel and the academic building.
  - Deaf/HOH inmates are provided a quarterly opportunity to purchase vibrating alarm clocks and watches.
  - TTY access is limited.
  - Portable phone amplifiers are in use.
  - Staff in the restrictive housing unit have set up a way to allow use of VRI/VRS when needed.
- There has been both preparation and training related to transport of inmates who sign to communicate; an “ADA bag” includes special restraints that allow them to move their hands while being transported.

LSCC (August 1 site visit)
Warden: Keith Helton
ADA Coordinator: Rhonda May

Areas of concern

- The new ADA Coordinator has not done ADA Coordinator training.

- The KDOC website listing of the ADA Coordinator is out of date.
- The self-audit information is incomplete.
- Devices:
  - Intercoms were not in use.
  - No captel was available.
  - No assistive listening system was in place outside of the chapel—it is particularly needed in SAP (see below).
  - Inmates are not allowed to buy vibrating watches.
  - As elsewhere, Purple phones have long and numerous outages.
  - VRI: It was not clear how the VRI laptop would be used in the academic building, given the configuration of power and internet access. Also, staff familiarity with VRI seemed low, particularly in medical. There seemed to be no routine software updates to the VRI laptop.
  - There were no TTY instructions, even though I pointed out this absence during a prior site visit.
- The auxiliary aid process is not adequate:
  - Not everyone was in KOMS.
  - When audiology testing found an inmate who is deaf or HOH, no notice was provided to the ADA Coordinator, and therefore no non-audiology services were being provided.
  - Not all inmates had HOH card.
  - There was no consideration of specific housing assignment to minimize communication difficulties.
- SAP was incredibly noisy; besides assistive listening, other quieting techniques should be considered.
  - The ice machine was extremely loud. Can it be moved or dampened?
  - On my last visit, over a year ago, SAP personnel agreed to try an assistive listening device, but they did not follow through, and on this last visit, they did not agree. This is urgently needed.
  - There was no volume adjustment button on any telephone in the SAP area.
  - Other measures should be considered as well.
- Hearing aids were frequently lost on transfer into RHU.
- Audiology:
  - As in other facilities, when an inmate is transferred to LSCC while still in-process for audiology services, there was no working system to ensure that the process continues. There was no hearing screening on transfer, and chart reviews have been insufficient to catch such inmates.
  - KDOC policy provides for hearing screening that leads to a medical provider visit, if one or more of the screening questions leads to an answer of "yes" or "sometimes." But at LSCC, only three or more such answers are leading to the next stage of the process.
  - Medical staff tracking of audiology services has not been appropriate; the tracking methodology was not working. During my visit, we discussed alternative approaches to solve this. The audiology tracker needs to be updated frequently, not only after hearing aids are provided.

Good practices

- The chapel uses an FM assistive listening system, obtained from the church technology catalog www.kingdom.com.
- Used VRI for a program (note: ADA Coordinator should have but did not evaluate whether this was effective, and if not, should have consider a live interpreter)
- The Warden and ADA Coordinator conducted appropriately individualized review of possibility of direct threat in a job placement.

NTC (self-audit only)
Warden: Brad Abrams
ADA Coordinator: Jennifer Baker

Areas of concern

- ADA Coordinator has not received training. She also reports only partial compliance with Settlement Agreement familiarity.
- The self-audit is incomplete.
- KOMS notifications are not occurring when deaf/HOH inmates arrive.
- The notices outside of the housing units do not include a picture of the ID card.
- Only partial compliance with instructions for the use of all auxiliary aids/services being shared with staff.
- Many of the training requirements are marked as only "partially compliant," though no details are provided.
- Devices:
  - Videophone does not allow for voice carry-over features.
  - Some issues using VRS when the videophone is out of service.
  - TTY stored in office, rather than made accessible to inmates.
  - No captel is available.
  - Apparently the VRI laptop was non-functional at some point.
- No VRI log is available.
- VRS is not being used to substitute for the videophone when the videophone is out.

Good practices

- Vibrating watches made available to HOH inmates.
- Classes in American Sign Language are provided and preference is given to HOH inmates for enrollment.

RCC (self-audit only)
Warden: Jessie Ferguson
ADA Coordinator: Jessica Durrett

Areas of concern

- The new ADA Coordinator has done only ADA basic training, not the Settlement Agreement and other training.
- The KDOC website lists the wrong ADA Coordinator.

- No confirmation that settlement summary, settlement, and brochure are available in the library.
- KOMS alerts are inconsistent.

Good practices
- Sign language class is offered, and HOH inmates are given preference.

WKCC/Ross-Cash (July 29 Site Visit)
Warden: Tim Lane
ADA Coordinator: Jacob Bruce

Areas of concern:
- Audiology:
  - As with other institutions, there was a hand-off problem when inmates in the middle of the audiology process arrived at WKCC (including Ross-Cash).
  - WKCC's medical provider had been using an outdated policy for decision-making about hearing aid prescriptions, and therefore not all inmates who should receive a hearing aid are getting one.
- Auxiliary aid assessments are not yet regularized, and are not being consistently performed in a timely manner.
- Coordination between the ADA Coordinator and medical staff is not yet smooth; a shared folder might solve this problem.
- Devices:
  - The Substance Abuse Program (SAP) should try an assistive listening device, and was willing to do so—but no devices had been bought for them.
  - WKCC had purchased portable phone amplifiers, but had not actually used them.
  - One TTY may be missing.

Good practices:
- The "Jelly-bean" task management system has been in use for several months for audiology processing in medical, and seems to be solving delays and hand-off problems within the institution.
- A cordless telephone handset is available in restrictive housing for HOH inmates, facilitating their access to telephones.
- The KOMS-generated transfer emails are frequently coming through.
- A sign on the parole board video monitor makes clear that assistance is available for HOH inmates. (See Figure E, above)

Conclusion

As has been true throughout the Settlement Agreement period, KDOC staff have been professional in their efforts to implement the agreement, and helpful to me as I ask them monitoring questions. And as usual, there are both successes and challenges to report. The next self-reporting deadline will be in early February.

Respectfully submitted,

December 24, 2019

Margo Schlanger
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LIST OF EXHIBITS

Exhibit 1: Requested Action Item List for KDOC
Exhibit 2: KDOC Responses, Nov. 14, 2019 & Dec. 17, 2019
Exhibit 3: KDOC Institution Responses (various dates)
Exhibit 4: KDOC Self-Audit Spreadsheets

EXHIBIT 1: REQUESTED ACTION ITEM LIST FOR KDOC

I requested that KDOC respond to the system-wide recommendations in this report, in a memo from Acting Commissioner Kathleen Kenney or Deputy Commissioner Randy White, as they are the officials with appropriate authority. For each recommendation below, I asked that KDOC either (a) state its agreement to undertake the listed action, provide a time frame for it, and a list of the particular personnel who will be responsible to complete it, or (b) explicitly decline the action item, with an explanation. The response memos are attached as Exhibit 2.

1. **New ADA Coordinators**. KDOC should develop and implement an ADA Coordinator transition process, which should include processes for at least the following:
    - informing new ADA Coordinators about available resources,
    - linking them to other facilities' ADA Coordinators,
    - walking them through auxiliary aid, reporting, and tracking processes
    - updating the recipients of ADA related emails (for example, automated transfer emails),
    - updating the KDOC website list of ADA Coordinators.

2. **Tracking, alerts, etc.**
    a. Someone at KDOC headquarters should check <u>each and every</u> inmate for whom there is a record of a hearing impairment, and ensure that each of them is being appropriately tracked in KOMS.
    b. Each HOH inmate must have an ADA alert, not (or not just) a general precaution. The transfer notification system needs to be tested and fixed, from KDOC headquarters.
    c. Whether the information comes automatically to medical or is relayed by the ADA Coordinator, medical staff responsible for intake should be informed that a deaf/HOH inmate is incoming, so that they can ensure that audiology processes are not interrupted, deal with lost hearing aids, etc.
    d. The ADA Coordinators should be polled to find out what information would be most useful in the ADA tab, and the KOMS record of each individual with an alert should then be completed accordingly.
    e. KDOC Headquarters should develop and promulgate a memo about how to run an ADA report, sharing it with each ADA Coordinator—and ensuring that it is shared with new ADA Coordinators as well.

3. **Audiology standards**. Providers at each institution should all receive a new memo with the correct standard, and the update should be emphasized in some kind of training or other communications. Providers at each institution should be trained about how to evaluate the need for binaural hearing aids, and should review recent requests for two hearing aids and evaluate them against the policy, with oversight from the regional medical director. Inmates who have hearing deficits in both ears should have the policy explained to them when they are denied binaural amplification, so that they can make an informed decision whether to grieve the denial.

4. **Audiology services delays**.
    a. KDOC's medical provider should centralize a reporting system so that if any inmate has not completed audiology processing in three months—from the first report of a hearing problem to provision of a hearing aid or other resolution—that is reported centrally and headquarters staff take a role in immediately solving the problem.
    b. When inmates are transferred, there needs to be an instruction to *both* the transferring and the new institution; the transferring institution should send a progress note for all inmates whose audiology evaluation/provision is in-process, and the new institution should do a thorough chart review for each inmate who might be HOH, to check for in-process audiology needs.

5. **Request forms**. KDOC headquarters staff should review all forms by which inmates make requests that lead to in-person meetings, and ensure that each one includes notice that communication assistance is available at such meetings. For medical forms in particular, whatever issue caused the reversion to the prior form that has taken place should be corrected. The interpretation services form should clearly encompass religious and other volunteer-provided programming, as well as all inmate-staff communications.

6. **Hearing aid loss on intra-prison moves and inter-prison transfers**. "Adaptive equipment" should be added to the printed property list used to track property during moves, and staff should receive training that they must affirmatively locate such equipment and manage it appropriately. For inter-prison transfers, the best policy would be to instruct inmates to wear their hearing aids during the transfer.

7. **Auxiliary aids**
    a. Particular devices.
        - KDOC headquarters needs to solve the Purple phone outage problem so that **videophone** outages are both rare and short, or make a systemwide switch to a more reliable videophone provider. Each institution in which the videophone is widely visible to other inmates should install a curtain unless there's a significant security obstacle.
        - **Portable phone amplifiers** should be available at each institution: See, e.g., http://www.harriscomm.com/portable-telephone-amplifier.html.
        - There should be a **volume control phone** in every grouping of phones in every institution, including the phones used in restrictive housing.
        - **Captioned telephones** should be made available in every institution, available at the same hours as a regular phone.
        - KDOC should look into acquiring **specialized amplified phones**.
        - Each institution needs to work out and test a protocol by which **TTY**s can be used—and then write that protocol into full instructions capable of being followed by someone who has never used a TTY before.
        - At every institution, **assistive listening devices** should be made readily available for religious, educational, and rehabilitative programming. The need is particularly urgent for Substance Abuse Programming, which many institutions conduct in extremely noisy and difficult locations.

- KDOC should ensure that **earphones** for video communication are available in each prison, and also anywhere parole hearings are held—that is, in county jails. In addition, individuals who might need this equipment should be informed that it is available.
- Many institutions now have **non-auditory alerts** available, to notify deaf/HOH inmates who are in their beds of fires and the like. These are fine—but they do not meet the need for non-auditory announcements. They are mostly triggered only by fire alarms (not intercom announcements for chow, pill-call, count, and the like). And they work only for the small number of inmates who have them, and only when those inmates are in their beds. See 7.b, below, for additional needed equipment. In any housing unit where it is practicable, KDOC should direct staff to flash the overhead lights to signal chow and pill-call. In addition, KDOC should direct implementation of some kind of personal notification to deaf/HOH inmates, so that they do not miss personal announcements.

b. Inmate purchases of non-auditory alarm devices (vibrating watches and alarm clocks). KDOC headquarters should check with the institutions that have already piloted the devices about models and methods, and then should make them available for purchase by deaf/HOH inmates at every institution. (When inmates transfer from one institution to another, they should be authorized to bring these devices with them.)

c. Bulletin boards. For each housing area at every institution, all non-routine announcements should be written up and placed on a bulletin board in day-spaces.

d. Auxiliary aid processes. KDOC should instruct each institution to implement an auxiliary aid evaluation/process, with the following characteristics:
   - An auxiliary aid evaluation should be conducted within 2 weeks—and ideally substantially sooner—of each deaf/HOH inmate's arrival at an institution or identification as deaf/HOH.
   - The evaluation/process should be performed at a meeting between the inmate and the ADA Coordinator, so that the inmate learns who the ADA Coordinator is, and so that the inmate is given appropriate information about resources and services.
   - Effective communication should be provided at the meeting—meaning that an interpreter is necessary for any inmate who signs to communicate, and that for inmates who do not read, any documents should be fully explained using accessible language.
   - At the meeting, the inmate should be informed about all services/resources available—hearing aids, telephonic assistance, interpretation, captioning, etc. The brochure that has been developed for this should be kept on hand and distributed at the meeting. It should be updated whenever necessary, as new devices or new procedures come online.
   - Inmates should receive easy-to-provide resources no later than the meeting. For example, that's when they can get bed cards, hard-of-hearing IDs, etc.

Criteria and a clear process should be developed for access to any limited resources (bed shakers, telephone amplifiers, etc.), and explained to the inmates.

- Inmates should be informed at the meeting about a clear process for getting any additional auxiliary aids/assistance they need.

8. **Inmate Handbook**. KDOC should standardize the ADA notice in inmate handbooks, using text along the lines set out in the report this exhibit accompanies.

Exhibit 2: KDOC Responses, Nov. 14, 2019 & Dec. 17, 2019

DEPARTMENT OF CORRECTIONS

Matthew G. Bevin
Governor

John C. Tilley
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Kathleen M. Kenney
Interim Commissioner

Randy White
Deputy Commissioner

MEMORANDUM

To: Margo Schlanger
Settlement Monitor-- Adams & Knights v. KDOC

From: Randy White Randy White /gr
Deputy Commissioner, Adult Institutions

Thru: Kathleen M. Kenney Kathleen M. Kenney
Interim Commissioner

Date: November 14, 2019

Re: Responses: Exhibit 1: Requested Action Item Report from KY DOC

The following are KY DOC responses to the system-wide recommendations made in your report:

1—New ADA coordinators—KY DOC should develop and implement an ADA Coordinator transition process, which should include processes for at least the following:

Informing new ADA Coordinators about available resources

Linking them to other facilities' ADA Coordinators

Walking them through auxiliary aid, reporting and tracking processes

Updating the recipients of ADA related emails (for example, automated transfer emails)

Updating the KY DOC website list of ADA Coordinators

While the Kentucky Department of Corrections has established a primary ADA Coordinator and published the information to the inmate population, we will have each Warden establish a back-up ADA Coordinator at each facility by December 1, 2019. Each Warden will be instructed to advise Central Office, specifically the KY DOC Central office ADA Coordinator and the Director of Operations, of any changes of these two staff members. Having a primary and a backup will help alleviate a lapse in services to the inmate population who are deaf/hard of hearing.

The ADA Coordinators, backup ADA coordinator and Wardens will be made aware of a folder on the G-drive, labeled "ADA Coordinators". This folder will contain an updated list of all ADA Coordinators and backups, available resources, forms, etc. Until training materials can be updated into a Computer Based Training module, previous training that was conducted via power point, will also be available on the G-drive.

The KY DOC website was updated on November 6, 2019 to reflect current ADA coordinators at each facility. The website will continue to list only the Primary ADA Coordinators.

2—Tracking, alerts, etc.

a) Someone at KY DOC Headquarters should check each and every inmate for whom there is a record of a hearing impairment and ensure that each of them is being appropriately tracked in KOMS.

A KOMS report run on November 7, 2019, revealed that there are 886 inmates who have an ADA flag for deaf/hard of hearing. It would be labor intensive for one individual to check each and every inmate to ensure they are being appropriately tracked in KOMS. Therefore, the KY DOC Central office will have each facility's list sent to them to review the inmates housed in their facility. The review will be completed within 30 days.

b) Each HOH inmate must have an ADA alert, not (or not just) a general precaution. The transfer notification system needs to be tested and fixed, from KY DOC headquarters.

During the review noted above in 2 (a), the ADA coordinators will be advised to check that the ADA alert is shown in the KOMS header. In addition, the transfer notification system mentioned is already in place and is operational. However, it has been discovered that all of the Transfer Coordinators are not being consistent in scheduling transfers between institutions in the correct manner. To address the issue, all Transfer Coordinators and back-ups will be sent the instructions again on the proper way to schedule an inmate transfer in KOMS that will generate the notification. ADA Coordinators and backups will also be sent an example of what an ADA alert should look like when a transfer of an inmate occurs between facilities. The Director of Operations will work with the Classification Branch to have them provide additional training on this issue with the appropriate staff. It is noted that in exigent circumstances, an inmate may be transferred using the External Movement feature in KOMS, meaning that an ADA alert would not be generated. However, the Director of Operations is currently working with the Administrative Coordinator in the Office of Support services to prioritize a request that has already been submitted to Marquis to also generate the ADA alert for transfers completed with an External Movement.

c) Whether the information comes automatically to medical or is relayed by the ADA Coordinator, medical staff responsible for intake should be informed that a deaf/HOH inmate is incoming, so that they can ensure that audiology processes are not interrupted, deal with lost hearing aids, etc.

The institutional transfer coordinator should see the ADA alert in the KOMS header when they review incoming inmates transferring to their facility and then notify the institutional ADA coordinator and medical staff that the inmate will be arriving. In addition, our medical intake process covers asking the inmate upon initial assessment if they need assistance with any particular device. Should they need one,

an alert is placed in the electronic health record (ECW) of the inmate. It is also documented when the person has a hearing aid or other devices.

d) The ADA Coordinators should be polled to find out what information would be most useful in the ADA tab, and the KOMS record of each individual with an alert should then be completed accordingly.

The KY DOC Central office ADA Coordinator is polling the institutional ADA Coordinators to see what additional information would be useful to them to have in the ADA tab. Once compiled, a review will be conducted to determine what can be added and if there is a cost associated with making these changes in the KOMS system.

e) KY DOC Headquarters should develop and promulgate a memo about how to run an ADA report, sharing it with each ADA Coordinator—and ensuring that it is shared with new ADA Coordinators as well.

The KY Department of Corrections KOMS team can automatically generate a report to be sent to each ADA Coordinator and backup coordinator that pertains to their respective facility. Due to the complexity of the process to extract data from KOMS to generate the report, we believe an instructional memorandum would not be productive. Accordingly, the KY DOC Central office will automatically generate an ADA report to all ADA coordinators and backups on a weekly basis.

3—Audiology standards. Providers at each institution should all receive a new memo with the correct standard, and the update should be emphasized in some kind of training or other communications. Providers at each institution should be trained about how to evaluate the need for binaural hearing aids, and should review recent requests for two hearing aids and evaluate them against the policy, with oversight from the regional medical director. Inmates who have hearing deficits in both ears should have the policy explained to them when they are denied binaural amplification, so that they can make an informed decision whether to grieve the denial.

All providers were trained in March 2019 on the KY DOC Hearing Loss Protocol, Evaluation and Management of Hearing Loss, Interpretation of Audiograms—Practice. In addition, providers have been instructed that any denials of a hearing aid are to be presented before the Therapeutic Level of Care committee (TLOC) for review and final determination. After the TLOC decision has been made, the inmate can grieve the decision if they do not agree, in accordance with CPP15.6.

4—Audiology services delays

a) KY DOC's medical provider should centralize a reporting system so that if any inmate has not completed audiology processing in three months—from the first report of a hearing problem to provision of a hearing aid or other resolution—that is reported centrally and headquarters staff take a role in immediately solving the problem.

The Health Services Division reviewed 353 inmates from 1-4-2019 through 10-29-2029 with the findings as follows:

221 inmates were seen by medical providers and issues were resolved in 30 days or less.
118 inmates were seen by medical providers and issues were resolved 31-90 days.
14 inmates were seen by medical providers and issues were resolved anywhere from 98 -211 days. These are currently being reviewed further to determine the reasons it took longer than 90 days to resolve the issues. The Director of Operations will follow up with the Health Services Division within 30 days.

The Health Services Division is committed to have inmates seen and have issues resolved in 30 days or less. Anything that exceeds 30 days will be documented with explanation.

b) When inmates are transferred, there needs to be an instruction to BOTH the transferring and the new institution; the transferring institution should send a progress note for all inmates whose audiology evaluation/provision is in-process, and the new institution should do a thorough chart review for each inmates who might be HOH, to check for in-process audiology needs.

Each inmate who is transferred has a complete chart review by the medical staff to see if there are any outstanding issues that need to be resolved. Again, as stated above, the Health Services Division has reviewed those 221 inmate cases to ensure services are provided and issues resolved within the timeframes.

5) Request Forms—KY DOC headquarters staff should review all forms by which inmates make requests that lead to in-person meetings, and ensure that each one includes notice that communication assistance is available at such meetings. For medical forms in particular, whatever issue caused the reversion to the prior form that has taken place should be corrected. The interpretation services form should clearly encompass religious and other volunteer-provided programming, as well as all inmate-staff communications.

The KY DOC state ADA Coordinator is currently gathering all forms from each institutional ADA Coordinator by which inmates make requests that lead to in-person meetings. Once received, a meeting will be held to review all forms and ensure each one includes notice that communication assistance is available at such meetings, to include interpretation services for religious and other volunteer-provided programming. Once standardized forms are finalized, they will be placed on the G-drive and distributed to all ADA Coordinators, back-ups, and Wardens. The Health Services Division has indicated that medical forms are standardized in the Electronic Health Record.

6) Hearing aid loss on intra-prison moves and inter-prison transfers. "Adaptive equipment" should be added to the printed property list used to track property during moves, and staff should receive training that they must affirmatively locate such equipment and manage it appropriately. For inter-prison transfers, the best policy would be to instruct inmates to wear their hearing aids during the transfer.

The KY DOC will add "adaptive equipment" to the printed property list outlined in Corrections Policy and Procedure 17.1. This policy is currently under review and should be ready to implement any changes to the property form within 90 days. Plans are also in place to move towards an electronic property forms

process in KOMS in 2020. In addition, a memorandum can be distributed to advise how to properly handle inmate hearing aids and to practice the best policy of instructing the inmates to wear their hearing aids during the transfer instead of packing them in their property.

7) Auxiliary aids—

a) Particular devices:

KY DOC headquarters needs to solve the Purple phone outage problem so that videophone outages are both rare and short, or make a system wide switch to a more reliable phone provider. Each institution in which the videophone is widely visible to other inmates should install a curtain unless there is a significant security obstacle.

KY DOC polled the ADA Coordinators on November 4, 2019 to see if there were any Purple phone outage problems ongoing. All facilities reported no issues, except for the Kentucky State Reformatory and Lee Adjustment Center as of November 7, 2019.

The Kentucky State Reformatory's issue is not directly related to Purple, but is a sporadic issue with slight pixilation happening during the call. The Warden had the new switch installed on November 8, 2019. However, the new circuit installation could take up to 90 days, as we have to wait until AT&T fulfills the work order.

While the Lee Adjustment Center has three operational Purple kiosks, they have been having issues making the laptop operational. The issue surrounds the laptop not being a Core Civic device that cannot be connected to or used on the company computer network. However, they have been working with our contractor with Praeses to overcome this barrier. The estimated time of completion is no later than December 15, 2019. The Director of Operations will follow up to ensure this issue is resolved.

Institutions will be asked to be mindful of placement of the videophones away from populated areas or provide a curtain, depending on the physical plant.

Portable phone amplifiers should be available at each institution: see, e-g., *http://www.harriscomm.com/portable-telephone-amplifier.html*

After consulting the institutional ADA coordinators, the following institutions have portable phone amplifiers available to the Deaf/HOH population: BCFC, EKCC, KSP, KSR (ordering additional to accommodate population), LLCC, NTC, RCC, KCIW, LSCC and WKCC.

The following institutions have ordered portable phone amplifiers and are awaiting receipt of items: GRCC, BCC. The Director of Operations will follow up with these facilities within 30 days to ensure the items were received.

The Lee Adjustment Center currently does not have any portable phone amplifiers and has had no requests from their HOH inmates. The Director of Operations will follow up with the facility within 30 days to ensure the items were ordered and received.

There should be a volume control phone in every grouping of phones in every institution, including the phones used in restrictive housing.

All prisons report having volume control phones available in all areas.

The following KY DOC prisons do not have restrictive housing—BCC, BCFC, and RCC.

The Kentucky State Reformatory recently moved their RHU and are currently modifying having a portable amplifier available. The Director of Operations will follow up with the Warden in 30 days to ensure this issue has been addressed.

Western Kentucky Correctional Complex's RHU has wall mounted speakerphones. Therefore, inmates who are Deaf/HOH, are allowed access to a phone in the interview room when phone calls are scheduled.

All other prisons have a volume control phone in RHU.

Captioned telephones should be made available in every institution, available at the same hours as a regular phone.

There are currently four institutions that are utilizing the captioned phones in their facilities-- EKCC, LSCC, KSP, and NTC. While the KY Department of Corrections believes that inmates who are deaf/HOH are having their needs met with volume-controlled phones, portable amplifiers, TTY, videophones—VRI and VRS, we will compile and share the information on how the other facilities can purchase and provide if needed.

KY DOC should look into acquiring specialized amplified phones

At this time, the KY Department of Corrections believes that inmates who are deaf/HOH are having their needs met with volume-controlled phones, portable amplifiers, TTY, videophones—VRI and VRS. No institutions have indicated that the population's needs are not being met via any of these methods.

It is noted that the RFP for the Inmate Telephone Contract is currently out for bid. The following language has been incorporated into the Inmate Telephone Contract to the awarded company to comply with the Americans with Disabilities Act (ADA) requirements including, but not limited to, providing telephones which are accessible to: persons in wheelchairs, Telephone Devices for the Deaf (TDD), Video Relay Services, Video Relay Interpreter services, etc.

i. Vendor shall provide the number of TDDs and ports at the Facilities specified in **Attachment G - Facility Specifications.**
ii. TDDs should be able to work with any inmate telephone at the Facilities.
iii. Vendor shall record and monitor TDD calls via the ITS.
iv. TDD calls shall not be charged by the Vendor.

At no cost to KYDOC, Vendor shall work with KYDOC's assigned ADA Coordinator at each Facility to provide Video Relay Service (VRS) and Video Relay Interpreter (VRI) services. Any cost, including but not limited to the Federal Cost, associated with the VRS and VRI services shall be the responsibility of Vendor. Vendor shall contract with KYDOC's preferred VRS and VRI provider to ensure complete compliance with **Attachment H – ADA Settlement Agreement**. KYDOC currently utilizes Purple Communications. All VRS and VRI sessions are to be recorded and provided to KYDOC upon request.

v. Vendor shall supply KYDOC with the number of laptops specified in **Attachment G – Facility Specifications** for the purpose of conducting VRS and VRI sessions. The laptops shall each include a 13" screen. All laptops provided by the Vendor shall comply with the Commonwealth IT and security standards and shall become the property of KYDOC upon expiration and/or termination of the Contract.

vi. Vendor shall supply a wireless connection to allow for portability in which to conduct the VRS and VRI services.

At no cost to KYDOC, Vendor shall provide the number of VRS and VRI units detailed in **Attachment G – Facility specifications.** These units shall be dedicated to VRS and VRI services and accessible to the applicable inmates at any time.

In addition, a video visitation system is also a requirement in the Inmate Telephone contract and once the contract is awarded and implemented, this will give Deaf/HOH inmates more access to visually see their friends and family.

Each institution needs to work out and test a protocol by which TTYs can be used—and then write that protocol into full instructions capable of being followed by someone show has never used a TTY before.

All institutions report having a TTY available with the instructions placed with the device. Therefore, the KY DOC does not believe it is necessary to write out a separate protocol on how to use the TTY.

At every institution, assistive listening devices should be made readily available for religious, educational, and rehabilitative programming. The need is particularly urgent for Substance Abuse Programming, which many institutions conduct in extremely noisy and difficult locations.

The KY Department of Corrections is currently gathering information from GRCC, KCIW, KSP, KSR, LSCC, LLCC, NTC and WKCC who have some type of amplification units for programming, education, and religious services. Once the information is gathered, the information will be disseminated to the institutional ADA coordinators and Wardens. Once this has been accomplished the Director of Operations will follow up with each Warden to ensure assistive listening devices have been purchased and provided for these areas.

Many institutions now have non-auditory alerts available to notify deaf/HOH inmates who are in their beds, of fires and the like. These are fine—but they do not meet the need for non-auditory announcements. They are mostly triggered only by fire alarms (not intercom announcements for chow, pill-call, count and the like.) And they work only for the small number of inmates who have them, and only when those inmates are in their beds. See 7.b, below, for additional need equipment.

b) Inmate purchases of non-auditory alarm devices (vibrating watches and alarm clocks). KY DOC headquarters should check with the institutions that have already piloted the devices about models and methods, and then should make them available for purchase by deaf/HOH inmates at every institution. (When inmates transfer from one institution to another, they should be authorized to bring these devices with them.)

The KY DOC Central Office ADA Coordinator is currently obtaining a list of non-auditory alarms and gathering information of where these items were purchased. Once the list is compiled and reviewed, the information will be placed on the G-drive folder for ADA Coordinators to be able to review.

c) Bulletin boards: for each housing area at every institution, all non-routine announcements should be written up and placed on a bulletin board in day-spaces.

Institutions routinely post changes via memo on inmate bulletin boards within units. Several institutions also notify deaf/hard of hearing inmates by using inmate "runners" to notify them of necessary information. Those facilities that have the capability of having an institutional television channel use this to post memos or changes in schedule. One institution sends out information utilizing the JPAY kiosk system. The KY DOC Central office ADA coordinator will place a summary of this information on the G-drive to share additional ways to convey non-routine announcements in addition to posting on bulletin boards.

d) Auxiliary aid processes. KY DOC should instruct each institution to implement an auxiliary aid evaluation/process, with the following characteristics:

** An auxiliary aid evaluation should be conducted within 2 weeks—and ideally substantially sooner—of each deaf/HOH inmate's arrival at an institution or identification as deaf/HOH.*

** The evaluation/process should be performed at a meeting between the inmate and the ADA coordinator, so that the inmate learns who the ADA Coordinator is, and so that the inmate is given appropriate information about resources and services.*

** Effective communication should be provided at the meeting—meaning that an interpreter is necessary for any inmate who signs to communicate, and that for inmates who do not read, any documents should be fully explained using accessible language.*

**At the meeting, the inmate should be informed about all services/resources available—hearing aids, telephonic assistance, interpretation, captioning, etc. The brochures that has been developed for this should be kept on hand and distributed at the meeting. It should be updated whenever necessary, as new devices or new procedures come online.*

** Inmates should receive easy-to-provide resources no later than the meeting. For example, that's when they can get bed cards, hard-of-hearing IDs, etc. Criteria and a clear process should be developed for access to any limited resources (bed shakers, telephone amplifiers, etc.), and explained to the inmates.*

** Inmates should be informed at the meeting about a clear process for getting any additional auxiliary aids/assistance they need.*

All KY DOC prisons currently hold Treatment Team meetings with key staff to review a variety of treatment plans for inmates. This could be a function of the weekly treatment team that includes the ADA coordinator. When an inmate who is deaf/HOH comes into the prison, the Health Service

Administrator will notify the ADA coordinator. The treatment team can meet with inmate, introduce the ADA coordinator and provides information/interaction to discuss needs, access to resources, etc.

8) Inmate Handbook—KY DOC should standardize the ADA notice in inmate handbooks, using text along the lines set out in the report this exhibit accompanies.

The KY DOC Central Office ADA Coordinator is gathering information from the institutional ADA coordinators to see what language is currently being used in the inmate handbooks. Once the information is gathered, a meeting will be held to standardize the ADA notice in the inmate handbooks. After the standardized language is determined, there will be a deadline of 60 days to have the institutional inmate handbook revisions completed and the Director of Operations will follow up will all facilities within 30 days to ensure updates were completed.

JUSTICE AND PUBLIC SAFETY CABINET

Andy Beshear
Governor

Department of Corrections
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Frankfort, Kentucky 40602
Phone (502) 564-4726
Fax (502) 564-5037
www.kentucky.gov

Kathleen M. Kenney
Commissioner

MEMORANDUM

To: Margo Schlanger
Settlement Monitor—Adams & Knights v. KDOC

From: Randy White
Deputy Commissioner, Adult Institutions

Thru: Kathleen M. Kenney
Interim Commissioner

Date: December 17, 2019

Re: Additional Responses: Exhibit 1: Requested Action Item Report from KY DOC

The following are KY DOC responses to your follow up items for the system-wide recommendations that were added by you on December 2nd and December 3rd.

Item 7--"In any housing unit where it is practicable, KDOC should direct staff to flash the overhead lights to signal chow and pill-call.

It is important to note that all KY DOC facilities are not the same regarding construction and layout. Therefore, the Wardens must maintain the ability to put into practice a mechanism to communicate meal times and pill-call to the Deaf/HOH that work for their respective facilities.

Blackburn Correctional Complex, which is open dormitories, is the only KY DOC facility that flashes overhead lights to signal count times and pill call.

Eastern Kentucky Correctional Complex operates on controlled movement and has a green light that is turned on from the control cab in the HOH Walks of Dorm 3 C-Lower and A-Lower to signal for any movement, including meal times and pill call.

The Kentucky State Penitentiary is the maximum security prison. They do not flash overhead lights for any reason. Pill call is conducted immediately following population let-out for GP and PC, and does not require an announcement. In RHU, pill call is conducted at the inmate's cell door, on a schedule. Meals are conducted on a published schedule for GP and PC. In the Restrictive Housing Unit, each tray slot is unlocked prior to serving meals, which serves as an indicator.

The Kentucky State Reformatory has areas where lighting is controlled from a circuit box, making this suggested practice a safety issue. However, they have assigned inmate runners who will alert a Deaf/HOH inmate of schedules. They also have pagers for the deaf/HOH inmates, however, they do not always alert inside the dormitories, due to the construction of those buildings.

The Bell County Forestry Camp is open dormitory and they hire ADA support inmates to advise Deaf/HOH inmates. In addition they recently began flashing the lights for meals and pill call.

The Green River Correctional Complex have the security staff go and advise Deaf/HOH inmates personally. In addition, the Warden is also having maintenance install flashing lights to communicate to deaf/HOH inmates.

The Kentucky Correctional Institution for Women issues a personal memo on when the inmate may to go to the dining room to eat and when to go to pill call. Any changes to any of the schedules are given to the Deaf/HOH by a staff member.

The Lee Adjustment Center has inmates assigned to assist the Deaf/HOH inmates by making sure they are aware of announcements made in the housing units for meal times, pill call, etc.

The Luther Luckett Correctional Complex has inmate aides that notify Deaf/HOH inmates in person or make notifications via messages on dry erase boards.

The Little Sandy Correctional Complex have "resident helpers" who are assigned to the Deaf/HOH inmates, who communicate announcements to them.

Northpoint Training Center is open dormitory and they have assigned inmate runners to notify inmates. Staff also go down the wings to ensure that Deaf/HOH inmates are aware of these times.

The Roederer Correctional Complex have ADA aides to notify Deaf/HOH inmates in the units if they are having a difficult time hearing announcements. Also, Units 1, 2, 4 and 5 are open dormitory so they can observe other inmates leaving in large groups for recreation, pill call, and meal times.

The Western Kentucky Correctional Complex is open dormitory. Recently, the Warden implemented the procedure where the Dorm Officer in each dorm will flash the lights on and off briefly three times at each announcement for that dorm's meal time and pill-call, as well as the five-minute warning for count and count time announcements over the PA system.

In addition, KDOC should direct implementation of some kind of personal notification to deaf/HOH inmates, so that they do not miss personal announcements (e.g., "John Smith, report to the Unit Administrator.").

All institutions have mechanisms in place to address personal notification to Deaf/HOH inmates so they do not miss personal announcements.

The following KY DOC institutions utilize staff to notify Deaf/HOH inmates of personal announcements: EKCC, KCIW, KSP, KSR, LAC, RCC, WKCC, GRCC and BCC.

The following KY DOC institutions utilize other assigned inmates to notify Deaf/HOH inmates of personal announcements: LLCC, LSCC, NTC, BCFC,

On TTY access, I am nearly certain that not every institution has working TTY instructions. They have device instructions -- but those do not include how to set it up, get an outside line, etc. To ensure access, I will run a test, in January -- I will ask that a staff member who has never used a TTY before be handed the TTY and its instructions and (without assistance) use it call me at an arranged time. The instructions should be adequate to facilitate this.

On December 5, 2019, all KY DOC Wardens were advised, via email communication, that the settlement monitor would be contacting them sometime in January 2020 to run a test and that they should review the written instructions and run their own test in advance.

"KDOC should ensure that earphones are available in each prison, and also anywhere parole hearings are held—that is, in county jails. In addition, individuals who might need this equipment should be informed that it is available."

The KY DOC will make earphones available in each prison. The KDOC, however, has no authority over the jails, and therefore no authority to mandate that jails provide earphones.

The DOC is a regulatory agency charged with enforcing the provisions of KRS 441.055 to 441.075, which includes compliance with KY Jail Standards outlined in 501 KAR Chapters 2, 3 7 and 13, the Department has no real enforcement mechanism available to compel compliance, other than removal of state inmates or closure of the entire facility, as outlined in KRS 441.075.

The KY DOC is happy to explain to our 76 full service jails the importance of providing the recommended headphones to any inmate who may need/request them. But, there really is no legal authority to compel compliance. The accommodation of inmates with disabilities is not included in KY Jail Standards, therefore not subject to the actions outlined in KRS 441.075. The KY DOC will propose adding language to the standards at the next Commission on Corrections.

If the Parole Board is conducting a hearing where the offender has a hearing deficit, the Parole Board would not proceed without appropriate accommodations. The Parole Board would advise KY DOC that services would need to be arranged for the offender to accommodate his/her hearing deficit. The arrangements would be made by DOC and the Board would proceed after verification that appropriate services are in place.

Exhibit 3: KDOC Institution Responses

DEPARTMENT OF CORRECTIONS

Matthew G. Bevin
Governor

John C. Tilley
Secretary

BLACKBURN CORRECTIONAL COMPLEX
3111 Spurr Road
Lexington, KY 40511
859-246-2366
www.corrections.ky.gov

Kathleen M. Kenney
Commissioner

Amy Robey
Warden

MEMORANDUM

TO: **All Concerned**

FROM: Amy Robey, Warden

DATE: **October 28, 2019**

SUBJECT: July 2019 self—audit and July/August 2019 site visits Response

BCC Areas of Concern:

- Housing Clarification:
  - BCC has 2 dorms. Upon intake, Deaf/HOH offenders are housed in Dorm 2 C- bay, during the assessment period. The offender may request to move at any time. Any request to be moved will be considered. All BCC's offenders have the same opportunities, regardless of housing assignment.

- Devices:
  - Portable Amplifiers
    - a) Agree to purchase portable amplifiers.
      - Time frame: Within 30-days
      - Personnel Responsible: ADA Coordinator Christy Peach
  - Assistive Listening Devices
    - a) Agree to purchase Assistive Listening Devices
      - Time frame: Within 30-days
      - Personnel Responsible: ADA Coordinator Christy Peach
  - Vibrating Watches
    - a) Agree to allow vibrating watches if requested
      - Time frame: as requested
      - Personnel Responsible: ADA Coordinator Christy Peach

- Earphones for Parole Board Room
  - a) Agree to purchase earphones for parole board room.
    - Time frame: Within 30-days
    - Personnel Responsible: ADA Coordinator Christy Peach
- Captel Phones
  - a) Agree to purchase a Captel phone.
    - Time frame: Within 90-days
    - Personnel Responsible: ADA Coordinator Christy Peach

- Follow-up:

[redacted] request to move to Dorm 5 was denied, due to the dorm being in the process of being permanently closed. The denial of the offender's request to move dorms was not related to his hearing impairment. [redacted] was paroled o 5/23/2019. Deaf/HOH offenders housed at BCC may request to move out of Dorm 2 C-bay at any time. This move would not affect any ADA services. [redacted] was not removed from any job assignment, due to his hearing impairment. [redacted] was removed from the Kentucky Horse Park detail, as was the entire crew, due to contraband issues at that time. Upon the conclusion of the investigation into the contraband, [redacted] was cleared of any involvement and returned to the Kentucky Horse Park, where he worked until his release.

Exhibit: BCFC Report Response

From: **Miracle, Derek S (DOC)** <Derek.Miracle@ky.gov>
Date: Sun, Oct 27, 2019 at 5:56 AM
Subject: Re: Draft court report
To: Margo Schlanger <adamssettlementmonitor@gmail.com>

BCFC Areas of Concern
-No assistive listening devices or captioned telephone.

For the above areas of concern I met with the Warden and Deputy Warden over purchasing these items. They both agreed with the decision and once we determine which products, I will provide you with a copy of our Purchase Order.

I have also emailed KSP for guidance on purchasing and installing a captioned telephone. Again, I will keep you updated on this process.

I have also attempted to ensure other areas I noticed from other institutions and met at my own. For instance, I am going to take your handbook idea and have them add that to our next updated version. I am also looking at having our control center officer flashes the lights prior to counts.

If you have any further questions or concerns, please let me know! Thank you!

Derek Miracle, CTO I

DEPARTMENT OF CORRECTIONS

Eastern Kentucky Correctional Complex
200 Road to Justice
West Liberty Kentucky 41472
(606) 743-2800
Fax (606) 743-2811

Kathleen Kenney
COMMISSIONER

David Green
WARDEN

To: Margo Schlanger, Settlement Monitor

From: David Green, Warden David Green

Date: October 22nd, 2019

Re: ADA Self-Audit Follow Up Responses

Areas of Concern:

1.) Update to the ADA Coordinator listing on the KY DOC Website has been requested.
2.) Mr. King has completed the computer based training and has inspected the documentation on the ADA Google Drive. Please let us know if there is any training in addition to these.
3.) We are currently working with Medical to better facilitate audiology assessments.
4.) Audiology progress tracking is shared with Mr. King from Medical when new hearing aids are received. Further updates are in progress.
5.) Devices:
    a. Portable Phone Amplifiers – These are provided to any Inmate who requests them. Currently have 6 portable amplifiers issued out for inmates that requested them during auxiliary aid assessments.
    b. Assistive listening is currently in the research stage to find a system that will work with our current equipment. Your recommendations on devices would be appreciated on this item.
    c. Bed Shakers – EKCC currently has Bed Shakers in the ADA equipment inventory but no Inmates are currently issued one.
    d. Earphones for Parole – We are going to order two sets of earphones within the next week for use during Parole Board hearings.
    e. Volume Control phones – All Phones in use in the Inmate housing areas have volume control. Securus installed these after your last site visit.

Good Practices:

1.) Mr. King continues to walk the dorms each week to facilitate access for Deaf/HOH Inmates.
2.) The Non-Auditory alerts in Dorm 3, in the form of a green light, have been working well and are installed on A-Lower wing and C-Lower wing.

Follow-ups:

1.) Inmate [redacted] does have a Pocket Talker issued to him from EKCC's Medical Department.

2.) Inmate [redacted] was issued a portable phone amplifier while he was housed at EKCC. Inmate [redacted] was transferred to Lee Adjustment Center on 08/02/2019. Please note that while Inmate [redacted] was housed at EKCC he primarily used the TTY device for his communications.

3.) EKCC has a CapTel model 840 installed in Dorm 3 where the Deaf/HOH walks are located. [redacted] used the CapTel while he was housed at EKCC and said it was a great tool for communication. Inmate [redacted] was transferred to Western Kentucky Correctional Complex on 09/12/2019. The CapTel is located in the Core area of Dorm 3 next to the Videophone. We are still working with Securus to integrate the CapTel into their systems. I will attach a photo of the CapTel and location at the end of this document. Regarding Inmate [redacted], I have no record of an Inmate [redacted] currently at EKCC that is considered HOH. Please provide additional information and we will investigate.

Devices currently in use at EKCC:

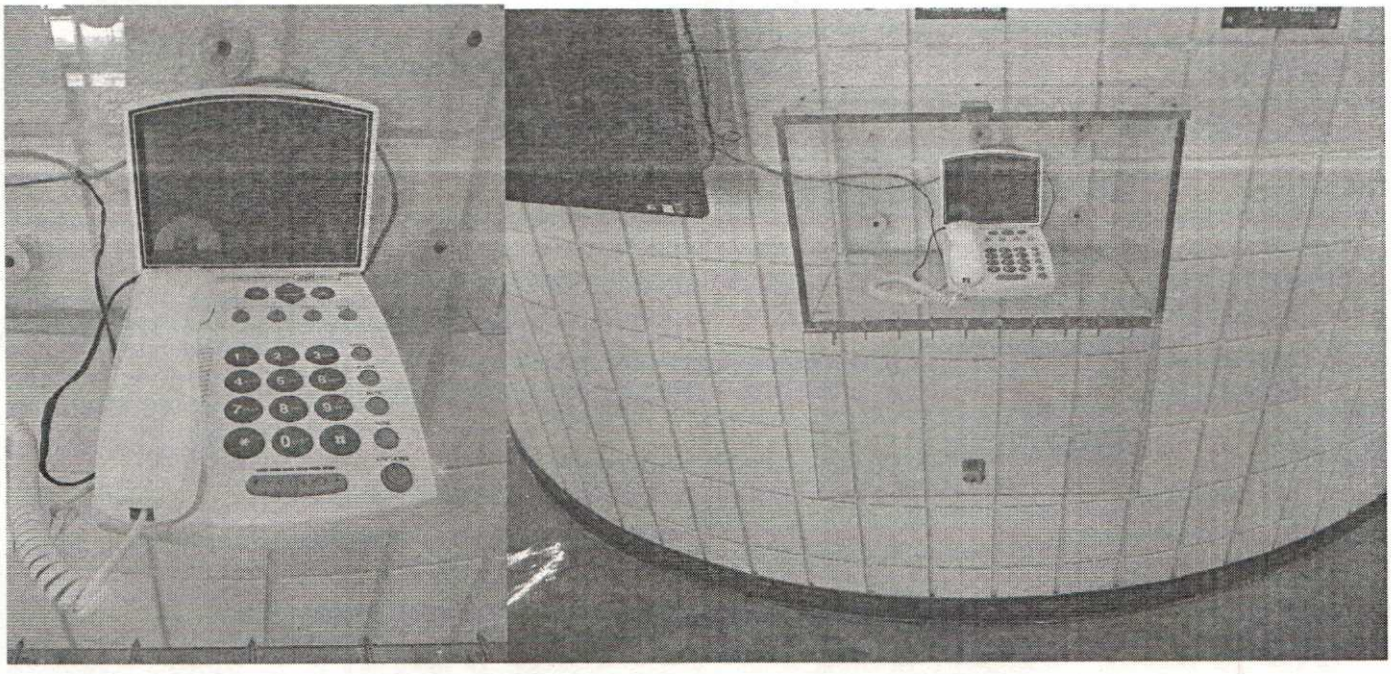
1.) Shake and Wake Watches – 25 issued currently
2.) Portable Phone Amplifiers – 6 issued currently
3.) Volume Control phones in all housing areas
4.) TTY device
5.) Videophone and VRI Laptop
6.) CapTel model 840

If you have any further questions, feel free to contact us.

Regards,

David Green, Warden

Kristopher J. King, Safety Coord.



DEPARTMENT OF CORRECTIONS

Kathleen M. Kenney
Commissioner

Green River Correctional Complex
1200 River Road
P.O. Box 9300
Central City, KY 42330-9300
www.corrections.ky.gov

Kevin R. Mazza
Warden

To: Margo Schlanger, Settlement Monitor
From: Bobbi Jo Butts, Deputy Warden Bobbi Jo Butts
Re: ADA Draft Court Report
Date: October 25, 2019

Green River Correctional Complex Specific Reply:
Site Visit: July 30, 2019

Area of Concern:

1. The ADA Coordinator rarely receives automated email notices of transfer of deaf/HOH inmates to GRCC
    - The ADA Coordinator does receive automated email when an ADA inmate is transferred to a different institution and when they arrive at GRCC from another institution.
2. Prior to my visit, the ADA Coordinator and medical staff were not routinely sharing information; there was insufficient communication regarding the identity of deaf/HOH inmates and of their progress through audiology processes. During the visit, a system was discussed that hopefully will solve the problem.
    - Medical staff had not been receiving notification when an ADA Inmate was arriving from another institution. They are now receiving that information, communicate, and share information with the ADA Coordinator.
3. It seems that there are delays and other issues for inmates who need hearing aid parts –e.g., filters. Medical needs to work out (a) how to obtain these parts, and (b) how to make them easily available to inmates. n
    - Delays do occur for many various reasons; some out of the institutions control. Inmates notify the ADA Coordinator when they need parts ordered. The ADA Coordinator notifies medical by either phone or email of the need. Delays occur when inmates wait until they are completely out of supplies to notify ADA Coordinator, the medical department is out of stock and waiting on orders to arrive; just to list a few. Other delays may occur as with any ordering process. Inmates have been advised that if they are getting low to let Medical and/or the ADA coordinator know. Medical has been advised that supplies should be ordered immediately upon notification from the ADA or inmate.
4. The ADA Coordinator was not conducting auxiliary aid assessments, and not using the developed documentation explaining available services and resources. As a result, inmate are not getting items they need, such as deaf/HOH cell cards, IDs, and auxiliary aids.

- Upon arrival to GRCC, their assigned unit staff and the medical department see all inmates. During this orientation, both the unit staff and medical department advise inmates who the ADA Coordinator is. Since your visit, the ADA Coordinator now meets with the inmates and has them complete an intake form. The intake form will also be scanned into KOMS effective immediately.

5. It is unclear how GRCC will accommodate deaf inmates if there is a "whistle alarm" – a drill or actual incident in which inmates on the yard are instructed by a whistle to lie down on the ground.
    - If there is a whistle alarm and the inmates cannot hear it, somebody will let them know or they will see everyone getting on the ground. In addition, the inmates have their HOH ID that staff will see to let them know they need to assume compliance position.

Equipment/Devices:

1. GRCC was not making phone amplifiers available to inmates.
    - ADA Coordinator has been actively trying to locate phone amplifiers to place in each dorm. No ETA of purchasing equipment is available at this time.
2. GRCC had a PA system in the housing units, but often used bullhorns instead. These are very difficult for HOH inmates; the PA system is better, so it should be used.
    - All intercoms are in working order as of the typing of this report. Staff have been advised to utilize the PA system and that the bullhorns should only be utilized when the PA system is not functioning properly. Staff have also been advised that HOH inmates should be notified when the PA is not working. All HOH inmates have signs on their cell doors.
3. Inmates reported that they were not authorized to bring their own headphones or earbuds into the school building. That means that use of a pocket talker is unavailable.
    - HOH inmates may bring their headphones/earbuds to class. They must present their HOH ID in order for this to be allowed.
4. The SAP program has an FM assistive listening system, but had not yet used it.
    - The system still has not been used as of this report.
5. There was no captel.
    - Unsure of what this is referencing.
6. The TTY lacked instructions and I could not get it to work; directions need to be developed and then a test done where someone who has never used it before follows the directions and calls me. TTY to TTY and using a relay service to a regular phone.
    - There is a phone in Building D that can be utilized if needed. ADA Coordinator has placed step-by-step instructions to the TTY with it. A test will be conducted with you by COB 11/01/19. **Note** No one has asked to use the TTY since current ADA Coordinator has been the Coordinator
7. A test should be performed of the VRI and the videophone.
    - Either the ADA or Assistant ADA Coordinator completes tests each week. They will create a checklist to sign off on weekly.
8. Inmates were not authorized to purchase non-auditory watches/alarm clocks.

DEPARTMENT OF CORRECTIONS

Kathleen M. Kenney
Commissioner

Green River Correctional Complex
1200 River Road
P.O. Box 9300
Central City, KY 42330-9300
www.corrections.ky.gov

Kevin R. Mazza
Warden

- ADA Coordinator has been actively searching for non-auditory watches/alarm clocks for the inmates to purchase.

9. Data provided on the self-audit did not always seem to be accurate. For example, not even one inmate was listed as having low literacy, which is implausible.
   - ADA Coordinator reports that the self-audit has been updated.

Audiology Services:

1. There seemed to be some confusion about the screening criteria for a medical provider audiology assessment. The written documentation stated that a "Yes" or "Sometimes" answer to one screening question requires follow-up; interviews of medical staff elicited a different answer.
   - GRCC provider is using the current standard for determining if an inmate requires further testing or hearing aids.
   - Medical staff assessments have been corrected. Refresher training has been provided to the medical staff to remind them if the answer is "yes" or "sometimes", the inmate is referred to the provider for further evaluation.
2. Inmates reported that obtaining necessary audiology equipment (e.g., hearing aid batteries, filters, and service) was time-consuming and sometimes impossible.
   - Typically, supplies are kept in stock. However, sometimes items are on back-order. The items are distributed as quickly as possible.

Follow-ups needed: ADA Coordinator responded via email on 10/24/19 to these follow-ups.

1. What happened with respect to [redacted] and [redacted], and the hearing aid filters and other equipment they requested?
   - Both inmates received their filters for their hearing aids on 7/8/19. [redacted] has hearing aids ordered. They will be sent to LLCC once they arrive.
2. Did [redacted] get an HOH ID?
   - Yes, he has a HOH ID
3. What's the name of the inmate in Dorm 3 who uses the videophone?
   - [redacted] 284350 3BL19L
4. Does [redacted] have a bed shaker? If not, why not?
   - He had one while he was at GRCC, but transferred to LLCC in November 2018.
5. Can you provide a filled-in VRI Log?
   - Last used 9/5/18
6. Can you check the volume control buttons on the phones work?
   - ADA Coordinator checked and confirmed that all volume control buttons are working.

Not noted on report:

GRCC currently offers American Sign Language classes weekly to the inmate population. The classes are 1 hour each week and the program lasts 8 weeks.

DEPARTMENT OF CORRECTIONS

Kathleen M. Kenney
Commissioner

KENTUCKY CORRECTIONAL INSTITUTION FOR WOMEN
P.O. Box 337
Pewee Valley, Kentucky 40056
Telephone: (502) 241-8454

Vanessa Kennedy
Warden

TO: Margo Schlanger

FROM: Vanessa Kennedy, Warden Vanessa Kennedy

DATE: October 31, 2019

RE: Reply to ADA Concerns

- The ADA Coordinator reports only partial compliance with regularly communicating with deaf inmates and ensuring effective communication for deaf inmates. No details are provided on the deficits. – The ADA coordinator will either meet or Jpay all the deaf/Hard of hearing inmates on a monthly basis to ensure all their needs and concerns are being met.
- The videophone has experienced long outages. The VRI has also gone down—and was restored to operation only when a software update was reversed. The inmates have no concerns about the Purple phone they stated it works much better than the old one.
- Devices:
  - Phone amplifiers have been made available and are in each unit
  - No assistive listening. KCIW has pocket talkers.
  - KCIW does not have captel and does not plan getting one due to having the VRI, VRS, TTY, and the purple phone.
- Non-auditory alerts not sufficient to signal count alert, not programmed to signal different alerts, not used to notify prison-wide events, and not used to notify Deaf / HoH inmates of events specific to them. At this time there are no plans to get any non auditory alert system. We have bed shakers, strobe lights for the fire alarms, and yard alarm for emergencies

Exhibit: KSP Report Response October 28, 2019

KSP (July 29 Site Visit)
Warden: DeEdra Hart
ADA Coordinator: Roger Mitchell

Areas of concern:

- The audiology case list used by medical providers was incomplete. And audiology timeliness was poor—the "order sheet" moving people along in the process would get lost. This problem was solved by Health Services Administrator Nancy Raines, who set up a tasking protocol using a function known as "L Jellybean." Ms. Raines is retiring, though, and it is unclear whether the problem will stay solved once she is gone.
  Ms. Raines replacement, Kristy Ponzetti, has immediately demonstrated proficiency and timeliness in the performance of all H.S.A. duties in regards to the protocol established by her predecessor, Raines.
- The ADA Coordinator had not received ADA Coordinator/Settlement Agreement training.
  ADA Coordinator was not informed of subject training until receipt of your 10/23/19 report; 'ADA Basic Building Blocks Course' was completed, as it was noted in previous assessments and referenced in ADA Coordinator turnover. The Deputy Warden of Programs was aware of the training and protocols covered in the establishment of the ADA Coordinator billet, but not the ongoing subject training. All established protocols and actions implemented since establishment of the initial KSP ADA are maintained in a file location and a hard copy manual was available for review at the time of the onsite meeting.
- No auxiliary aid assessments/meetings were being performed. In their absence, there were several problems:
  - Inmates did not know who the ADA Coordinator is.

  Memos are posted in Institutional bulletin boards (cell houses and common areas) that identify the ADA Coordinator. Made know to inmates during initial classification orientation as well.
  - Inmates did not know what services etc. were available. (KSP has a brochure that explains what resources are available, but that brochure was not routinely shared with deaf/HOH inmates.)

  Memos are posted on institutional bulletin boards (cell houses and common areas) that identify the available aids and services. The brochure is provided to all HOH inmates and additional copies are available in the Legal Office. Classification staff discuss services available upon institutional intake and upon request of the inmate.
  - Inmates didn't have bed cards, HOH IDs, and the like.

  Bed cards are available and provided to all identified HoH inmates. Unit Administrators who oversee housing units check frequently upon making rounds that the cards are in use and visible. HoH inmates are offered ID cards and sign a form if they chose to waive the use of an ID card. No complaints regarding these issues have been noted by staff.
- There seemed not to be an adequate process for considering requests for reasonable modifications to existing policies, housing assignments, etc. For example, when inmates requested a cell move to a quieter housing area, that request seemed not to trigger consideration of the disability-related need.
  No requests for modifications to existing policies have been received. Medical or Mental Health staff provide input to the classification staff is accepted if it relates to a disability. Upon intake to KSP, all

inmates are reviewed and screened as required by CPP 18 and IPP 10-04-01 to identify special needs inmates. Housing determinations are made based upon an inmate special needs such as lower level floor or a bottom bunk. HoH inmate are considered to be housed closer to officer stations. Twice a year, according to policy, inmates are reviewed to address programming plans, current job, and housing assignments. Prior to each bi-annual meeting, inmates may make requests at any time via case management staff that are available every business day. All requests for housing assignment change are given fair and equal consideration.

MRT (Moral Reconation Therapy), a group class, took place in a space with significant hearing challenges, including a loud fan. Accommodations were scarce. Although it seems implausible, inmates report they aren't aware of the possibility of moving up front. Consideration should be given to fixes: can the fan be moved? Can inmates be notified that they can move up front? Etc.

- The AC unit has been addressed by KSP Maintenance, alleviating any future use of a fan.
- NOA Counseling has updated their Operations Facilitator Manual and Program Policies Manual which directs MRT instructors to verbally and visually inform inmates to notify the instructor of any needs that they have that may impact their ability to hear, see or understand course material.

Auxiliary aids:

- There was no assistive listening/amplification system available, although HOH inmates expressed interest in using one, for example for MRT.
  Pocket talkers (amplifiers) have been available, and portable amplifiers have been purchased. The KSP brochure lists aids available upon the inmate's request. Staff are not aware of any HoH inmate requesting assistance with any classroom programs.
- Inmates were not aware of the possibility of using a pager on the yard—and it was not a great notification system, in any event. Some alternative process for notifying inmates of individual pages and the like was needed—in-person notifications, bulletin board postings, or something else.
  Pagers have been in use by both GP and PC inmates for an extended period of time. In-person notifications are made as necessary, initiated by the Yard Office. Inmates at KSP are not allowed to "not report"; staff will contact the inmate paged in person as has been a longstanding security practice to account for location of inmates. Bulletin boards in all housing areas and common areas and the institutional TV also post update information.
- There were no portable phone amplifiers available.
  This aid was not indicated as needed during previous reviews. Volume-assisted telephones are available. Four (4) of the portable phone amplifiers have been purchased and the HoH Orientation Brochure will be updated with this aid availability.
- Inmates were not given the opportunity to get vibrating watches or vibrating alarm clocks.
  Inmates at KSP have been allowed these items for some time. Non-auditory alerts are covered in the Deaf/HOH brochure. There is no standing denial, as these devices present no security concern and may be ordered routinely by any inmate.
- Not all phone banks had a phone with a volume control.
  There is at least one in each area of SSU, yard, 3 Cell House (CH), 4CH, 7CH, OSD, and 5CH 4th Floor transition walk. The HoH Brochure covers the availability of these phones.

- As is true systemwide, the Purple videophone had not worked consistently.
  The Purple videophone has been updated and is VRI capable.

- Inmate transfers into restrictive housing separated inmates from their hearing aids, with long delays for their restoration.
  RHU staff have been reminded not to separate an inmate from their hearing devices, as these present no security concern. There has never been a directive since 2015 to remove any ADA aid upon entry into RHU. This will be reiterated at various monthly meetings. An inmate who does something destructive with a device such as self-harm with a pocket talker, will have the item removed until the behavior improves.
- There continued to be an issue with the availability/utilization of the laptop-provided video remote interpretation (VRI). During my visit, the VRI was not operational. A VRI test is needed, in several locations of the prison, including from restrictive housing.
  The Purple videophone has been updated and is VRI capable.
- It was not clear how KSP will accommodate deaf inmates if there is a "whistle alarm"—a drill or actual incident in which inmates on the yard are instructed by a whistle to lie down on the ground.
  Inmates will have a visual que by noticing the inmates around them lowering to the ground and are informed during orientation of this protocol. Staff will identify HOH inmates via HOH ID, and no penalty will occur. Any other medically documented physically barrier to this action will not result in a penalty against the inmate either. The purpose of this action is to improve sight assessment of a situation, so a few inmates hesitating will not delay or disrupt a response.
- It seemed that intercom announcements are not very accessible, because intercoms were difficult for HOH inmates to understand. There are announcements made via institutional tv channel, but of course this is no solution for inmates who don't have televisions. Use of a bulletin board might ameliorate this problem.
  There are bulletin boards in every cell house for posting of updated information and have always been used to convey information.

- It is not clear that hand-restraint protocols for inmates who sign are compliant with the Settlement Agreement.
  Our staff receive annual training on communication with Deaf/HOH inmates (see attached PowerPoint – a "Read only" document). This class contains instruction on hand-restraint protocols. Additionally, our mandatory online training addresses hand-restraints for Deaf/HOH inmates.
- It was challenging to schedule confidential interviews between my assistant and inmates.
  The contacts did not stipulate that interviews were to be confidential, otherwise, appropriate arrangements would have been made. Due to the custody level of this facility, security staff are present when non-DOC individuals interact with inmates. If a request had been made for privacy, there is a designated meeting area with windows, monitored externally by security staff that can safely meet the needs of the interviewer having a one-on-one interview.

Good practices:

- For inmates undergoing audiology testing who struggle to use a computer, appropriate assistance was made available.
- The availability of a Sorenson videophone meant that difficulties with the Purple videophone mattered less (or not at all).
- KSP has implemented a good Special Needs Referral Form.

Followups:

- [redacted]: [redacted] encountered issues with being told he could not replace the battery for the special headphones he got to use with his TV. Can you explain this to me?
  I am not certain who he discussed replacing the battery for his headphones with, but there are no sick calls or medical correspondence in his chart for this issue that I can find. I will be happy to call him down to medical to have the batteries replaced in his headphones.

- [redacted]: [redacted] said he was persuaded to sign a refusal for hearing aids in return for the promise of additional hearing testing, which he never received. He believes that he is hearing impaired but does not have a hearing aid, sticker, ID, or any other accommodations. Can you send me his hearing records? When was he most recently tested?
  Patient had been seen by ENT and diagnosed with Tinnitus, follow up hearing evaluation on 1/31/2018 resulted in the need for hearing aids, but the patient refused the hearing aids at that time. On 10/2018 [redacted] again refused his hearing evaluation. This is not one, but two refusals for further testing and hearing aids. I have attached both signed refusals so that you can see exactly what he himself wrote on the forms as to why he refuses.

- [redacted]: Can you send me his hearing testing records? [redacted] also alleges he was denied a work assignment in the gym due to his hearing impairment. Is this accurate?
  He was scheduled for a hearing evaluation on July 18th after his intake and he refused and then refused his hearing test on July 19, 2019. He has not had his hearing tested as he continues to refuse.
  [redacted] was not denied a work assignment in the gym; hearing is not relevant to job duty or task for that area.

  In RHU, how are inmates informed that it's mealtime? If they get an announcement they need to hear, how are deaf/HOH inmates notified?
  Tray slots are unlocked prior to the delivery of meal trays and occur at designated times. There are no unit/walk announcements outside of count time, CTO rounds, daily pill pass, and medical rounds. Each of the listed actions uses the HoH identity placard and staff take time to visually cue the offender to include opening the tray slot if need be. Pagers and shakers can be used if needed.

Exhibit: KSR Report Response October 28, 2019

KDOC should ensure that earphones are available in each prison, and also anywhere parole hearings are held—that is, in county jails. In addition, individuals who might need this equipment should be informed that it is available. We have had the volume-controlled headphones in place for a while now. They are located in the Control Center, which is right next to the Parole Board Room. (See attachment "Headphones")The Control Center is open 24/7 so they are always accessible, and the Re-entry team, who is in charge of running the Parole Board hearings, has been trained on their appropriate use. A sign has been posted outside the Parole Board Room to notify inmates of availability, and the Re-entry team screens inmates going up for parole to see if they have hearing issues.

In any housing unit where it is practicable, KDOC should direct staff to flash the overhead lights to signal chow and pill-call. I conferenced with Major St. Clair, and he said that we could flash the lights in the dorms, but the lights would only blink in the hall. If someone is in their cell, they would not necessarily see the lights blink. In some areas, it would involve shutting the lights off at a breaker panel- obviously this would be a safety issue, as it would have to be an inmate job. At our facility, both events are at set times every day, so I feel like we that covered with the vibrating alarm watches/bed shakers and in-person alerts. (Attached is an example of a log sheet from our inmate ADA helper in one of the dorms- "In-Person Alert Log Sheet". As you can see, the inmates let the helper know what event they are having an issue with, and he notifies them at that time.) Since the implementation of the in-person alerts and the watches, I have not received any complaints.

As with other facilities, KSR's ADA Coordinator is not getting email alerts for transfers. To fill in the missing information, she has been checking the KOMS record for each inmate transferred to KSR. This is admirable but very inefficient. Hoping necessary adjustments are made to KOMS alert. I still contact the ADA Coordinator when an identified HOH/Deaf inmate transfers to their facility. I also let them know if an inmate who is in the process, but not yet identified, is coming their way. It would be helpful if we shared tracking information on transfers. For example, if I get an inmate who was identified 2 years ago, my medical contact has to dig for all that information that should be readily available on the sending institution's bi-weekly report.

KSR had several portable phone amplifiers, but they are now missing; more should be ordered and tracked. I purchased one for RHU and it is now available to HOH inmates housed there. It is in a locked box for which the officer has a key (See attachment "Amplifier"). I have a sign by the phone that lets them know what options for are available (TTY, VRI, amplifier) and how access each accommodation (See attachment "RHU Phone Sign"). I have more on the way for CPTU and Nursing care. I want to make sure we have a system in place so that they do not go missing again- staff awareness, a central location and easy process for checkout. Once I see how well they are received, I can order more.

There is no Captel available, and there are several inmates for whom this would be a useful technology. I discussed this several months ago with our Warden and she approved the technology, but we did not move forward because there is confusion about the installation. When I contacted our IT supervisor again regarding the Captel, she reached out to our phone provider and this was the response:

"The response we received from Lamar our inmate phone provider " Securus" said " It does not work thru the Inmate Phone system. At Northpoint the Phones are being used as a better volume control phone but the captioning has to be turned off to make calls. The institutions that are getting them to work over Securus are using phones that have to be registered to an individual inmate and can't be used by just anyone. The Captel phones that don't have to be registered need to go thru a regular phone line to work. Lamar is still trying to find a system that does what we need and uses Securus to make the calls. He has more sites coming to him about this issue and he is trying to find an answer that will work for all of us."

KSR owns FM transmitters for use in the chapel and in the Sexual Offender Treatment Program (SOTP) but has not actually used them yet. Stacy McClure in our SOTP Program used it with IM [redacted] for class several times. She reported it worked very well and he was thankful it was there for him to use. I am ordering another transmitter for the classes over in CTPU.

As with other facilities, hearing aids have several times been lost during the transfer process. Our Property Sheet has included Hearing Aids for quite a while. Our Property officer is going to add pocket talker as well. (See attached "Property Form") I think the key is training security staff to be aware of inmates who are HOH and ask. The inmates are listed in KOMS, they wear IDs and they have door signs. It would be great if officers took note of this and asked the offender:

- **If he has a hearing aid/pocket talker (if it is obvious it is not with the offender).**
- **Where it is, if it is not on their person.**
- **Marked the Property Sheet appropriately.**

By documenting, we clearly establish if the hearing aid was or was not present at the time of pack up.

For new hearing aids, it has been taking the provider, Audicus, up to 45 days to ship them. This is way too long. A couple of times recently, Audicus has shipped hearing aids to the wrong prison. I spoke with our HSA, Dawn Patterson, regarding this. The Hard of Hearing nurse contacted Audicus and it has not been an issue since. We have started sending all of the inmates who fail the hearing screen at their annual directly to the hearing booth which is run by the same team. Since we are bypassing the whisper test, it takes a load of appointment times off the providers, and has been allowing us to complete the process faster.

There was going to be a trial of the FM transmitter in some program (SOTP?) for [redacted]. Please report back. [redacted] received his hearing aid the day before he was to try out the system. He was excited that he could hear so well with his hearing aid and did not want to try the transmitter.

Please provide a photo of the HOH ID hanging behind a regular id, as described above. (See attachment "HOH ID") The ID for those who use sign to communicate says so in the yellow on the front. On the back of the ID is the inmate's name, DOC # and info on how to appropriately communicate with someone who is HOH or deaf. It also has my name so they can remember my name for contact purposes.

Please provide a photo of a dorm sign.

(See attachment "Dorm Sign")

Please provide a photo of the temporary door sign used for HOH inmates when CPTU disallows ID.

(See attachment "Temporary HOH Door Sign")- These can be used in CPTU or RHU. They have a plastic sleeve that stays on the door, and the sign itself slides in.

We also note HOH on the bed board. (See attachment-"CPTU Bed Board"). It is post orders to review the bed board when an officer takes over shift.

Please provide a PDF of the information brochure for deaf/HOH services. (See attachment "Deaf-HOH Brochure 2.0")

[redacted] (on your spreadsheet as over 3 months)- Most of his process was at LLCC. According to my records, he came to KSR on 6/7/19 and was issued an Audicus Clara hearing aid for his right ear on 6/18/19. IM [redacted] was discharged shortly after he got to KSR (7/10/19).

[redacted] (on your spreadsheet as over 3 months- IM [redacted] was in process when he transferred to us. His initial Audicus test that resulted in him being diagnosed with hearing loss was on 7/19/19 at WKCC. He was evaluated on 8/5/19 by the provider and Dr. Kemen approved a hearing aid on 8/26/19. He transferred to us on 9/11/19 and was issued the hearing aid on 10/1/19. I noticed his transfer and notified medical who called and had his hearing aid routed to us instead of WKCC.

CoreCivic
Lee Adjustment Center

MEMORANDUM

DATE: OCTOBER 28, 2019

TO: MARGO SCHLANGER, SETTLEMENT MONITOR

FROM: DANIEL AKERS, WARDEN

RE: DRAFT COURT REPORT AREAS OF CONCERN (LEE ADJUSTMENT CENTER)

This is in response to your request for a response to the areas of concern for Lee Adjustment Center as indicated in your draft report to the court. Each concern indicated on the report is reflected below along with a response.

1) *ADA Coordinator had not been trained.*

Lee Adjustment Center came on-line after your initial training with ADA Coordinators at other KDOC facilities. The ADA Coordinator at Lee has now reviewed the training materials you provided and was used in your training of the other ACA Coordinators. No additional ADA training has been conducted by the KDOC to date, however I understand that they are attempting to locate some additional training opportunities that are geared towards ADA requirements in a correctional setting. Lee Adjustment's ADA Coordinator will participate in such training if or when it becomes available.

2) *No* training had been provided to staff.

Actually training had and continues to be provided to facility staff. All staff attend pre-service training that is taught utilizing the KDOC's statewide training curriculum. The curriculum includes a 1.5 hour session titled "Communicating with Deaf & Hard of Hearing" which addresses communication with hard of hearing (HOH) inmates. Additionally, the ADA Coordinator has sent other information to all facility staff via email regarding the process of identifying HOH inmates; avenues available for effective communication staff and these inmates; and aides available to the HOH inmates to help them communicate both inside and outside the facility.

3) *No auxiliary aid process was implemented, and there had been little to no communication with deaf/HOH prisoners about how to access services or what services were available.*

The ADA Coordinator has implemented an assessment process in which a face-to-face meeting is conducted with each new inmate identified as HOH, and with previously identified HOH inmate upon their transfer to this facility. The inmate is provided with information on the items and services available to HOH inmates, as well as how they can request them. At present, there are no known HOH inmates at this facility for which this process has not been completed.

4) *No forms for requesting/waiving services were available.*

Forms have been developed for HOH inmates to use in requesting aids and services. The forms are accessible to all staff on the facility share drive and a copy of each request form is provided to all HOH inmates in the information packet provided to them during the auxiliary aid/service assessment. Likewise, a waiver form was developed for use when an inmate declines an auxiliary aid/service offered to him.

5) *Devices: No videophone or VRI was available. TTY instructions and insufficient, and 711 didn't work but 800-648-6065 did. No assistive listening, including in difficult hearing environments like SAP. No portable phone amplifiers. No earphones for parole etc. No captel.*

The facility has three (3) working videophones and each HOH inmate has been provided instructions on logging into the using the videophones, however inmates who have attempted to use these devices are being told by the interrupter that only inmates who communicate by sign language can use the videophones and their call is terminated by the interrupter. Lee Adjustment Center does not have any deaf inmates or inmates who communicate by signing. Detailed instructions for TTY use have now been established which clearly indicate that the 800 number must be used when making TTY calls at this facility. No formal requests to use the TTY has been received from our HOH inmates to date.

Also, there have been no request received for any of the other items noted in this section. While we will work to provide inmates with aids necessary to ensure effective communication, it's not always economically sensible to purchase items simply because there "might" be a need for them at some point. There is usually a greater likelihood of them not being used. The ADA Coordinator is aware of various aids that can be purchased if requested and it's determined that it would assist inmates that are hard of hearing.

Purchases of additional aids, such as those listed in your concern, will be evaluated on a case-by-case basis. This will include any specific requests made by HOH inmates as well as any situation where it's determined by the ADA Coordinator and Administrators, with input from other staff as appropriate, that a device has some potential to help the inmate(s) hearing situation. Once a decision to purchase is made, items can normally be obtained quickly.

6) *TV captioning was inconsistent.*

Efforts are being made to ensure close captioning is utilized on institutional owned televisions, including turning on closed captioning during some showings of each movie shown by the facility's recreation department over the institutional television channel. Inmates at this facility are also authorized to have personal televisions on which they can control closed captioning themselves.

7) *Basic communication was highly inaccessible: No intercom systems were in use. Timing of meals and yard changed frequently, augmenting the need for communication. Inmate aids were appointed (and designated as "town criers" but it was clear that they did not know all the deaf/HOH inmates, and the deaf/HOH inmates did not know them.*

Providing a list of HOH to other inmates (town criers) raises potential HIPPA concerns. However, a list of inmates assigned to the position of town crier will be established and sent to facility staff and all identified HOH inmates. This list will include the town crier housing assignments with instructions for the HOH inmates to contact a town crier in their housing unit if they want their assistance. Staff will get the same information so that they are informed as well and can assist the HOH in obtaining town crier assistance as needed. This will be accomplished no later than 11/15/19.

8) *Audiology: Medical did not send any documentation to the ADA Coordinator on HOH inmates other than what the ADA Coordinator requests following a Monitor inquiry. Medical often had a long (30+ day) delay in responding to inquiries. It seemed that there were numerous inmates who had sought a hearing aid, but had not been provided audiology testing.*

Much improvement in this area has been made during the past couple of months, however the person who has been handling the HOH inmate issues in the medical department will soon be leaving to pursue other employment. We are determined to continue the progress that has been made and will work closely with the next person assigned these duties to make the transition as smooth as possible.

In talking to identified HOH inmates, the ADA Coordinator has been approached by other inmates who have indicated that they had started the process at other facilities prior to being transferred to LAC, but the process was never completed or that they were never informed of the results of their testing. The ADA Coordinator has been relaying this to our Medical personnel to investigate and/or follow-up with the prior housing locations to determine what has and/or still needs to be done in regard to each inmates hearing

CoreCivic
Lee Adjustment Center

issues. These inmates are being added to our facility's HOH inmate list as determined appropriate and aids/services assessments are being done accordingly.

Please feel free to contact Lee Adjustment Center's ADA Coordinator or myself if you have any questions or need additional information regarding this matter.

cc: File

Matthew G. Bevin
Governor

John C. Tilley
Secretary

DEPARTMENT OF CORRECTIONS
Scott Jordan, Warden
LUTHER LUCKETT CORRECTIONAL COMPLEX
P.O. Box 6
LaGrange, Kentucky 40031
Telephone: (502)222-0363

Kathleen M. Kenney
Commissioner

Randy White
Deputy Commissioner

MEMORANDUM

To: Margo Schlanger, ADA Settlement Monitor

From: Scott Jordan, Warden

Date: October 28, 2019

Re: July 2019 self- audit and July/August site visit report response

On behalf of LLCC staff and inmates, I wish to thank you for taking the opportunity to visit LLCC during July and to review the agency's ADA accommodations and procedures with respect to the Deaf and Hard of Hearing inmate populace. We want to continue to improve our practices.

The seventh semi- annual report findings regarding LLCC and recommendations for areas of concern have been reviewed by LLCC's executive management team.

Below, I have listed, in line with the semi-annual report, the areas of concern. I have named individuals responsible for corrective action, action implementation dates, and response to the areas of concern.

- Purple Phone: Sherri Grissinger /immediate
  - *As in other facilities, the Purple videophone often fails. When outages occur, the VRS laptop is used as a substitute—but it is made available only during the workday, leaving deaf inmates unable to make calls during the most useful hours after work and on the weekend. Even when the videophone is working, it seems that there are access issues.*
    Inmate HoH aide is utilized to check the connectivity of the unit each morning and report to unit administrator or Control Center who log outage and contact Sherri Grissinger.

- *Deaf inmates not housed in the unit where it is located must get permission to go to that unit; this should be easy and routine, but is apparently not.*
  Continue staff orientation and education regarding the VRI/VRS/TTY usage and utilization during annual in-service training and on the job training week for NEO.

- Audiology: Sherri Grissinger & Sarita Schoenbachler / immediate
  - *Hearing aid testing is being performed on-site, but insufficient assistance was being given to inmates whose computer literacy is low . After discussion during the site visit, this should be solved going forward.*
    Implementation of the use of health services staff to answer for inmate through hand signals during the testing, if computer literacy is low. Educational assistance in a show and tell teaching manner has also been implemented.

  - *Post-testing approval of hearing aids has been slow.*
    Implementation of better service routing has been instituted where two Health Services staff are available to monitor and oversee the approval process.

- Medical VRI: Sherri Grissinger & Sarita Schoenbachler /immediate
  - *Medical staff have not implemented an easy method for using VRI interpretation.*
    Continue to work with COT to provide better options regarding medical staff IP security in order to better access the VRI/VRS laptop and review the options of providing a VRI/VRS laptop assigned to the Health Services area(s).

- ADA transport bag: Sherri Grissinger/ DW Patricia Gunter/ Training Staff /immediate
  - *ADA Transport Bag Implementation*
    Continue to work to achieve Central Office approvals and initiate proper training of staff regarding the ADA transport bag and restraints.

Overall, I am pleased with the efforts of LLCC's staff. Issues and concerns brought to light are handled as quickly and efficiently as possible. I believe that the observations noted in the report were on point and well received by the staff and that the report reflects well on LLCC's staff and their efforts.

Living Unit Bulletin Boards

Each dorm has bulletin boards with different information and notifications posted. Every dorm has the following information related to ADA.

Matthew G. Bevin
Governor

John C. Tilley
Secretary

DEPARTMENT OF CORRECTIONS
Scott Jordan, Warden
LUTHER LUCKETT CORRECTIONAL COMPLEX
P.O. Box 6
LaGrange, Kentucky 40031
Telephone: (502)222-0363

Kathleen M. Kenney
Commissioner

Randy White
Deputy Commissioner

Memorandum

To: Inmate Population

From: Sherri Grissinger, Inmate ADA Coordinator

Date: June 7, 2019

Re: Aids and Equipment Available to Deaf and Hearing Impaired Inmates

Luther Luckett Correctional Complex has the following equipment available for the deaf and hard of hearing inmates:

- **A Video Relay Interpreter Laptop (VRI)**, that can be used during classification, adjustment committee, grievance hearings, medical appointments and other scheduled meetings.

- **One (1) telecommunication device for the deaf (TTY/TDD)** that may be used to make phone calls. **A TTY/TDD unit is located in the 7A living unit floor office**. Call time limit for this device is **60 minutes.**

Video Relay Service (VRS) – Purple Video Phone which is located in 7D living unit core for inmate phone calls. **This service is available to deaf and hard of hearing inmates during the same hours as regular inmate phones.** The call time limit for this device **is 60 minutes.** ***If the inmate is housed in another living unit, the unit 7D Control Center officer, upon entry, shall visually identify the inmate. When the call is finished, the inmate will alert the 7D unit Control Center officer of his departure from the unit.***
If a phone call is made after the yard is closed, the living unit Control Center Officer shall call the inmate out of his housing unit to 7D. At the conclusion of the phone call, the 7D officer shall call the inmate out from the 7D living unit on return to his assigned housing unit.

The following procedures shall be used when **scheduling usage** of the VRI and TTY/TDD unit:

- **The VRI is to be checked out of the Captain's Office by a staff member.** The laptop shall be available for use **(24)** twenty-four hours per day, **(7)** seven days a week. The VRI is to be

used by staff to meet the interpreting needs of any inmate that is hearing impaired. ***Note that the VRI does NOT work well in a group setting that may have several people speaking or an individual speaking from a distance. If an interpreter is required for a large group meeting, please complete a LLCC Request for a Qualified Interpreter form at a minimum of 48 hours prior to the services being required.***

- If a deaf or hard of hearing inmate wishes to use the **TTY/TDD phone, he may request from any 7A unit staff member on duty**. The phone call will take place in the 7A unit floor office and **will require setup and visual monitoring by unit staff.**

➢ **Shaker Bed** for immediate real-time notification of emergencies. The shaker bed system will be issued to deaf or hard of hearing inmates based upon a medically verified need.

➢ **In Person Interpreter-** is also available to meet the needs of a hearing impaired. A request for scheduling should be completed on the LLCC Request for Interpreter form at a minimum of 48 hours in advance.

Any deaf or hard of hearing inmate may waive his right to an interpreter. A waiver form shall be completed, signed and dated by necessary parties then scanned into KOMS.

In my absence, the **backup inmate populace ADA Coordinator** for any effective communication scheduling, aids or equipment will be **Kristin Nichelson**, Policy & Procedures Assistant, who can be reached at ext. 3763.

Matthew G. Bevin
Governor

John C. Tilley
Secretary

DEPARTMENT OF CORRECTIONS
Scott Jordan, Warden
LUTHER LUCKETT CORRECTIONAL COMPLEX
P.O. Box 6
LaGrange, Kentucky 40031
Telephone: (502)222-0363

Kathleen M. Kenney
Commissioner

Randy White
Deputy Commissioner

MEMORANDUM

TO: All Concerned

FROM: Warden Scott Jordan

DATE: July 22, 2019

REF: Americans with Disabilities Act (ADA) Coordinator for LLCC Inmate Population

In accordance with the requirements of the Americans with Disabilities Act of 1990 ("ADA") Luther Luckett Correctional Complex will not discriminate against qualified individuals with either physical or mental disabilities in its services, programs or activities. LLCC will generally, and upon request, provide appropriate aids and services leading to effective communication for qualified inmates so that they may participate equally in all programs, services and activities offered.

To aid LLCC in compliance with the requirements of the Americans with Disabilities Act of 1990 ("ADA"), Ms. Sherri Grissinger, is the Americans with Disabilities Act (ADA) Coordinator for Luther Luckett Correctional Complex's inmate population.

Any inmate requiring an auxiliary aid or service for effective communication or requesting to modify policies and procedures in any program, activity or service to participate effectively, should contact Ms. Grissinger in writing.

Complaints that a program, activity, or service at LLCC is not accessible to an inmate with disabilities should also be addressed to Ms. Grissinger in writing.

Please note that any inmate that wishes to file a grievance in regards to discrimination under the ADA requirements should contact Ms. Grissinger in writing and include in the complaint the alleged discrimination, date, location, and description of the issue at hand. *Please note that this is not a grievance to be filed with the LLCC Grievance Coordinator.* Ms. Grissinger will then meet with the complainant to discuss the issue and possible resolutions. Within 15 days, a written response will be sent to the complainant in a format accessible to them.

Volume Control Telephone

Phones with volume control are available in living units as well as the restrictive housing unit.

Volume Control Telephone

In Restrictive Housing, if an inmate is unable to exit his cell to use the phone, a rolling one with a phone amplifier can be provided.

Once every quarter, different options are made available for deaf and hard of hearing inmates to purchase.

THERE WILL BE NO SHIPPING & HANDLING!

October 8, 2019 Hard of Hearing Purchase options order form

Inmate name and number: _____

Sign here: X _____

Total amount of item(s) wanted: $ _____

REMEMBER, only 2 items per person max, 1 watch & 1 alarm clock only, no substitutions.

Circle the item(s) that you wish to purchase.

Vibrating watches

 TIMEX with 3 customizable vibrating alarms **$33.80**	 CASIO with 1 customizable vibrating alarms **$25.92**	 TICCI with 8 customizable vibrating alarms **$39.90**

Vibrating alarms

 Sonic Bomb with pulsating alert lights **$33.02** SB500SS	 Sonic Alert Dual Alarm with shaker **$38.95** SB200SS	 Sonic Bomb Extra Large Dual Alarm **$36.99** SBD375SS

This IS a purchase order

Name: [redacted]

DOC #: [redacted]

ISSS060B

Wednesday October 30, 2019 10:24:14 AM

Effective Date*:	04/05/2019	Type*:	Hearing Impaired/Deaf
Facility*:	Little Sandy Corr. Complex	Staff*:	Conley, Lorie S

Comments

Inmate is Hard of Hearing.
RIGHT Hearing Aid issued 2/5/2019.

LLCC update:
8/30/2019 transferred in with working RIGHT Hearing Aid.
10/2/2019 reported it lost with medical, currently in process to obtain a new one -kn

Status*: Active As of Date*: 04/05/2019 **Status History**

Prepare To Update **Prior Page**

Show Last Updated Information

This is an example of an ADA alert in KOMS. Each time an inmate transfers, you do not need to make a new alert. Alerts can be added to/edited.

Name: [redacted]

DOC #: [redacted]

ISSS060B

Wednesday October 30, 2019 10:31:34 AM

Effective Date*: 07/02/2019
Facility*: Roederer Assessment Cntr
Type*: Hearing Impaired/Deaf
Staff*: Harper, Aimee M

Comments

Inmate is Hard of Hearing.
LEFT Hearing Aid Issued 7/2/2019 @ RCC.
LEFT Hearing Aid Returned 7/3/2019 due to dislike @ RCC.

LLCC Update:
10/4/2019 signed auxiliary aids and services waiver/treatment refusal form -kn

Status*: Active
As of Date*: 07/02/2019
Status History

Prepare To Update **Prior Page**

Show Last Updated Information

If someone refuses any auxiliary aids after having been confirmed hard of hearing through medical testing, we still put an alert in KOMS. When this inmate transferred into LLCC, the only thing his alert said was, "Inmate is Hard of Hearing." The additional information was added after obtaining through medical. These type of alerts are too vague(i.e. "inmate has hearing aid(s)" inmate is HOH"). It makes tracking much easier if the KOMS alert specifies a left or right hearing aid being issued, as well as when it was issued. LLCC started editing the alerts in KOMS if an inmate has lost a hearing aid and is in process to receive another one. This way if he transfers, it will alert the ADA Coordinator there that he is in process.

Instructions for the VRI Purple Phone

When a DOC staff member needs to be able to communicate with a deaf inmate who signs to communicate, the Purple's VRI can be utilized. If utilizing for classification related matters, contact the Procedures department prior to case noting in KOMS.

Step one: Be sure to fill out the log anytime the VRI is used (do not leave any blanks). The log is included in the bag. After you turn the laptop on you will be asked to enter the BitLocker pin. This is a 10 digit number located on the left side of the laptop right underneath the keyboard.

Step two: After hitting ctrl+Alt+Delete to unlock the screen, make sure to click on the Purple VRI option to log in. ***DO NOT click Purple VRS, as this is not used for interpreting.***

Step three: If the laptop software has the most current update, you should be logged in without having to enter any username or password. Should you experience any issues, contact the Procedures office at X4515 or X3763.

Step four: You will need to connect the laptop to the internet which can be done with the Ethernet cord in the bag. Always plug one end of the Ethernet cord into the back of the laptop on the right side. The other end can either go

directly in the wall if you have an internet port in the area you are using the VRI. If you do not have a wall port available, you will need to hook the other end of the Ethernet cable into your telephone. On the back of your telephone if you flip it over, there should be 2 cords plugged in. You will want to unplug the one that connects to your PC computer (this is the second cord down in most cases). Again, should you experience any issues, contact the Procedures office at X4515 or X3763.

Step five: Once you are connected to the internet and logged in to the VRI, click the icon on the laptop screen that says "Purple" If the login information is not automatically remembered, contact the Procedures office to get the password and username. Once logged in, click the green button in the right side to start the interpreter session.

Step six: After you are finished, make sure to shut the laptop down. Return the laptop bag back to the Captain's Office or to IT.

*Remember that *anything* you say that the interpreter can hear will be signed and communicated to the inmate*

VRI use in RHU

In RHU, if a deaf inmate needs an interpreter the videophone can be used. There is a wall Internet port right next to the holding cage for easy access. There is also a outlet nearby that can be used to plug in the laptop if it has low battery to ensure the interpreter will not be disconnected from the inmate.

VRI use in RHU

From inside the holding cage, the inmate is able to communicate with the interpreter.

VRI use in RHU

The laptop is setup on a rolling cart. After signing into Purple, the laptop is adjusted to a functional height as well as distance for the inmate and the interpreter.

VRI use in RHU

Staff is close by if any adjustments need to be made to ensure effective communication.

Toobaloo

This tool is used in educational settings to help through auditory feedback.

LSCC (August 1 site visit)

Warden: Keith Helton

ADA Coordinator: Rhonda May (At the time of site visit I was training as ADA Coordinator)

Areas of concern

- **The new ADA Coordinator has not done ADA Coordinator training.** This has been completed.
- **The KDOC website listing of the ADA Coordinator is out of date.** An email was sent on Thursday 9/12/19 at 3:11 p.m. for update request (See attached email).
- **The self-audit information is incomplete.** Could you provide me with information how you would like this completed?

Devices:

- **Intercoms were not in use.** Officers use the intercom for individual cells, all-call for the yard & buildings on a daily basis.
- **No captel was available.** CapTel is now installed and available to HOH inmates.
- **No assistive listening system was in place outside of the chapel—it is particularly needed in SAP (see below).** SAP classes will now be in classrooms starting Monday, 10/28/19. All HOH inmates will be in 1 classroom with an amplifier.
- **Inmates are not allowed to buy vibrating watches.** Any inmate who wishes to purchase a vibrating watch must submit a request in writing to the Warden and ADA Coordinator and it is approved on an individual basis.
- **As elsewhere, Purple phones have long and numerous outages.** Anytime the purple phone is not working our IT department is notified about the issue.
- **VRI: It was not clear how the VRI laptop would be used in the academic building, given the configuration of power and internet access. Also, staff familiarity with VRI seemed low, particularly in medical. There seemed to be no routine software updates to the VRI laptop.** The classrooms in academics are set up for power and internet access. The Director of Nursing is in the process of getting all nurses trained on the VRI. All computer OS updates are performed by Commonwealth of Technology.
- **There were no TTY instructions, even though I pointed out this absence during a prior site visit.** TTY instructions are with the phone. Memo issued about usage (See attached memo).

The auxiliary aid process is not adequate:

- **Not everyone was in KOMS.** This has been corrected.
- **When audiology testing found an inmate who is deaf or HOH, no notice was provided to the ADA Coordinator, and therefore no non-audiology services were being provided.** Medical sends an updated Audicus/Hearing aid list to ADA Coordinator.
- **Not all inmates had HOH card.** Inmates are not required to have the HOH card. All inmates who have requested a HOH card have been given one.
- **There was no consideration of specific housing assignment to minimize communication difficulties.** All of our General Population dorms are the same. Inmates can request to be moved closer to the officer's cab for accommodation.
- **SAP was incredibly noisy; besides assistive listening, other quieting techniques should be considered.** Anyone who is HOH will now be in the unit classroom. Additionally another classroom in Academics has been allocated for SAP use. There will be an amplifier system in use.
- **The ice machine was extremely loud. Can it be moved or dampened?** Due to the design of the institution when it was constructed, there is no other location to move the ice machine where it will have access to the drain, electric, and proper ventilation.
- **On my last visit, over a year ago, SAP personnel agreed to try an assistive listening device, but they did not follow through, and on this last visit, they did not agree. This is urgently needed.** Please see SAP information above.
- **There was no volume adjustment button on any telephone in the SAP area.** Maintenance is currently working on the phones in SAP to fix this issue.
- **Other measures should be considered as well.** More explanation for this concern is needed.
- **Hearing aids were frequently lost on transfer into RHU.** The procedure for handling hearing aids upon entrance to RHU is reviewed on a regular basis and is handled immediately when an issue is found.

Audiology:

- **As in other facilities, when an inmate is transferred to LSCC while still in-process for audiology services, there was no working system to ensure that the process continues. There was no hearing screening on transfer, and chart reviews have been insufficient to catch such inmates.** The Health Service Administrator is in the process of trying to review all transfers to check their hearing screenings.
- **KDOC policy provides for hearing screening that leads to a medical provider visit, if one or more of the screening questions leads to an answer of "yes" or "sometimes." But at LSCC, only three or more such answers are leading to the next stage of the process.** The medical department has been going by the one "yes" or "sometimes" since it was changed.

- **Medical staff tracking of audiology services has not been appropriate; the tracking methodology was not working. During my visit, we discussed alternative approaches to solve this. The audiology tracker needs to be updated frequently, not only after hearing aids are provided.** Medical now has a spreadsheet to track audiology that they keep updated (See attached spreadsheet).

Good practices

- **The chapel uses an FM assistive listening system, obtained from the church technology catalog www.kingdom.com.**
- **Used VRI for a program (note: ADA Coordinator should have but did not evaluate whether this was effective, and if not, should have consider a live interpreter)**
- **The Warden and ADA Coordinator conducted appropriately individualized review of possibility of direct threat in a job placement.**

Follow-ups:

- **Does I/M [redacted] have or need a pager?** If Inmate [redacted] would like to request a pager it will be reviewed but to date he has made no request.
- **Is there consideration of a captel for I/M [redacted]?** Inmate [redacted] no longer resides at LSCC. The CapTel phone is now installed and available.
- **Are non-auditory alarm clocks available for HOH inmates? If so, how do they get access?** Yes, they are available. They can request one at any time with the ADA Coordinator.
- **Has [redacted] been provided access?** Yes Inmate [redacted] has received an alarm clock.
- **Can you provide the specs for the assistive listening system?** No purchase has been made for an assistive listening system to date.

JUSTICE AND PUBLIC SAFETY CABINET
Little Sandy Correctional Complex
505 Prison Connector
Sandy Hook, KY 41171
Phone (606) 738-6133

Kathleen M. Kenney
Commissioner

Keith Helton
Warden

TO: All Concerned

FROM: Rhonda May, ADA Coordinator

DATE: October 21, 2019

RE: Deaf/Hard of Hearing Phone Equipment

LSCC has Deaf/Hard of Hearing phone equipment available for use by any Deaf/HOH inmate. This phone equipment is located in GA-A dorm. Deaf/HOH inmates from any General Population dorm may use these phones if on the ADA List. The phones located in A dorm are the videophone (for use only by deaf inmates who sign), the CapTel phone, and the TTY phone. A logbook will be utilized by the A dorm officer to document phone usage. The logbook will include the following: the inmate's name and number, cell assignment, phone used, time in, and time out.

The following process will be implement for inmates using the Deaf/HOH phones:

Inmates living in A dorm may use the Deaf/HOH phones when phones are available per the institutional schedule.

Inmates living in Dorms B, C, D, E, F, G, and H will inform their dorm officers when they would like to use the Deaf/HOH phones in A dorm. The dorm officer will then call A dorm and give the inmate's name and number to the A dorm officer so the officer will know to expect the inmate's arrival. Inmates not assigned to A dorm will not be permitted to go anywhere in A dorm, except the Deaf/HOH phone room, located next to the officer's cab.

Feel free to contact me if you have any questions.

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The ULTRABASS BXL900A is an unbelievable amp for its modest price. Order it today and play happy.

See All Behringer Solid State Combo Bass Amplifiers

May, Rhonda D (DOC)

From: Conley, Lorie S (DOC)
Sent: Thursday, September 12, 2019 3:11 PM
To: Kays, Debbie L (DOC)
Cc: Helton, Keith (DOC); Bradley, David B (DOC); Lewis, Beverly J (DOC); May, Rhonda D (DOC); Margo Schlanger (adamssettlementmonitor@gmail.com); Settlement Assistant (adams.settlement.assistant@gmail.com)
Subject: LSCC ADA Coordinator

Debbie,

LSCC's ADA Coordinator is now CTO Rhonda May. Could this be changed on the DOC website? I will remain as a back-up.

Thanks!!!!!

Lorie Conley, CUA II
GA/RHU
Little Sandy Correctional Complex
505 Prison Connector
Sandy Hook, KY 41171
(606) 738-6133 Ext. 1600 or 1403

DEPARTMENT OF CORRECTIONS

Kathleen M. Kenney
Commissioner

Northpoint Training Center
P.O. Box 479
Burgin, Kentucky 40310
Telephone: (859) 239-7012

Brad Adams
Warden

To: Margo Schlanger, Settlement Monitor

From: Brad Adams, Warden

Subject: Response to Areas of Concern

Date: October 28, 2019

1) The self-audit is incomplete.

ADA Coordinator Jennifer Baker updated the self-audit tool and filled in all missing areas. ADA Coordinator will submit the self-audit tool to Settlement Monitor Margo Schlanger by close of business on October 28, 2019.

2) KOMS notifications are not occurring when deaf/HOH inmates arrive.

Central Office updated ADA Coordinator Jennifer Baker and Administrative Section Supervisor Jessica Payton's KOMS profiles on October 23, 2019 to allow correct ADA access and to receive notifications of deaf/HOH inmates arriving.

3) The notices outside of the housing units do not include a picture of the ID card.

ADA Coordinator Jennifer Baker created the signs to hang with the picture of the ID card. She is working with Maintenance Branch Manager Kelvin Hundley to get them hung up in each housing area. Mr. Hundley ordered the materials needed to complete the project. The projected completion date is November 15, 2019.

4) Only partial compliance with instructions for the use of all auxiliary aids/services being shared with staff.

ADA Coordinator Jennifer Baker ensured all instructions for use of all auxiliary aids/services are posted with the aids/services. In addition, the PowerPoint training material will be sent out quarterly for staff to review. The PowerPoint is also available on the NTC share drive.

5) Many of the training requirements are marked as only "partially compliant" though no details are provided.
ADA Coordinator Jennifer Baker updated the self-audit tool to reflect compliance with training requirements accurately and to provide any missing details. Ms. Baker will submit the self-audit tool to Settlement Monitor Margo Schlanger by close of business on October 28, 2019.

6) Devices:

- **Some issues using VRS when the videophone is out of service.**
- **TTY stored in office, rather than made accessible to inmates.**
- **No captel is available.**
- **Apparently the VRI laptop was non-functional at some point.**

IT moved the VRS from the Legal Library to the ADA Coordinator's office so that it can be utilized when the videophone is out of service. There are two Captel phones available at NTC, one on Dorm 2 and one on Dorm 6. The VRI laptop is functional and the ADA Coordinator is unaware of when it was non-functional. However, all staff at NTC were notified on 10/21/19 to make ADA Coordinator Jennifer Baker, Administrative Section Supervisor Jessica Payton, and Deputy Warden Shea Carlson aware when any ADA equipment is out of order.

The TTY phone is currently stored in the Unit Administrator's office and inmates must ask to use it. At this time, there is not a secure area for the phone to be placed that is accessible to inmates without them asking for it. The phone must be plugged into a phone line, which allows them to call areas throughout the institution.

7) No VRI Log is available.

ADA Coordinator Jennifer Baker located the VRI log. New sheets were put into the folder and staff were notified to have it completed each the VRI was utilized by a Hard of Hearing inmate.

8) VRS is not being used to substitute for the videophone when the videophone is out.

IT moved the VRS from the Legal Library to the ADA Coordinator's office. It is now being used as a substitute for when the videophone is out.

DEPARTMENT OF CORRECTIONS

Kathleen M. Kenney
Commissioner

Roederer Correctional Complex
P.O. Box 69
LaGrange, Kentucky 40031
Telephone: (502) 222-0173
Fax: (502) 225-0084

Jessie Ferguson
Warden

To: Margo Schlanger, Settlement Monitor

From: Jessie Ferguson, Warden, Roederer Correctional Complex

Date: 10/23/2019

Subject: July 2019 self-audit and July/August 2019 site visits Court Report

This memo is in response to the Draft Court Report dated 10/11/2019. Listed below are each noted area of concern as well as a response to each.

1) The new ADA Coordinator has done only ADA basic training, not the Settlement Agreement and other training.
Response: As of 10/14/19, the current ADA Coordinator as well as the backup coordinators have reviewed the PowerPoint slide decks (Settlement Agreement and CREATE Compliance) as well as the other materials found in the KDOC shared drive. All have also completed the ADA Basic Building Blocks Course online.
Please let us know who to contact to set up the Settlement Agreement Training if that is needed.

2) The KDOC website lists the wrong ADA Coordinator.
Response: As of 10/17/19, the KDOC website has been updated to reflect the correct ADA Coordinator for RCC.

3) No Confirmation that settlement summary, settlement, and brochure are available in the library.
Response: The settlement summary, settlement, and brochure are all available in the Inmate Law Library and we are currently putting together a binder to be placed in regular Library as well.

4) KOMS alerts are inconsistent.
Response: A request has been put in to KOMS helpdesk to ensure the appropriate people are receiving the KOMS alerts. DW Durrett has also spoken with the HSA, Kim McDonald about the importance of getting the precautions placed into KOMS on all of the HOH inmates in a timely manner.

If further information is need, please feel free to contact my office.

DEPARTMENT OF CORRECTIONS

Kathleen M. Kenney
Commissioner

Western Kentucky Correctional Complex
374 New Bethel Road
Fredonia, Kentucky 42411
Phone: 270-388-9781

Timothy W. Lane
Warden

TO: Margo Schlanger, Settlement Monitor

FROM: UAI Jacob Bruce, ADA Coordinator

THRU: Timothy W. Lane, Warden

SUBJ: ADA Court Draft Response

DATE: October 25, 2019

Western Kentucky Correctional Complex/Ross-Cash Specific Reply:
Site Visit: July 29, 2019

Area of Concern:

- Audiology –
  1. Continuality of Services upon transfer – Process continues to improve as KOMS alerts are properly utilized. Communication with medical department continues to improve.
  2. Verified that the provider is using the correct standards for determining if an inmate is eligible for hearing aids
- Auxiliary aid assessments – since site visit each inmate is seen within two weeks of arrival or notice from medical that the inmate is HOH.
- A shared folder on H drive for ADA needs is being utilized and has streamlined the process.
- WKCC was tasked with piloting the assistive FM transmitter with the SAP program. We are currently using a transmitter that we currently possess in the classroom before purchasing another transmitter for this area. Responsible party is ADA Coordinator Jacob Bruce. Purchase order has been submitted for new equipment. New equipment should be in use no later than November 30, 2019.
- Amplifiers have yet to be checked out by HOH inmates, but they are aware that they exist. Notice concerning this device remains posted in the dorms on the bulletin boards and in the phone areas.
- The misplaced TTY device was stored in a filing cabinet in the Ross-Cash unit supervisor's office; it remains stored in that location, with instructions in the box with the device. The location has been added to the ADA handout for future reference.

Follow-up Requested:

- TTY Instructions were resent to monitor.
- [redacted] hearing aid status – inmate had been shipped to KSR on 9/11/19 for medical treatment, his hearing aids were shipped to KSR when they came in. Update on inmate status sent to monitor on 10/15/19.

Systemwide Issue Notes:

1. ***New ADA Coordinators*** – Current ADA Coordinator has been the ADA Coordinator since Feb 2017; back up coordinator was the previously assigned ADA Coordinator. The DOC website correctly displays the correct ADA Coordinator information. ADA Coordinators and Deputy Warden has access to the ADA materials provided in the ADA folder and the information that has been provided there.
2. ***Inmate tracking, transfer alerts, etc.***
    a) KOMS has gotten better about sending the notice like it should, and have not noted any recent deficiencies in this area.
    b) When an inmate is identified as HOH WKCC, the ADA Coordinator places the ADA alert using method B.
    c) Medical staff are doing well in notifying the ADA Coordinator with new HOH inmate in a timely manner.
    d) The alert is manually updated to include information about what accommodations have been provided to each inmate.
    e) Reports – Information on KOMS function would be helpful.
3. *Audiology Standards* –
    - WKCC provider is using the current standard for determining if an inmate requires hearing aids.
    - WKCC provider is aware that two hearing aides are to be ordered if indicated.
4. *Audiology Service Delays* – During the site visit, the monitor complimented us on our timely dealings about audiology, with only a few exceptions. At that time, we only had two during the review period that had exceeded the 60-day window and that was by only two weeks. Of the four that WKCC/Ross-Cash has in process, NONE has exceeded sixty days.
5. *Request forms* – The forms noted in this section are mostly generated through KOMS and cannot be changed locally. A review of any internal notices or forms is being repeated in an attempt to identify any that may be edited.
6. *Hearing aid loss on moves/transfers* – WKCC has no documented occurrences of separation of inmate from hearing aid.
7. *Auxiliary Aids*
    - *Videophones* – Our videophones are operational. We currently do not have any inmate who is deaf and signs to communicate.
    - *Portable phone amplifiers* – these are available for inmates to check out from Operations (compound) or their dorm officer (Ross-Cash)
    - *Captel device* –Being considered.
    - *Amplified phones* – unsure at present if these devices would be necessary, with the current volume-adjusted phones and portable amplifiers.
    - *Phone volume control* – WKCC has ensured that all phone banks at the institution contain at least one volume-controlled phone for inmate use.
    - *TTYs* – Currently have one TTY device on compound in the Yard Office, and one device in the Ross-Cash Unit Supervisor's office.
    - *Assistive listening systems* – WKCC currently assistive listening systems in the dorms for dayroom televisions. The chaplain uses the system for religious services. A current project is to pilot the assistive listening system in SAP.
    - *Earphones*- WKCC was noted as compliant.
    - *Non-auditory alerts* – Reviewing Current Processes.

- *Purchase of non*-auditory devices – WKCC has a catalog for inmate review to purchase approved items.
- Bulletin Boards- WKCC utilizes locked bulletin in every general population housing area and many common areas for inmate communication.
- *Aux. aid process* – Since site visit, each new arrival at WKCC is seen within two weeks of arrival or notice from medical that the inmate is HOH.
- *Inmate Handbook* – WKCC language is very similar which is compliant; however, the text provided will be placed in the inmate handbook upon the next revision.