

*North Dakota
Department of
Corrections and
Rehabilitation*

Master Plan 2021-2030



Provided by: The Moss Group, Inc.
and CGL
2020

Intentionally Blank

Contents

Executive Summary	8
Strategic Goals.....	9
Influencing Factors	9
About DOCR and Facility Conditions.....	10
Bed Space Forecasts.....	12
A Strategic Framework for Development	17
The Capital Development Options.....	18
Option 1	22
Option 2	24
Transformative Framework.....	26
Transformative Framework: Key Focus Areas	27
Implementation Plan – Phase One (Transition Minimum Custody Women to YCC)	36
Acknowledgments.....	40
Introduction	41
Section One: Purpose, Vision, and Strategic Goals	43
Influencing Factors.....	44
Vision.....	45
Visioning Sessions	46
Strategic Goals	49
Section Two: Projection of the Future Population	51
Baseline Adult Population Changes	51
The Historical DOCR Adult Population Changes	52
The Projection of DOCR Adult Population Changes.....	54
Section Three: Current Conditions of Confinement	60
Methodology.....	60
Deferred Maintenance Estimate.....	62
Assessment, Needs, and Costs by Facility.....	63
Section Four: Transformative Framework	106
Community Values: Expanding Community Capacity.....	107
Facility Conditions: Women Residents, Preferred Location	110
Restorative Justice: Victim Advocacy, Family Engagement	113
Resident Profile, Risk and Needs: Assessment and Case Planning	116

Programs and Services: Gender-responsive, Evidence-based Programs, Education, Vocation, and Medical and Mental Health Services	120
Employee Workforce Development: Wellness and Training	125
Youth Services: Community, Programs and Services.....	128
Section Five: Development Options	132
A Strategic Framework for Development	132
Basis for the Options.....	137
Option 1	139
Option 2	148
Section Six: The Cost of Transformation	156
Deferred Maintenance.....	156
Life Cycle Costs.....	158
Capital Improvement Costs.....	158
The Total Cost of Ownership.....	160
The Case for Option 1	166
Conclusion	171
Appendix 1: Resource Guide	172
Appendix 2: Facility Conditions Assessment report.....	193
Appendix 3: Considerations for Operational Implementation	283

Figures and Tables Index

Figure ES.1 Existing DOCR Facilities	12
Figure ES.2 Historic and Projected North Dakota Population	13
Figure ES.3 DOCR Adult Annual Admissions and Counts (2008-2019)	13
Figure ES.4 DOCR Adult Average Length of Sentence (ALOS) – All Admissions (2008-2019)	14
Figure ES.5 DOCR Historic and Projected Adult Bed Space Need (2008-2030)	15
Figure ES.6 DOCR Historic and Projected Juvenile Bed Space Need by Gender (2008-2030)	16
Figure ES.7 COVID-19 Impacts on DOCR Counts (January – June)	17
Figure ES.8 Option 1 Proposal for Initial Use of the YCC for Minimum Custody Women and Juveniles	21
Figure ES.9 Cycle of Change Transformative Framework	26
Figure ES.10 Top Five Counties Women Residents (2008-2018)	28
Figure ES.11 Map of youth admissions by county (2008-2018)	35
Figure 1.1 Examples of normative correctional spaces	45
Figure 1.2 Cycle of Change Framework	46
Figure 1.3 Summarizes Components that Inform DOCR's Master Plan	50
Figure 2.1 Historic and Projected North Dakota Population	51
Figure 2.2 Historic and Projected State Population by Gender	52
Figure 2.3 DOCR Adult Annual Admissions and Counts (2008-2019)	53
Figure 2.4 DOCR Adult Average Length of Sentence All Admissions (2008-2019)	53
Figure 2.5 DOCR Historic and Projected Adult Bed Space Need (2008-2030)	56
Figure 2.6 DOCR Historic and Projected Juvenile Bed Space Need by Gender (2008-2030)	57
Figure 2.7 COVID-19 Impacts on DOCR Counts (January – June)	58
Figure 3.1 NDSP Site Plan	65
Figure 3.2 NDSP Treatment Facility	66
Figure 3.3 NDSP Rough Rider Industry Complex	67
Figure 3.4 NDSP Central Medical	68
Figure 3.5 NDSP West Unit	69
Figure 3.6 NDSP South Unit	70
Figure 3.7 NDSP SAU, East Unit	70
Figure 3.8 NDSP General Population Housing, East Unit	71
Figure 3.9 NDSP Orientation Housing, North Unit	71
Figure 3.10 NDSP Plan of Indoor Recreation, Classrooms, Library, and Multipurpose Rooms	72
Figure 3.11 NDSP Indoor Recreation, Classrooms, Library, and Multipurpose Rooms	72
Figure 3.12 NDSP Plan of Programs, Staff Training, Food Service and Dining	73
Figure 3.13 NDSP Resident Dining	74
Figure 3.14 NDSP Central Laundry	74
Figure 3.15 NDSP Visitation	74
Figure 3.16 JRCC Existing Site Plan	75
Figure 3.17 JRCC Outdoor Recreation	76
Figure 3.18 JRCC SAU	77
Figure 3.19 JRCC SAU Indoor Recreation	78
Figure 3.20 JRCC SAU Outdoor Recreation	78
Figure 3.21 JRCC Disciplinary Housing	79
Figure 3.22 JRCC Four-bed Room and Seven-bed Dorm	80

Figure 3.23 JRCC Layouts of Existing Resident Rooms and Dorms.....	81
Figure 3.24 JRCC Typical Community/Dayroom on Floors Two through Five in Housing Tower.....	82
Figure 3.25 JRCC Classroom and Carpentry Shop in Basement of Five Tower	83
Figure 3.26 JRCC Program and Activity Building	84
Figure 3.27 MRCC Site Plan	85
Figure 3.28 MRCC Boundaries of the Existing Campus	86
Figure 3.29 MRCC Existing Building Square Footage	87
Figure 3.30 MRCC Main Building Living Areas	88
Figure 3.31 MRCC Transitional Unit and Support Building	89
Figure 3.32 MRCC Existing Support and Service Spaces	90
Figure 3.33 DWCRC Site Plan	91
Figure 3.34 DWCRC Program Room and Library	92
Figure 3.35 DWCRC Basement Dorms.....	93
Figure 3.36 DWCRC Ground Floor Dorms	93
Figure 3.37 YCC Education Building Circulation Corridors	95
Figure 3.38 YCC Typical Classroom.....	95
Figure 3.39 YCC Vocational Classrooms	96
Figure 3.40 YCC Gymnasium	97
Figure 3.41 YCC Centennial Building	97
Figure 3.42 YCC Chapel.....	98
Figure 3.43 YCC Hickory Cottage	99
Figure 3.44 YCC Pine Cottage Central Core Components	100
Figure 3.45 YCC Pine Cottage Floor Plan.....	100
Figure 3.46 YCC Pine Cottage Community/Dayroom with Minimal Windows	101
Figure 3.47 YCC Pine Cottage Resident Room.....	102
Figure 3.48 YCC Brown Cottage Community Spaces.....	103
Figure 3.49 YCC Brown Cottage Resident Room Wing Corridor	104
Figure 3.50 YCC Brown Cottage Resident Room	104
Figure 3.51 YCC Brown Cottage Toilet and Shower Room.....	105
Figure 4.1 Operational Areas Derived From the Transformative Framework.....	106
Figure 4.2 Geographical Location of Counties Where Women Resided.....	112
Figure 4.3 Geographical Location of Counties Where Women	112
Figure 5.1 Pre-COVID-19 Bed Space Projections	134
Figure 5.2 Suggested Bed Space Assignments for each YCC Cottage	138
Figure 5.3 Proposed NDSP Areas for Building Changes	142
Figure 5.4 Proposed JRCC Areas for Building Changes	143
Figure 5.5 Existing MRCC Campus and Space Assignments.....	144
Figure 5.6 Potential Re-configuration Options for Existing MRCC Dormitories	145
Figure 5.7 Suggested Adjustments in the Typical JRCC Dormitory	151
<i>Table ES.1 DOCR and Contract Facilities</i>	<i>11</i>
<i>Table ES.2 Current Room/Cells at YCC.....</i>	<i>20</i>
<i>Table ES.3 Possible Allocation of Cells, Single, and Double Rooms.....</i>	<i>20</i>
<i>Table ES.4 Option 1 Estimated Construction Cost and Schedule</i>	<i>23</i>

<i>Table ES.5 2019 DOCR Classroom Training Data</i>	24
<i>Table ES.6 Option 2 Estimated Construction Cost and Schedule</i>	25
<i>Table ES.7 Top Five Counties for Women Residents (2008-2018)</i>	28
<i>Table ES.8 Youth admissions by county (2008-2018)</i>	35
<i>Table ES.9 Phase One Implementation Tasks</i>	36
Table 2.1 Comparison of Statistical Projections to DOCR Targeted Needs	59
Table 4.1 Top Five Counties From Which Women Residents Reside At The Time of Incarceration From 2008-2018	111
Table 5.1 Current Pre-COVID-19 Bed Space Capacity.....	135
Table 5.2 Current Room/Cells at YCC.....	137
Table 5.3 Possible Allocation of Cells, Single, and Double Rooms.....	137
Table 5.4 Suggested Minimum Square Footage for Juvenile Facility	141
Table 5.5 Suggested Capital Improvements for FY 21/22 – FY 25/26.....	147
Table 5.6 Suggested Capital Improvements for FY 26/27 – FY 30/31.....	147
Table 5.7 Suggested Guidelines for Functional Areas and Site Size	149
Table 5.8 Suggested Option 2 Capital Improvements for FY 21/22 – FY 25/26.....	153
Table 5.9 Suggested Option 2 Capital Improvements for FY 26/27 – FY 30/31.....	154
Table 6.1 Estimate of Deferred Maintenance and Replacement Costs for Selected DOCR Buildings.....	157
Table 6.2 Estimated Life Cycle Costs for DOC-Managed Institutions	158
Table 6.3 Estimated Capital Cost for Option 1.....	159
Table 6.4 Estimated Capital Cost for Option 2.....	160
Table 6.5 Current Staffing and Operating Budget per Institution	161
Table 6.6 Proposed Staffing for Existing and New Facilities	162
Table 6.7 Estimated Annual Operating Cost for Existing and New Facilities	163
Table 6.8 Projected Total Annual Cost for Option 1	164
Table 6.9 Projected Total Annual Cost for Option 2	165
Table 6.10 Comparison of Current to Projected Total Annual Operating Cost	165
Table 6.11 Proposed Annual Staffing Changes per Institution	168
Table 6.12 Proposed Total Annual Budget to Implement the Ten-year Master Plan.....	169
Table 6.13 Proposed Total Annual Budget to Implement the Ten-year Master Plan.....	170

Executive Summary

In September 2019, the DOCR contracted with The Moss Group, Inc. (TMG)¹ and CGL² to prepare a ten-year strategic master plan (Master Plan) for the department. The plan focuses on identifying cost-effective approaches to invest in capital planning while also aligning operational practices necessary to fulfill the department's vision and mission.

The Master Plan is guided by North Dakota House Bill (HB) No. 1015³, which outlines priority areas to include in the study. These priorities include specific considerations for women residents, such as identifying potential locations for facilities that could provide the greatest exposure to enhance services and resources. Additionally, the bill requires that the study include assessing existing male and female adult facilities, reviewing educational and vocational opportunities for all residents, reviewing medical and mental health services, and workforce development opportunities. Each component outlined in the bill is represented in the Master Plan and discussed in detail in the technical report that accompanies this executive summary.

DOCR Mission: Transforming lives, influencing change, and strengthening communities.

DOCR Vision: Support healthy and productive neighbors for a safer North Dakota.

Several key factors led to the passage of HB No. 1015, most notably, DOCR identified concerns related to the current location of where women residents are housed. Currently, women residents are housed in a privately operated contract facility in New England, approximately 120 miles west of Bismarck. DOCR leadership and the legislature recognized that to identify a long term solution for the women residents, it was necessary to take a systemic approach so that a cost-effective and comprehensive plan could be considered for *all* residents, as each population is influenced by the other in terms of resources, facility locations, and program and service needs.

Thus, the Master Plan includes two primary options based on

1. current and projected bed space needs for the next decade and
2. accompanying recommendations for the operational framework needed to support the culture changes and reform efforts consistent with the department's mission and philosophy.

Three categories of residents have been addressed within both options: men, women, and juveniles. For both adult and youth facilities, acknowledging the unique needs of women and girls underpins these options' exploration.

¹ TMG is a nationally recognized criminal justice consulting firm specializing in organizational leadership and culture, operational practices, and special populations.

² CGL is a premier planning and design firm specializing in justice planning.

³ "Sixty-sixth Legislative Assembly of North Dakota In Regular Session Commencing," *North Dakota Legislative Branch*, published January 3, 2019, <https://www.legis.nd.gov/assembly/66-2019/documents/19-0203-05000.pdf>.

Strategic Goals

Over the last several years, the DOCR has led the way nationally on transforming the correctional system to promote human dignity and respect for all people within the system (adult residents, youth, employees, families, and the community). Influenced by best practice outcomes in international and domestic models of correctional practice, the department has created its own model of dynamic security coupled with creating normalized correctional environments that focus on rehabilitation and promote positive experiences and outcomes for residents and staff. A hallmark of this work is ensuring that the culture of each setting reflects human dignity and respect and mirrors an environment characteristic of a healthy community lifestyle. Based on these guiding principles and the information gathered during the study, the following strategic goals were developed to guide capital planning options and recommendations:

- Enhance gender-responsive services for women residents specifically focused on preferable location, services, programs, and reentry supports.
- Increase community capacity to serve current residents and “neighbors” returning to their communities.
- Identify areas to improve existing facility infrastructure to create normative environments for all residents.
- Enhance workforce development opportunities by ensuring staff are provided with the tools and resources to succeed in their roles to meet the agency mission.
- Create strategies that promote a culture of respect and dignity based on the continued reforms.
- Expand probation and parole capacity to support more clients through more intensive case management strategies and lower caseloads per officer.
- Uphold solutions that continue to support de-densifying the youth population at YCC, focusing on community-based alternatives for youth and regional offices.
- Identify additional evidence-based, culturally competent, and gender-specific programs, vocation, and education opportunities that build on strengths and supports positive outcomes for residents and youth.
- Maximize existing capital and operational resources to address recommendations and capital options.

A normative correctional environment refers to a facility's physical environment that includes lighting, furnishings, and spaces that promote healthy connection and communication.

It also refers to a correctional culture that promotes residents' opportunities to experience everyday activities and interactions with staff and the community based on respect and dignity, modeling behaviors that prepare residents for reentry or to continue living as a productive member in a correctional community long-term.

Influencing Factors

Some of the most salient influencing factors identified during the study include the following:

- The department published an agency-wide strategic plan in January 2020. This plan provides context and articulates the vision and strategic direction for the department. TMG/CGL

referenced this document throughout the technical report to demonstrate continuity between recommendations and the established strategic direction for DOCR.

- COVID-19 began to emerge in the United States in February 2020, about four months into the project. The pandemic has altered operational practice in the department, shifted immediate priorities, and impacted future resources. As much as possible, this study has been adapted to DOCR's "new normal," including offering a phased approach to address immediate needs and support incremental changes.
- Due to COVID-19, the department has de-densified the resident population in the secure facilities. In North Dakota, the DOCR director has the authority to place certain residents in community supervision alternatives. This approach has worked well and serves as an early example of moving qualified residents toward community-based services. However, this approach's consequence includes increased caseloads for probation and parole officers and strain on county facilities, which are holding residents sentenced to the DOCR longer than normal.
- Long-time DOCR director Leann Bertsch resigned from her position in July 2020 for a new opportunity. The interim director is Dave Krabbenhoft. Mr. Krabbenhoft shares Ms. Bertsch's vision and has also been with the department for many years and participated in all aspects of this project from the beginning, thus creating continuity during this transition.

About DOCR and Facility Conditions

The DOCR supervises sentenced adult men and women residents, probation, parole and pretrial clients, and youth. Currently, the department maintains and runs three men's facilities that include minimum to maximum custody residents. Men's facilities include North Dakota State Penitentiary (NDSP) located in Bismarck, JRCC and JRMU, located in Jamestown, and Missouri Correctional Center (MRCC) located four miles southwest of Bismarck.

For women residents, the department contracts with a facility located in New England named the Dakota Women's Correction and Rehabilitation Center (DWCRC), approximately two hours west of Bismarck. This is the intake and housing facility, where all women sentenced to DOCR must first go for initial assessments and classification. In early August 2020, the daily count of women residents was 80, with a capacity of 126 beds.

The admission prioritization plan caps the total number of men and women who can be housed within DOCR facilities. For men residents, the total capacity is 1,624, and for women residents, the total capacity is 224.

The Division of Juvenile Services (DJS), a division within DOCR, maintains one secure facility, the Youth Correctional Center (YCC), located in Mandan that houses both female and male juveniles in a campus setting. DJS now serves most of their youth in community settings, and only a very few youths are sent to YCC for short periods of residential confinement. The DJS operates eight regional offices across the state, focused on maintaining community placement and serving youth close to homes through intensive case management provided by Juvenile Corrections Specialists. DJS served a total of 1,970 youth during the 2017-2019 biennium. The current capacity at YCC is 100. However, as of July 2020, the total number of youths included 18 boys and two girls.

Probation and parole services include 6,738 clients as of August 2020, across 17 district offices around the state. Probation and parole officers’ duties range from case management to law enforcement, and even pre-sentence investigations. Officers are trained on Core Correctional Practices and Effective Practices in Community Supervision (EPICS) to assist with monitoring, referrals, and face-to-face interactions to support interventions and build rapport.

Transitional centers house incarcerated adult individuals (both men and women) and clients on probation and parole. Transitional centers are run by contract providers in Bismarck, Fargo, Mandan, Grand Forks, and Devils Lake.

The capital planning scope focused on the four primary facilities DOCR operates to house in-custody residents and youths and the one contract facility DOCR leases to house in-custody female residents. While the department relies on other contract facilities to house residents, youth, and probation and parole clients, the review of the conditions of confinement and capital planning needs focusing on the facilities in which DOCR operates specifically and the location where the women residents are currently housed. These facilities include:

- North Dakota State Penitentiary (NDSP)
- James River Correctional Center, which also includes the Thompkins Rehabilitation and Correctional Center (JRCC)
- Missouri River Correctional Center (MRCC)
- Dakota Women’s Correction and Rehabilitation Center (DWCRC)
- Youth Correctional Center (YCC)

Table ES.1 provides a list of DOCR facilities, resident population, operating capacity, and a total capacity for inmate status residents living in transitional centers across the state.

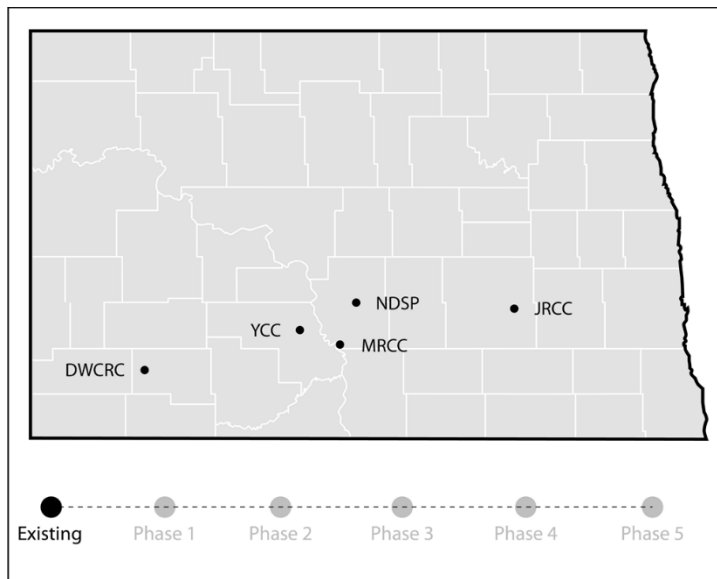
Table ES.1 DOCR and Contract Facilities

<i>Facility</i>	<i>Population</i>	<i>Operating capacity (pre-COVID 19)</i>	<i>DOCR or Contract</i>
NDSP	Adult men resident’s minimum to maximum custody	• 779 residents	• DOCR
JRCC including JRMU	Adult men medium and minimum custody	• 497 residents	• DOCR
MRCC	Adult men minimum custody	• 187 residents	• DOCR
DWCRC	Adult women residents, minimum to maximum custody	• 124 women residents	• Contract
YCC	Girls and boys	• 100 juveniles	• DOCR
Transitional Centers/Treatment	Inmate status	• 137 men residents • 80 women residents	• Contract

The capital planning scope focused on the four primary facilities DOCR operates to house in-custody residents and youths and the one contract facility DOCR leases to house in-custody female residents. While the department relies on other contract facilities to house residents, youth, and probation and parole clients, the review of the conditions of confinement and capital planning needs focusing on the facilities in which DOCR operates specifically and the location where the women residents are currently housed.

The Master Plan team conducted a walk-through of the five primary facilities to evaluate conditions of confinement from an operational perspective. The team assessed the general physical plant conditions and conducted walk-throughs for the four facilities that DOCR owns and operates to estimate deferred maintenance costs. Because the state leases the DWCRC facility, the deferred maintenance costs must be negotiated with the Regional Authority. The location of the five facilities reviewed in the study is shown in figure ES.1.

Figure ES.1 Existing DOCR Facilities



Of the five facilities, four of the accessed facilities were not originally built for a correctional purpose. The DOCR inherited JRCC, MRCC, DWCRC, and YCC. While DOCR has made modifications or added buildings to the YCC and MRCC campuses to support their residents, the facilities' design does not reflect the overall rehabilitative and program intensive mission or support the supervision philosophy that DOCR employs. Many of the configurations of the existing buildings propagate staffing inefficiencies and/or security risks.

Many additions comprise the current NDSP facility, though the state built the original portion for use as a prison in 1955. As such, a variety of housing unit types and supervision models comprise the current NDSP.

Two different teams conducted tours to assess conditions of confinement. The assessment team evaluated each facility from an operational perspective and conducted walk-throughs to ascertain physical plant conditions. The estimated total deferred maintenance need based on today's conditions is \$13 to \$19 million. The cost to make improvements by facility will be addressed in the two basic capital options that follow.

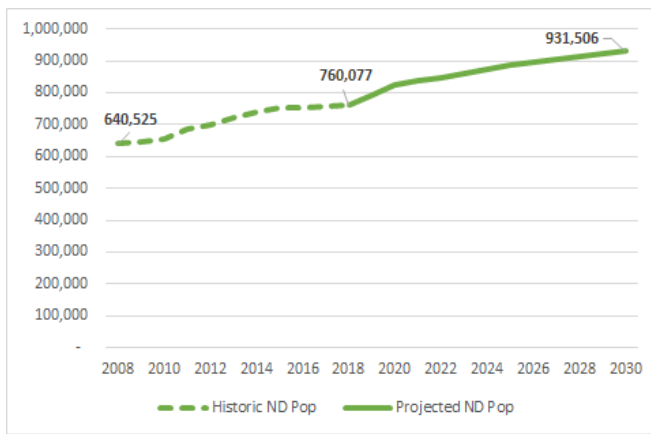
Bed Space Forecasts

Future bed space needs will be influenced by many external factors (at-risk population, employment, public attitudes regarding crime, the economy, etc.) and system factors (sentencing patterns, judicial discretion, admissions, and length of confinement, community-based alternatives, etc.). In some form, all these factors are represented in the historical data that was reviewed in preparing future bed space needs.

Although out of the direct control of DOCR, the average length of sentence, a key variable along with admissions for determining bed space need, increased 8.3% from 2008 to 2019 for all adult admissions. The 2019 average length of sentence was 30.8 months. The average length of sentence for adult females increased by 5.5% from 2008 to 2019. The average length of sentence for adult females decreased from its historic high of 30.8 months in 2018 to 24.1 months in 2019. The average length of sentence for male admissions in 2019 was 32.4 months, an increase of 9.9% from 2008, see table ES.4.

The COVID-19 pandemic focused on early release options that the DOCR could implement for low risk, vulnerable residents. At the peak, the DOCR was able to release approximately 175 medically vulnerable residents who, in time, will impact the average length of confinement.

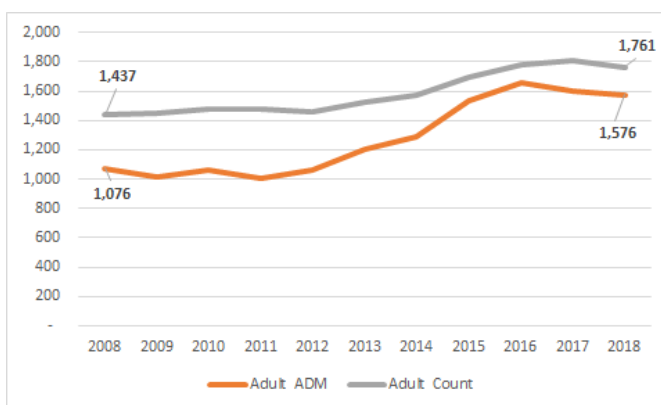
Figure ES.2 Historic and Projected North Dakota Population



The state's population increased 19% from 2008 to 2018 and is projected to increase 23% from 2018 to 2030, with the male population projected to increase by 17%, and the female population projected to increase by 29%. In figure ES.2, the general population growth is shown.

While the increase in the general population is not the major variable in predicting growth in the prison population, history has shown that incarceration per 100,000 residents can allow a comparison to other jurisdictions of similar population characteristics. North Dakota's incarceration rate per 100,000 is 232.

Figure ES.3 DOCR Adult Annual Admissions and Counts (2008-2019)



The DOCR adult resident population similarly increased from 2008 to 2019. The annual number of adult admissions to DOCR, resident counts, and the average length of sentence all increased historically. Annual adult admissions to the DOCR increased 42.4%, while adult counts increased 22.0% from 2008 to 2019. See figure ES.3.

By gender, the percentage growth in adult female admissions outpaced the percentage growth in the adult male population. Female admissions increased 83.4% from 2008 to 2019, while male admissions increased 34.5%. Adult female counts in 2019 were 209, which is a 30.6% increase from 2008. Adult male counts in 2019 were 1,585, an increase of 21.0% from 2008.

For adult count projections, sixteen statistical models were run. Models that were determined to be statistically sound were given equal weight and projected forward to 2030. Considerations were given to socio-economic factors and crime data and regression models, demographic-based models, and system-based models. A 3% classification and peaking factor are applied to projected counts to determine the bed space need for adults in the DOCR system.

Figure ES.4 DOCR Adult Average Length of Sentence (ALOS) – All Admissions (2008-2019)

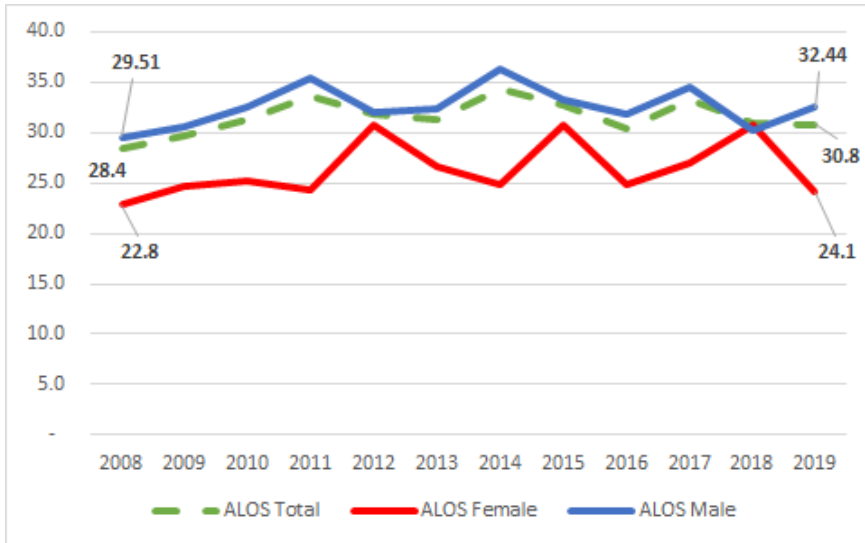
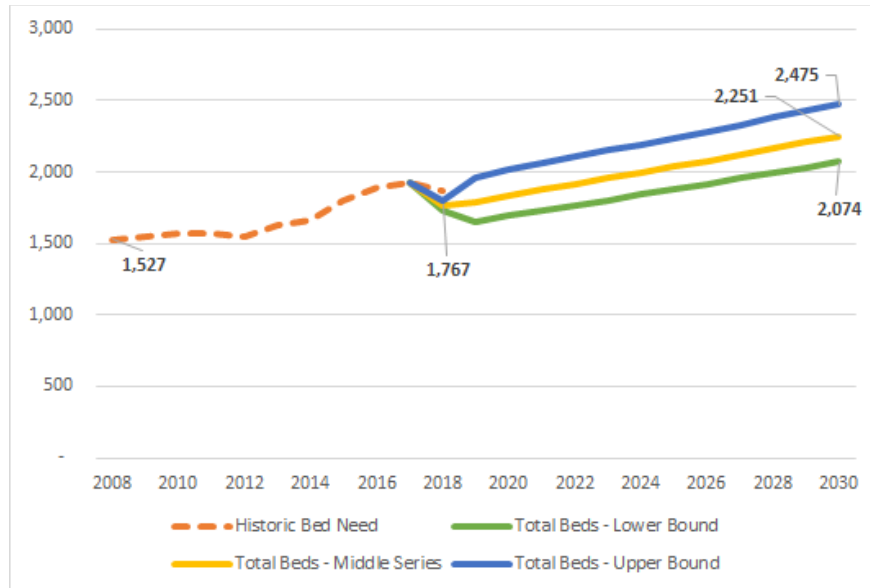


Figure ES.5 shows the historical trends in DOCR bed space needs, and the recommended, lower bound and upper bound bed space needs to 2030. The recommended number of bed space projected in 2030 is 2,251, with a lower bound of 2,074 beds and an upper bound of 2,475 beds. Of the 2,251 beds, 1,943 are allotted to the male population, and 308 are for the female population.

Figure ES.5 DOCR Historic and Projected Adult Bed Space Need (2008-2030)

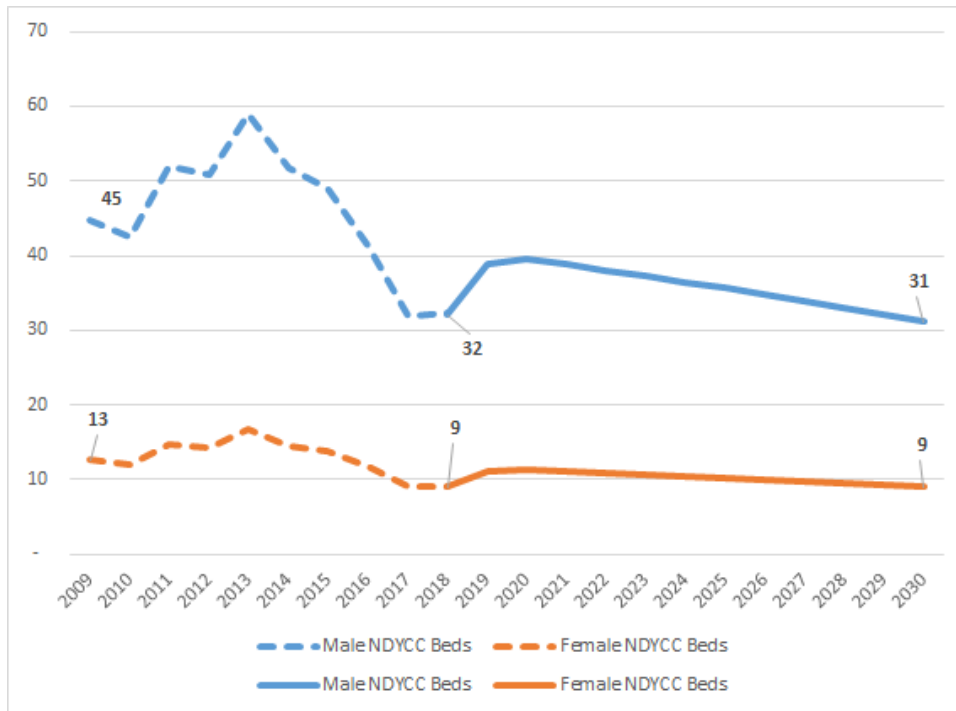


The Master Plan recommends that the 2,251 projected beds be viewed as "placements" under the direct management of DOCR but that as a part of implementing an expanded community corrections model, some of the placements could be better managed through community-based resources and are not actually assigned to a DOCR custody bed. This plan's recommendations assume that approximately 600 of the 2,251 are assigned either to residential community-based facilities or intensive community supervision through probation and parole case managers.

Unlike the adult population, the historic data for the juvenile population housed at DOCR shows a decrease in key metrics. The juvenile counts at the Youth Corrections Center (YCC) decreased by 28% from 2008 to 2018. In January 2008, the count at the YCC was 80, which steadily decreased to less than 25 in July 2020. Using the same modeling methodology as the adult projections, the bed space needs for juveniles in DOCR remains steady at 41, with 32 beds for boys and nine for girls. Table ES.6 presents the historic and projected juvenile population.

This historic decline is very significant as alternative methods have been implemented that assure juveniles' needs are being satisfied but not through traditional custodial solutions. Recognizing this, the future of the YCC has been evaluated, and specific changes are recommended in the capital plan.

Figure ES.6 DOCR Historic and Projected Juvenile Bed Space Need by Gender (2008-2030)



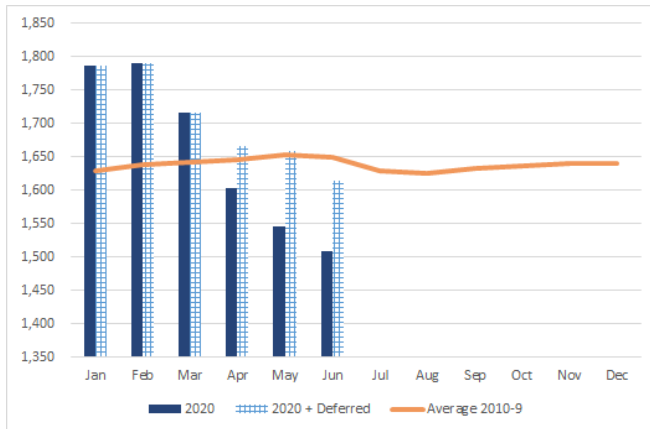
The status quo projections for bed space needs at DOCR serve as a baseline for planning purposes. However, there are current policy and legislative impacts that are working to reduce populations. The impact of the COVID-19 pandemic and other alternatives to incarceration have demonstrated that the DOCR incarcerated population can be reduced even as the general population increases. Sustaining recent reductions in the incarcerated population will be a challenge but should be carefully monitored, and the future bed space needs altered according to evidence.

For example, the North Dakota recently launched a Justice Reinvestment Initiative. This initiative relies on policy and legislative changes to realize lower populations of incarcerated individuals. The adult DOCR count for 2018 was 1,761 and for 2019 was 1,794, but 2020 is trending lower.

The decreases in DOCR counts appear to be driven by deferred admissions to DOCR. By keeping individuals at local county detention facilities instead of admitting them to the state system, numbers have declined. For example, the female adult population was above 200 for the first three months of 2020. Since COVID-19, the female adult population in DOCR has decreased to 131 in June. But this does not include the 21 females that were deferred admissions to the system. The gradient bar in figure ES.7 shows that the total DOCR population dipped below 2010 to 2019 average levels only in June when the deferred admissions population was included.

The effects of the Justice Reinvestment Initiative and the continued impact of COVID-19 should be monitored closely in the next two years to see the long-lasting impacts of the status quo bed space projections.

Figure ES.7 COVID-19 Impacts on DOCR Counts (January – June)



The global COVID-19 pandemic has decreased the DOCR populations. The question is, will populations continue to shrink after the pandemic subsides, or will populations return to pre-COVID-19 levels? The DOCR provided TMG/CGL with monthly data through June 2020 to show the effects of COVID-19. Monthly averages of counts by month from 2010 to 2019 were examined versus the 2020 data. Surprisingly, the months in 2020 pre-pandemic (January – March) were 7.8% higher than the adult counts from 2010 to 2019. From April to June, the DOCR counts were 5.9% lower than the 2010 to 2019 average by month.

A Strategic Framework for Development

The 2030 bed space projections before the COVID-19 pandemic suggested a need for approximately 2,000 male and 200 female bed spaces for adults and 40 juvenile bed spaces. With a range of 90 to 175 reductions in average daily population due to the health crisis, some adjustments to the future adult bed space need are possible but would not substantially alter the basis for strategic capital planning. The decline in the need for juvenile bed spaces is expected to persist due to the continued emphasis on community-based alternatives.

While correcting the critical \$13 to \$19 million deferred maintenance needs should be a priority, the existing facilities can accommodate the anticipated growth with these corrections. The NDSP and JRCC should continue to serve as the predominant male institutions for up to 1,500 to 1,800 men. Higher custody men should continue to be assigned to NDSP but emphasize reducing the double occupancy of cells. Ideally, the population at NDSP should target 500 to 600 residents by 2030.

Although the Jamestown's location presents challenges for community connections for the residents and a limited workforce pool, JRCC remains a viable treatment-focused facility for medium custody residents. With the Transition Unit, the progression from treatment and skills development to reentry preparation is enhanced. The total population at JRCC should be capped at 300 to 400.

The remaining bed space needs for men can be met through minimum custody (MRCC) and community-based alternatives. While the MRCC has incarcerated as many as 200 men, the future use of the facility should be based on a capacity of 100 to 125.

In addition to these adult male facilities, the DOCR has contracts with non-profit organizations to operate approximately 172 inmate-status beds and 139 community-status beds statewide. These beds are in addition to the bed space counts in the preceding paragraphs and are a valuable resource for transitioning residents back to the community and should be sustained and expanded to become integrated with a comprehensive community corrections program.

The strategic recommendation for men is that the system places 500 to 600 residents in various intensive supervision community-based programs that would directly impact the incarcerated population and improve the opportunity for successful reentry into the community. Existing probation and parole offices should be expanded to include day reporting, electronic monitoring, and regularly scheduled, readily available evidence-based counseling programs.

While the capital impact is minimal of the Master Plan's community-based component, additional staff resources will be essential. Current research specific to probation and parole recommends caseloads at approximately 40 clients with moderate to high-risk per case manager or officers. However, the research also suggests that reduced caseloads do not positively impact outcomes unless implemented using evidence-based practices. In other words, if the officers provide intensive supervision, consisting primarily of monitoring and risk management without evidence-based practices, this can increase the number of violations and risk reoffense⁴Currently, community caseloads are approximately 70 to 75 residents/clients per officer.

The case management model within DOCR institutions will also require modifications. The technical report provides detailed reviews and recommendations to strengthen case management practices consistent with research and best practice. Current caseloads for institutional case managers are approximately 60 residents per case manager. The recommendation is to follow the community model to reduce average caseloads closer to 40. Of course, caseloads per case manager will vary somewhat depending on the risk and needs level, indicating the frequency of meetings and time and resources spent on each resident.

By far, the most pressing need is for female residents. The DWCR is, at best, a short-range solution for a projected 2030 need of 210 bed spaces. The highest capital priority is a permanent location for the incarcerated women at a location other than New England. However, the DWCR may be an excellent site for future community supervision opportunities for local residents and clients and may be a viable option to pilot new community supervision programs, services, or models.

The YCC has served as the juvenile facility for decades. Due to significant efforts, the need for juvenile bed spaces has declined dramatically such that the 2030 need for incarcerated juveniles is 40, or less, bringing into question if the YCC with a bed space capacity above 100 is best used for juveniles in the future.

The options were developed based on the ideal foundation that all DOCR existing operated facilities are well maintained and suitable for meeting the transformational goals of the state. Using the strategic basis noted above, two options were explored.

The Capital Development Options

The capital needs for the Master Plan are projected to 2030, or over five funding biennia. The two options consider gender, location, and the mission of the four DOCR operated facilities. In consideration of future capital needs, several assumptions guided the analysis of the best use of existing facilities and additional infrastructure:

⁴ Jalbert, Sarah Kuck, William Rhodes, Michael Kane, Elyse Clawson, Bradford Bogue, Christopher Flygare, Ryan Kling, and Meaghan Guevara. A Multisite Evaluation of Reduced Probation Caseload Size in an Evidence-based Practice Setting. *U.S. Department of Justice, National Institute of Justice*, June 2011.

1. The state's ability to fund a large capital expenditure for the next several fiscal years is limited due to current economic conditions.
2. The women will be moved from DWCRC as soon as reasonably feasible and relocated closer to Bismarck.
3. Closure of the JRCC is not an option and the facility will continue to be used in some fashion as a men's facility.
4. The juvenile custody needs will continue to decline but alternative forms of community supervision are necessary.
5. The YCC can be repurposed for adults, or to include both juveniles and adults.⁵
6. The NDSP will remain the adult male population's center, focusing on residents with longer sentences and/or higher custody classifications.
7. The MRCC can remain in operation for another ten years, or, alternately, the property could be sold.
8. Deferred maintenance must be addressed sooner rather than later.
9. Community probation facilities can be leased but need to be addressed as a part of an expanded community corrections initiative. While COVID-19 has presented the department with an opportunity to rethink office space needs for probation and parole, some space will continue to be needed to serve residents and clients for centralized services, counseling, and programming.
10. Resources and priorities have shifted for DOCR due to COVID-19, including budget cuts for the state. The phasing for the options explained below was adjusted to reflect the new realities brought on by the pandemic's impact. However, the ten-year bed space needs are based on 100 women, 1,100 men, 24 juveniles, and approximately 500 adults in community supervision programs.

Informed by the DOCR's vision, an assessment of the current conditions of confinement, the projection of future bed space needs, and assumptions regarding future development parameters, a framework to explore capital investment options was prepared.

1. Besides addressing the most critical deferred maintenance needs, relocating the women from New England is the highest capital priority. The ability to accomplish this will either mean constructing a purpose-built women's facility or repurposing an existing facility/campus for women.
2. Small, residential, community-based facilities for residents preparing for reentry are essential in a restorative justice model of transformation.
3. The YCC is an asset and could be repurposed for a dual campus space (both adults and youth) since an alternative approach for accommodating the diminishing number of in-custody youth is feasible.
4. Expanding community-based probation offices to offer broader community correctional services for adults and juveniles is the underpinning of a plan.

⁵ Should the department move forward with a dual campus, considerations will be given to PREA and gender-responsivity consistent with best practice.

Two basic options emerged from this framework that began focusing on relocating women from New England to a location that is closer to the families of the women and community resources. Solving the relocation of women requires a capital investment early in the ten-year plan either in a new facility or repurposing an existing one(s). Once the women are relocated, the remaining steps towards a modernized correctional system can assume several directions. Regardless of which option the state selects, existing facilities will continue to represent the backbone of the future, and especially the YCC. This campus represents a considerable potential for a continued downsized juvenile use, women, and potentially as a reentry facility for women or men.

Table ES.2 Current Room/Cells at YCC

Cottage	Rooms	Cells w/Toilet & lav.	Total Beds
Maple Cottage	13	2	15
Hickory Cottage	29	2	31
Pine Cottage	-	25	25
Brown Cottage	16	-	16
Totals	58	29	87

Source: DOCR; August 2020

The four cottages dedicated to housing are suitable for low to medium custody residents with a room and cell combination. See table ES.10 for a breakdown of current capacity. Of the 87 total sleeping spaces, 29 include a toilet and lavatory while the remaining 58 are "dry," which requires a staff member's assistance for a resident to gain access to a bathroom. Although the capacity definition indicates that the YCC has 120 available beds (approximately 50% above design capacity) using cots in selected rooms, the juvenile bed space requirements have not reached 120 in years.

YCC represents an important resource to DOCR both as a juvenile or adult, with selected upgrades of the cottages and completion of deferred maintenance projects. Going forward, the recommendation is to base the future development options on a capacity of 100. To reach 100 beds would require double occupancy of 22% of the 58 rooms, as shown in table ES.9.

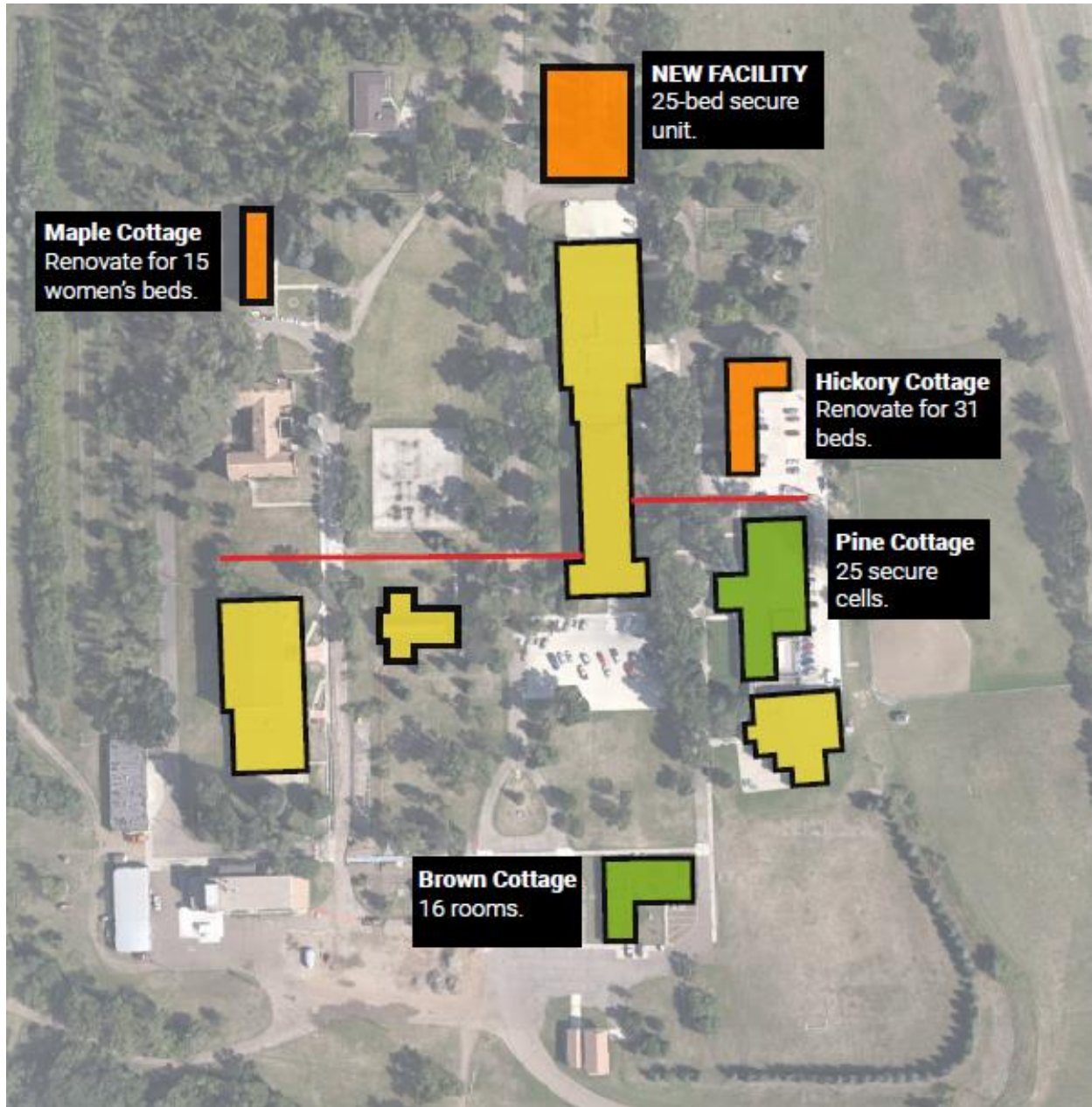
Table ES.3 Possible Allocation of Cells, Single, and Double Rooms

Proposed YCC Room & Cell Count				
Cottage	Proposed Single Rooms	Proposed Double Rooms	Cells w/Toilet & lav.	Total Beds
Maple Cottage	10	3	2	18
Hickory Cottage	25	4	2	35
Pine Cottage	-	-	25	25
Brown Cottage	10	6	-	22
Totals	45	13	29	100

Source: DOCR; August 2020

In figure ES.8, the recommended future allocation of bed spaces per cottage is shown and applies to both options. The red line in figure ES.8 represents a sight barrier that will need to be added for dual campus use to separate the youth from adult residents.

Figure ES.8 Option 1 Proposal for Initial Use of the YCC for Minimum Custody Women and Juveniles



Option 1

Option 1 focuses on using existing facilities to meet the long-term capital needs by upgrading these assets in stages. The initial step is a phased transformation of the YCC campus to a women's facility. All the necessary components exist at the YCC and with minimal cost for upgrades to mainly the residential cottages, the remaining buildings are fit for purpose. To initiate option 1, Pine Cottage, with 25 cells, can accommodate all the juvenile boys with a privacy fence constructed across the campus to provide sight separation. While this approach is not a sound separation, the housing cottages are far enough apart as to limit any direct communication between the minimum custody women and the youth. Incarcerated juvenile girls will remain at the recently improved 16-room Brown Cottage capable of housing more than the current daily average of four to six girls.

After minor improvements to the Maple Cottage, up to 18 women could be transferred from the DWCRRC immediately to the YCC. With a bed space capability of 35, Hickory Cottage would be the next cottage readied for women, bringing the total to 53 in a very short timeframe. On a scheduled basis, the gym, chapel, food preparation, laundry, maintenance, and central energy services can be shared between the juveniles and women. DWCRRC would continue to house high-security residents for the short term until the YCC campus is ready to house all women's custody levels. Once women are moved from DWCRRC, we believe DWCRRC would serve as an excellent site for community-based programs and services, consistent with the recommended expansion of community supervision across the state.

The final 47 women to be transferred to YCC would depend upon the need, retrofit, and upgrade funding and schedule, and required approvals. With double occupancy of six rooms, Brown Cottage could accommodate 22 women, and Pine Cottage, with 25 single cells, could serve as special management housing.

When the YCC is fully converted to a women's campus, a 20-bed juvenile facility should be made available through a purpose-built facility. Also, in subsequent phases, two eight to ten bed residential facilities should be considered for juveniles. The purpose of these residential facilities is to provide a community-based option for youth that require more intensive supervision for a short period of time. A high priority should be locating these two youth residences in Grand Forks and/or Fargo. Proceeding with these two residential facilities will be dependent upon the future needs for secure facilities. If the juvenile population continues to decline, one or both facilities may not be needed.

Once a solution for women and juveniles is achieved, the remainder of option 1 focuses on the capital needs for men at the NDSP, JRCC, and MRCC but on a gradual schedule of capital expenditures. The NDSP will continue as the intake facility and primary medium and higher custody facility. Improvements to the NDSP are all internal with a repurposing of the unused Old Administration Area as overflow for infectious disease patients or other residents that require medical separation for a limited time. Towards the end of the ten-year Master Plan time horizon, the future use of the existing West Cell Housing Unit should be addressed. If the cells are required to meet demand, two options should be considered: (1) to meet direct natural light and a more normalized approach to housing units, the existing West Cell House could be re-constructed to locate the single cells along the exterior walls to provide direct natural light in the cells, or (2) the entire West Cell House could be demolished and replaced with a 120-cell purpose-designed housing unit. Cost and interruption of operations should direct the selection of a final solution.

Although designed as a mental health hospital, the JRCC/JRMU has a continued use as a DOCR medium custody facility. The JRMU should continue as a treatment-focused component within the JRCC campus as the SAU continues an important role for residents with special management needs. Besides an aging of the infrastructure and a dormitory-driven housing arrangement, the JRCC can continue to function effectively for medium custody residents and serve specialized treatment needs for residents involved in structured programs. Through re-arrangement of the room furniture and the number of cubicles, the density in the dormitories (old hospital wards) can be reduced, along with an investment in upgrading existing program space.

The MRCC currently functions as a minimum custody facility and option 1 remains in this use. Significant deferred maintenance upgrades should occur as well as reducing the operating capacity closer to 100-120 men. The existing dormitories are crowded. The food preparation and dining building need a significant upgrade or replacement.

In table ES.4, an estimated capital budget for five biennia is shown. The cost estimates are based on the 2020 construction experience and are for construction only. A 15% to 30% factor should be applied to these estimates for project costs.

Table ES.4 Option 1 Estimated Construction Cost and Schedule

Item	Capital Investment Description	1st Biennium Estimated Cost FY 21-22/22-23	2nd Biennium Estimated Cost FY 23-24/24-25	3rd Biennium Estimated Cost FY 25-26/26-27	4th Biennium Estimated Cost FY 27-28/28-29	5th Biennium Estimated Cost FY 29-30/30-31	Estimated Option 1 Cost
Capital Improvements for Women (75 Renovated Beds @ YCC Cottages and 25-Bed Secure Housing Facility)							
1	Develop Day Regional Reporting Centers	\$ 500,000	\$ 250,000	\$ -	\$ -	\$ -	\$ 750,000
2	Improvements to Hickory & Maple Cottages	\$ 3,781,800	\$ -	\$ -	\$ -	\$ -	\$ 3,781,800
3	Upgrade Admin/Sch. for Voc./Employ. Center	\$ 1,612,250	\$ -	\$ -	\$ -	\$ -	\$ 1,612,250
4	Deferred Maintenance at YCC	\$ 1,332,985	\$ 1,332,985	\$ -	\$ -	\$ -	\$ 2,665,970
Subtotals		\$ 7,227,035	\$ 1,582,985	\$ -	\$ -	\$ -	\$ 8,810,020
Capital Improvements for Men (350 Beds @ JRCC; & 100 Beds @MRCC)							
1	Expand Community Reporting Centers Program	\$ 750,000	\$ 750,000	\$ -	\$ -	\$ -	\$ 1,500,000
2	Deferred Maintenance at JRCC	\$ 2,332,470	\$ 2,332,470	\$ -	\$ -	\$ -	\$ 4,664,940
3	Renovate JRCC for 350 Beds	\$ -	\$ -	\$ 12,441,150	\$ -	\$ -	\$ 12,441,150
4	Upgrade MRCC for 100 Reentry Beds	\$ -	\$ 15,563,000	\$ -	\$ -	\$ -	\$ 15,563,000
5	Deferred Maintenance at NDSP	\$ 1,772,020	\$ 886,010	\$ 886,010	\$ -	\$ -	\$ 3,544,040
6	Renovate NDSP Old Admin.for Special Beds	\$ -	\$ 1,911,000	\$ -	\$ -	\$ -	\$ 1,911,000
7	Renovate or Replace West Housing	\$ -	\$ -	\$ -	\$ 4,170,000	\$ -	\$ 4,170,000
Subtotals		\$ 4,854,490	\$ 21,442,480	\$ 13,327,160	\$ 4,170,000	\$ -	\$ 43,794,130
Capital Improvements for Juveniles (20 Renovated Secure & Two 8-Bed Residential Facilities)							
1	Construct New 20-Bed Secure Housing Facility	\$ -	\$ 6,000,000	\$ -	\$ -	\$ -	\$ 6,000,000
2	Construct Two, 8-Bed Residential Centers	\$ -	\$ -	\$ 1,680,000	\$ -	\$ 1,680,000	\$ 3,360,000
Subtotals		\$ -	\$ 6,000,000	\$ 1,680,000	\$ -	\$ 1,680,000	\$ 9,360,000
TOTALS for OPTION 1		\$ 12,081,525	\$ 29,025,465	\$ 15,007,160	\$ 4,170,000	\$ 1,680,000	\$ 61,964,150
		\$ 10,814,050	\$ 24,474,000	\$ 18,291,150	\$ 4,170,000	\$ 1,680,000	\$ 51,089,200
		\$ 5,437,475	\$ 4,551,465	\$ 886,010	\$ -	\$ -	\$ 10,874,950

Source: CGL Companies; September 2020

Additional staff training will be necessary for both options, and space for such should be expanded and upgraded to reflect the increasing reliance on technology and remote learning. The present location at the lower level of the Old Administration Building at NDSP meets current needs but will be inadequate as training needs to expand in the next decade of transformation. Ideally, the department would consider a centralized site that would permit a range of meeting rooms, indoor and outdoor physical training venues, computer labs, mock-up cells/housing units, and office spaces. Like many geographically large states, DOCR should also consider a residential-based component where officers could remain in a “bubble”

during the intensive training segments of their service. The possibility of sharing a training complex with other agencies should also be explored and become a high priority in future funding cycles.

Data from 2019 indicates that 126 employees went through new employee training. New training consisted of 131.5 hours of face-to-face classroom training per new employee and 17 hours of online training per new employee. In 2020, COVID-19 has demanded a dramatic shift in training, including adding more virtual training options. Virtual training may grow into a permanent approach for certain training topics to expand capacity and maximize resources. However, certain training must remain in person and hands-on. Additional 2019 data is provided in table ES.5 that highlights classroom training data.

Table ES.5 2019 DOCR Classroom Training Data

2019 Numbers	NDSP/MRCC	JRCC	Total
Number of classroom classes offered	669	332	1001
Number of classroom training hours	1,612.40	918.2	2,530.6
Number of classroom Students	8,981	3,845	9,899.2
Number of classroom student man hours	22,444.30	9,806.15	32,250.45
Number of classroom instructor hours	3,648.4	1,168.65	4,817.05

Source: DOCR training division, 2020

Option 2

Different from option 1, option 2 uses all the existing facilities as recommended in option 1, but also constructs new purpose-built women and juvenile facilities. Like option 1, the initial focus is on women and juveniles by maintaining the YCC as a juvenile facility and dedicating the Maple Cottage to women until a new purpose-built 100-bed facility is completed. Potential site locations for the new women's facility could be adjacent to NDSP or YCC, providing opportunities to share some services. Another site could be adjacent to the MRCC. During the short time that women would be on the YCC campus, service sites could be shared with the youth on a scheduled basis.

This option assumes that the in-custody needs for youth will initially be met with the Pine and/or Brown Cottages and a new 20-bed special-purpose youth facility would be developed in either the Mandan area, Fargo, or Grand Forks area. An eight-bed regional residential facility could be in the Fargo area and another in the Grand Forks area, or another location near the home of the at-risk juvenile population.

If women are located in a purpose-built facility elsewhere, then the YCC could instead be converted to an adult men's reentry facility, which, along with an upgrade of the MRCC and improvements at JRCC and NDSP, similar to option 1, will meet the projected bed space needs for men.

Option 2 is approximately twice the capital investment as option 1 but provides new, purpose-built facilities for the women and juveniles while relying on significant upgrades to the YCC, MRCC, NDSP, and JRCC to meet the needs of the adult males. Table ES.6 provides the estimated cost and schedule for option 2.

Table ES.6 Option 2 Estimated Construction Cost and Schedule

Item	Capital Investment Description	1st Biennium Estimated Cost FY 21-22/22-23	2nd Biennium Estimated Cost FY 23-24/24-25	3rd Biennium Estimated Cost FY 25-26/26-27	4th Biennium Estimated Cost FY 27-28/28-29	5th Biennium Estimated Cost FY 29-30/30-31	Estimated Option 2 Cost
Capital Improvements for Women (50 Temporary Renovated Beds @ YCC Cottage & New Purpose-Built 100-Bed Facility)							
1	Develop Regional Day Reporting Centers	\$ 500,000	\$ 250,000	\$ -	\$ -	\$ -	\$ 750,000
2	Upgrade Hickory Cottage for 50 Women	\$ 2,673,000	\$ -	\$ -	\$ -	\$ -	\$ 2,673,000
3	Design & Construct 100-Bed Women's Facility	\$ -	\$ 27,500,000	\$ -	\$ -	\$ -	\$ 27,500,000
Subtotals		\$ 3,173,000	\$ 27,750,000	\$ -	\$ -	\$ -	\$ 30,923,000
Capital Improvements for Men (350 Beds @ JRCC; 100 Renovated Beds @MRCC; & 100 Renovated Beds @ YCC)							
1	Expand Community Supervision Program	\$ 750,000	\$ 750,000	\$ -	\$ -	\$ -	\$ 1,500,000
2	Deferred Maintenance for JRCC	\$ -	\$ 2,332,470	\$ 2,332,470	\$ -	\$ -	\$ 4,664,940
3	Renovate JRCC for 350 Beds	\$ -	\$ 6,220,575	\$ 6,220,575	\$ -	\$ -	\$ 12,441,150
4	Deferred Maintenance for NDSP	\$ -	\$ 2,658,030	\$ -	\$ 886,010	\$ -	\$ 3,544,040
5	Renovate Old Admin for Special Beds	\$ 1,911,000	\$ -	\$ -	\$ -	\$ -	\$ 1,911,000
6	Renovate or Replace West Housing	\$ -	\$ -	\$ -	\$ -	\$ 4,170,000	\$ 4,170,000
7	Deferred Maintenance for YCC	\$ 141,765	\$ -	\$ 2,612,018	\$ -	\$ -	\$ 2,753,783
8	Repurpose YCC for 100-Bed Reentry Facility	\$ -	\$ -	\$ -	\$ 21,264,750	\$ -	\$ 21,264,750
9	Upgrade MRCC for 100-Bed Regional Center	\$ -	\$ 7,781,500	\$ 7,781,500	\$ -	\$ -	\$ 15,563,000
Subtotals		\$ 2,802,765	\$ 19,742,575	\$ 18,946,563	\$ 22,150,760	\$ 4,170,000	\$ 67,812,663
Capital Improvements for Juveniles (New 20-Bed Secure Facility & 8 Residential Beds)							
1	Construct New 20-Bed Facility	\$ -	\$ 6,000,000	\$ -	\$ -	\$ -	\$ 6,000,000
2	Construct Two 8-10 Bed Residential Centers	\$ -	\$ 1,680,000	\$ -	\$ -	\$ 1,680,000	\$ 3,360,000
Subtotals		\$ -	\$ 7,680,000	\$ -	\$ -	\$ 1,680,000	\$ 9,360,000
TOTALS for OPTION 2		\$ 5,975,765	\$ 55,172,575	\$ 18,946,563	\$ 22,150,760	\$ 5,850,000	\$ 108,095,663
		\$ 10,004,000	\$ 50,182,075	\$ 14,002,075	\$ 21,264,750	\$ 5,850,000	\$ 97,132,900
		\$ 141,765	\$ 4,990,500	\$ 4,944,488	\$ 886,010	\$ -	\$ 10,962,763

Source: CGL Companies; September 2020

While specific projects, cost estimates, and timeframes have been suggested, these are based on the current need and do not reflect the current conditions influenced by the economic slowdown and the pandemic's impact. The options can and should be viewed as a statement of need, and elements from both options could be combined, such as a new women's facility and the youth remaining at YCC. Another could be the conversion of YCC to a women's campus and constructing a small, purpose-built facility for juveniles. These decisions can be reached and prioritized after more extensive deliberation.

However, what is essential is recognizing that many of the deferred maintenance items are critical and should be given a high funding priority. The need for improved training facilities addressed above in option 1 applies to option 2 and should be given an equal priority as the deferred maintenance.

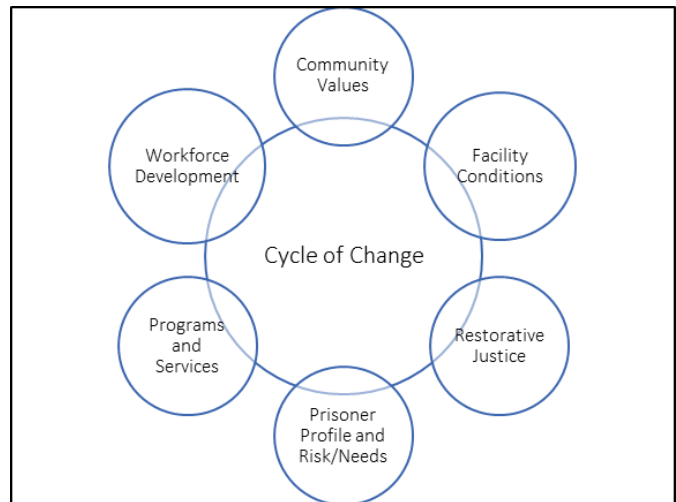
Transformative Framework

The following framework was developed for this project to guide operational practice and culture change efforts. This framework, referred to as the “cycle of change,” organizes key elements necessary to realize the strategic goals and augments the capital planning options. Figure ES.9 illustrates the cycle of change transformative framework.

This framework complements and emphasizes the importance of equal investment in people and systems that will bolster and effectuate change and any capital investments.

The following is an overview of each element included in the framework.

Figure ES.9 Cycle of Change Transformative Framework



- *Community Values* – Identified as the basis for transforming a correctional system, it is imperative to understand what the community values are in terms of integrating the common goal for public safety with that of justice-involved individuals who compromise the safety of communities through criminal acts.
- *Facility Conditions* – Defined broadly as understanding the capacity of the infrastructure to support the aim of transformation. This includes the infrastructure, location, and design that influence normative, restorative, and humane environments for staff and residents.
- *Restorative Justice* – The basic principle of restorative justice is to "reduce harm" to the victim, the resident, and the community, which requires a comprehensive and integrated approach to the administration of justice. The DOCR can do much to prepare the resident for reintegration. However, the broader community, victims, law enforcement, all components of the judiciary, probation, and the various community organizations must be aligned to support the restorative justice model for this change to succeed.
- *Prisoner Profile and Risk and Needs* – Delivery of services and programs must be tailored to the individual and more integrated through a restorative justice model to address the cycle of crime. Each resident's profile results in the determination of risk and needs that influence every choice related to programs, services, facility placement, and ultimately bed space assignment. The two components, (1) risk to others and for flight, and (2) needs for the maintenance of care are assessed using different tools and classification methods.
- *Programs and Services* – This is the stage where staff training, delivery of services and programs, and the physical environment converge. Programs and services must also include gender-specific and culturally competent components to fully realize the desired outcomes consistent with a restorative justice model. Programs include evidence-based, manualized programs, activities, education, and vocational opportunities. Services include medical and mental health care, life skills, and resources essential to reentry.

- *Workforce Development* -Defined as understanding staff needs, wellness, and development, including training, resources, and capacity. Staff are the lynchpin to providing effective case management, programs, services, supervision, and modeling behavior of respect and dignity. Workforce development helps set the culture and is an integral piece of the cycle of change.

Transformative Framework: Key Focus Areas

Based on the proposed capital planning needs and the transformative framework identified to support this change cycle, TMG/CGL highlighted priority focus areas and recommendations to anchor the organizational culture, operations, and services. The technical report provides more detail in each area.

Women Residents

Recommendations:

- Move women residents to a preferred location to better access programs, services, and community supports.
- Stabilize women's transfers across the system to allow for uninterrupted programming and services and promote a stronger connection with community, staff, and family supports.
- Increase evidence-based, culturally competent, gender-responsive programming.
- Increase vocational opportunities for women to develop job skills and readiness.
- Increase visitation opportunities for all women residents, including adding family-friendly visitation opportunities such as a family center for children visits at YCC.

As stated previously, HB No. 1015 specifically addresses the need to identify a preferable location for women residents to ensure they receive appropriate access to programs, services, visitation, and community supports. Between 2008 and 2018, the top counties where women residents are from include Burleigh, Cass, Morton, Grand Forks, Ramsey, Ward, and Williams.

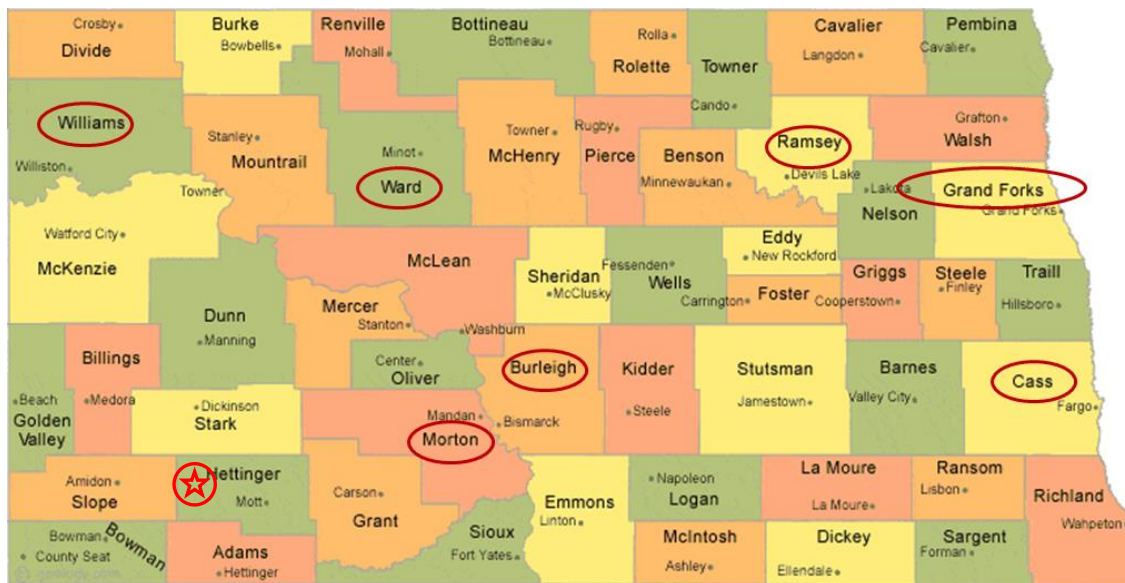
Table ES.7 Top Five Counties for Women Residents (2008-2018)

Top Five Counties for Women Residents 2008-2018							
	BURLEIGH	CASS	MORTON	GRAND FORKS	RAMSEY	WARD	WILLIAMS
2008	30.2%	20.1%	10.7%	6.5%	5.9%	0.0%	0.0%
2009	31.7%	12.6%	12.6%	10.2%	6.6%	0.0%	0.0%
2010	31.7%	8.9%	8.3%	9.4%	12.8%	0.0%	0.0%
2011	31.3%	10.9%	10.9%	6.8%	10.2%	0.0%	0.0%
2012	34.3%	0.0%	8.3%	7.9%	14.8%	9.3%	0.0%
2013	29.7%	11.3%	0.0%	8.7%	8.7%	13.3%	0.0%
2014	29.0%	13.5%	0.0%	10.7%	8.3%	13.1%	0.0%
2015	22.7%	12.4%	0.0%	11.4%	0.0%	14.4%	6.7%
2016	27.3%	10.7%	0.0%	14.4%	0.0%	14.1%	7.7%
2017	27.6%	10.7%	8.2%	9.1%	0.0%	14.1%	0.0%
2018	24.7%	12.8%	0.0%	10.8%	0.0%	13.2%	9.5%

Cass, Grand Forks, and Burleigh counties were most frequently in the top five counties from where women reside, with greater variability across Morton, Ramsey, Ward, and Williams, depending on the year. Burleigh makes up at least 25% of all women residents each year. Table ES.7 provides the yearly breakdown of the top five counties from 2008-2018. Figure ES.10 illustrates the geographical representation of women residents by county for the same timeframe. The star on the map indicates the approximate location of DWCR.

In comparison, the top five counties for male admissions across the same period included Burleigh, Cass, Grand Forks, Ward, Morton, and Williams.

Figure ES.10 Top Five Counties Women Residents (2008-2018)



Prevailing research and best practice suggest incarcerated individuals are more successful when placed in facilities closer to their homes with access to family visits and community connections⁶. Moving the primary women's facility closer to where more women reside will help improve outcomes, increase opportunities for family connections, and strengthen reentry planning.

Both capital planning options recommend in the first phase to move minimum custody women to the YCC campus located in Mandan. This is a phased approach to allow for an immediate transition for some women, while still providing services and supervision at DWCR. However, we continue to emphasize that all women residents should be moved to an acceptable facility and location, consistent with best practice and gender-responsive principles.

The Mandan location is advantageous as it provides women greater access to DOCR healthcare and mental health services and provides a normative campus environment, more appropriate to the department's mission. There is ample space for programs, services, education, and vocation that will be shared with the youth campus.

By moving the facility closer to a centralized location, the department can help stabilize women residents' constant movement, who currently may move to several different facilities and transitional centers before reentry or further community supervision. This stabilization can allow for greater completion of programs, connection to staff and community supports, and alleviate the anxiety residents expressed about the current state of not knowing where they may end up next.

Currently, there is not the same level of programming available to women compared to men at DWCR. This lack in parity of services, vocation, and program opportunities is a significant concern for the state and DOCR. Moving the women to a more centralized community will help address this gap. A significant benefit to this option includes keeping employees staffed at the Mandan campus, even as the youth population shrinks, by shifting supervision and services to support women residents in addition to the small youth population that resides at the YCC.

Community Capacity

Recommendation:

- Create a senior position within the DOCR organizational structure that provides formal oversight and responsibility to (1) expand community partnerships, (2) build an accessible directory of community partners and services, (3) track outcomes, (4) identify and fill gaps for services and programs, and (5) build relationships across the state. The person assigned to this position should work alongside transitional planning services, including reentry coordinators, case managers, and victim services to strengthen victim outreach, communication, and restorative justice opportunities.

Consistent with the department's strategic plan, the expansion of community capacity is critical to fulfilling its vision. Despite the projected growth in the sentenced population over the next ten years, DOCR's goal is to focus on resources for community alternatives to traditional confinement through supervision, treatment, and program solutions and partnerships, rather than additional bed space. Currently, DOCR relies on a Transitional Planning Services team that includes a Director of Transitional Planning Services. There is an opportunity to expand this team's mission and add a senior-level staff

⁶ Naser, R. L., and N. G. La Vigne. Family Support in the Prisoner Reentry Process: Expectations and Realities. *Journal of Offender Rehabilitation*, 2006, 93–106.

member dedicated to identifying and coordinating community programs and services needed to serve the current and projected future population.

DJS has already created a strong community network and serves as a good model for the adult system. However, we acknowledge the scope is much larger to serve the adult system, including expanding probation and parole capacity, including increasing the number of officers and decreasing caseloads for more intensive supervision for those that need it. Additionally, the DOCR has recognized the need to address the issues of revocations that hover around 39% for probation and 26% for parole in 2019⁷. Many revocations are due to technical violations and impacts the ability to keep clients in the community. Additionally, DOCR has identified that 47% of revocations and negative terminations involve people between the ages of 18 to 24, creating an opportunity to target certain approaches to better address this young adult population.

Assessment

Recommendations:

- Implement a gender-responsive risk and needs assessment for women residents and clients in the community.
- Expand the utility of the current risk and needs assessment tool for all residents to include frequency of reassessment to monitor and address changes in needs.
- Implement a unified client information system that includes assessment information at intake and follows the resident into the community to disseminate information and support continuity of care.

The assessment of residents' risks and needs are considered a critical component of contemporary justice system practices. Numerous studies show that the greatest recidivism reduction impact occurs when more intensive and effective services are delivered to those at the highest risk and/or need. In contrast, low-risk cases show either no positive or negative outcomes when exposed to intensive intervention. In addition to the assignment of appropriate levels of intervention (dosage), risk and need assessments help effectively match the needs of justice-involved individuals to appropriate interventions.

The DOCR uses the Level of Service Inventory-Revised (LSI-R) as an initial assessment to identify risks and needs of all new men and women residents entering the system and again when under probation and parole. The LSI-R provides an opportunity to collect information that can then drive programs and services and inform case and reentry planning. However, the tool is currently not being used to its full capacity. For example, for women residents, the LSI-R is administered at intake and is not re-administered until the resident is placed under community supervision. The use of risk and need assessments is enhanced when jurisdictions implement the practice of conducting regular reassessments to monitor progress over time. Changes in risk and need signals changes in the probability of recidivism. In other words, as risk and need levels decrease, the likelihood of recidivism decreases. Such information is critical for setting appropriate levels of service and adjusting case plans to ensure favorable outcomes. Beyond the risk score, which is used to guide placement decisions, there is no indication that the assessment information gathered at intake is accessed or utilized beyond the initial case plan development. Additionally, the instrument does

⁷ "2017-2019 Biennial Report," *North Dakota Corrections and Rehabilitation*, accessed October 12, 2020, https://www.docr.nd.gov/sites/www/files/documents/Biennial%20Report%20Archive/2017-2019%20Biennium%20Report_links.pdf.

not assess many of the gender-responsive needs and strengths, and some staff citing concerns that the LSI-R does not sufficiently address mental health needs.

The department is considering an investment in a gender-responsive classification tool such as the Women's Risk and Needs Assessment (WRNA). This assessment tool will help ensure that women are not over classified and better identify gender-specific needs and strengths. To address the needs of clients leaving the facility (e.g., stable housing, employment, finances, family reintegration, etc.), an emphasis on reentry should be given greater attention at intake and revisited throughout the carceral process.

Case and Reentry Planning

Recommendations:

- Streamline the case planning management structure into one comprehensive computer-based system for continuity across facility supervision and community supervision.
- Redesign the case plan to include essential and dynamic information (e.g., reductions in needs areas, increase in strengths and resources).
- Formalize case management process and systems to clearly define protocols for meeting with residents, including frequency and structure.

For DOCR, case and reentry planning are the connective tissue across the system to drive appropriate programs and services necessary for rehabilitation and successful reintegration into communities. Case managers serve a critical role in all aspects of the system for adult residents, probationers, parolees, and youth. DJS has a strong case management model that begins when the youth is in the court system and continues throughout their time with DJS, including community supervision.

The case planning is disjointed for the adult system as the resident moves through different settings; two different case management systems are used and not well-integrated. This contributes to a disconnect for sharing resident information across settings and has enormous implications for agency-wide data collection and analysis.

There is an opportunity to advance case and reentry planning within the department and across the transition centers. Case plans should be expanded to include a summary of each resident's major offenses, high-risk situations that contribute to future problem behaviors, the primary motivation for doing crime, strengths, available resources, and personal incentives for change.

Additional protocols and guidelines will assist with the delivery of effective case planning. Examples include clearly defining the case planning model and process that specifies case manager tasks and outcomes for each major phase of case planning and, as a structure that more clearly specifies the frequency of case management contacts, based on the residents' risk level. Up to three areas can be targeted on the plan and should be translated into goals and outcomes with specific action steps reviewed on a routine basis. A reentry plan used by case managers and counselors should serve to expand and enhance the existing case plan and ensure that stabilization needs and other issues relevant to ensure success in the community are addressed throughout the carceral process.

Currently, within DOCR facilities, caseloads are approximately 60 residents per case manager. Research on appropriate caseloads inside prison institutions is less prevalent compared to research specific to probation and parole case management. However, best practice suggests caseloads should be adjusted based on the risk and needs of the resident. Moderate to high needs individuals, for instance, should meet with case managers more frequently compared to low-risk residents. DOCR will need to increase the number of case managers to meet the recommended average of 40 residents per caseload within the

institutions. Additionally, some specialized units may require even smaller caseloads per case manager, depending on the risk and needs level. As more individuals move into the community over time, it is anticipated that higher risk and higher needs residents will remain in the facilities, which will likely add complexity and time to caseloads, even as the number of residents being served in the facility decreases.

Programs and Services

Recommendations:

- Enhance culturally competent programs, services, and activities for justice-involved Native Americans.
- Develop a position dedicated to enhancing Native American programs and services and community relations.
- Continue to identify opportunities to expand program offerings for men and women residents.
- Increase access to mental health and medical services for women residents in secure facilities and all community residents.
- Enhance the capacity to provide coaching and to monitor fidelity of programs delivered to residents.

Programs and services encompass evidence-based programs designed to target criminogenic needs and risks that help reduce recidivism, as well as activities, education, vocation, and medical and mental health services. The technical report addresses each component in detail. The department has been steadfast in introducing a range of services and programs to meet the individual needs of each resident and youth and to build skills that will help residents become productive members of the community. For example, Rough Rider Industries provides significant job training and skill building for employees. Generally, there is a need to increase the capacity of program offerings and vocations and increase access to medical and mental health services, especially in the community. The department is aware of the need to increase mental health services in communities. A survey conducted by the Council of State Governments found that 70% of North Dakota judges have sentenced individuals to prison to connect them with mental health or drug programming.

Perhaps the most notable gap systemwide is providing culturally competent programs and services for Native Americans who are justice-involved. According to state census data, Native Americans represent 5.6% of the total population in North Dakota⁸. However, Native Americans are overrepresented in the criminal justice system. In 2019, approximately 34% of female residents were Native American. Combining both men and women, Native Americans comprised approximately 19% of the total prison population.

Staff identified some barriers to expand program and service offerings to include the different pathways in which Native Americans enter the criminal justice system and challenges in building relationships across different and distinct tribal communities. The DOCR could increase the services delivery to this population by developing an agency-wide position dedicated to serving justice-involved Native Americans to strengthen programming and services and bridge relationships in the community. The department is encouraged to develop culturally specific interventions, supports, and resources in collaboration with

⁸, "Quick Facts North Dakota 2019," *United States Census*, accessed October 12, 2020, <https://www.census.gov/quickfacts/ND>.

tribal communities to address these needs.⁹ Examples of culturally specific interventions include recognizing and valuing practices such as talking circles, spiritual guidance, and taking a holistic approach to mental health.¹⁰ When seeking alternatives to incarceration as part of the expansion of community capacity, there is a significant opportunity to engage tribal communities on culturally-based solutions such as engaging elder panels.¹¹ Some staff are aware of these different strategies, but the delivery of services is inconsistent, and the department appears to lack a staff champion to build capacity in this area.

Employee Workforce Development

Recommendations:

- Continue to expand staff wellness initiatives at the local and facility-level for employees.
- Integrate trauma-informed care training to support both employee wellness as well as resident supervision and safety.
- Develop updated staffing plans to address additional case planning responsibilities and ongoing community supervision needs.
- Create a specialized training plan to prepare staff working with women and youth in the YCC, based on the proposed capital planning options.

In the department's 2020 strategic plan, goal one is to "improve the work experience for staff." There is a recognition that more is needed to support staff so that they can continue to maintain a culture based on human dignity and respect for all.

In capital planning considerations, TMG/CGL have identified several features that will support the workforce, such as future facility designs that create normative environments also beneficial to staff to include a workplace that is less "institutionalized" and that contains features such as a modernized staff break room, access to technology, and well-lit areas. Further, staff working with residents and youth require a diverse skill set. The department focuses on dynamic security, including building rapport and relationships with residents while maintaining professional boundaries and maintaining safety. This approach requires training in a range of areas beyond traditional security practices. DOCR identified that staff training needs to include supervisory training and trauma-informed care training to serve all employees well in their work. This is particularly timely as DOCR staff transition to supervise and provide services for women residents, which will require gender-responsive training.

Beyond specialized training, there are opportunities to strengthen employee wellness initiatives across the system. Employee wellness is often associated with Employee Assistance Programs and attention towards fitness programs and memberships, all of which are very important services. However, the DOCR and TMG/CGL recognize the need to broaden the concept of employee wellness to focus on the "whole

⁹ The Correctional Service Canada has had some success in developing programs for indigenous clients. For example, researchers have found positive outcomes when Aboriginal clients participate in initiatives involving direct contact with their community. To achieve these outcomes, an enhanced focus should be placed on developing formal and informal relationships with elders and other supports within the client's community to promote successful reintegration.

¹⁰ Kelley, Jimi, "Culturally Competent Treatment of Native Americans," *Substance Abuse and Mental Health Services Administration*, accessed October 12, 2020, <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/culturally-competent-treatment>.

¹¹ Cobb, Kimberly, and Andrew Cannon, "Elder Panels: An Alternative to Incarceration for Tribal Members," published June 2014, <http://www.appa-net.org/eweb/docs/APPA/pubs/EPAITM.pdf>.

person” to include resiliency and emotional well-being. Both human resources leadership and leadership overseeing staff development have identified opportunities to increase local and facility-based wellness strategies, introduce a trauma-informed pilot for staff, and formalize a process to conduct regular check-ins with new employees over the first 12 months of employment.

Finally, as the DOCR expands community supervision and intensifies case management, there will be an opportunity to reshape current staff roles and skills to address these critical areas initially, as well as eventually increasing staffing to ensure appropriate caseload levels. This may mean shifting current staff into new areas, hiring additional community-based case managers, modifying the case manager job description, and providing case managers with specialized training to address special caseloads. DOCR should continue to train security staff on additional tools and skills that support dynamic security models such as motivational interviewing, culture awareness and implicit bias, conflict resolution, and understanding pathways and needs of the individuals entering the system.

Youth Services

Recommendations:

- Consider expanding community capacity to include regional “hubs” to serve youth closer to their home communities, providing a space for youth who need additional services, behavior management, or respite, without sending them back to YCC for temporary placement.
- As programming and services expand in the community, ensure adequate program fidelity, expand quality assurance methods, and develop the capacity to measure program outcomes.

DJS is further along in its mission and organization to reach many of the goals identified as shared objectives for the adult female and male populations. Those goals being (1) to reduce and de-densify the residential in custody population, (2) to strengthen the community resources, programs, and services available throughout the state to limit the number of space needed for long term confinement, and (3) to de-centralize the reliance on DOCR and YCC as 'last resorts' of quality treatment options by strengthening the state's overall capacity to manage the needs of the state's justice-involved population.

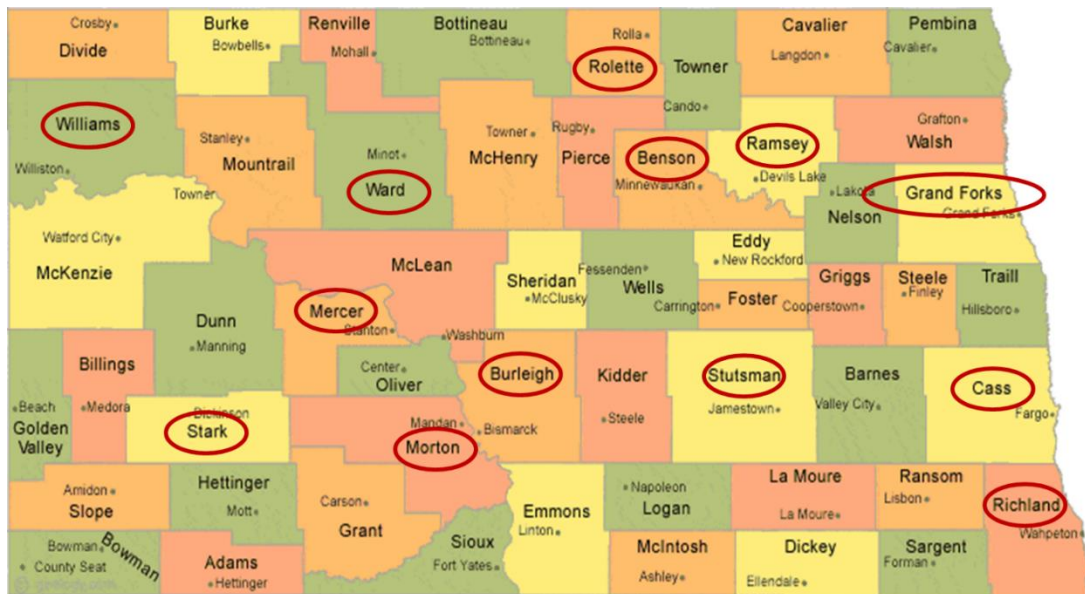
From 2008 to 2018, there were 7,381 youth admissions. Based on the ten years of admission data, the highest rate of admissions came from 13 counties. Table ES.8 and the corresponding map in figure ES.11 illustrates the top 13 counties from which youth resided when admitted to YCC between 2008-2018.

While the YCC is necessary to provide a residential placement option for youth that may pose a risk to the community, DJS staff indicated that behavior management, in addition to safety to the community, is the “number one” issue required for their juvenile population, specifically the “deeper end” youth that finds themselves ultimately spending time in residential confinement.

Table ES.8 Youth admissions by county (2008-2018)

Rank	County	Number of YCC Admissions	Percent of Total YCC Admissions 2008-2018
1	BURL	1437	19%
2	CASS	1095	15%
3	GRAN	791	11%
4	WARD	694	9%
5	MORT	528	7%
6	WILL	389	5%
7	STAR	339	5%
8	RAMS	288	4%
9	STUT	265	4%
10	ROLE	158	2%
11	BENS	147	2%
12	MERC	115	2%
13	RICH	101	1%

Figure ES.11 Map of youth admissions by county (2008-2018)



The department will benefit from identifying additional locations for state-run facilities or contracted partnerships with DHS-oversight, such as Therapeutic Foster Care, and other centers or "hubs" where family therapy and addiction treatment could be administered in the community where the youth resides. This, too, aligns with best national practice research that supports "replacing" youth prisons with much smaller, non-correctional programs that focus on "treatment-intensive, developmentally appropriate,

secure programs that emphasize stronger youth-staff relationships, nurture family engagement, and build community connections.”¹²

DJS leadership is committed to reducing the capacity of the YCC in favor of this community-based approach; however, some level of limited bed space will be needed at a centralized facility for unique cases. Both options proposed by TMG/CGL address this need by reducing the capacity of any future facility – while expanding regional opportunities. Further, as community capacity increases, DJS should continue to provide strong oversight and quality assurance to ensure the fidelity of programs and services and track outcomes.

Implementation Plan – Phase One (Transition Minimum Custody Women to YCC)

As noted previously, the study identified a phase one option to create a dual campus model at YCC – housing minimum custody women in one part of the campus and boys and girls under DJS supervision on the other side of campus, while sharing some common resources such as food service and program buildings. The initial phase includes moving 13 minimum custody women to YCC. Table ES.9 provides implementation tasks to prepare to move the first group of minimum custody women residents to YCC and build capacity in community supervision solutions.

Table ES.9 Phase One Implementation Tasks

Sequence	Implementation Task/Initiative
Step 1	<ul style="list-style-type: none"> • Conduct listening sessions with community stakeholders of Mandan to discuss the transition and engage community supports that may be interested in serving women residents.
Step 2	<ul style="list-style-type: none"> • Create a strategic planning workgroup for women residents, chaired by the women's services director, to manage the overall work plan and ensure sequencing is appropriate. Consider the following priorities: <ul style="list-style-type: none"> ○ Develop a management structure at YCC. ○ Conduct a staffing analysis to determine if any additional security and non-security staff will be needed to supervise the women residents. Consider the gender of the staff for security positions to ensure there is an appropriate ratio of men and women staff to conduct operations such as searches, in compliance with the Prison Rape Elimination Act (PREA.) The recommended ratio is 40% of men and 60% of women staff. ○ Complete structural changes and renovations to ensure sight separation and cottage improvements.

¹² McCarthy, P., Schiraldi, V. and Shark, M, “New Thinking in Community Corrections – The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model Executive Session on Community Corrections.” *Harvard Kennedy School*, published October 2016, <https://www.ncjrs.gov/pdffiles1/nij/250142.pdf>.

Sequence	Implementation Task/Initiative
	<ul style="list-style-type: none"> ○ Develop and update policies and procedures, consistent with gender-responsive operational practice and trauma-informed care. ○ Develop facility schedules that ensure access to education, vocation, and programs for the youth and women residents, while maintaining sight and sound operation and addressing everyday movement and services such as food service, laundry, and visitation. ○ Conduct cross-training for all staff at the campus to prepare them to supervise and engage with women residents and youth. Training should cover basic operational practices and policy changes and focus on gender-specific practices, trauma-informed care, PREA, and the differences in supervising youth compared to women residents. ○ Identify gender-specific and evidence-based programs that will be offered at the facility. Create a purchase and training schedule for program facilitators to become trained on desired programs. Cost implications include the purchase of programs, the varied ongoing cost of certain manualized program materials, training by program providers, and potentially hiring of additional staff to deliver programs. ○ Establish protocols for receiving women from New England to include how the LSI-R will be shared, additional assessments that will be completed at YCC, case planning, and reentry planning processes.
<i>Step 3 (concurrent to step 2)</i>	<ul style="list-style-type: none"> ● Add a community liaison position for DOCR to expand, track, and share information across the DOCR and families on available community-supervision programs and services.
<i>Step 4</i>	<ul style="list-style-type: none"> ● Coordinate with DWCR to conduct observation sessions for DOCR staff who will be working with the women at YCC to visit New England and observe staff interactions and speak with staff and residents about their experiences.
<i>Step 5</i>	<ul style="list-style-type: none"> ● Create a communication plan to share information about YCC to women residents and their families upon placement at the facility.
<i>Step 6</i>	<ul style="list-style-type: none"> ● Move identified women residents to YCC.
<i>Step 7</i>	<ul style="list-style-type: none"> ● Update case management job descriptions, processes, and policies to reflect recommended expansion.
<i>Step 8</i>	<ul style="list-style-type: none"> ● Update and expand the capacity of the LSI-R. Determine if an investment will be made in the Women's Risk Need Assessment for the female residents.
<i>Step 9</i>	<ul style="list-style-type: none"> ● Provide gender-responsive and trauma-informed training and case planning training for probation and parole offices serving as case managers for community supervision.

Cost of Transformation

The Master Plan is developed with the assumption that the department will continue to pursue the vision over the next ten years of no new net beds while leveraging and expanding community supervision and partnerships with non-profits to provide appropriate services, treatment, and programs to youth, residents, and clients in their communities. To achieve this goal, DOCR must rely on the full criminal justice system to realize this vision over the next ten years. More specifically, the DOCR, in partnership with other state and local agencies, will need to continue to review laws that impact sentencing, release, treatment, and how community caseloads are managed. A community approach is the strongest way forward and requires a full understanding and buy-in of a restorative justice model that embraces reducing and repairing harm to victims, families, and justice-involved individuals. This is an exciting vision and the DOCR is well-positioned to help create safer communities.

The proposed capital plan is based on not adding net bed space to the system. A more detailed assessment is necessary to determine the staffing requirements based on the proposed population reduction and re-use of existing facilities. The workforce development efforts should focus on enhancing the organizational culture through staff wellness, leadership development, and training to build new skills, communicate a shared vision, and to accomplish desired outcomes. Using the current institutions budget and apportioning line item costs for Behavior Health, Education, and a portion of Central Office costs, the current budget for institutions is **\$77,737,901**, including DWCR. This is based on **702** staff that are currently assigned to the institutions with a capacity of 1,563, excluding DWCR. Both options 1 and 2 are based on reducing the existing institutions' capacities to 1,100 residents to reduce the current levels of crowding.

Option 1 utilizes existing facilities but with significant upgrades in all existing institutions. The central accomplishment of option 1 is the phased relocation of women from DWCR to a repurposed YCC and a new juvenile facility. The annualized cost of option 1, including deferred maintenance, life cycle, amortization of improvements, and staff and operating costs is **11% more** than the current annual budget, including the construction and staffing of a new juvenile facility and two new community-residence homes.

Option 2 also repurposes the existing facilities but includes a new 100-bed women's facility, a 20-bed new juvenile facility, and the two community residential homes. The annualized cost of option 2, including deferred maintenance, life cycle, amortization of improvements, and staff and operating costs is **26% more** than the current annual cost.

Since the major focus of the Master Plan is on the expansion of community corrections through probation and parole services and those contracted to community-based non-profit organizations, the caseloads of existing probation and parole staff must be decreased. As noted earlier, national benchmarks suggest an average caseload of **40 clients** per staff. At present, counting all probation and parole staff, the caseload is **58.4** to total staff. However, when considering only probation and parole officers who currently perform case management functions, that caseload increases to approximately **72-80** clients per officer. To achieve an average caseload of 40 based on the current total cases (6,726), approximately **50** more probation and parole staff would be required. The anticipated staff savings with decreased resident population in the institutions could offset some of the need for 50 more community corrections staff.

Moving forward, a significant amount of new, focused training will be necessary for all staff, and especially those who could be transferred from managing juveniles to also managing females at the YCC, as well as institutional staff who may be asked to join community supervision initiatives. Investment in a unified case management system and gender-responsive risk and needs assessment will also be necessary. By making these adjustments and continuing to control incarceration growth, the state can achieve the goal of transformation while maximizing existing resources.

Acknowledgments

Our team would like to thank the legislative committee members for the opportunity to provide this Master Plan. Additionally, we would like to thank the DOCR executive team who has been a trusted partner in this effort, spending a great deal of time helping the team to connect with stakeholders, gather data and requested documents, and answering endless questions, all while dealing with a global pandemic, among many other priorities.

The DOCR staff and contractors we had an opportunity to speak with were gracious and genuinely proud of their contributions to helping others. The community stakeholders, formerly justice-involved individuals, and family members we interviewed were open, kind, and forthcoming. Our gratitude is extended to each person who has been involved in this work and to the men and women who continue to transform lives, influence change, and strengthen communities.

Introduction

Over the last decade, the DOCR has committed to an exciting and transformative approach to supervising residents and clients under their care. Influenced by best practices and innovation in the United States and internationally, this supervision and safety model is grounded in a correctional philosophy that promotes human dignity and respect for all. Core to this approach includes the strategies or tools that allow staff to promote "dynamic security" practices to engage residents and build a rapport that enhances safety and provides positive change opportunities. DOCR has been a national leader in adopting this concept of a "normative" correctional environment. One that enables healthy human connection and reflects the value of human dignity through the spaces in which people live, work, and engage in daily life activities. Former Director Bertsch summarized DOCR's philosophy to dynamic security in a 2018 interview:

"Public safety is best served when people come out of our system less violent and less likely to re-offend. We have to show these individuals how to be decent, upstanding human beings, and our employees have to model that behavior. That means being more human, less rigid. That means encouraging more interactive relationships between our correctional officers and incarcerated individuals to build skills that will serve them well upon release."¹³

The DOCR is responsible for adult men and women residents sentenced to in-custody supervision, adults under community supervision through Parole and Probation, and sentenced youth through the Division of Juvenile Services (DJS) both in the community and in a secure facility setting. In total, the department is responsible for approximately 9,000 justice-involved individuals and is one of the state's largest employers with over 900 employees.

In recent years, DOCR and state leadership has identified the need to improve parity of services, programs, and community access for the adult women residents sentenced to DOCR. The parity of services promotes a positive outcome for women residents and reduces legal liability for the state.¹⁴ In early 2019, the state legislature passed HB No. 1015, which initiated a legislative management study of DOCR, emphasizing gender-responsive service needs and an assessment of the current men's facilities, and assessment of services and programs. Through a competitive bid process, TMG and CGL were awarded the contract in September 2019 to complete the study that resulted in a ten-year Master Plan's deliverable.

¹³ <http://www.corrections.com/news/article/47693-leann-bertsch-promoting-humanity-through-the-power-of-persuasion->

¹⁴ The courts have adopted an approach to relief known as "parity" in which comparable but not necessarily identical levels of programming and care are required. The expectation several courts have adopted is that programs, facilities, etc. for women should be "substantially equivalent (to those of men) in substance if not form," *Glover v. Johnson*, 478 F.Supp. 1075 (E.D.Mich., 1979)

The Master Plan includes the following sections:

[Executive Summary](#)

[Section One: Purpose, Vision, and Mission:](#) Articulates the department’s vision and strategic goals that guide the study and Master Plan recommendations.

[Section Two: Projection of the Future Population:](#) Projects the future population needs based on a series of statistical models to account for the increase in justice-involved individuals over time and reflect those projections within the Master Plan recommendations.

[Section Three: Current Conditions of Confinement:](#) Establishes a clear understanding of current facility conditions to determine capital planning priorities and document possible facility modifications to support transformation.

[Section Four: Operational Framework:](#) Provides operational strengths, opportunities, and recommendations to meet DOCR’s strategic goals and vision, in alignment with capital planning options.

[Section Five: Development Options:](#) Identifies capital planning options to ensure priorities are addressed and best practices are reflected that support normative environments and expansion of community supervision options.

[Section Seven: Total Cost of Transformation:](#) Provides projected costs over the next five to ten years to address capital planning as well as expansion of programming, staffing, and operational needs.

[Appendix 1: Resource Guide:](#) Tool for staff with additional supporting research and guidance in key operational areas.

[Appendix 2: Facility Conditions Assessment:](#) Provides a detailed review of facility conditions to inform capital planning decisions.

[Appendix 3: A Plan for Implementation:](#) Provides DOCR staff with a full set of operational recommendations to implement and prioritize strategies.

About the Authors

The Moss Group, Inc. ([TMG](#)) is a criminal justice consulting firm with nationally recognized expertise in correctional practice. Founded in 2002, TMG’s mission is to be a trusted partner and serve clients to support optimal safety. TMG’s orientation to the work is a practitioner-minded approach and informed by research and best practices to provide clients with pragmatic solutions that create positive outcomes. Specialized areas specific to this project include strategic planning and implementation, organizational culture, gender-responsive practices, programming and services, and operational practices.

[CGL](#) is a premier architecture and justice planning firm that specializes in justice planning, design, maintenance, and operations. CGL approaches each project through a holistic viewpoint to address the complexities and unique nature of the justice system both from a capital perspective and operational perspective- to ensure clients are provided solutions that are comprehensive and practical.

Section One: Purpose, Vision, and Strategic Goals

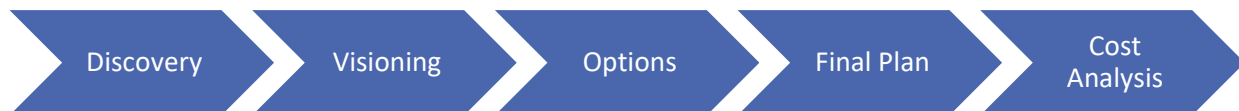
The Master Plan provides a roadmap for DOCR over the next ten years specific to capital investment and operational strategies consistent with the legislative study's goals and the broader vision and strategic goals identified by the department.

HB 1015 identifies specific areas to address in the Master Plan to include:

- A review of gender-responsive service needs, including:
 - Preferable locations of the facilities
 - The service needs of individuals sentenced to DOCR
 - The impact on families of individuals sentenced to DOCR
- An assessment of MRCC, JRCC, and the state hospital to understand service delivery needs, staffing needs, community needs, and vocational opportunities and associated costs.
- A review of vocational and educational opportunities, workforce development, and medical and behavioral health treatment for those under the supervision of DOCR.

To meet the intent of the legislative guidance, the Master Plan options informed the visioning sessions representing a broad group of stakeholders, current and projected bed space needs for the next decade, and accompanying recommendations for the operational framework needed to support the culture changes and reform efforts consistent with the department's mission and philosophy. The Master Plan incorporates considerations for men and women residents both in facilities and on parole or probation and youth under the supervision of DJS.

The following process was completed to arrive at the Master Plan:



- **Discovery** – Document review, data analysis, interviews, focus groups, and facility-based assessments to understand the current physical plant, maintenance needs, and operational practices.
- **Visioning** – Stakeholder listening sessions designed to understand influencing factors, engage key individuals, and inform priorities.
- **Options** – Develop capital planning options informed by both discovery activities and visioning sessions that address strategic goals and priorities. Options focus on preferred locations, building costs, and deferred maintenance costs.
- **Final Plan** – Determine a final path forward based on the options available, incorporating both capital needs and operational framework to guide steps forward.

- **Cost Analysis** – Identify the operational and capital costs needed to realize the final plan.

By the Numbers

- Reviewed over 100 documents containing data, policy, procedures, programs, and relevant reports
- Conducted 6 visioning sessions with over 80 participants
- Conducted 7 staff focus groups
- Completed an estimated 20 staff interviews
- Interviewed 6 formerly justice-involved individuals
- Interviewed 10 family members of justice-involved individuals
- Completed site visits at five facilities (NDSP, MRCC, JRCC, YCC, and DWCR)

Influencing Factors

During the study, we documented notable internal and external circumstances influencing the department. Identification of these factors contextualizes decisions related to priorities, operational implementation, and resource allocation. Influencing factors include:

- The department published a five-year agency-wide strategic plan in January 2020 to guide strategic goals and communicate priorities. Throughout this report, strategic plan goals reference parallels between the Master Plan and the agency's current plan.
- COVID-19 began to impact staff and operations at DOCR in March 2020, requiring some shifts in immediate priorities for the department to focus on resident and staff health and safety. COVID-19 has also reshaped how our team approached the project, pivoting to virtual options to engage stakeholders, and conduct interviews and focus groups. The willingness of all parties to modify the process has allowed for meeting the project activities' goals.
- Due to COVID-19, the department has already intensified its de-densification efforts for both adult and youth residents in confinement. This approach has provided early evidence that community-based alternatives to incarceration may work well for certain individuals. However, this has been reported to have created additional stress on community supervision, resulting in increased caseload and additional strain on county facilities holding residents longer than typical as part of the department's COVID-19 safety plan.
- The department experienced a leadership transition. Long-time DOCR Director Bertsch accepted a new career opportunity. The department is currently being led by interim Director Krabbenhoft, who has been with the department for many years and shares former Director Bertsch's vision, creating continuity and stability during this transition.

Vision

The department's vision for the Master Plan is summarized as creating the most positive outcomes for justice-involved persons through increased community-based solutions with the projected outcome of no new net beds in the next ten years for prison and youth facilities. The following strategies are underway that support the department's vision:

- Continue to promote **normative environments** for residents in secure facilities and residential settings. (See figure 1.1 for examples of normative spaces in confinement settings)
- Continue to implement and expand **dynamic security** across secure facilities.
- Enhance **gender-responsive practices** for women and girls to ensure appropriate access to programs, services, and community providers.
- **De-densify** existing adult and youth facilities by expanding community supervision capacity through partnerships and providing culturally competent, gender-responsive, and trauma-informed supervision and services for individuals sentenced to DOCR.

Features of *normative correctional* spaces include the following:¹⁵

- Based on the premise that people are **capable of change and improvement**
- Informed by **evidence-based practices** that demonstrate the influence of healthy environments in reducing the frequency and severity of anti-social behaviors and violence and mitigating stress and anxiety.
- Make a **"good neighbor"** by building facilities that blend in with the community and surrounding area.
- Be **"right-sized"** to effectively provide programs and services. Smaller facilities tend to be able to provide residents with more individualized services. The development of units should be based on custody-level and limited in size to ensure adequate supervision.
- **Promote safety, security, ease of supervision, and circulation** to include effective sightlines, thoughtful placement of staff desks and observation spaces, and adequate floor space to see, hear, and supervise residents.
- **Provide a healthy, safe environment**, including adequate sunlight, outside views, therapeutic color schemes, and normalized materials such as wood.
- **Be program and services-oriented and provide a variety of spaces.**

Figure 0.1 Examples of normative correctional spaces



¹⁵ <https://www.penalreform.org/blog/build-success-prison-design-infrastructure-tool-rehabilitation/>

Visioning Sessions

Facilitated visioning sessions with DOCR staff, contractors, and community stakeholders were conducted in February 2020. During these sessions, a framework emerged to help conceptualize the cycle of change for transformation and reform. Figure 1.2 illustrates this cycle of change model, driven by six elements, closely interconnected. Salient themes from the visioning sessions are provided along with a definition of each element.

- **Community Values** are identified as the basis for transforming a correctional system. It is imperative to understand what the community values are in integrating the common goal for public safety with that of justice-involved individuals who compromise communities' safety through criminal acts.

Themes:

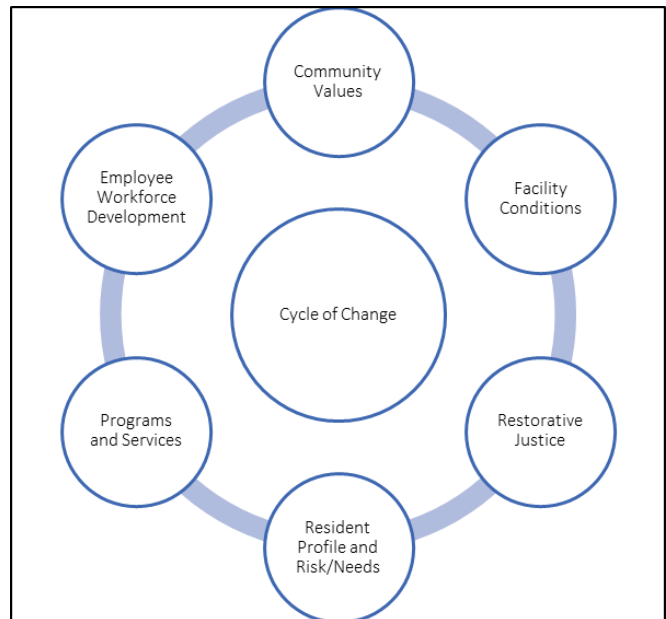
- A variety of ideas and attitudes towards the concept of incarceration and residents and youth returning to their homes were identified. Some participants indicated a stigma for those who return to their communities and are labeled forever as a "criminal." Other communities described an opportunity to embrace people returning home to their families and rally around individuals who need help.
- The department's mission is transforming lives, influencing change, and strengthening communities. They can only meet that mission by awareness of the community's alignment in embracing returning citizens as valued neighbors.

- **Facility Conditions** are defined broadly as understanding the capacity of the infrastructure to support the aim of transformation. This includes the infrastructure, location, and design that influence normative, restorative, and humane environments for staff and residents.

Themes:

- In all cases except NDSP, the facilities were not initially designed to house residents in confinement settings and have been retrofitted over time to accommodate spaces that reflect normative environments. However, these solutions are limited by the physical plant and preventative costs for renovations in some areas, lack of access to natural light, and limited living spaces for the men.
- DJS has worked hard to improve girls' dorm space, adding features such as a "cool down" corner and furnishings that resemble normative spaces. The YCC campus is generally well suited to provide services and supervision, given the large campus with many buildings to provide education, vocation, and programs.

Figure 0.2 Cycle of Change Framework



- The women's facility at DWCRC is not designed for women residents long-term, and there is a lack of program space and visitation space for the women. The location of DWCRC within the state was noted as a barrier to visitation and access to programs and services.
- **Restorative Justice** is to both "reduce and repair harm" to the victim, the resident, and the community, which requires a comprehensive and integrated approach to the administration of justice. Moving from a retributive framework to a restorative framework, the DOCR can prepare the resident for reintegration. However, the broader community, victims, law enforcement, all judiciary components, probation, parole, and the various community organizations must be aligned to support the restorative justice model for this change to succeed.

Themes:

- The concept of "restorative justice" was discussed, and the term was defined differently by each participant in the room, influenced by personal values and concepts of justice.
- Restorative justice and community values are clearly linked. As the DOCR continues to engage community-based programs and services for residents and clients, it will be important to hold discussions with providers to intentionally identify restorative justice solutions to ensure alignment with DOCR's vision.
- **Resident Profile and Risk and Needs** must be tailored to the individual and be more integrated within a restorative justice model for the effective delivery of services and programs. Each resident's profile results in the determination of risk and needs that influence every choice related to programs, services, facility placement, and ultimately bed space assignment. The two components, (1) risk to others and for flight, and (2) needs for the maintenance of care, are assessed using different tools and classification methods.

Themes:

- Identification of typical trends of justice-involved individuals entering the system includes under-employed, a majority in their 30's, some involved in gang activity, and a slight increase in women residents but typically shorter sentences compared to men.
- Many residents face substance abuse disorders. Parole and probation identified that 18 to 24-year-old clients under community supervision tended to have the highest revocation rates and worked on piloting a specialized caseload approach for those individuals.
- Other trends that participants discussed included limited options for sex offenders returning to communities; transportation needs in communities were among the most heavily needed resources so clients and returning citizens could gain access to basic items such as a driver's license to support employment and housing.
- DJS also cited concerns with older youth to provide services for those that fall into the 17 to 24 age range.
- **Programs and Services** is the stage where staff training, delivery of services and programs, and the physical environment converge. Programs and services must also include gender-specific and culturally competent components to fully realize the desired outcomes consistent with a restorative justice model. Programs include evidence-based, manualized programs, activities,

education, and vocational opportunities. Services include medical and mental health care, life skills, and resources essential to reentry.

Themes:

- Participants discussed the wide array of programs, education classes, and vocational opportunities for youth and residents. Participants noted all residents are required to get their GED before completing any other work.
 - Rough Riders Industries is seen as an excellent opportunity for residents to learn marketable job skills and engage in meaningful work while in confinement. Participants did discuss that more is needed.
 - Programs to engage Native American residents are extremely limited.
 - There are waitlists for certain programs and vocational opportunities for residents.
 - Gender-responsive and trauma-informed programs and services are limited both in facilities and in the community.
 - Free Through Recovery is an expanding peer-based substance abuse program in the community that is a promising model for the state as services are customized locally to address individual needs. However, one challenge noted is that it is hard to oversee quality or track outcomes based on the current service delivery model. DOCR is currently reviewing this program.
 - Many participants noted the gap in licensed professionals to provide behavioral health services. DOCR is one of the largest mental health providers in the state, and more skilled staff are needed to provide specialized services.
 - One challenge identified for medical services was the aging population needs, including basic access to facilities and long-term care needs.
- **Employee Workforce Development** is defined as understanding staff needs, wellness, and development, including training, resources, and capacity. Staff are the lynchpin to providing effective case management, programs, services, supervision, and modeling behavior of respect and dignity. Workforce development helps set the culture and is an integral piece of the cycle of change.

Themes:

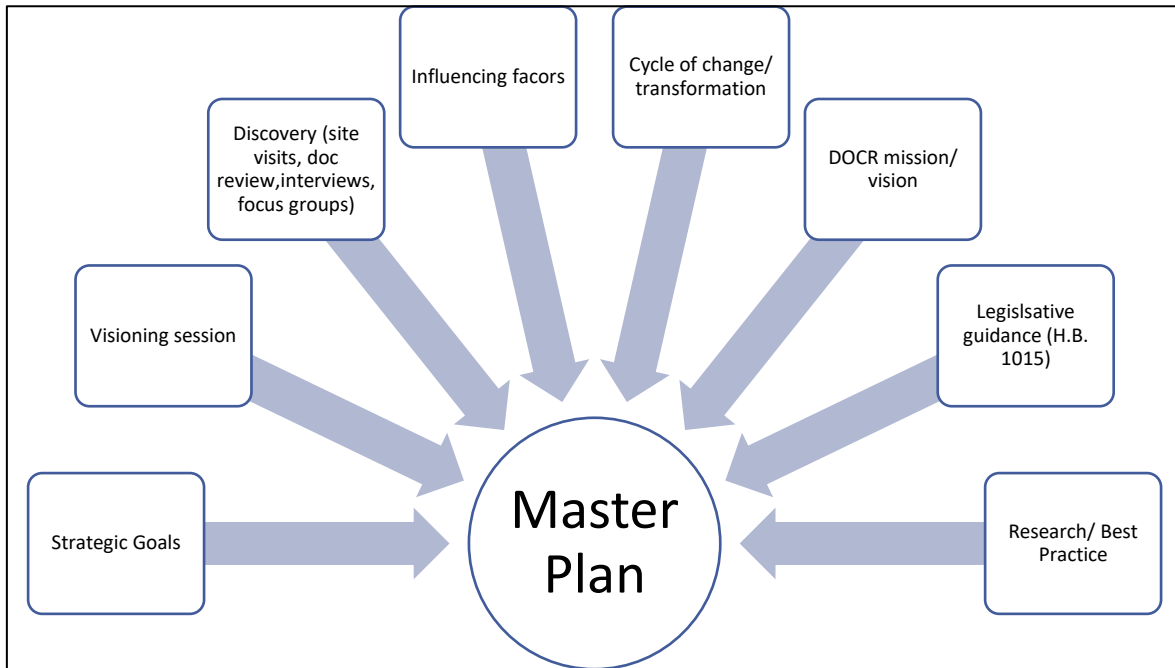
- In many cases, the concept of wellness was limited to physical wellness and access to Employee Assistance Programs. However, some staff indicated that wellness at DOCR should be expanded to supporting staff in their work, experiences with trauma, and improving opportunities for team building and engagement.
- Training for new supervisors was seen as a critical need.
- Some staff remain resistant to some of the reforms underway.

Strategic Goals

Strategic goals were developed to summarize important drivers for the Master Plan. The development of strategic goals was based on the vision, legislative guidance, information, and themes gathered from the discovery process, visioning sessions, DOCR's strategic plan, and the cycle of change needed for transformation. The strategic goals became the basis to guide capital planning options and operational recommendations:

- Enhance gender-responsive services for women residents- specifically focused on preferable location, services, programs, and reentry supports.
- Increase community capacity to serve current residents and "neighbors" returning to communities.
- Enhance workforce development opportunities by ensuring staff are provided with tools and resources to succeed in their roles to meet the department's mission.
- Create strategies that promote a culture of respect and dignity based on the continued reforms.
- Expand probation and parole capacity to support more clients through intensive case management strategies and lower caseloads per officer.
- Uphold solutions that continue to support de-densifying the youth population at YCC, focusing on community-based alternatives for youth and regional offices.
- Identify additional evidence-based, culturally competent, and gender-specific programs, vocation, and education opportunities that build on strengths and support positive outcomes for residents and youth.
- Maximize existing capacity and operational resources to address recommendations and capital options.

Figure 0.3 Summarizes Components that Inform DOCR's Master Plan



Section Summary and Looking Forward

With the cycle of change framework our team in collaboration with agency, community stakeholders, families, and persons with lived experience shaped the components of the Master Plan presented in this document. The building blocks of the plan are further grounded in best practice in justice planning as highlighted within the report and the guidance provided by the legislative committee and H.B. 1015. The next section presents a core basis for the decisions within the plan that are importantly shaped by the population projections for the next ten years.

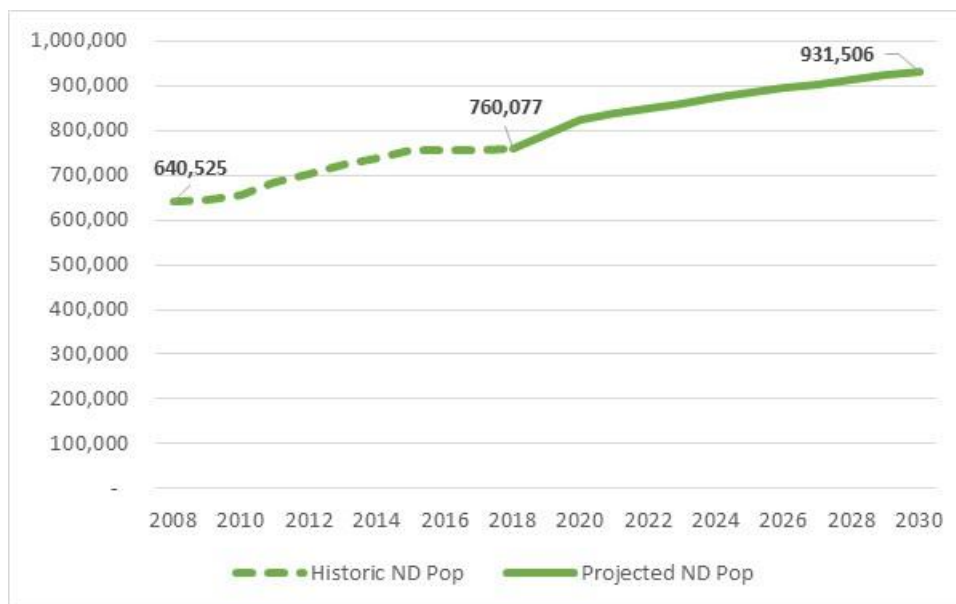
Section Two: Projection of the Future Population

The database for the phased Master Plan for the DOCR started in 2008 and concluded in 2019. This permitted a decade of data that used to project future bed space demand. More granular data from late 2019 through mid-year 2020 allowed for an analysis of the pandemic's potential impact on bed space needs. A key component of the phased Master Plan is a system-wide identification of population subgroups' bed space needs, including juveniles. Bed space projections are based on historic data provided by DOCR, US Census Bureau, and the North Dakota Department of Commerce.

Baseline Adult Population Changes

As illustrated in figure 2.1, before the pandemic, most DOCR system metrics indicated increasing trends from 2008 to 2018. The state population increased by 19% from 2008 to 2018 and is projected to increase by 23% from 2018 to 2030. The male population projected to increase by 17%, and the female population projected to increase by 29%. While not verified through the projections provided by the Department of Commerce, the 29% increase assumes a strong economic base (e.g., continued natural gas exploration) and an influx of workers to participate in the growing economy rather than organic growth of more children per household.

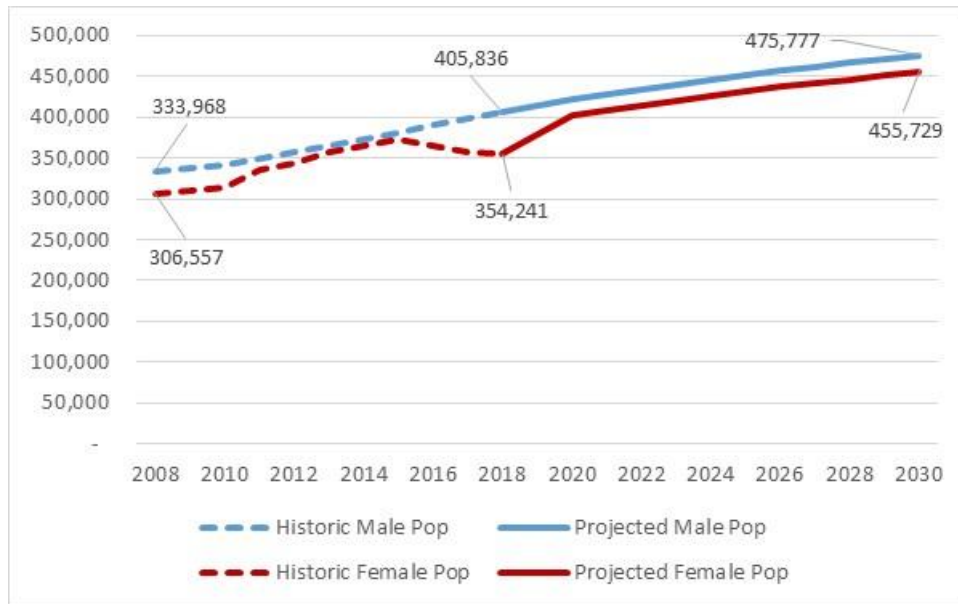
Figure 0.1 Historic and Projected North Dakota Population



Source: North Dakota Department of Commerce; April 2020

The gender split for the historical and projected statewide population is approximately even and is expected to remain so through 2030, as shown in figure 2.2. These metrics are significant because most at-risk groups tend to be from the male population, but the greatest percentage increase in the DOCR population arises from the female population.

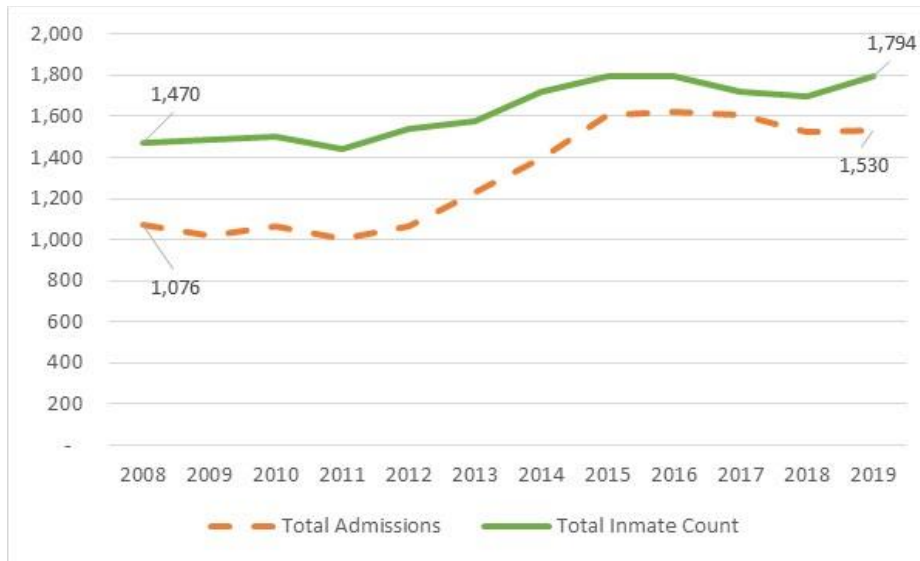
Figure 0.2 Historic and Projected State Population by Gender



The Historical DOCR Adult Population Changes

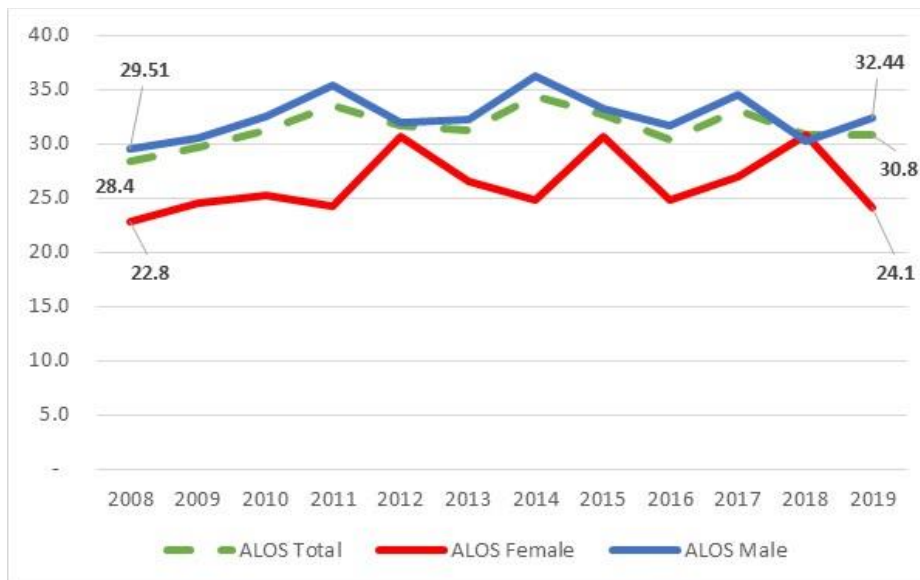
Paralleling the growth in the general population, the DOCR population similarly increased from 2008 to 2019. The annual number of adult admissions to the system, system counts, and average length of sentence metrics all increased historically. Annual adult admissions to the DOCR system increased 42.4% while adult counts increased 22.0% from 2008 to 2019, see figure 2.3. By gender, the percentage growth in female admissions outpaced the percentage growth in the male population. Female admissions increased 83.4% from 2008 to 2019, while male admissions increased 34.5%. Adult female counts in 2019 were 209, which is a 30.6% increase from 2008. Adult male counts in 2019 were 1,585, an increase of 21.0% from 2008.

Figure 0.3 DOCR Adult Annual Admissions and Counts (2008-2019)



The average length of sentence, a key variable, and admissions for determining bed space need increased 8.3% from 2008 to 2019 for all adult admissions. The 2019 average length of sentence was 30.8 months. The average length of sentence for adult females increased by 5.5% from 2008 to 2019. The average length of sentence for adult females decreased from its historic high of 30.8 months in 2018 to 24.1 months in 2019. The average length of sentence for male admissions in 2019 was 32.4 months, an increase of 9.9% from 2008. See figure 2.4.

Figure 0.4 DOCR Adult Average Length of Sentence All Admissions (2008-2019)



Source: DOCR; December 2019

The Projection of DOCR Adult Population Changes

Fifteen statistical models were used to project future adult DOCR residents. Models that were determined to be statistically sound were given equal weight and projected forward to 2030. Considerations were given to socio-economic factors and crime data and regression models, demographic-based models, and system-based models.

The models are grouped into three major categories: systems based statistical models, demographic-based models, and time series models. A total of twelve projection models using different independent variables and different statistical methods were used to analyze and project historic data. The 2018 annual average count served as the base year.

The following is a description of each model, broken into the three modeling categories.

System-based Statistical Models

Model 1 – Historic Trend Percentage Change calculates the total percentage change from the beginning point to the endpoint of the historic data series. The annual percentage increase rate used in the model was applied to the base year 2018 and subsequent years to calculate future daily counts.

Model 2 – Historic Compound Annual Growth Rate (CAGR) uses the historic annual growth rates to determine a percentage of growth. Often used in financial forecasting, the CAGR is applied to the projection end date 2030.

Model 3 – Mean Deviation compares the peak year population to the average from the historic data. The models are standardized by dividing the number of years observed. The mean deviation model shows the high points in most models as it is projected forward.

Model 4 – Admissions /Average Length of Sentence uses historic admissions to project admissions to 2030. The existing, average, high, and low average length of sentence in months is calculated using historic data and applied to the projected admissions to determine a projected institutional count.

Model 5 – Arrests/Average Daily Census uses historic arrests to project average daily census to 2030. The existing, average, high, and low average arrest rates are calculated using historic data.

Model 6 – Criminal Offenses Reported/Average Daily Census uses historic criminal offenses reported to average daily census ratio. The existing, average, high, and low average criminal offenses reported rates are calculated using historic data and extended to 2030.

Model 7 – Total Offenses Reported/Average Daily Census uses historic total offenses reported to average daily census ratio. The existing, average, high, and low average total offenses reported are extended to 2030.

Model 8 – Probation Caseload/Average Daily Census uses historic probation caseload to average daily census ratio. The existing, average, high, and low average probation caseloads are applied to historic data and extended to 2030.

Model 9 – Criminal Caseload/Average Daily Census uses historic criminal filings reported to average daily census ratio. The existing, average, high, and low average criminal filings rates are calculated extended to 2030.

Demographic Based Models

Model 10 – Ratio to North Dakota Population Percentage Change uses the percentage change in the incarceration rate per 1,000 residents in the state. The percentage change is applied to the baseline incarceration rate and extended to 2030. The resulting incarceration rate is multiplied by the projected North Dakota population projection to yield an annual average daily population.

Model 11 – Incarceration Rate to North Dakota Population determines the incarceration rate per county population. The existing, average, high, and low average incarceration rates are applied to the projected state population projections to 2030.

Time Series Modeling

Model 12 – Linear Regression determines a best fit line considering the historic inmate count over time. This best fit line is extended to 2030.

Model 13 – Multiple Regressions determines a best fit line considering the historic inmate counts over time, system admissions, criminal filings, and state population. This best fit line is extended to 2030.

Model 14 – Box -Jenkins ARIMA uses an Autoregressive Integrated Moving Average technique from a time series-based formula. This model is typically used for accurate short-term data projections that show predictable, repetitive cycles and patterns. The Box Jenkins model uses historic annual data from 2008 to 2018.

Model 15 – Exponential Smoothing ARIMA identifies levels and trends by smoothing the latest data points to decrease irregularity and adds a seasonality factor. The seasonal indexes are obtained by smoothing seasonal patterns in the historic data. Exponential Smoothing is an alternate ARIMA model. The exponential smoothing model gives older data progressively-less weight while new data is weighted more. The Exponential Smoothing model uses historic annual data from 2008 to 2018.

Models determined to have appropriate statistical reliability and significance were weighted equally to determine forecast figures. For the ARIMA models, the r-squared values below 0.8 were not used in the final average. R-squared shows the amount of explained variance in the statistical model.

Eleven statistically significant models, with at least one from each of the three subsections, were selected and averaged. Each model presents a differing snapshot of the future that is beneficial to the final projection. While one must recognize that all have limitations and precautions in the forecasting model, the averaging of multiple models dampens the extremes and finds some model agreement necessary for long-range projections.

Using historical information from DOCR, a 3% classification and peaking factor are applied to projected counts to determine the bed space need for adults in the DOCR system.

Figure 0.5 DOCR Historic and Projected Adult Bed Space Need (2008-2030)

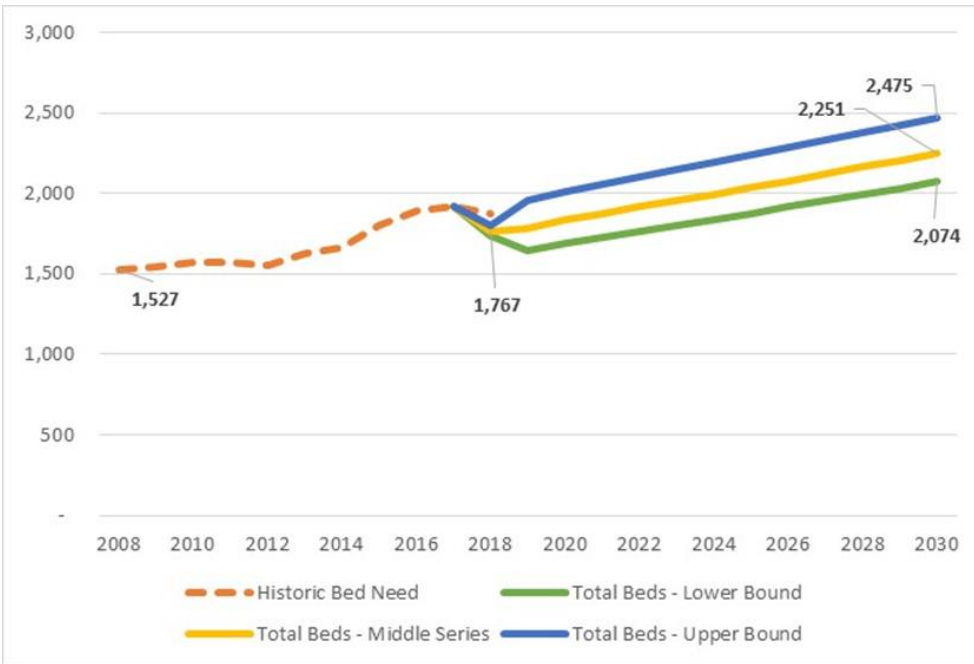


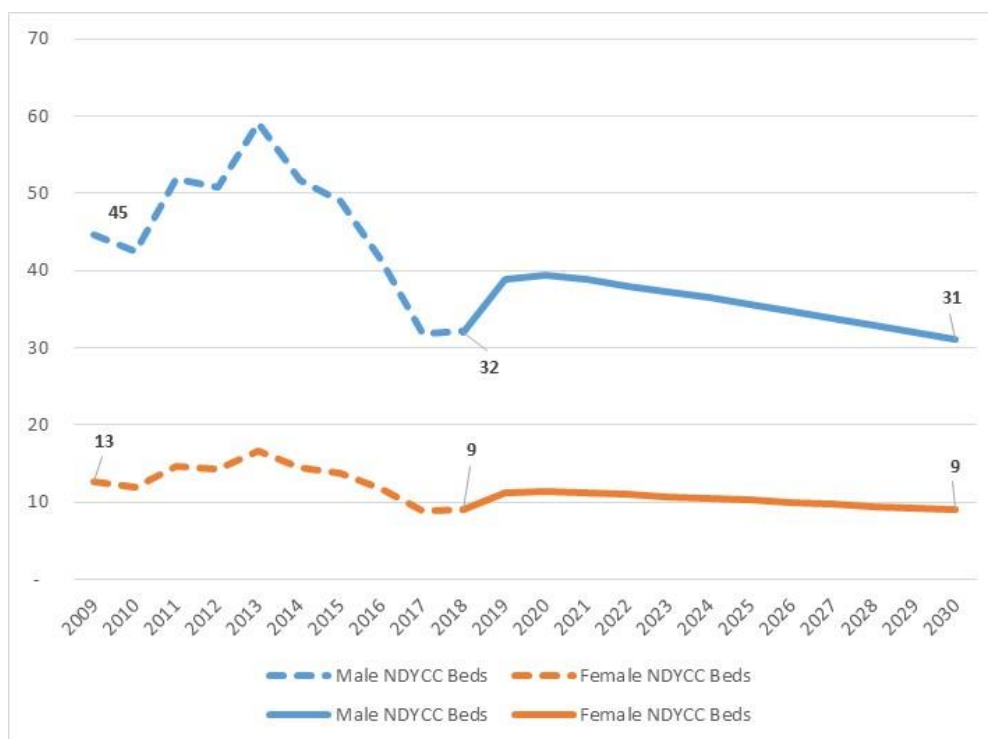
Figure 2.5 shows the historic trends in DOCR bed space needs and the recommended (middle series), lower bound, and upper bound bed space needs to 2030. In 2030, the recommended number of bed space needed is 2,251, with a lower bound of 2,074 beds and an upper bound of 2,475 beds.

The development of status quo projections that do not consider legislative or policy changes, or changes in the attitudes toward crime was completed by gender. Of the 2,251 beds, 1,943 are allotted to the male population and 308 are for the female population.

The Projection of Juvenile Population Changes

The historic data for the DOCR juvenile population shows a decrease in key metrics, unlike the adult population. The juvenile counts at the North Dakota Youth Corrections Center (NDYCC) decreased by 28% from 2008 to 2018.

Figure 0.6 DOCR Historic and Projected Juvenile Bed Space Need by Gender (2008-2030)



Source: Historical data; DOCR; Projections CGL Companies; May 2020

In January 2008, the count at NDYCC was 80, which steadily decreased to the August 2020 count of 41. This trend, also experienced nationally, is expected to continue in the future due largely to a shift in public attitudes regarding incarceration's ineffectiveness on correcting aberrant youth behavior.

Using the same modeling methodology as the adult projections, the bed space needs for juveniles in DOCR remain steady at 41, with 32 beds for boys and nine for girls, as shown in figure 2.6.

In summary, if criminal justice policies and practices remain unchanged, the DOCR should expect an increase in the number of men and women sentenced to incarceration in DOCR facilities. In contrast, the requirements for secure juvenile incarceration could be expected to decline. As noted, this scenario was exclusively based on historical experience in North Dakota. However, even before the COVID-19 pandemic that began in March 2020, the state has begun to consider a philosophical shift from a punitive to a rehabilitative approach to reduce reoffending and, ultimately, the incarceration needs.

Impact of External Variables on Projected Bed Space Needs

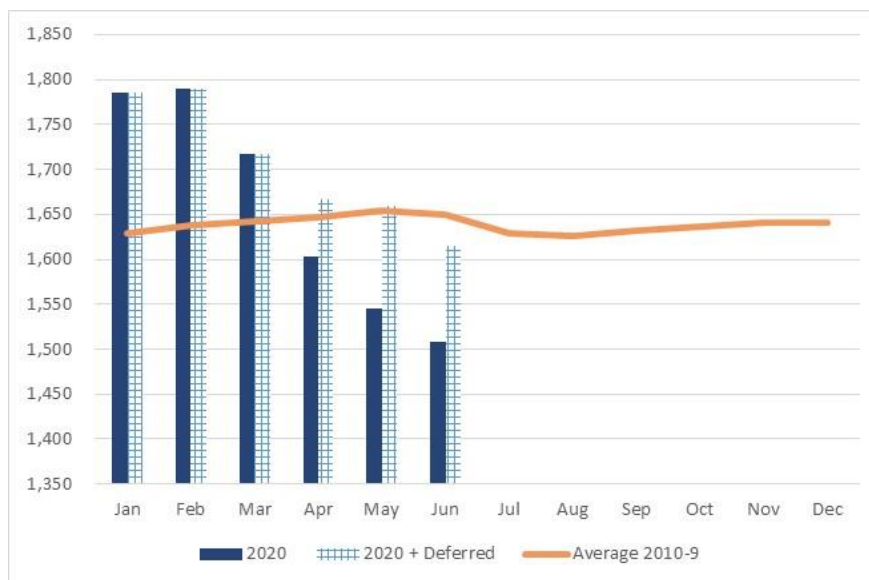
The status quo projections for bed space needs at DOCR serve as a baseline for planning purposes. However, the DOCR has been considering specific policy and legislative impacts that could reduce the incarcerated population.

However, a key initiative was the enactment of SB 2015 and HB 1041 that altered categories for drug offenses and adjusted sentence lengths. Based on a report by the Council of State Governments (CSG), following the enactment in April 2017, the DOCR experienced a decline in admissions and the length of sentence, which altered internal projections of future population by 25% from 2,445 to 1958. In addition to the work of the CSG, participation in a national Department of Justice program, the Justice Reinvestment Initiative (JRI) helped focus change options on the entire criminal justice system, emphasizing sentencing alternatives and community corrections. Other policy studies that focused on dramatic system changes and increases in community sanctions further reduced the potential DOCR population to less than 800.

The global COVID-19 pandemic decreased the DOCR populations. The question is, will populations continue to shrink after the pandemic subsides, or will populations return to pre-COVID 19 levels? The DOCR monthly data through June 2020 illustrates the effects of COVID-19. Monthly averages of counts by month from 2010 to 2019 were examined versus the 2020 data. Surprisingly, the months in 2020 pre-pandemic (January – March) were 7.8% higher than the adult counts from 2010 to 2019. From April to June, the DOCR counts were 5.9% lower than the 2010 to 2019 average by month. The gradient bar in figure 2.7 shows that the total DOCR population dipped below 2010 to 2019 average levels only in June when the deferred admissions population was included.

The decreases in DOCR counts appear to be driven by deferred admissions to DOCR. By keeping individuals at local detention facilities instead of admitting them to the state system, numbers have declined. For example, the female adult population was above 200 for the first three months of 2020. Since COVID-19, by June, including the 21 females deferred admissions to including the 21 females that were deferred admissions to the system.

Figure 0.7 COVID-19 Impacts on DOCR Counts (January – June)



The effects of the CSG study recommendations, the JRI, and the continued impact of COVID-19 should be monitored closely in the next two years to see the long-lasting impacts of the status quo bed space projections.

Typically, at this stage in a Master Plan, a specific projection is offered as the basis for determining the need for an increase (historically) in bed spaces compared with the current bed space count using a reasonable definition of capacity. Even before the pandemic, North Dakota was well on the way towards shifting to a greater reliance on community correction alternatives because the criminal justice system

would prioritize the implementation of policy changes that would promote a restorative justice approach to reducing recidivism.

The statistically valid projections discussed in the previous pages were based on a continuation of past policies. Figure 2.7 compares the bed space projections using the last ten years of data with the bed space recommendations upon which this Master Plan is based. The reason for the remarkable difference is simple: the DOCR is confident that a significant portion of the adult population will be better served through the expansion of the already proven community corrections contracts with non-profit providers.

Table 0.1 Comparison of Statistical Projections to DOCR Targeted Needs

Category	Model-Based Bedspace Need	System-Inspired Bedspace Need	Additional Residents Assigned to Probation & Parole	Total Residents Under DOCR Supervision	Additional Reductions Based on Restorative Model
Adult Men	1,998	1,100	500	1,600	398
Adult Women	321	100	100	200	121
Total Adults	2,319	1,200	600	1,800	519
Juvenile Boys	31	20	11	31	-
Juvenile Girls	9	6	3	9	-
Total Juveniles	40	26	14	40	-

Source: CGL Companies; October 2020

The development options presented in [Appendix 3: A Plan for Implementation](#) are based on achieving the targets represented in the above table. If these cannot be achieved, the DOCR will continue to operate as a crowded system and/or new bed spaces will need to be provided.

Summary Section and Looking Forward

The next section of the Master Plan considers the baseline of conditions of confinement that were documented during this study. Documenting current conditions allows decision makers to be informed by an accurate understanding of the cost and benefits of various options in the planning process in addition to addressing deferred maintenance for existing structures.

Section Three: Current Conditions of Confinement

The Master Plan team conducted a walk-through of all five facilities to evaluate conditions of confinement from an operational perspective. The team assessed the general physical plant conditions and conducted walk-throughs for the four facilities that DOCR owns and operates to estimate deferred maintenance costs. Because the state leases the DWCRC facility, the state must negotiate costs associated with addressing deferred maintenance issues.

Of the five facilities in which DOCR houses residents, four facilities were not originally built for use as a correctional facility. DOCR inherited JRCC, MRCC, DWCRC, and YCC. Over time, while DOCR made modification or added buildings to the YCC and MRCC campuses to support their residents, the facilities' design does not reflect the overall rehabilitative and program intensive mission or support the supervision philosophy that DOCR employs. Many of the configurations of the existing buildings propagate staffing inefficiencies and security risks.

Although the state originally built the original portion of the NDSP facility for use as a prison in 1955, many additions comprise the current NDSP. As such, a variety of housing unit types and supervision models comprise the current NDSP.

Methodology

Two different teams conducted tours to assess conditions of confinement. Teams evaluated each facility from an operational perspective. CGL facility management conducted walk-throughs to ascertain physical plant conditions.

The conditions of confinement assessment conducted for this master plan apply a broader set of evaluation factors than the physical infrastructure condition. When the team conducted an operational walk-through of each facility, the team sought to understand the current operating conditions relating to crowding, staffing, gender appropriateness, space, etc. The team determined whether each facility is suitable for supporting DOCR's transformative mission and the tenets of community values, restorative justice, resident profile, risk and needs, and programs and services. The team specifically looked for whether each facility embodies or holds the potential, with modifications, to support:

- Gender-responsive spaces, programs, and services
- A therapeutic, normative environment
- Keeping residents closer to home
- Housing residents in larger population centers to take advantage of community resources, family engagement, employee pool, work opportunities for residents, medical and behavioral health services, and substance abuse treatment services
- Enhanced vocational and educational opportunities
- Mom/baby nursery facilities
- Access to medical and behavioral health services

- Proper space allocations per resident and ACA compliance

Facility Conditions

The facility assessments performed for the DOCR included a visual survey of all buildings by Ted Perry, Vice President Facility Management, and Russ Rieske, CGL Engineering Manager. This team has hands-on experience with correctional facility management, maintenance, construction, and engineering. The evaluators made several site visits between November 18 through November 21, 2019.

The assessment team conducted a field survey of the buildings' envelopes and readily observable building equipment. The evaluators did not attempt to uncover hidden conditions, move fixed equipment, or otherwise discover deficiencies that could not be immediately detected. The evaluation included interviews with building management and maintenance personnel.

The assessment team did not catalog or create an equipment inventory. There was no inventory provided by the client. Evaluators inspected the equipment that they could locate. The evaluators collected data on the condition and life cycle of major systems. Digital photographs document the conditions observed.

The walk-through evaluations consisted of visual observation of the facility's site, exterior, interior, and engineering systems to the extent possible without intrusive or destructive testing.

The following is a list of items reviewed or data gathered for each building:

- Building name, address, location, and year constructed (when known or estimated)
- Building gross square foot area (BGSF) based on information provided by NDDCR
- General condition and American with Disabilities Act (ADA) access to site and parking
- General condition of the exterior, historical significance, and known wind speed rating (based on information provided by NDDCR)
- General condition of building interior and interior finishes
- General condition of technical (engineering) systems
- General observations on any sustainable features
- Other general comments as appropriate

General walk-through evaluations are intended to determine the general condition and whether each facility is suitable for future use. These evaluations are specifically reporting on the building's actual physical condition and do not address any operational issues that may be occurring in the facilities. The evaluators provided general recommendations for each building as part of the evaluations. It is important to note that these recommendations are solely based on each building's condition and do not reflect future use recommendations.

Each building's condition is summarized in a two to four-page report for each facility that outlines the general condition and provides several illustrative photographs of the building. The Facility Condition Index (FCI) scoring matrix is below:

< 0.05	Good	Infrastructure and systems are new or rehabilitated with few elements showing normal wear that requires routine maintenance.
0.05 - 0.10	Fair	Infrastructure and systems show some signs that require attention, with a few elements needing immediate repair.
0.10 - 0.12	Poor	Infrastructure and systems are mostly below standard, with some elements reaching the end of useful life and requiring replacement.
0.13 - 0.15	Severe	Infrastructure and systems are in unacceptable condition with widespread signs of deterioration.
0.16 - 0.50	Critical Systems Failure	Infrastructure and systems require replacement to restore function. Systems are unsafe to operate in the current condition.
> 0.50	Replace	Infrastructure or systems need to be replaced immediately for safety, security, and serviceability.

This section provides an overview of conditions observed across all DOCR's facilities. For the full report that contains scores specific to each facility, refer to [Appendix 2: Facility Conditions Assessment](#).

Deferred Maintenance Estimate

The larger facilities with significant equipment (near or over 100,000 BGSF) have an estimated cost to repair all issues or deferred maintenance value included in the assessment. These costs are estimated budgets based on industry experience and best practices and should be considered only for determining an index score. Moreover, these estimates are focused on funding deferred maintenance items to restore the facilities to an operational and maintainable condition. Full rehabilitation to include a change in cosmetics would escalate these cost estimates. Energy data was not reviewed by CGL during this assessment to compare NDDCR to national averages. As a measure of facilities' overall condition related to increased risk of negative events, an FCI number was computed based on the formula below.

$$FCI = DM / CRV$$

DM - Deferred maintenance cost

CRV - Current replacement value

Current replacement values are based on national averages and do not consider increased square footage, local code requirements, or upgrades to equipment. The amount of deferred maintenance calculated does not consider any structural repairs, ADA accessibility, or renovations and is in June 2019 dollars.

Assessment, Needs, and Costs by Facility

Summary of Facility Condition Assessment

Top major concerns with ND facilities:

- Age of buildings and structures.
 - Steel framed structures are viable for renovation but would require a complete remodel. In doing so, it would be unlikely that these buildings could meet ADA and PREA standards.
 - Some modular housing units are suitable for short term occupancy but would not be a viable long-term asset for housing.
 - Fire life safety issues
 - ADA issues
 - PREA issues
 - Electrical Code issues.
- Potential environmental issues are suspected to be present at most of these sites.
 - These include possible lead paint and asbestos.
- Kitchens are not adequately sized for the number of residents and activities that take place.
 - Most kitchen equipment is in poor condition.
 - Coolers and freezers are past expected life cycle. Temperatures could not be verified, so it is unknown if the freezers and refrigerators are operating at sufficient temperatures to ensure food preservation.
- Laundry areas are not adequate.
 - Some facilities use residential grade units, which are not suitable for the load or duration of use.
 - ADA compliance issues are present.
 - Venting is not code compliant, which diminishes indoor air quality and increases fire hazards.
- Plumbing is aging and deteriorating.
 - Consider replacing cast iron piping.
 - Multiple drainage issues are present throughout.
 - Because cast iron pipe deteriorates from the inside, camera evaluations should be conducted to determine the extent of deterioration.
 - Plumbing fixtures are in poor condition.
 - Multiple leaks exist.
 - Toilets, showers, and sinks, and counters are not ADA compliant.
 - Most fixtures are not institutional grade.

- Generators are in poor condition.
 - No service records are present to validate the servicing of the units.
 - No run-logs were present to validate any testing.
 - It is unknown if any load bank tests have been conducted.
 - Engineering evaluation is needed to determine if units are adequate to support the required load as numerous design changes have been made.

- HVAC equipment is in poor or failed condition.
 - Many units were observed past their life expectancy.
 - Several units had bent, broken, or corroded fins.
 - Coils needed cleaning.
 - Some filters were observed to be dirty.
 - Regular preventative maintenance should be done to ensure proper operation and to extend the life of the assets.

- Fire Life Safety equipment is non-operational, failed, or insufficient to provide adequate protection.
 - Trouble codes exist on most of the alarm systems.
 - Many were past their life expectancy or obsolete.
 - Parts will become increasingly difficult to source; therefore, system replacement should be considered before fire safety issues arise.
 - Most buildings had no sprinklers installed.
 - An engineering study should be conducted to determine what coverage is needed or if current conditions meet compliance.

- Electrical systems are aging and have numerous code violations.
 - Boxes and sub-panels are old, and some are obsolete.
 - Breakers are missing with no covers, and some panels have no covers at all.
 - This poses life safety issues as well as fire hazards.
 - IR scans should be done annually to ensure no fire hazards exist.

Summary of Operational Facility Assessment

NDSP

EXISTING SITE

NDSP resides in eastern Bismarck. Railroad Avenue and railroad tracks to the southwest, railroad tracks to the west, State Road 10 to the north, and East Bismarck Expressway to the southeast form the site's boundaries.

NDSP is the largest facility in DOCR's portfolio and the only facility built specifically as a correctional facility. The oldest portion of the existing facility was built in 1955. The NDSP footprint expanded over the years with a series of additions and renovations in 1957, 1975, 1982, 1983, 1986, 1987, 1992, 2011, and 2012.

The Central DOCR's Central Administration resides on the site as well. The administration building, built in 2012, sits in front of the facility, outside of the secure perimeter, and serves as the public face and entry for those visiting NDSP. Visitor's park in the ample public parking area, enter the first floor, check in with an officer, sit in the waiting area until called through screening. DOCR's Central Administrative offices reside on the second floor of the Administration Building.

The NDSP facility is one large contiguous complex except for the Rough Rider Industries buildings and the Residential Treatment Unit, which are freestanding. The NDSP, Residential Treatment Center, and Rough Rider Industries all reside inside the fence.

While some adjacent land is available around the facility, there remains minimal space within the fence for future expansion opportunities. The campus includes a softball field, running track, and exercise yard. In the east wing, housing units include in unit recreation yards as shown in figure 3.1.

Figure 0.1 NDSP | Site Plan



EXISTING STRUCTURES

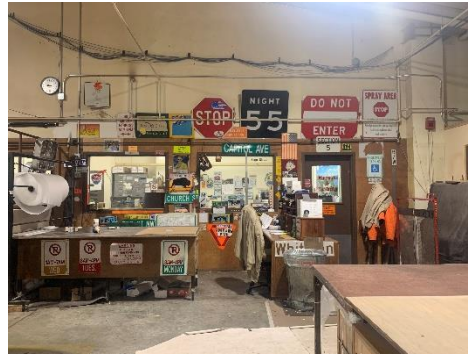
While inside the main secure perimeter fence, a secondary containment fence separates the treatment facility from the remainder of the campus. Residents in the treatment facility use their outdoor recreation area. The Treatment outdoor area primarily consists of asphalt equipped with basketball goals and a picnic table. The residents walk the perimeter of the paved areas, using it as a track. The yard offers a small amount of grass area with park benches as shown in figure 3.2.

Figure 0.2 NDSP | Treatment Facility



Rough Rider Industries offer a number of options for residents on the NDSP campus: metal Industries, furniture industries, and the sign shop program. The Industry's buildings also reside inside the main secure perimeter fence with a containment fence that separates it from the remainder of the campus as shown in figure 3.3.

Figure 0.3 NDSP | Rough Rider Industry Complex



In addition to housing the central and executive administrative offices, the NDSP includes the central health care facility. Built in concert with the East Unit in 2012, the new medical center offers dedicated housing, administrative, and clinical space to service the DOCR population's needs as shown in figure 3.4. The clinic offers optometry, dental, small procedures, x-ray, ultrasound, orthopedic, and infectious disease services.

Figure 0.4 NDSP | Central Medical





For the most part, housing units built as part of different expansion projects represent housing philosophies of their era – which means NDSP contains various supervision models. With a rated capacity of 779 residents (before COVID-19), NDSP primarily houses higher security populations.

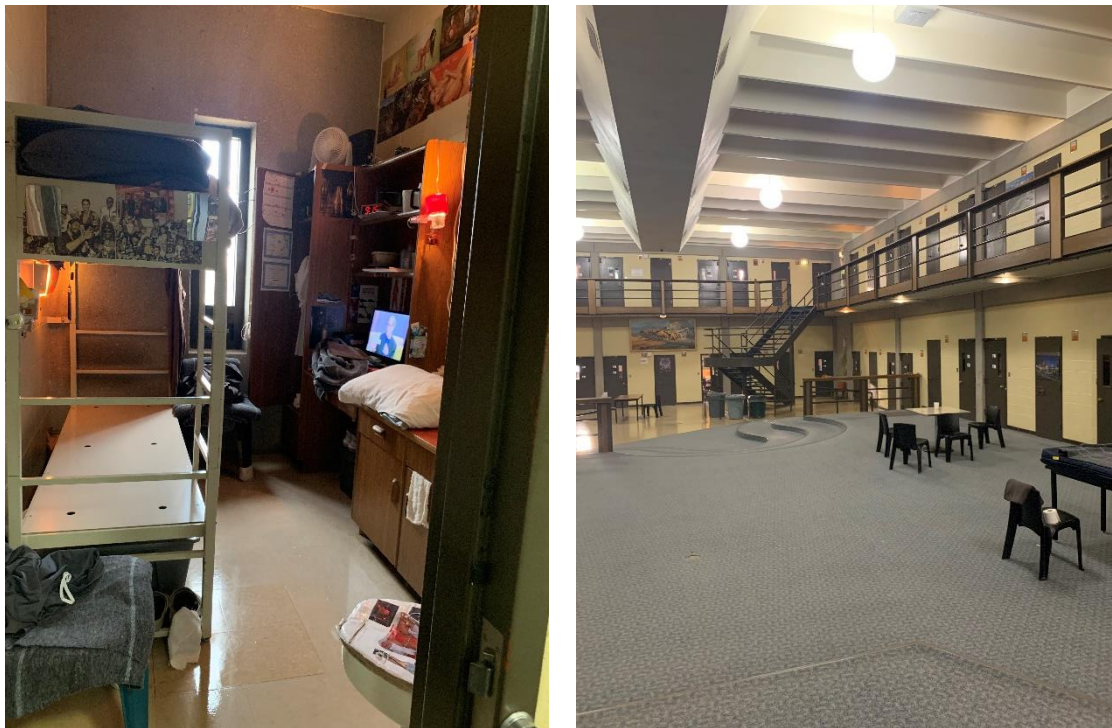
The West Cell House, built in 1957 and the oldest of the housing units currently in use, is a linear intermittent remote model – an antiquated supervision and housing model by today's standards. With bars on the cell fronts, resident rooms reside on the interior and borrow light from exterior windows (when available) along the circulation paths as shown in figure 3.5. The units lack dayroom and program space. General population residents reside in West housing. The West Unit is the only housing unit that contains single cells outside of orientation, behavioral intervention, and special needs.

Figure 0.5 NDSP | West Unit



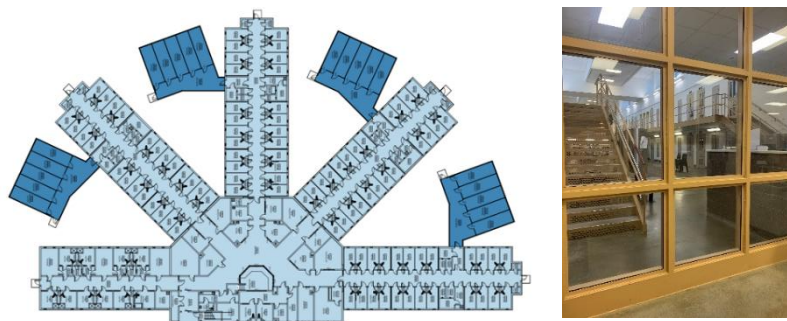
The South Unit, built in 1986, is the only direct-supervision housing offered in the complex. The South Unit is one of three preferred housing units. Two residents reside in each room, which makes for cramped living quarters. While the resident rooms gain some daylight via a window, the dayroom is dark. The dayroom lacks furnishings that do not encourage maximized use by residents and works counter the direct supervision philosophy. Although deficient in features and daylight, with upgrades, the direct supervision unit offers the best potential to align housing conditions with the rehabilitative goals mission as shown in figure 3.6.

Figure 0.6 NDSP | South Unit



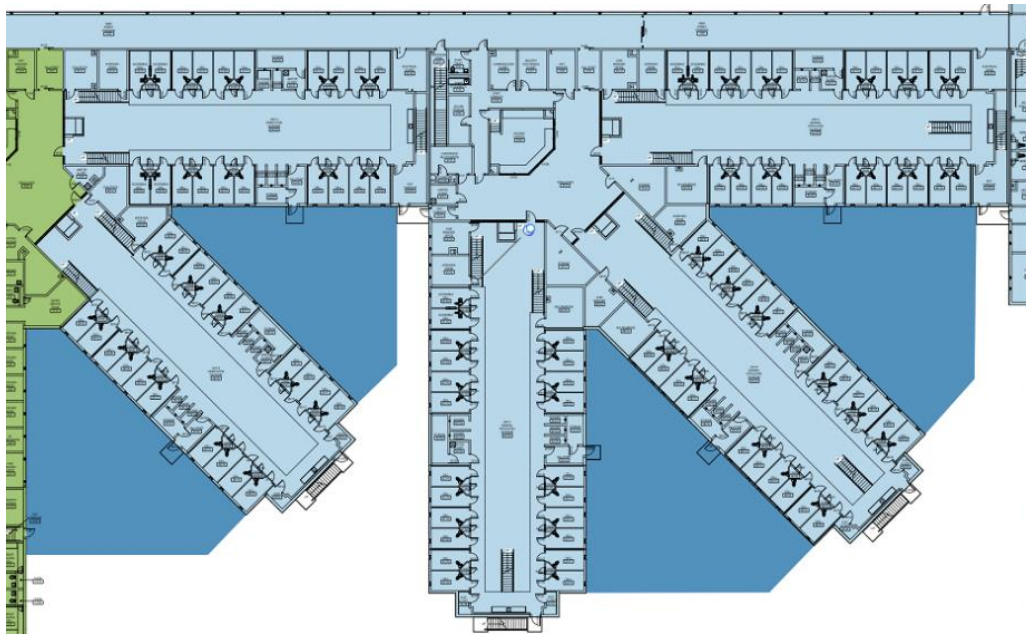
An expansion in 2012 added housing units on the east side. The expansion included an SAU wing includes five units that employ linear, intermittent supervision and include recreation at each unit as shown in figure 3.7. The SAU serves special needs and behavioral interventions.

Figure 0.7 NDSP | SAU, East Unit



The east wing also added five general population units. Although the layout appears as an attempt at podular remote supervision, the layout leans towards a linear remote. A control room allows an officer to "supervise" three units. Each unit has resident rooms along a double-loaded "dayroom," or an extra-wide corridor. The long vertical aspect ratio of the dayroom limits options for rearranging furnishing for various activities. Typical podular-remote configurations lean towards a pie shape, so the dayroom footprint widens and results in more reminiscent of a "living room" and conducive to accommodating different seating arrangements configuration of the Orientation Unit discussed below. The adjacent corridor eliminates daylight access in half of the resident rooms in two of the five units as shown figure 3.8.

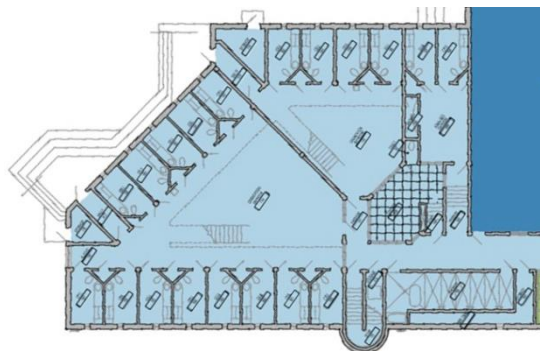
Figure 0.8 NDSP | General Population Housing, East Unit



Orientation housing, a podular-remote unit built in 1987, resides on the north side of the complex. Although the North Unit was built around the same time as the South Unit, it supports podular-remote supervision rather than direct supervision.

While all cells offer natural daylight, the dayrooms have little to no access to sunlight as shown figure 3.9.

Figure 0.9 NDSP | Orientation Housing, North Unit



Of all the DOCR run facilities, NDSP offers the most program and treatment space. A 1974 expansion introduced indoor recreation along with a library, classrooms, and multipurpose rooms as shown in Figures 3.10 and 3.11. The law library offers reading materials. Residents access law library materials electronically from their housing units. The majority of the spaces lack access to natural daylight.

Figure 0.10 NDSP | Plan of Indoor Recreation, Classrooms, Library, and Multipurpose Rooms

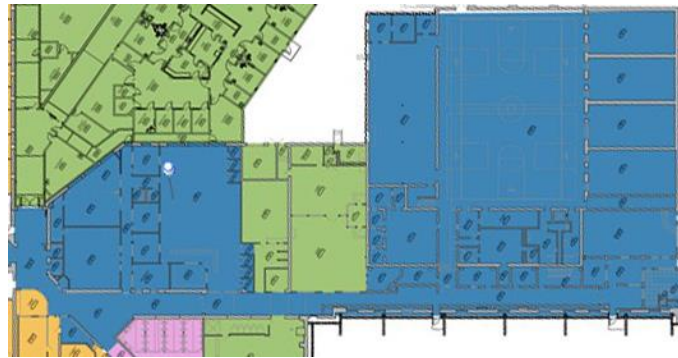
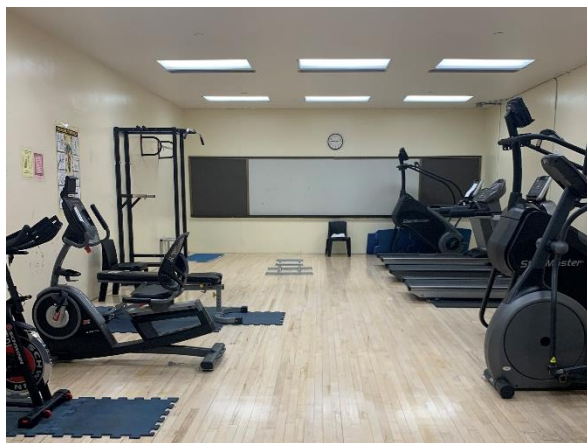


Figure 0.11 NDSP | Indoor Recreation, Classrooms, Library, and Multipurpose Rooms





After several housing unit expansions that increased the population, DOCR added more programs and support space in a 1991-1992 expansion. The expansion included staff training areas, staff dining, food service, a resident dining hall, and program and classroom space with staff office located adjacent as shown in figure 3.12. Most of the program and multipurpose room spaces lack access to daylight. The 1990-1991 addition combined with the multipurpose, library, and indoor recreation space of 1974

Currently, programming activities are loaded on the back end of a resident's stay. Because residents tend to be highly motivated upon arrival, two initial programs are offered, but not much during the middle of their stay.

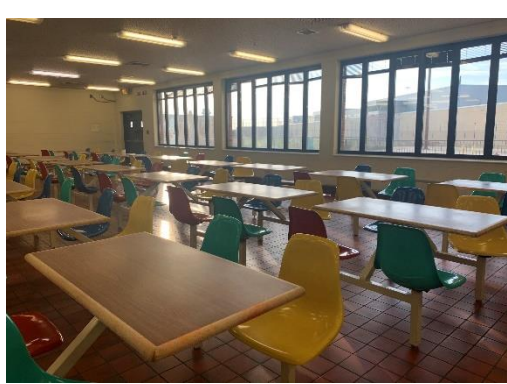
Educational offerings include sewing, GED training, Re-Write, creative writing, book club, computer classes. Outside of AutoCAD, NDSP does not offer vocational classes.

Figure 0.12 NDSP | Plan of Programs, Staff Training, Food Service and Dining



Food services serve cold breakfast and hot lunch and dinner meals to residents seven days per week. Residents dine by tier, in three rounds. Residents have access to natural daylight while dining. Residents site in a group of four as shown in figure 3.13.

Figure 0.13 NDSP | Resident Dining



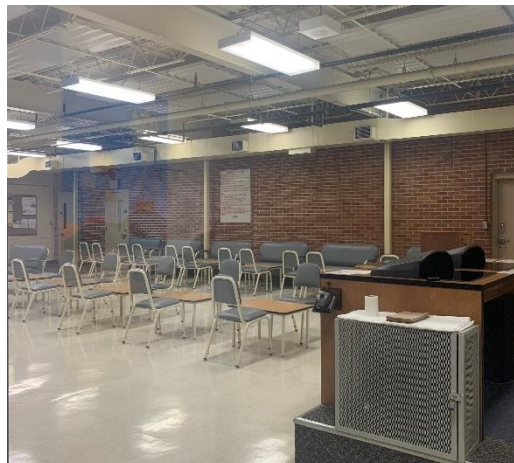
Residents in the preferred housing units have the option to do their laundry. Everything else gets laundered in the central laundry that runs one shift, six days per week. White clothing is washed on Monday, Wednesday, and Friday and colored clothing on Tuesday, Thursday, and Sunday. Bedding is exchanged one time per month as shown in figures 3.14.

Figure 0.14 NDSP | Central Laundry



Visitation runs daily, except on Mondays. Residents also have access to video visitation. NDSP holds special events for residents and their children near the holidays. The Visitation Room offers no access to daylight, feels institutional, lacks a space appropriate for residents to interact with their children, and affords little privacy for conversation. The setting does not align with the therapeutic mission of DOCR as shown in figure 3.15.

Figure 0.15 NDSP | Visitation



JRCC and JRMU

EXISTING SITE

JRCC sits halfway between Fargo and Bismarck along the I-94 corridor. Its location puts it 94-98 miles to Bismarck and Fargo's population centers, where more resources and services are available. It also means that some staff commutes a sizable distance to work at the facility. Located on the North Dakota State Hospital Campus, the JRCC resides on the site of a former hospital as shown in figure 3.16. With structures dating back to 1915 to 1938, DOCR made various renovations to existing buildings and added structures: Kitchen 1966, SAU in 1979, and the RRI building in 1999.

The site organization lacks a "campus" feel and center of gravity. JRCC site offers minimal space to expand. While the campus lacks outdoor open yard space, it offers a softball field, handball court, and a contained outdoor space for the SAU. The treatment facility resides to the west, outside the fence, and remote from the campus as shown in figure 3.17.

Figure 0.16 JRCC | Existing Site Plan



Figure 0.17 JRCC | Outdoor Recreation



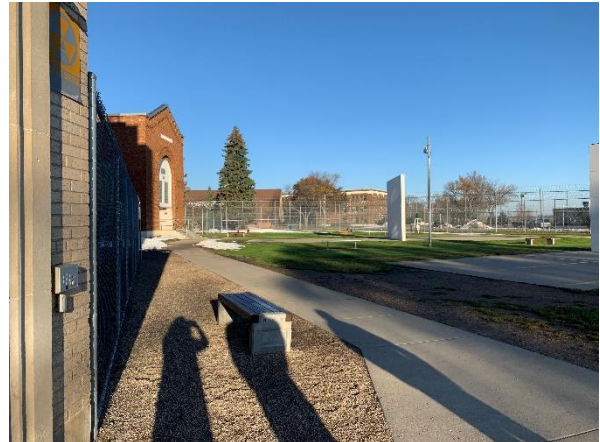
Softball Field



Softball Field



Handball Court



Handball Court

EXISTING STRUCTURES

Administration resides on the first floor of a building constructed in 1921 with training and staff support on the second floor, staff sleeping area and more training space on the third floor, and the SERT team and armory on the fourth floor.

The JRCC has a total of 444 beds. Built in 1979, the SAU building has two of the three behavioral health units for up to 22 residents to care for different acuity levels. Level 1 treats those in crisis. Programs and treatment are geared toward stabilization. In level two, residents stay the longest and receive treatment. Level three, located in the main residential tower, is a transition unit that mirrors a general population unit and prepares residents to return to general housing. The unit also offers sheltered housing for residents with developmental delays. The SAU includes four crisis rooms for residents on suicide watch.

The SAU building, resident rooms, living rooms, and program spaces feel very institutional, and all areas lack access to view and natural daylight. The ceilings throughout are low as shown in figure 3.18. While

the building reflects the mindset for corrections during the era it was built, it does not embody today's therapeutic and normative environments. The building offers limited programs and treatment space for residents. Residents in the SAU building uses an indoor recreation space as shown in figure 3.19 and a contained outdoor space adjacent to the outdoor recreation unit as shown in figure 3.20.

Figure 0.18 JRCC | SAU



SAU | Unit Dayroom/Living Room



SAU | Unit Dayroom/Living Room



SAU | Resident Room



SAU | Resident Room

Figure 0.19 JRCC | SAU Indoor Recreation

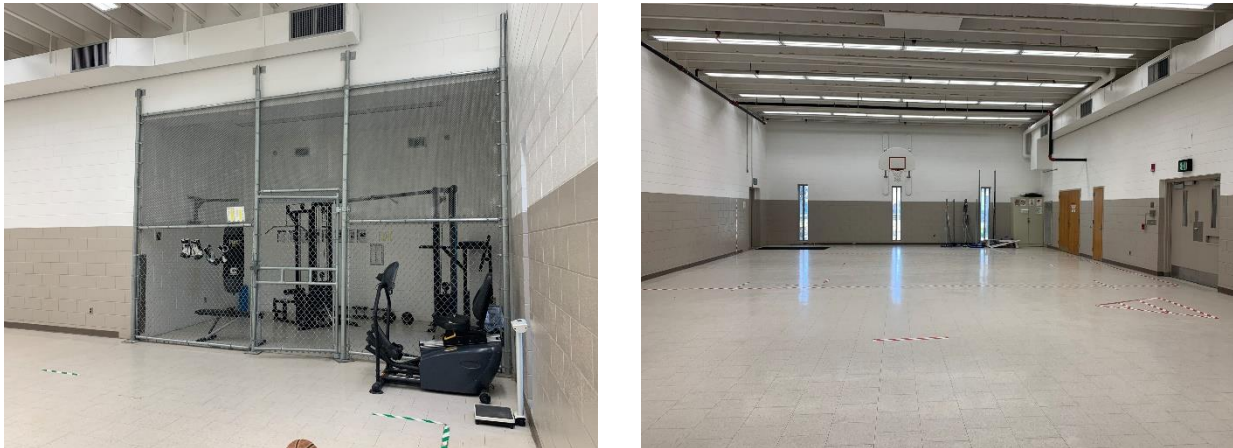


Figure 0.20 JRCC | SAU Outdoor Recreation



A six-story former hospital building, built in 1936 and located in the center of campus, houses the remainder of the JRCC population. The medical clinic and infirmary are located on the first floor. The clinic lacks adequate space clinical space and space for residents to wait. Residents wait, seated on chairs in the corridor. Adjacent to the clinic is the four-bed infirmary ward and an isolation cell.

The disciplinary housing unit is across the corridor from the clinic and infirmary. The unit is linear, with resident rooms along a single loaded corridor as figure 3.21.

Figure 0.21 JRCC | Disciplinary Housing



Residents reside on floors two through five as shown in figure 3.22. Each floor has one five-bed dorm, two four-bed cells, and twelve seven-bed dorms as shown in figure 3.23.

Figure 0.22 JRCC | Four-bed Room and Seven-bed Dorm



Four-bed Room



Seven-bed Dorm

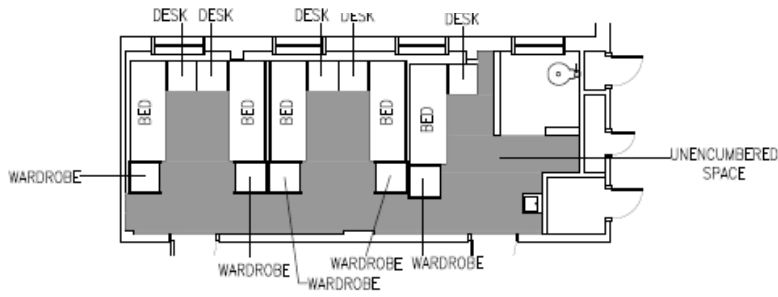


Seven-bed Dorm

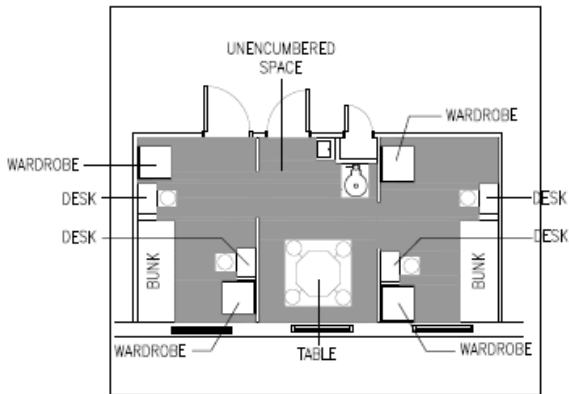


Seven-bed Dorm

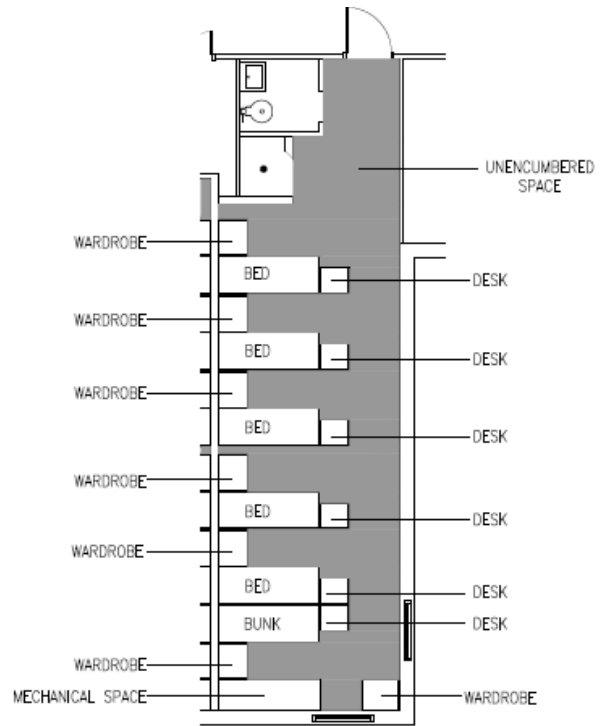
Figure 0.23 JRCC | Layouts of Existing Resident Rooms and Dorms



Five-bed Dorm



Four-bed Cell



Seven-bed Dorm

While the unencumbered areas appear to meet the minimum ACA square footage requirements, the rooms are crowded and fall short of promoting a therapeutic, normative environment where residents lack a sense of personal space. As illustrated in this report, the proposed resident room reconfigurations that introduce individual cubicles serve as the primary driver for defining the future capacity of JRCC.

Indicative of a traditional hospital layout, resident rooms and dorms are located along a double-loaded corridor with staff and counselor offices interspersed. At the end of the corridor is a community space/dayroom. The space offers ample daylight and access to views, but the space's aspect ratio creates inefficiencies in how space is utilized as shown figure 3.24.

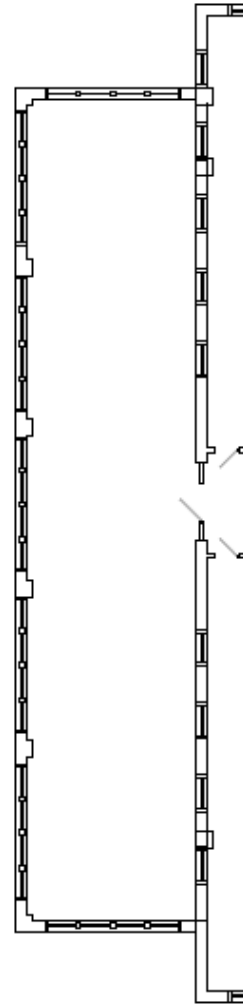
Figure 0.24 JRCC | Typical Community/Dayroom on Floors Two through Five in Housing Tower



Typical Community Room/Dayroom on Housing Floor



Typical Community Room/Dayroom on Housing Floor



Plan of Typical Community Room/Dayroom

Along with the general population, the SAU transition unit (level three) occupies the sixth floor. The footprint of the sixth floor is smaller than floors two through five. It hosts fewer dorms and more single occupancy rooms. The community room/dayroom is also smaller.

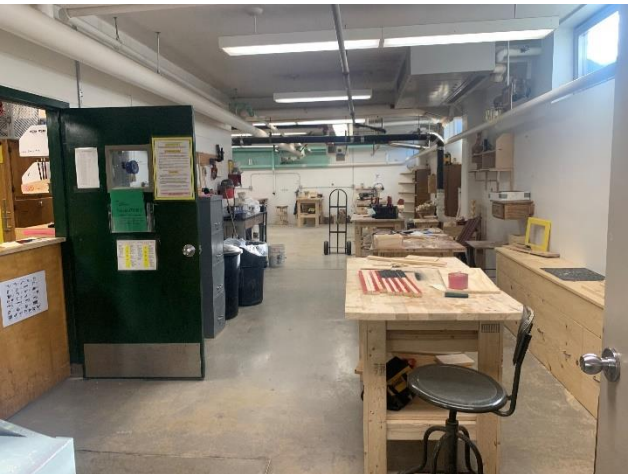
The multi-story, linear layout creates staffing inefficiency for the supervision of residents. A single elevator serves the building, but most vertical movement takes place on the stairs.

The basement of the tower houses classroom space and a carpentry shop as shown in figure 3.25.

Figure 0.25 JRCC | Classroom and Carpentry Shop in Basement of Five Tower



Carpentry Shop



Carpentry Shop



Carpentry Classroom



Resident Carpentry Work

In a separate building north of the housing tower is a program and activity building with spaces like a music room and gymnasium that residents can access as shown in figure 3.26.

Figure 0.26 JRCC | Program and Activity Building



Gymnasium



Music Room

JRCC offers various education and GED preparation, career readiness, computer skills classes, art, vocational classes in carpentry and construction education, and industry experience in commercial textiles.

MRCC

EXISTING SITE

The primary building of the approximately 20-acre MRCC site was constructed in 1992. This partial two-story building has approximately 22,250 square feet of useable area. The site also contains eight other structures that currently houses and supports the minimum custody men. The total square footage for the buildings in use is approximately 56,720. As shown in figure 3.27 (which was taken before the pre-engineered Transitional Unit in 2016), the 20-acre site has been cleared of most trees.

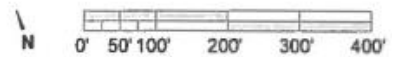
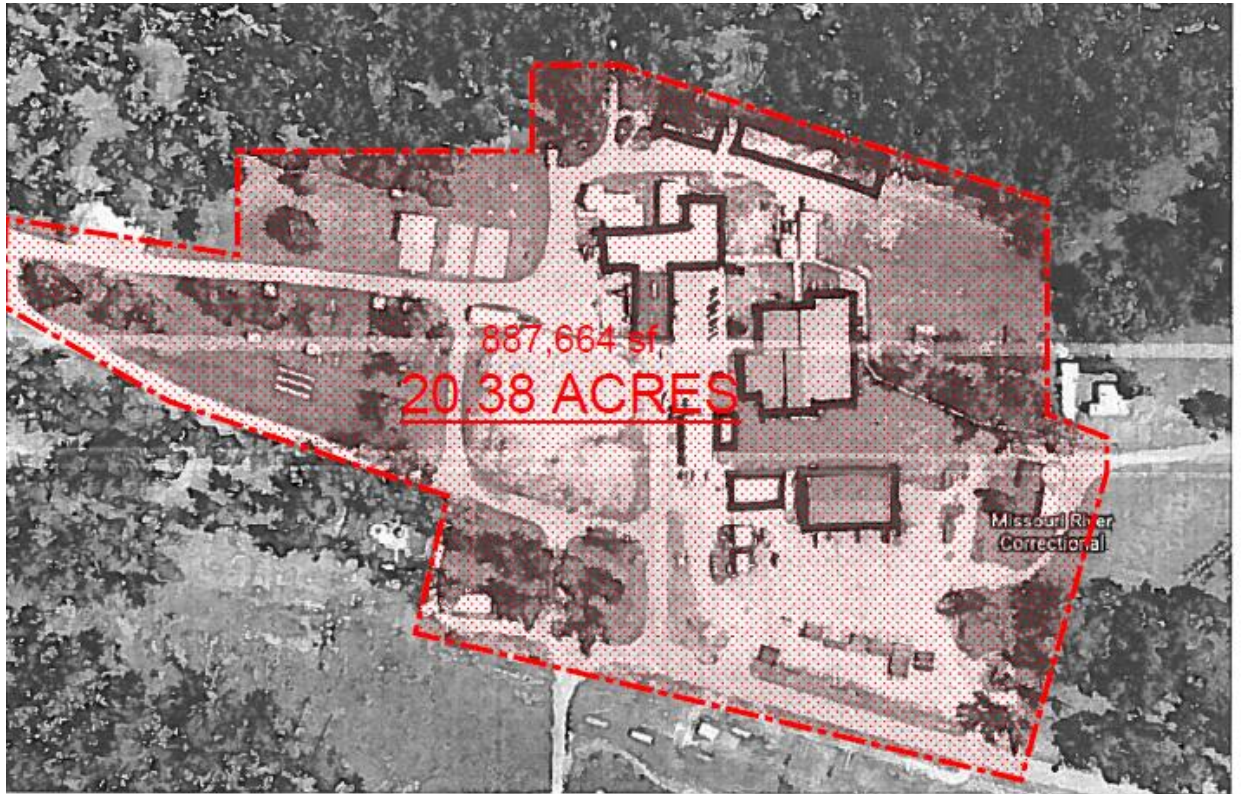
Figure 0.27 MRCC | Site Plan



MRCC resides in southwest Bismarck. Access to the site is from a paved, state-maintained road that terminates at the MRCC complex. While some paved roads and parking areas exist within the unfenced site, most of the site is grassed or dirt areas. Within a half-mile of the site, large residential homes were recently constructed, but none at this time are within viewing distance of the MRCC buildings.

The addition of a 36-bed transitional unit and support building in 2016 now defines the site's northern boundary. The 9,000 and 2,400 Rough Ride Industries buildings and the adjacent fitness center form the site's southern edge. Outdoor open areas define the east and west edges, as shown in figure 3.28.

Figure 0.28 MRCC | Boundaries of the Existing Campus

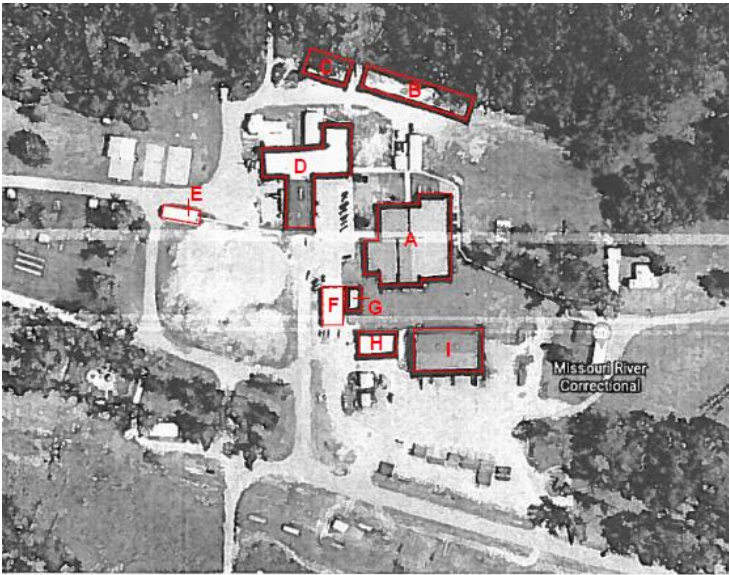


MISSOURI RIVER
CORRECTIONAL CENTER

EXISTING STRUCTURES

The current 56,720 square feet the existing buildings offer (not all appropriate for continued use without significant capital improvements) and the existing infrastructure accommodate between 190 to 245 residents. The main building and the transitional unit building are the two buildings that offer appropriate housing and represent 51% of the total building square footage on the site, as shown in figure 3.29.

Figure 0.29 MRCC | Existing Building Square Footage



Legend

Building	BGSF
Building A-Main Bldg.	22,250
Building B- THU	5,400
Building C- THU Support	1,440
Building D-Dining/Educ.	11,900
Building E-Outside Stor.	1,280
Building F- Garage	2,400
Building G-Library	650
Building H-Recreation	2,400
Building I-Industries	9,000
TOTALS	56,720

The site assets and existing buildings square footage are adequate to meet the continued need. The facility lacks a "campus" feel, center of gravity, and definition of separation of public and service areas. Opportunities are available to improve the "campus feeling" for the site with minor, low-cost improvements.

In the main accommodations building is approximately 22,250 square feet. When allowing 150-200 square feet per resident, including sleeping, dayroom, toilets, and program support areas, this building could house 110 to 150 residents. However, the existing 11 dormitory rooms' size serves as the principal driver for many residents; the Main Building should house appropriately. When dormitories are properly loaded, the main building should house 109 residents. In figure 3.30, several photographs illustrate the current sleeping dormitories appropriate for continued use if new configuration of the individual cubicles is incorporated.

Figure 0.30 MRCC | Main Building Living Areas



West Side-Main Building



South Side-Main Building



North Side-Main Building



Sleeping Cubicles



Dormitory



Dormitory



Group Washrooms



Dayroom Space



Control Station



Case Management Offices



Double Story Wall



Video Visiting

The existing main building offers a range of spaces that support the residents. This building includes visitation, medical, and energy plant.

In addition to the main building, in 2016, the DOCR expanded MRCC's capacity by relocating pre-engineered buildings, previously used for pipeline worker housing, to establish a transitional unit. Inmates assigned to this 36-room building work in the kitchen, maintain the grounds and assist in the maintenance of the MRCC. The double-loaded corridor housing building provides a valuable space to operate intensive

programming populations, cadre, and independent living opportunities. Figure 3.31 provides photographs of the housing and support buildings that form the existing transition unit.

Figure 0.31 MRCC | Transitional Unit and Support Building



Transitional Housing Unit (THU)



Façade of THU



Campus View of THU



THU Single Room



THU Corridor



THU Support Building

This temporary structure(s) offers a great deal of potential for continued use to prepare residents to transition back to the community. MRCC offers various education and GED, career readiness, computer skills classes, vocational classes in carpentry, OSHA and ServSafe training, book clubs, and industry experience in welding.

Of the 56,720 total reusable square feet, after subtracting the two buildings dedicated to housing, approximately 27,630 square feet remains for food service, industries, education, and maintenance. Using general block space guidelines for the support services of 125-200 square feet per resident, the existing support service buildings could accommodate a capacity of 140 to 220 residents, which exceeds the current housing capacity. Figure 3.32 illustrates some of the spaces currently used for programs and services to continue in this use.

Figure 0.32 MRCC | Existing Support and Service Spaces



Visiting (Main Building)



Classroom Building



Library



Dining Hall



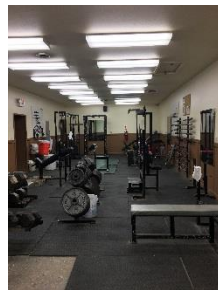
Kitchen



Laundry



Maintenance Building



Weight Room



Rough Rider Industries

While the buildings' general conditions vary, the campus offers enough space to continue to operate a range of programs and provide the basic services for the residents.

One of the most significant challenges for making modification resides with vacating the existing main building to undertake interior renovations outside of cost. This requires an alternative location for the minimum custody men that are currently assigned to MRCC. Regarding the buildings and grounds, however, the MRCC remains a sound option for continuing to serve the minimum custody and reentry male population or as a future regional center.

DWCRC

EXISTING SITE

While DOCR houses women residents at the DWCRC, they do not operate or own the building. Located approximately 125 miles (a two-hour drive) west of Bismarck, the women's facility is remote and isolated from services and resources, healthcare, family, and DOCR. It occupies a former Catholic school.

Located on the southside of town, Main Street is bound to the west, McKenzie Street to the east, St Mary's Catholic Church to the north, and residential properties to the south, with little to no room to expand as shown in figure 3.33.

The site is cleared of trees. Except for the treatment housing, which resides in a separate building, a single building contains all programming, building support, and housing areas. The facility offers two outdoor areas, but both lack equipment and design to offer a meaningful experience.

Figure 0.33 DWCRC | Site Plan



The public accesses the facility from Main Street. The entry sits back from the street, hidden in the slot between two facility sections built at different times.

EXISTING STRUCTURES

The women's facility is an assembly of additions, most of which originally served as an elementary school. It is not clear when the original portion was built, but modification took place in 1982. The original portion included the original gym, which is now used for the sewing industry classroom.

The southern portion was constructed in 1976. A 25-foot long corridor connected the 1976 addition to the original school building. The 1976 portion includes a basement level and a double-height gymnasium, which is accessible from the basement.

Renovations in 2005 prepared the facility for use as a correctional center. The 2005 work also included the southern building's backside, which provided administrative/disciplinary segregation cells.

In 2010 a small addition was added behind the 25' corridor, between the two buildings with a central control room, a visitation room, and a walk-in refrigerator and freezer for the adjacent kitchen. Even with the renovation, the corridor connects to two buildings bifurcates the housing from the program areas.

The ground level of the original portion hosts program and industry areas. Foodservice, a few dorms, the disciplinary unit occupy the south building's ground level, with visitation and central control on the ground floor between the two buildings. The south building's lower level includes the gymnasium, mechanical areas, program rooms, and a library as shown in figure 3.34.

Figure 0.34 DWCRC | Program Room and Library



Overall, the women's facility lacks medical and dental services. It also provides a limited amount of opportunities to engage in industry and educational classes. While Rough Rider Industries services all the men's facilities, Prairie Industries is provided at DWCRC. Options include:

- Sewing where they make mass quantities of white tee shirts for the men's facilities, special order blankets, and clothing items,
- Fill commissary orders
- Key cutting
- Scrapbooking class offered monthly
- Make and sale hobby items
- Computer skills
- Carpentry class (small items like dog houses, planter, picture frames, art canvas)
- Photography class
- Greenhouse gardening
- Prepare for release (job applications, resume development, transportation to job interviews)

Women live in dorms, where they are afforded little privacy or personal space. The ones located in the basement are barrack style rows of bunk beds and lack natural daylight as shown in figure 3.35. While the dorms located on the ground level are smaller, have fewer beds and no bunk beds, and offer natural light access, the dorms feel congested as shown in figure 3.36.

Figure 0.35 DWCRC | Basement Dorms



Figure 0.36 DWCRC | Ground Floor Dorms



YCC

EXISTING SITE

The YCC occupies a small portion of the east end of a 1625 +/- acre site in Mandan. Opened in 1903 as a reform school, the facility has undergone several name changes: North Dakota State Training School (1920), North Dakota Industrial School (1961), and YCC (1995). Until 1947, the facility also served as an orphanage.

The Heart River broadly bounds the YCC campus to the east, the USDA Northern Great Plains Research Laboratory to the South, Railroad tracks to the north, and private business to the west. Topographical features (bluffs) bifurcate the site by cutting a diagonal from the Hebron Brick and Block Supply property to the west down to the Heart River, southeast of the site. The bluff creates a division between YCC and the USDA Research Laboratory property, confines the YCC campus to the east end of the property, and defines the areas in which expansion could occur.

The campus contains multiple cottages, including administration, indoor recreation (gymnasium and pool), a chapel, and a food service building. The structure known as Devine Hall is no longer in use.

The YCC campus is open and without a fence, which creates a more tranquil, therapeutic setting. The Education/Administration building and Chapel set as the centerpiece of the campus, and the cottages, Food Service and Recreation building define campus edges. A ball field, soccer field, and sand volleyball court reside outside the campus proper. In contrast, the basketball court occupies an area adjacent to the Chapel and Education/Administration building in the heart of the campus.

The visitors and staff parking lot is located in front of the administration offices, which serves at the facility's main entrance.

EXISTING STRUCTURES

The original portion of the Administration/Education building was constructed in 1960. It is a two-story "T" with structure. Administration resides on the first floor in the cross of the "T." The second floor of the "T," above administration, hosts four classrooms. The long leg of the "T" is also two stories with classrooms double-loaded along a corridor as shown in figure 3.37. On the second floor, classrooms have glass transoms above the glazed concrete masonry unit (CMU) that allows the corridor to access daylight. The structural module has four equal-sized classrooms. Four equal size classrooms reside on one side of corridor. On the other side of the corridor two large classrooms flank a core that contains restrooms for the students. The large classrooms accommodate the Library, Science Lab, Domestic Science Lab, etc.

Figure 0.37 YCC | Education Building Circulation Corridors



First floor corridor of Education Building



Corridor at "T" of Education Building

The building design and layout introduces great daylight and view to the classroom as shown in figure 3.38. The materials: glazed CMU in the corridors and painted CMU in the classrooms. The glazed CMU in the corridors wears well. The cost premium associates with glazed CMU today rarely get incorporated into modern-day capital corrections projects. The school's original portion feels very normative, like a school a youth might attend at home in their community.

Figure 0.38 YCC | Typical Classroom



Although located in the center of campus, the administration area serves as the main campus entry. All visitors must check-in, secure personal belongings and go through screening before proceeding to any campus area. The administrative areas connect directly to the education portion of the building.

In 1980, an addition added vocational spaces and classrooms. The addition connects to the end of the existing central corridor. The addition offers space for the graphic arts shop, auto body shop, carpentry shop, computer lab, music lab, and recreation storage as shown in figure 3.39. The spaces lack access to natural daylight – a striking contrast to the education complex's original portion.

Figure 0.39 YCC | Vocational Classrooms



Graphic Arts Classroom



Auto Body Work Classroom



Carpentry Classroom



Computer Lab



Music Room



Outdoor Recreation

The indoor recreation complex was built in multiple phases by adding onto and renovating an existing building. Youth have access to indoor recreation, including a pool, gymnasium, fitness room, and multipurpose rooms as shown in figure 3.40.

Figure 0.40 YCC | Gymnasium



Built in 1988 and located on the southwest portion of the campus, Centennial Hall houses food service and central dining as shown in figure 3.41.

Figure 0.41 YCC | Centennial Building



Food Service | Serving Line



Central Dining

A mid-century modern chapel, constructed in 1964 and centrally located on campus, offers a setting for conducting religious services as shown in figure 3.42.

Figure 0.42 YCC | Chapel



The campus includes four residential "cottages": Maple, Hickory, Pine, and Brown. Maple is not currently in use because of the decline in the number of youths at the facility. Boys reside in Hickory and Pine, the girls in Brown. The cottages vary greatly based upon the era they were built, and security needs at that time.

The Maple and Hickory cottages built in the 1950s are resident hall in style and layout. Because of similarities, the operations team only toured the Hickory unit. Hickory has an "L" shaped floor plate. At Hickory, residents share several common areas on the second floor: living room, computer carrels, multipurpose room, and shower/toilet/locker areas. The small leg of the "L" contains small group meeting rooms and offices.

The linear layout of the building limits staff's ability to supervise residents. A retrofit project introduced a raised platform to improve the staff's ability to supervise resident activity in the living room/computer area and designate a separation of the residents and the staff's open work area. While the elevated platform delineates separation between staff and residents and overall view of the living room/computer area, staff's ability to observe movement on the stairs of who is coming/going from the "unit" remains limited due to the lack of sightlines. Supervising youth in bedrooms, the shower/toilet/locker area, multipurpose, and small group meeting rooms remains an issue as shown in figure 3.43. The building lacks security monitoring devices to supplement staff supervision and aid staff in maintaining resident safety.

Resident bedrooms are on the third floor along a double-loaded corridor. Each room has a window and either two or two beds. Currently, the rooms feel very institutional. The bedroom configuration presents the opportunity to create normalized bedrooms with the introduction of new furnishings.

Figure 0.43 YCC | Hickory Cottage



Toilet and Shower Room



Elevated staff work area



Laundry Room



Double-loaded corridor, Bedroom Floor



Multipurpose Room



Resident Room

Pine Cottage, built in 2000, offers a more secure environment than the Hickory, Maple, and Brown Cottages. The setting leans towards a correctional setting compared to the other cottages on campus. While the layout and feel of Pine Cottage represent a more correctional based setting, the cottage offers youth workers better sightlines for supervising residents and activities taking place in the multipurpose room, dedicated outdoor exercise area, and community room and dayroom spaces. It also features a kitchen, laundry room, and counselor and staff offices. The cottage has two living wings with a central core between the two as shown in figure 3.44. The control desk, kitchen, showers, laundry, storage, offices, recreation, and multiple purpose room occupy the central core as shown in figure 3.45.

Figure 0.44 YCC | Pine Cottage Central Core Components

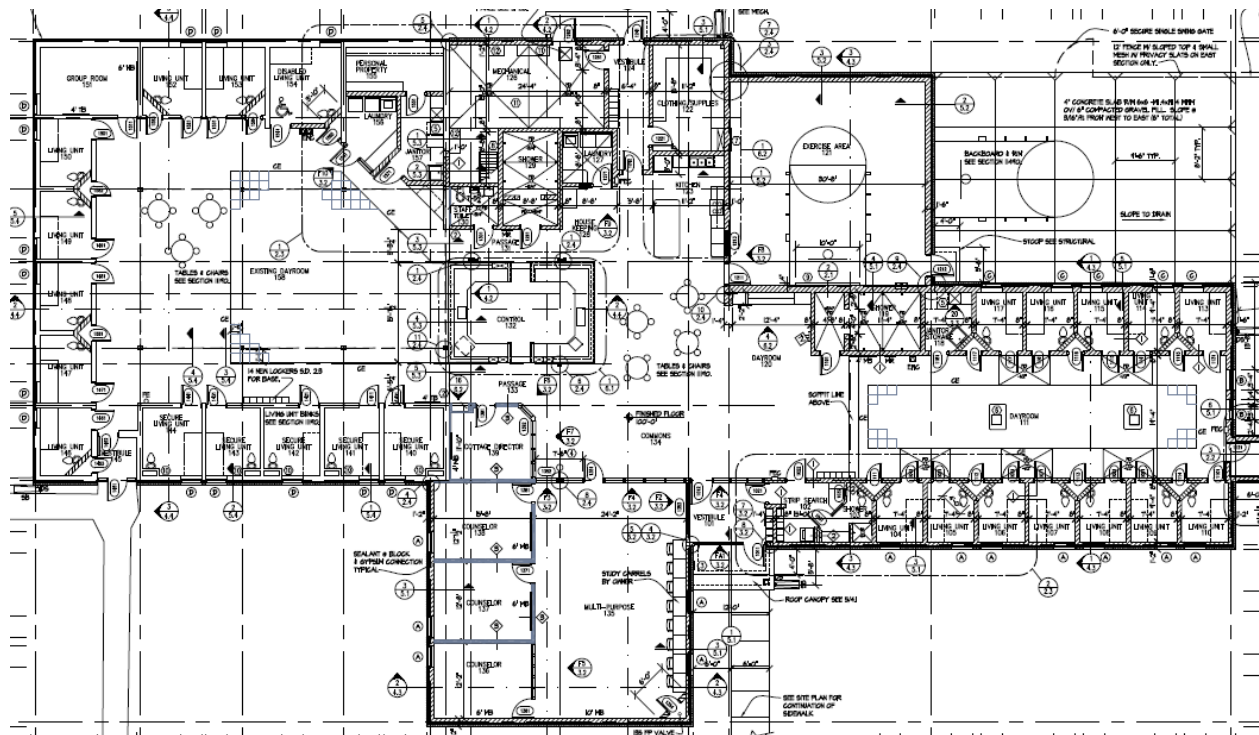


Kitchen and Dining



Multipurpose Room

Figure 0.45 YCC | Pine Cottage Floor Plan



Residents and staff access the cottage via a single main entry. In the event of an emergency, residents' egress via three emergency exits – one at each living unit and one from the central core on the cottage's

backside. The main entry vestibule is glass. The multipurpose shared room sits adjacent to the main entrance with two horizontal slit windows introducing daylight to the multipurpose room. The fully glazed partition between the centrally located control station and the multipurpose room allows staff to observe the multipurpose room activities.

The cottage has two groups of thirteen rooms. Both groups have a dedicated community space/dayroom space adjacent, each with a different aspect ratio. One community room/dayroom space is long and linear (approximately 1550 SF), the other larger and square in shape (approximately 2300 SF). While the community room/dayroom spaces each offer adequate space, both lack furnishings that encourage the use of social group interactions. Residents dine at four-person steel correctional style tables and stools anchored to the floor, which feels institutional and punitive.

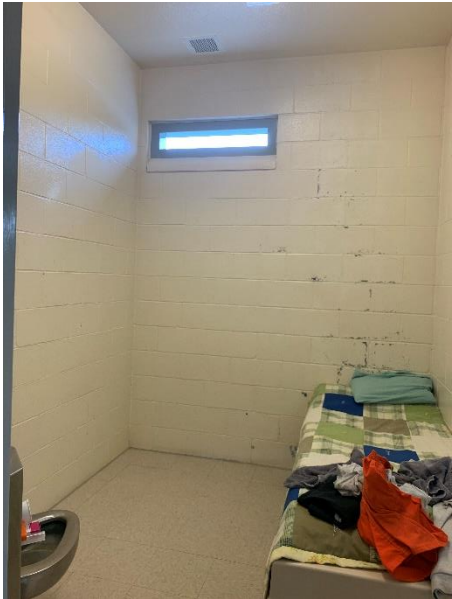
A scant amount of natural daylight reaches the central core area by borrowing light from the entry vestibule. Two small horizontal slit windows provide a small glimpse of daylight in the multipurpose room. At the end of the smaller, rectilinear community room/dayroom, a small aperture introduces a meager amount of light as shown in figure 3.46. The larger, square-shaped community room/dayroom has zero access to daylight.

Figure 0.46 YCC | Pine Cottage Community/Dayroom with Minimal Windows



Residents reside in individual rooms, each equipped with a toilet/sink set up. The resident rooms lack any normalcy semblance as each contains painted CMU partitions, a correctional style bed, and a stainless-steel correctional combo toilet fixture. Each room has a 3' 4" x 6" horizontal slit window located 6' 8" to 7' 4" at finish floor – too high to offer residents a view outside as shown in figure 3.47.

Figure 0.47 YCC | Pine Cottage Resident Room



Kitchen and Dining



Multipurpose Room

Brown Cottage, constructed in 1963, reflects the mid-century modern period of the time. It is a single story "L" shaped building with shared program and community areas in one leg of the "L" and the other leg's resident rooms. Because the building features exposed wood ceilings and exposed structure, the shared areas convey a warmth that the CMU and hard ceilings of the resident room wing lacks. The residents share a sunken community/living room filled with abundant daylight. The adjacent youth worker station sits between the shared sunken community/living and a multipurpose area. The multipurpose room enjoys access to ample daylight as well. The cottage includes a laundry room, kitchenette area, and meeting/counseling rooms as shown in figure 3.48.

Figure 0.48 YCC | Brown Cottage Community Spaces



Sunken Living/Community Room



Kitchenette



Laundry Room



Multipurpose Room

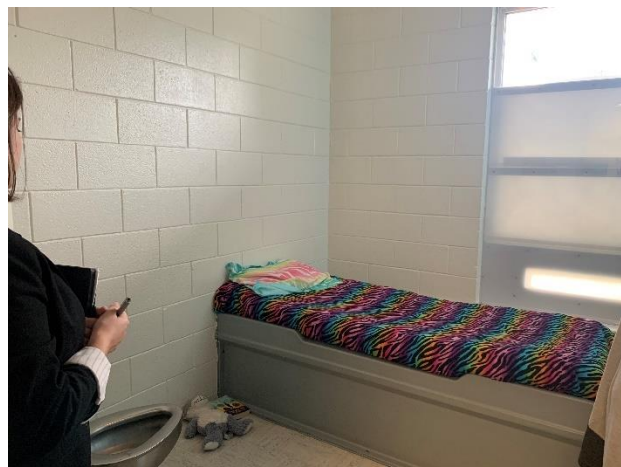
The resident room wing presents a different feel than the community/living room wing. The resident room wing is hard, institutional, and punitive. As you enter the wing, the corridor with painted CMU partitions, grey carpet, low ceiling (7' -8" AFF), lack of daylight, and poor artificial lighting sets the tone as shown in figure 3.49.

Figure 0.49 YCC | Brown Cottage Resident Room Wing Corridor



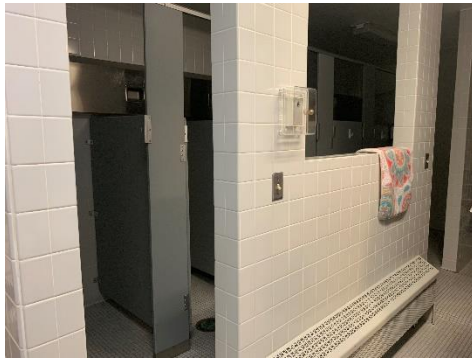
With painted CMU, vinyl composition tile flooring, stainless steel penal-grade toilet, correctional style bed, steel security ceiling, and hardened window, the resident rooms feel like cells rather than therapeutic resident rooms as show in figure 3.50.

Figure 0.50 YCC | Brown Cottage Resident Room



The juvenile female residents share a centralized shower/toilet area. While the shower stall configuration provides a degree of privacy, the two toilets sit out in the open without screening each other or from the sink/handwashing area. The set-up lacks dignity and privacy as shown in figure 3.51.

Figure 0.51 YCC | Brown Cottage Toilet and Shower Room



Shower Alcoves



Toilets



Sinks/Handwash Area

Section Summary and Looking Forward

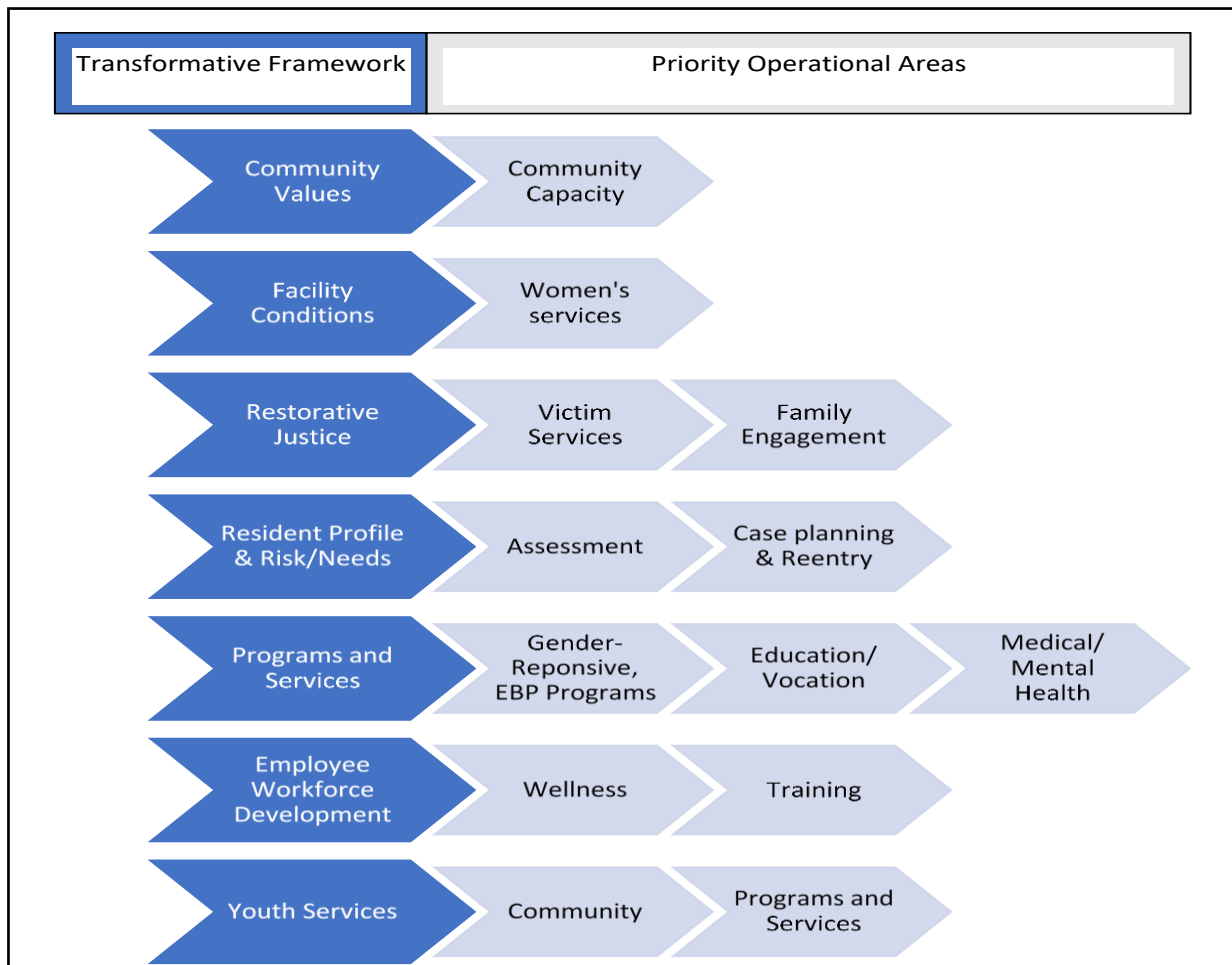
The physical conditions of confinement documented in this section informs decision makers about current capital planning needs within existing facilities. The next section addresses the “Transformative Framework” developed during the project that acknowledges operational considerations in building workforce capacity, continued culture change efforts, and specific priority areas that support the strategic vision and goals of the department. Challenges and opportunities are highlighted based on our team’s review and discussions with stakeholders and each subsection begins with a “Big Picture” summary to frame a conceptual path for meeting the strategic area.

Section Four: Transformative Framework

Based on the elements identified in the "cycle of change" from [Section One](#), the transformative framework filters those elements into priority areas to realize the strategic goals and augment the recommended capital planning options.

Figure 4.1 illustrates the operational areas derived from the transformative framework that will be discussed in more detail, including current strengths, challenges, and recommendedations.

Figure 0.1 Operational Areas Derived From the Transformative Framework



[Appendix 3: Considerations for Operational Implementation](#) provides a comprehensive list of additional recommendations and assigned priority levels to help sequence next steps. DOCR has many skilled and experienced staff and many areas identified are currently being addressed. To support staff in their work, [Appendix 1: Resource Guide](#), provides additional supporting practice, examples, and research in applicable areas.

Community Values: Expanding Community Capacity

DOCR Strategic Plan Goal 3 - Leveraging resources, engaging communities, and improving lives.

Big Picture: To expand community capacity a new position in DOCR is needed to identify, track, and increase community partnerships, programs, and services. Priority consideration must include identifying services and community resources for justice-involved Native Americans. Parole and probation will need to work with HR and training to develop a hiring/training scheduling to add additional officers/case managers to reduce caseload ratios and keep up with increasing demand in the community. Goal is to average 40 clients per caseload with medium and high-risk/needs. Probation and parole, along with adult services must collaborate to engage in updating the assessment and case management process and protocols- creating a unified IT system to share information across the department. Additional training is needed in specialized areas such as gender-responsive and trauma-informed approaches.

Strengths
<ul style="list-style-type: none"> • DJS has developed a successful model to densify YCC and increase community supervision alternatives
<ul style="list-style-type: none"> • Parole and probation are using data to inform practice and identify barriers to successful reentry. <ul style="list-style-type: none"> ○ <i>For example, a pilot supervision program for 18-24-year-olds was initiated to address trends related to high revocation rates for this age group.</i>
<ul style="list-style-type: none"> • DOCR uses a validated tool to assess risk levels and treatment needs, and an individual case management plan is used to match people to appropriate supervision levels in the community.
<ul style="list-style-type: none"> • Parole and probation staff are well trained on many important skills such as EPICs and the administration of LSI-R.
<ul style="list-style-type: none"> • Due to COVID-19, the department has been able to pilot releases of certain individuals back into the community with success, serving as an early indicator that de-densifying the prisons can be achieved.
<ul style="list-style-type: none"> • Free through Recover (FTR) is an example of a promising community-based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system with behavioral health concerns. The program offers care coordination, recovery services, and peer support to help participants access treatment and address barriers to individual success.
<ul style="list-style-type: none"> • Probation and parole are supporting a pre-trial pilot program with the goal of reducing incarceration, reduce criminal activity, and reduce failures to appear in court.

<i>Challenges/Opportunities</i>
<ul style="list-style-type: none"> • There is a lack of coordination across the state to track existing community-based services, including who provides them and what else is needed.
<ul style="list-style-type: none"> • Some services are difficult to access due to the state's geography and lack of credentialed personnel to provide specialized services, particularly mental health services.
<ul style="list-style-type: none"> • Caseloads are high for probation and parole officers, with caseloads around 70 clients per officer.
<ul style="list-style-type: none"> • Staff reported a lack of coordination from when a resident is released from prison into community supervision- including assessment information, family engagement, and reentry planning before release.
<ul style="list-style-type: none"> • There is no cap to the number of clients placed on community supervision, which can overwhelm the system and create ongoing capacity challenges.
<ul style="list-style-type: none"> • Technology poses a significant challenge for DOCR there are two independent client information management systems are currently operating. This contributes to a disconnect concerning sharing client information across settings, but it has enormous implications for agency-wide data collection and analysis. <ul style="list-style-type: none"> ○ <i>Example: The FTR is a pay for performance program, and the provider receives a reward for each client that can achieve three of four outcomes. This has proved challenging as it is difficult to establish performance outcomes, monitor progress, and keep a record with sufficient detail in the current database.</i>
<ul style="list-style-type: none"> • The supervision plan is a static document making it difficult to determine client success in real time concerning identified goals and targets. Extracting performance indicators such as number of contacts with service providers from a narrative report is challenging.
<ul style="list-style-type: none"> • Links to community resources in remote areas of the state are limited and the lack of resources pose a significant challenge particularly for clients with a history of sexual offending, mental health, or behavioral health issues.
<ul style="list-style-type: none"> • Client and staff interviews revealed inconsistencies in the use of sanctions for noncompliance. Several officers were described as helpful and supportive while others were described as punitive and working intentionally to catch people doing something wrong.

Community Capacity: Priority Recommendations
<ul style="list-style-type: none">• Add a community liaison position to identify current partnerships, increase and address gaps of needed programs and services in the community to expand capacity, and track outcomes.
<ul style="list-style-type: none">• Work with human resources (HR) and training division to discuss a hiring/training schedule to add case managers/officers to address caseload levels.
<ul style="list-style-type: none">• Update case management protocols for probation and parole to reflect recommended changes in the assessment process, case management techniques, strategies, and an overall framework supporting a focus on strengths and dynamic factors that support reductions in recidivism.
<ul style="list-style-type: none">• Train parole and probation staff on gender-responsive and trauma-informed approaches (leverage virtual training resources where possible to maximize resources and build capacity).

Facility Conditions: Women Residents, Preferred Location

DOCR Strategic Plan Goal 2 – Provide facilities driven by forward-looking philosophy of care.

Big Picture: Women residents need to be housed in a facility closer to the communities where they are returning home upon release. While certain services and programs have become available through DWCRC, the issue of consistency, capacity, parity, and service delivery remains challenging. A significant part of DOCR’s vision is to provide “in-reach” programs and services that creates connections while residents are still incarcerated to support reentry. Visitation is also a priority for DOCR, particularly as women work to maintain and build connections with their children. Access to medical and mental health services can be expanded for women residents housed at YCC.

Strengths
<ul style="list-style-type: none"> • DOCR has a women's services director position to oversee women residents and will play a big role in transitioning women from DWCRC to YCC.
<ul style="list-style-type: none"> • DWCRC staff and leadership have added gender-responsive program opportunities to address trauma and reentry for women.
<ul style="list-style-type: none"> • The facility has vocation and education opportunities, including GED, welding, sewing, and construction.
<ul style="list-style-type: none"> • DWCRC added murals and decorations on the walls to help normalize the environment and contribute to a more trauma-informed space.
<ul style="list-style-type: none"> • DWCRC staff and leadership support DOCR's mission, making the facility an excellent site to pilot future community-based programs as women residents are moved to YCC.

Challenges/Opportunities	
<ul style="list-style-type: none"> • Physical plant limitations include limited program space, visitation space, and living spaces that are not consistent with normative correctional features. 	
<ul style="list-style-type: none"> • The facility's location is not well centralized based on where most women residents are coming from in the state, creating long distances for family visitation and lack of access to local community supports. <ul style="list-style-type: none"> ○ Table 4.1 highlights the top five counties from which women residents reside at the time of incarceration from 2008-2018. ○ The map in figure 4.2 shows a geographical location of those counties, with the star representing the approximate current location of DWCRC. 	
<ul style="list-style-type: none"> • Some video conferencing credits have been made available as part of the COVID-19 response to maintain a family connection; this is a temporary solution. <ul style="list-style-type: none"> ○ Research suggests that women residents benefit from receiving services in locations closer to their communities where they will be returning home to help support the reentry process.¹⁶ 	
<ul style="list-style-type: none"> • Women are moved frequently from DWCRC to other transitional facilities causing additional challenges including residents concerned with where they might be moved next, lack of continuity in programs, and breaks in building rapport and trust among staff members. 	

Table 0.1 Top Five Counties From Which Women Residents Reside At The Time of Incarceration From 2008-2018

	<i>BURLEIGH</i>	<i>CASS</i>	<i>MORTON</i>	<i>GRAND FORKS</i>	<i>RAMSEY</i>	<i>WARD</i>	<i>WILLIAMS</i>
2008	30.2%	20.1%	10.7%	6.5%	5.9%	0.0%	0.0%
2009	31.7%	12.6%	12.6%	10.2%	6.6%	0.0%	0.0%
2010	31.7%	8.9%	8.3%	9.4%	12.8%	0.0%	0.0%
2011	31.3%	10.9%	10.9%	6.8%	10.2%	0.0%	0.0%
2012	34.3%	0.0%	8.3%	7.9%	14.8%	9.3%	0.0%
2013	29.7%	11.3%	0.0%	8.7%	8.7%	13.3%	0.0%
2014	29.0%	13.5%	0.0%	10.7%	8.3%	13.1%	0.0%
2015	22.7%	12.4%	0.0%	11.4%	0.0%	14.4%	6.7%
2016	27.3%	10.7%	0.0%	14.4%	0.0%	14.1%	7.7%
2017	27.6%	10.7%	8.2%	9.1%	0.0%	14.1%	0.0%
2018	24.7%	12.8%	0.0%	10.8%	0.0%	13.2%	9.5%

Source: TMG 2020

¹⁶ Naser, R. L., and N. G. La Vigne. 2006. "Family Support in the Prisoner Reentry Process: Expectations and Realities." *Journal of Offender Rehabilitation* 43: 93–106.

DOCR Strategic Plan Goal 2 – Provide facilities driven by forward-looking philosophy of care. Goal 3 – Leveraging resources, engaging communities, improving lives.

Big Picture: A restorative justice model requires on integration of each aspect of a transformational framework and guides opportunities to better engage with victims, the incarcerated individual, families, and the community. Notably, the role of victim services can be expanded while working closely with the recommended community liaison position. Identifying ways to engage victims of crimes more proactively, providing additional resources, and identifying opportunities for restorative practices will enhance success. There is also significant opportunity to engage families of incarcerated individuals from sentencing to reentry. Stronger communication among DOCR and families is encouraged including supporting greater opportunities for visitation and to be part of reentry planning.

Strengths
<ul style="list-style-type: none"> • There are approximately 20 domestic violence services and shelters available to assist DOCR with locations across the state.
<ul style="list-style-type: none"> • Based on interviews with some community partners, there is a strong willingness to support residents, program staff, and reentry staff and access resources to support reentry.
<ul style="list-style-type: none"> • During interviews with community providers, there was excitement expressed at the opportunity to engage with DOCR more intentionally to assist incarcerated individuals and those returning to the community; however, they weren't sure who to engage with our reach out to from DOCR to form partnerships.
<ul style="list-style-type: none"> • Families expressed some positive experiences with case managers and probation officers. Felt like they cared about their family member and kept them informed.
<ul style="list-style-type: none"> • The DOCR currently collaborates with a community program that provides an opportunity for victim-offender dialogue.

Challenges/Opportunities
<ul style="list-style-type: none"> • The current role of victim services is limited in DOCR. More information and assistance could be provided related to notifications of court hearings, release dates, and opportunities for a victim and resident to be informed of the opportunity to initiate a dialogue or other restorative justice processes.

- Need a structured or consistent process of identifying (or passing information through the system) about past or current protective orders where the incarcerated individual is the protected party. Staff did report that there is some screening, but it is specific to the offender as the respondent or "offender."

- Need a structured or consistent process of identifying (or passing information through the system) about which community supports (outside of some mental health partners) the incarcerated individuals had previously worked with or received services from before incarceration.

- The community-based advocacy organizations (most specifically victim advocacy organizations) reported little to no collaboration with DOCR. One organization reported that their program participates in some "group work" with incarcerated women, but are not at all involved with developing supportive case planning during incarceration nor are they involved in any way in identifying advocacy supports (including culturally specific community advocacy or resources at the time of reentry planning or reentry.)

- Community based advocacy (especially victim advocacy organizations) also have collaborative partnerships with organizations that help support women with housing, employment, childcare, mental health, and culturally specific supports in the communities they service.
 - *Example: One organization highlighted the fact that many justice-involved women have not ever accessed the advocacy services in their community either because they didn't think they could (i.e. because they were justice involved) or because the abuser in their situation created a barrier to accessing the services which continues upon community reentry and the cycle starts all over again.*

- There is little to no support for male offenders who have domestic violence histories to work on those behaviors with their spouses/partners prior to reentry. Domestic violence advocacy programs can be a resource to work with victims during the resident's incarceration and families that choose to remain together once a sentence has been served.

- Themes from interviews with family members of justice-involved individuals included the following. *A more detailed list of themes can be found in [Appendix 1: Resource Guide](#).*
 - Challenges with communication between DOCR facilities and families including treatment of families during visitation, learning more about the current programs the resident is involved with and how to support those efforts, obstacles to phone calls and visitation due to location of facility, lack of reentry planning that involves family members.
 - Upon release, challenges include housing, transportation, helping children with incarcerated parents, programming and supports for family members such as family counseling, programs to address resident's past victimization and trauma, challenges with geographical distances to meet parole officers.

Restorative Justice: Priority Recommendations

- Develop a process to identify past community services and programs residents have used prior to incarceration. This information should be shared with the community liaison and victim services – with information on which programs/services were perceived as helpful, not helpful, or have caused further or additional trauma.¹⁷
- Consider establishing a workgroup to strengthen family engagement that includes facility staff, justice-involved families, parole and probation staff, community providers, and victim services.

¹⁷ <https://www.ncbi.nlm.nih.gov/books/NBK207191/>

Resident Profile, Risk and Needs: Assessment and Case Planning

DOCR Strategic Plan, Goal 4 – Promoting a culture of respect, dignity, and evidence-based practices.

Big Picture: Evidence-based, gender-responsive, and trauma-informed assessments and case planning are the vehicles that will move the department’s vision forward both in the facilities and in the community. Assessments must drive the dosage and types of services and programs the resident, client, or youth receive. Effective case planning requires meaningful one-on-one interactions that motivate and engage the resident based on their immediate needs, strengths, and goals. Case managers will require additional training, coaching, and oversight as they implement new protocols and work with clients/residents. There are existing models of case planning that can help guide practice and support positive outcomes. The department will need to train and hire additional staff in the facilities to ensure caseloads allow for appropriate and quality interactions. Recommended caseloads should average 40 residents per case manager – with some degree of variability based on level of need and specialized populations.

Strengths
<i>Women Residents</i>
<ul style="list-style-type: none"> • The Level of Service Inventory-Revised (LSI-R) was validated for use with women in the state approximately eight years ago, and a more recent validation study is currently underway.
<ul style="list-style-type: none"> • A team approach that includes the woman and professionals from various disciplines is promoted to ensure coordination and continuity of services within the institution and through transition into community supervision.
<ul style="list-style-type: none"> • Women residents are considered active members of the team and are involved in decision-making concerning prioritizing goals and setting action steps.
<ul style="list-style-type: none"> • When making a referral, deliberate efforts are made to introduce the woman directly to a service provider, provide detailed information about the service, and directly link the woman to natural supports in the community before leaving the facility.
<i>Men Residents</i>
<ul style="list-style-type: none"> • Participants in the male resident focus groups reported that their case managers were generally available (open-door policy) and continued with them until discharge from the facility or transition center where they were housed.
<ul style="list-style-type: none"> • The case manager is responsible for providing the parole board with a comprehensive summary of institutional behavior. The institutional summary includes a close look at attitudes and institutional

behavior, mental health indicators, participation and completion of treatment programs/job training education, and the parole plan.
General
<ul style="list-style-type: none"> • At the transition centers, each client is assigned a case manager who must meet with the clients weekly. Case Managers that work at the transition centers also facilitate programs such as Thinking for a Change.
<ul style="list-style-type: none"> • Results of the CPC suggest that the transition centers develop individualized case plans in conjunction with the clients. However, they do not appear to be routinely updated, and therefore it is difficult to determine if clients have completed goals and objectives.
<ul style="list-style-type: none"> • The transition centers also develop formal discharge or reentry plans for all clients. The plan includes information regarding client involvement in programs and services, progress in meeting identified problems and goals, and recommendations going forward, including community referrals.
<ul style="list-style-type: none"> • Over the last decade, the department has offered training in a variety of evidence-based practices, including Motivational Interviewing and Cognitive-Behavioral Intervention, which can be further adapted to provide effective case management. <ul style="list-style-type: none"> ○ For example, probation and parole officers as well as transition center staff receive formal training in a model referred to as EPICS. This model was initially created to enhance community supervision practices however, it could be adapted for case managers working in a facility setting.

Challenges/Opportunities
Women Residents
<ul style="list-style-type: none"> • Women residents expressed concerns about the orientation process. Citing that some staff were unresponsive to her need for information and did nothing to ease the discomfort and anxiety she experienced upon entering the facility.
<ul style="list-style-type: none"> • The LSI-R instrument does not assess many of the gender-responsive needs and strengths discussed above. <ul style="list-style-type: none"> ○ For example, staff expressed concern that the LSI-R does not sufficiently address the mental health needs of women and other relevant need areas.
<ul style="list-style-type: none"> • Beyond the risk score, which is used to guide placement decisions, there is no indication that the assessment information gathered at intake is accessed or utilized beyond the initial case plan development.

<ul style="list-style-type: none"> • Staff reported that it is difficult to provide women with information about resources available to them in the communities they are returning. This is related to the frequency in which they are transferred, the facility's location, and the fact that many women are returning to areas of the state that may be under-serviced.
<ul style="list-style-type: none"> • Several staff members who were interviewed suggested that the LSI-R's emotional/personal domain routinely emerged as a significant target for women. However, they are instructed to focus on the three dominant areas in the case plan: attitudes and orientation, peers and companions, and substance use.
<p><i>Men Residents</i></p>
<ul style="list-style-type: none"> • During interviews with male residents, it was repeatedly stated that institutional case managers – though accessible-could not provide information about community programs. <ul style="list-style-type: none"> ○ Case managers and counselors in the transition centers were described as more knowledgeable; however, information and details about community programs and resources were not readily available upon discharge.
<ul style="list-style-type: none"> • Case plans are developed by the case manager/counselor and with input from other disciplines, but it is not completed in collaboration with the client.
<ul style="list-style-type: none"> • Case managers from the facility prepare an institutional summary for parole clients, which is available on a client management system called ELITE. This information is not readily accessible by probation and parole who use a different system known as DOC STARRS. When possible, parole agents meet with the facility or transition case manager before release.
<p><i>General</i></p>
<ul style="list-style-type: none"> • Residents are informed about parole eligibility and expectations at intake. However, a focus on reentry does not occur until 120 days before a parole eligibility date.
<ul style="list-style-type: none"> • Caseloads for case managers in the facilities are high and will need to be reduced as the protocol for case management, and assessment is adjusted.
<ul style="list-style-type: none"> • DOCR does not have a formal screening process for trauma outside of PREA and mental health or treatment plans. There appears to be no screening process used to develop a trauma-informed case plan throughout incarceration, through reentry, and into community reentry. Some information is collected but not used to identify specific threats to future trauma, (or recurring abuse) previous community resources or partners, or culturally specific partners that might participate in effective wrap-around case planning.
<ul style="list-style-type: none"> • The LSI-R results are made available to facility and transition center staff but not easily accessed by probation and parole.
<ul style="list-style-type: none"> • Supplemental assessments for substance use and trauma are insufficient or not currently being conducted. At present, the primary tool used to assess substance use is the American Society of Addiction Medicine (ASAM) assessment.

- Resident strengths concerning personal and social capital are not assessed. The case plans provide a record of the major LSI-R domains and targets for intervention. They are not used in a dynamic way to support the change process.
- Though individualized case plans are developed, they are not routinely updated in the facility. This makes it difficult to monitor progress in real time, ensure that the client is achieving identified goals, and determine the impact of specific interventions.
- Results of the CPC suggest that the transition centers develop individualized case plans in conjunction with the clients. However, they do not appear to be routinely updated, and therefore it is difficult to determine if clients have completed goals and objectives.

Assessment and Case and Reentry Planning: Priority Recommendations

- Consider implementing a gender-responsive assessment tool such as the WRNA.
 - Note: DOCR is already underway in exploring a more appropriate tool for women residents.
- Develop an updated protocol for assessments and one for case planning.
 - Note: [Appendix 3: A Plan for Implementation](#) provides more detail on elements to consider when developing updated protocols.
 - Consider piloting protocols at YCC with the new minimum custody women as needed.
- Collaborate with HR and training to determine a phased hiring plan for additional case managers to improve caseloads to approximately 40 to 50 residents per case manager.
- Enhance reentry planning for all residents throughout the carceral process. Identify ways to address priority needs, including stable housing, employment, finances, family re-integration.

Programs and Services: Gender-responsive, Evidence-based Programs, Education, Vocation, and Medical and Mental Health Services

For this review, programs and services is a broad category that includes gender-responsive and evidence-based programs, education and vocation, and mental health and medical services. Medical and mental health services were reviewed based on access to these services. It is beyond this report's scope to review the quality of care.

DOCR Strategic Plan Goal 4 – Promoting a culture of respect, dignity, and evidence-based practice.

Big picture: DOCR offers several programs, educational, vocational opportunities. There is a need to expand capacity of these existing programs to decrease waitlists and address resident specific needs. There is also a need to add more evidence-based, gender-responsive, trauma-informed, and culturally competent programs for residents. It is critical for DOCR to implement programs that address specific needs of Native Americans. As the assessment process is refined and modified, DOCR must ensure programs are added to crosswalk with the specific needs identified by assessments.

There are promising medical and mental health services, and this review did not include quality of care, but rather access to services. As noted by DOCR staff and leadership, there is a constant need to hire qualified and credentialed professionals to provide mental health services. This gap continues to be problematic across the state and the department continues to use technology such as telemedicine to help address some of these needs. However, for residents returning to the community, mental health services remain a major concern.

Strengths
Programs
<ul style="list-style-type: none"> • Several of the programs offered at DWCRC, including Moving On, Seeking Safety, and Beyond Trauma are evidence-based, have been validated for women, and integrate cognitive-behavioral interventions with other complementary approaches that are trauma-informed, strength-based, and relational.
<ul style="list-style-type: none"> • DOCR created the Risk Responsive Reductions for Women (RRRW) program to address the needs of women more fully. <ul style="list-style-type: none"> ○ RRRW was developed to be open-ended. Women can start the program at the DWCRC and continue the program when transferred to the transition centers.
<ul style="list-style-type: none"> • At DWCRC, there are volunteer-led initiatives that are well received by the women. Most notably, the women residents commented on the opportunities for spiritual development and the TED talks. • For male facilities, there is a strong sense of collaboration, team support, and commitment across roles and responsibilities from staff working in the transition centers, Special Assistance Unit (SAU), Education and Vocational Services, and Transition Planning.

<ul style="list-style-type: none"> ○ Staff in these areas are cross-trained and appear to share in the successes at these sites. They are also described as extremely flexible, and this is most evident concerning the COVID-19 pandemic, where many staff were required to change how and where they delivered services.
<ul style="list-style-type: none"> ● Results of resident interviews in the men's facilities and two recent reviews conducted by the University of Cincinnati suggest that these programs are delivered with fidelity and are well-received by clients.
<ul style="list-style-type: none"> ● The male facilities deliver programs to address domestic violence, generalized violence, and reentry. These programs are not currently validated; however, they are based on an integrated cognitive-behavioral approach.
<ul style="list-style-type: none"> ● In the male facilities, DOCR has implemented a quality assurance protocol to assess facilitator adherence to program content, eligibility guidelines, and approach used. Recent audits (assessments) of fidelity suggest that staff adhere closely to the various treatment models.
<ul style="list-style-type: none"> ● The transition centers have a program completion rate beyond 70%, and results of the recent CPC reports (2019 - 2020) suggest that the centers target high and moderate risk clients. <ul style="list-style-type: none"> ○ The transition centers have protocols in place to reinforce participant behavior. They also have established guidelines included in their policy and procedures to address non-compliant behavior, including restrictions to the facility, extra work duties, denial of passes, a reduction in their level system, incident reports, loss of property, loss of phone, and removal from the program. ○ The transition centers have support from several community stakeholders. <ul style="list-style-type: none"> ▪ <i>For example:</i> BTC has relationships with the Bismarck Police Department, Burleigh/Morton County Detention Center, West Central Human Service Center, Burleigh County Social Services, Burleigh County Health, Free Through Recovery, and many food service employers. These stakeholders provide employment opportunities, medical and mental health services, medication management, counseling, and aftercare services. ▪ Centre Inc. has strong links to community resources, particularly in Fargo.
<p><i>Education/Vocation</i></p>
<ul style="list-style-type: none"> ● The state has adopted a mandatory policy for GED. During the orientation phase at DWCRC-educational background is verified, and individuals who do not have their GED are immediately eligible to work on this.
<ul style="list-style-type: none"> ● Individuals who require accommodation are assessed at this time, and depending on their needs, may be provided with the pre-GED course such as Read Right.
<ul style="list-style-type: none"> ● Vocational opportunities include certificates in carpentry and welding, and those these programs appear to be highly valued by the women. However, they are difficult to access.

<ul style="list-style-type: none"> • An innovative practice designed to screen individuals with dyslexia has been introduced recently. This ensures that individuals who require additional support and educational accommodation are identified more quickly.
<ul style="list-style-type: none"> • For men, during the orientation phase at NDSP, educational background is verified, and individuals who do not have their GED are immediately eligible to work on this. <ul style="list-style-type: none"> ○ It is estimated that 25-30% of DOCR residents do not have their GED upon entry into prison. At any given time, over 100 individuals are working on their GED.
<ul style="list-style-type: none"> • Over the last year, the DOCR has worked with Ashton State University to develop a formal MOU that will provide clients at NDSP and JRCC with opportunities to work on post-secondary courses. <ul style="list-style-type: none"> ○ Commencing in September 2020 the courses will be offered virtually and up to 100 tablets have been provided for students to work on approved courses. The education department is currently screening applicants, and it is anticipated that approximately 50 of the 100 students that can participate will be eligible for financial aid.
<ul style="list-style-type: none"> • Vocational opportunities are highly valued but also seen as very limited access for residents.
<ul style="list-style-type: none"> • Rough Riders Industries is a strong partner with DOCR and strives to provide residents with opportunities to learn from updated equipment/technology to ensure skills remain current and marketable in the workforce.
<p><i>Medical/Mental Health (Behavioral Health)</i></p>
<ul style="list-style-type: none"> • Staff selection to deliver the evidence-based programs is based on experience and education. For example, staff who deliver CBISA treatment must be licensed addiction counselor. Cases managers are assigned to instruct T4C as part of their duties.
<ul style="list-style-type: none"> • Mental health services are available at NDSP, JRCC, and MRCC. DOCR has invested strongly in developing a protocol for care that serves clients with mental health issues. Within the DOCR men's facilities a number of specialized programs are offered including: <ul style="list-style-type: none"> ○ Medically Assisted Treatment (MAT) ○ Sex Offender Treatment ○ Special Assistance Unit (SAU)
<ul style="list-style-type: none"> • The SAU has been established at JRCC. SAU is staffed by three human relations counselors (a Ph.D. Clinical Director, two social workers), a case manager, and five to six officers. The unit provides services to men who are diagnosed with serious mental illness.
<ul style="list-style-type: none"> • Behavioral health trained peer support specialist at NDSP to support other residents going through substance abuse recovery. That program is being expanded to other male facilities.

Challenges/Opportunities
<i>Programs</i>
<ul style="list-style-type: none"> • In collaboration with the University of Cincinnati, the department introduced several evidence-based and promising programs; however, these programs were not gender-responsive and did not integrate third-generation cognitive-behavioral strategies such as cognitive processing, mindfulness, trauma, and strengths-based intervention.
<ul style="list-style-type: none"> • For women residents, without exception, the staff and residents interviewed indicated the need to spend more time focusing on reentry. Insufficient time is spent working with women to build formal and informal relationships with family members and agencies to support success. This deficit is compounded by the frequency in which women are transferred to different facilities across the state.
<ul style="list-style-type: none"> • Even though Native American men and women are over-represented in the state, culturally relevant programs are not currently offered.
<ul style="list-style-type: none"> • Quality assurance procedures have been established for DOCR facilities and the transition centers; however, gender-responsive performance measures and audits have not been developed for women's programs and services.
<i>Education/Vocation</i>
<ul style="list-style-type: none"> • For women residents, while there are some options available to address educational and vocational needs, these are limited to basic education (GED) and several vocational certificates with limited access.
<ul style="list-style-type: none"> • Rough Riders Industries could expand their operations. However, space in the facilities is limited. YCC may be a good option moving forward to expand RRI and offer additional vocations to women residents who will be moved there over the next several years.
<i>Medical/Mental Health (Behavioral Health)</i>
<ul style="list-style-type: none"> • For women residents, mandatory treatment programs needed for parole like CBISA were reported to have waiting lists.
<ul style="list-style-type: none"> • Medical services are available at DWCRC infirmary; however, the facility's location presents several challenges and obstacles for women who go into labor or who have acute medical needs. The closest hospital is 30 minutes from the facility.
<ul style="list-style-type: none"> • CBISA aftercare is automatically provided to individuals with substance abuse problems. However, the aftercare program is not designed to address the specific needs of the individual.
<ul style="list-style-type: none"> • There are limited community resources across the state to support residents' stabilization needs with severe mental health issues and a history of sexual offending and violence.

<ul style="list-style-type: none"> • The department struggles to find adequate staffing particularly in areas like Jamestown where there are not enough licensed substance abuse counselors. Substance use licensure is required for many positions and can prohibit hiring generalists such as advanced clinical specialists.
<ul style="list-style-type: none"> • Medical and psychiatric services are provided by the Health Authority. Staff interviews revealed it is difficult to attract medical personnel to work with correctional clients.
<ul style="list-style-type: none"> • At the present time, most services that do not require acute care are offered through tele-health which can limit clients from forming a strong relationship with the practitioner.

Programs and Services: Priority Recommendations
<ul style="list-style-type: none"> • Develop culturally specific programming, interventions, supports, and resources in collaboration with Native American communities to address specific needs.¹⁸
<ul style="list-style-type: none"> • Introduce and administer a gender-responsive program assessment to determine adherence to gender-responsive principles and practices.
<ul style="list-style-type: none"> • Identify initial gender-responsive and evidence-based program options for women residents at YCC based on selection criteria for the first phase of women residents.
<ul style="list-style-type: none"> • Add more job readiness opportunities such as the Last Mile program, which provides coding and technology training to the incarcerated population across the United States. This non-profit program originated in 2010 at San Quentin State Prison, California, with the California Department of Corrections and Rehabilitation. It helps clients build relevant skills in technology and other areas to transition to productive employment more easily once they are out of prison.
<ul style="list-style-type: none"> • Increase vocational trades for women residents. The DOCR is working to expand vocational programs in the men's facilities using a model known as the "Vocational Village." This model has been adopted by several state agencies such as Michigan and was designed to give clients intensive, hands-on job training experience to prepare them for high-demand careers in the trades.
<ul style="list-style-type: none"> • Develop standards of care for both medical and mental health services to determine needs and improvements in these areas for women – especially as DOCR begins to supervise women at YCC.

¹⁸ The Correctional Service Canada has had some success in developing programs for indigenous clients. For example, researchers have found positive outcomes when Aboriginal clients participate in initiatives involving direct contact with their community. To achieve these outcomes, an enhanced focus should be placed on developing formal and informal relationships with elders and other supports within the client's community that will help to promote successful reintegration.

Employee Workforce Development: Wellness and Training

DOCR Strategic Plan Goal 1 – Improving the work experience for staff.

Big Picture: Employee wellness is more important than ever as staff have shouldered the impact of the pandemic for over eight months all while also enduring the normal stressors that come with working in correctional settings. There is an opportunity to add more local solutions to support employees. Some ideas have included renovated breakrooms for staff, site specific appreciation events, more staff initiatives focused on trauma and resilience, and additional supports provided by HR for new hires. The department continues to communicate with staff on a regular basis via email updates and messages of appreciation that seem well received. Related to training, as the department continues to expand community services, redefines case management, and modifies approaches to supervision, specialized training for staff is required. More dedicated trainers will be needed to meet demand and there is an opportunity to add more virtual training to expand capacity while managing training resources. The DOCR has already begun to expand virtual training options to determine long-term viability.

Strengths
<ul style="list-style-type: none"> • HR and staff development divisions work well together to ensure new employees are provided with appropriate training and support when starting their job with the department.
<ul style="list-style-type: none"> • HR continue to improve new employee orientation- working to ensure new staff are walked through the process and provided opportunities to meet with HR early in the onboarding process. <ul style="list-style-type: none"> ○ Moving forward, HR is hoping to meet with new employees six months into employment to check in with staff to support retention and wellness.
<ul style="list-style-type: none"> • The HR division brings all new hires into one room for at least a day to build camaraderie and hear from DOCR leadership in person. Staff said it helped reduce isolation since they will be working all over the state and maybe the only new hire for a certain area or facility.
<ul style="list-style-type: none"> • State employees who are supervisors now must complete one-to-ones with their staff to help document and discuss employee performance in a structured manner.
<ul style="list-style-type: none"> • DOCR has invested in supervisory training for newly promoted supervisors to strengthen supervisory skills and ensure supervisors understand their HR obligations in the new role.
<ul style="list-style-type: none"> • Staff development has created an innovative field officer training program to provide new officers with a combination of classroom and field training as part of the basic training process. This model helps staff apply what they are learning in a classroom more immediately and engages experienced staff in the onboarding process.
<ul style="list-style-type: none"> • More recently, the employee well-being advisory group was established and is made up of staff to focus on physical and emotional well-being.

<ul style="list-style-type: none"> • HR strives to be responsive to staff feedback. <ul style="list-style-type: none"> ○ Example: HR added two counselors as part of the employee assistance service with expertise on PTSD based on staff requests.
<ul style="list-style-type: none"> • They are currently working on developing a financial literacy program for staff and creating opportunities for bachelor's degrees for staff at discounted rates.
<ul style="list-style-type: none"> • Staff development is working with an app developer to communicate more regularly with staff and push out wellness messages.

Challenges/Opportunities
<ul style="list-style-type: none"> • During focus groups, some staff indicated that fulfilling the goal of dynamic security is very difficult when there is only one officer assigned to a larger dorm. Staff noted that sometimes this creates an "us" versus "them" mentality among case managers, unit managers, and security staff ranks. <ul style="list-style-type: none"> ○ Staff said that the units where staff work well as a team include the SAU and the behavior management dorm. In those examples, staffing is much more intensive than general population dorms allowing for better one-on-one interactions with residents while maintaining safety.
<ul style="list-style-type: none"> • Staff working in special units require training to ensure consistency with program guidelines. Unfortunately, staff turnover is high, and it can be difficult to ensure that all staff have base levels skills when they are transferred to other units or work in other facilities.
<ul style="list-style-type: none"> • Training space for employees is limited and dated, including limited physical plant space and limited technology capabilities. <ul style="list-style-type: none"> ○ Recently, the department did invest in equipment for control room simulations.
<ul style="list-style-type: none"> • The training department is small, and capacity is limited to provide training- they do an excellent job with limited resources, but as needs expand based on the Master Plan, dedicated trainers will be needed.
<ul style="list-style-type: none"> • Staffing challenges persist for specialized medical and mental health areas, including licensed addiction counselors, social workers, psychologists, licensed practical nurses, and dentists.
<ul style="list-style-type: none"> • For correctional staff, there is, on average, a 30% turnover rate. Most turnover is due largely because of the oil jobs that are lucrative-but tend to be cyclical.
<ul style="list-style-type: none"> • The HR is also small with limited capacity. Currently, there are four HR staff to serve nearly 1,000 employees.

<ul style="list-style-type: none"> • Retirement benefits for DOCR are not as strong as some other state agencies like highway patrol. HR is working to continue to strengthen retirement benefits to attract employees and support retention.
<ul style="list-style-type: none"> • The field training officer program is an innovative way to engage staff, however, the application process to be an FTO was said to be inconsistent.
<ul style="list-style-type: none"> • Wellness initiatives are limited at DOCR for employees. The state has a separate agency that offers employee assistance. <ul style="list-style-type: none"> ○ More recently, DOCR started a monthly newsletter to recognize employees and live stream videos with updates and information.
<ul style="list-style-type: none"> • Staff training in gender-responsive practices and trauma-informed care is not currently available.

Employee Workforce Development: Priority Recommendations
<ul style="list-style-type: none"> • Coordinate with Parole and Probation to develop a phased hiring plan for case managers, prioritizing probation and parole needs first.
<ul style="list-style-type: none"> • As part of the strategic plan, staff development and training should collaborate with the women's services director to develop a training plan for YCC staff who will be supervising women residents. <ul style="list-style-type: none"> ○ This is a good opportunity for cross-training and engaging both security and non-security staff, and potential community providers in select training. ○ Ensure training includes gender-responsive and trauma-informed practices for women residents. Some staff at YCC have already been exposed to related content and will be a good resource.
<ul style="list-style-type: none"> • Consider an employee outreach campaign to gather feedback on current wellness strategies that work well and ideas to continue to strengthen this area. <ul style="list-style-type: none"> ○ An employee survey using the new app may be one way to test new technology and to quickly gather feedback using short polls and interactive features.

Youth Services: Community, Programs and Services

Big Picture: DJS is further along in its mission and organization in reaching many of the goals that have been identified as shared objectives for the adult female and male populations. Those goals being (1) reduce and de-densify the residential in-custody population, (2) strengthen the community resources, programs and services available throughout the state so as to limit the number of space needed for long term confinement, and 3) to de-centralize the reliance on YCC as ‘last resorts’ of quality treatment options by strengthening the state’s overall capacity to manage the needs of the state’s justice involved population. At this stage, DJS is focused on addressing “upstream” issues and barriers for youth in community settings. Priorities moving forward should include more training and support to community providers to address behavior management issues that often bring youth back to YCC, investment in regional hubs or local “respite” spaces for youth and families, and to continue to partner with schools to provide services in the school setting as much as possible. DJS leadership is part of a state-wide working group to update state codes that will help continue to support the best outcome for youth in the State.

Strengths
<ul style="list-style-type: none"> • COVID-19 has helped to expediate de-densification for DJS and allowed for ongoing creative community-based solutions for youth.
<ul style="list-style-type: none"> • DJS staff appear highly dedicated and well prepared to be able to support the needs of the youth.
<ul style="list-style-type: none"> • Under the current system, the juvenile correctional specialists (JCS) can efficiently administer an assessment and determine a youth's typology and COMPAS risk level and make a recommendation for placement and treatment that does not rely on a youth being committed to the YCC.
<ul style="list-style-type: none"> • Treatment plans are designed to be portable if the youth relationship with the treatment site cannot be maintained allowing for continuity in case management.
<ul style="list-style-type: none"> • JCS supervisors manage state partnerships, expand community involvement and work with the youth in their communities. The community supervision director for juveniles maintains a clear network and list of community partners and stakeholders.
<ul style="list-style-type: none"> • DJS' process allows for the reduction of youth in the pipeline for residential in-custody placements, and aligns with national best practice by limiting commitment to youth prisons to only youth who have committed serious offenses and pose clear and demonstrable risks to public safety.¹⁹

¹⁹ Harvard Kennedy School, McCarthy, P., Schiraldi, V., and Shark, M. (2016). New Thinking in Community Corrections: The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model Executive Session on Community Corrections. <https://www.ncjrs.gov/pdffiles1/nij/250142.pdf>

- Based on February 2020 discussions, the average length of stay in the YCC was between six and seven months, with the shortest stays falling somewhere between 21-30 days
- DJS has worked to improve programs and services to girls housed at YCC. Generally, girls represent a small number of the total youth population at the facility and gender-specific programming can be challenging. However, DJS has worked to address this challenge with self-paced manual guides for certain programs and creating normative living spaces for girls.

Challenges/Opportunities

- There is a gap for residential county facilities and other community programs to adequately address behavioral issues.
 - For example: It was cited that it is the programs that lacked adequate capacity to address behavioral management issues are the ones feeding most of the YCC population, specifically for youth that do not meet the definition of a category three ("Under-Controlled Serious Delinquent A") or category six ("Under Controlled Violent Delinquent B")²⁰ typology.
- Youth in need of services such as addiction counselors, family therapy, and resources to deal with abuse and neglect and particularly youth that can be stabilized but then have no permanent housing option and end up in the foster system, are often sent to YCC due to lack of housing options.
- The current physical plant at YCC is large for the small number of youths. The preferred option for the Master Plan suggests eventually building a smaller facility dedicated to youth at an alternative location.
- DJS continues to struggle some with negative public perception or "stigma" associated with justice-involved youth that can create challenges when looking for services or programs for the youth in the community.
- While DJS would like to implement regional "hubs" to help manage youth more locally, this model will not be as effective with girls due to the small number of girls in the system. In some hubs you may have only one girl, which can be isolating and difficult to provide the appropriate services.
- Similar to the adult division, DJS does have challenges finding credentialed staff in more rural areas to provide needed services.
 - At the time of the February 2020 visit, addiction counseling availability was scarce at best with HOTR having two available addiction counselors and the YCC having two available addiction counselors.
- There are some unique challenges with youth in the "in-between" zone (17-24-year-old range) in terms of providing services to address their needs while keeping them in the community.

²⁰ COMPAS Typology Classroom Guide

<ul style="list-style-type: none"> • The privately run facilities are seemingly able to "pick and choose" which youth they want to treat – creating challenges to serve youth who are not accepted to certain facilities.
<ul style="list-style-type: none"> • There are limited beds for juvenile sex offenders in the community, or they could be placed at the YCC. However, there is no sex offender treatment available at the YCC. <ul style="list-style-type: none"> ○ The JCS is required to develop the treatment plan and the safety plan and locate a place for the youth to live post release, while trying to manage community concerns.
<ul style="list-style-type: none"> • There is a gap in providing gender-responsive and culturally competent programs and services for girls and Native American youth. <ul style="list-style-type: none"> ○ <i>For example: Justice-involved Native American youth come from many different environments and communities. Some youth are from cities, while others may be from tribal communities, creating the need for highly individualized services.</i>
<ul style="list-style-type: none"> • Community providers would benefit from additional gender-responsive and trauma-informed training to support their work with youth- with special attention to issues such as trafficking, past victimization and trauma, and domestic abuse.

Youth Services: Priority Recommendations
<ul style="list-style-type: none"> • Continue to coordinate with women's services to transform YCC to a dual campus mission for women residents and youth. <ul style="list-style-type: none"> ○ Participate in strategic planning ○ Identify staff who may be strong FTOs to help train new staff. ○ Develop a dual campus schedule for education, programs, recreation, food service, and vocational opportunities.
<ul style="list-style-type: none"> • Identify possible locations for state run facilities such as Therapeutic Foster Care, and other centers or "hubs" where family therapy and addiction treatment could be administered in the community where the youth reside. <ul style="list-style-type: none"> ○ Minot was suggested as a potential location for a "hub", and there have been discussions for adding at least four "hubs" in different places in the state.
<ul style="list-style-type: none"> • Determine if virtual training with community partners is viable to provide specialized training on critical issues that DJS staff identify across the state (trauma, gender-responsive, behavior management strategies, etc.)
<ul style="list-style-type: none"> • As community options expand, continue to provide appropriate oversight and quality assurance for community-based programs to track outcomes and monitor services that work well or need to be modified for better outcomes with the youth.

Section Summary and Looking Forward

The level of specificity provided in this section is a result of the considerable input of the many contributors to our team's understanding of the department's vision. Integrating this valuable input throughout the planning process is reflected in the resulting description of development options for capital planning in the following section.

Section Five: Development Options

Of the four correctional facilities operated by the DOCR, three were specifically designed for a correctional purpose: NDSP, MRCC, and YCC. Two of these three, MRCC and YCC, are specialized institutions for low-risk adults and juveniles. Another DOCR operated facility, JRCC is a former state mental hospital, was not designed for correctional purposes. The DWCRC was never intended to be a correctional facility and is not operated by DOCR staff. Therefore, only the NDSP is a facility designed to house adult high and medium-security inmates.

On the one hand, the DOCR is fortunate to operate a system with approximately 2,000 residents in the past with only one purpose-designed adult correctional institution. Conversely, to accomplish the mission of "transforming lives, influencing change, and strengthening communities," the facilities that incarcerate residents need to be able to transform, influence, and strengthen in ways that foster communications and discourage antisocial behavior. While this is possible to achieve in the existing physical infrastructure, the physical environment influences residents' and staff's behavioral responses.²¹

The commitment of the DOCR to engaging residents in programs and services within a secure setting has resulted in a well-maintained infrastructure. This is not to suggest that the deferred maintenance need is non-existent. As noted earlier, the state faces a non-funded deferred maintenance liability of \$13-19 million for largely life-cycle upgrades that occur in any physical asset. Any investment strategy must include a plan to address the deferred maintenance problems and the funding of replacement bed spaces and repurposing of the existing infrastructure to meet the stated mission and vision of the DOCR. This strategy requires a framework that is fostered by a vision and resources to achieve the vision.

A Strategic Framework for Development

Before a framework for future capital and operational investment needs can be articulated, a few metrics should be understood:

- The state's population was reported in 2020 to be **824,344** and projected to be **931,506** in 2030.
- In 2020, the average number of adults incarcerated pre-COVID-19 was projected to be **1,822**, or an incarceration rate of **211** per 100,000.
- If this incarceration rate remains unchanged for ten years, the ADP would be **1,965** in-custody adults based on the projected state population. Various statistical models in this Master Plan placed the bed space need in 2030 between **2,074** and **2,475**.
- At the peak of COVID-19 releases, the ADP was reduced by approximately **10%**.
- However, prior to the pandemic, the state had initiated focus on extending the community corrections programs through assigning more residents to alternative sanctions. The Master Plan, therefore, is based on **1,100** incarcerated adults and **36** juveniles. Currently, the DOCR contracts for an additional **496** adult placements in community-based residential facilities. The Master Plan anticipates this number increasing by 20-25%.

²¹ Do Better Prisons Reduce Recidivism; Evidence from a Prison Construction Program; Santiago Tobon; Universidad EAFIT, Department of Economics, stobonz@eafit.edu.co; February 26, 2020

- The in-custody juvenile population has declined from **80** to **24** in the last decade. No increases have been predicted for the next decade.
- The state has a total of **1,463** DOCR managed adult male bed spaces, **124** contracted female bed spaces, and **496** contracted community-based bed spaces for a total of **2,203** bed spaces.
- Excluding DOCR Central Office, probation and parole, contract staff at DWCRC, and Juvenile Division staff, **598** staff manage the in-custody residents, for a ratio of residents to staff of **2.95:1**.
- The number of juvenile bed spaces is **100**. The current number of in-custody youth is 24.
- The total staff assigned to the Juvenile Division is **168** or a staff to juvenile ratio of **1.68:1**.
- In August 2020, the number of persons assigned to probation or parole was **6,726** or **3.7** for every in-custody resident. Approximately **100** juveniles are on probation, or **4.0** for every juvenile in custody.
- The total full and part-time adult probation and parole staff is **115** or a ratio of placements to total staff of **58.5: 1**. Considering those staff directly involved in field-based case management, the ratio is closer to **80:1**.

These summary metrics are important since the overarching goal for the future of adult and youth corrections in North Dakota is to manage the anticipated changes in custodial and community-based needs with the physical and human resources that exist. This does not imply new construction is not required but the result should be no net new beds. For staff, the goal is to manage the system with as close to existing staff numbers as feasible in the existing institutions. The Master Plan framework acknowledges this aspiration.

Four distinct components of the correctional system are addressed in the Master Plan: (1) adult women; (2) juveniles; (3) adult men; and (4) probation and parole. While all four are under the organizational umbrella of the DOCR, the capital and operating resources and needs differ. The operating cost will be addressed later in this document as being a critical component of the total cost of transformation but the focus of this section is the capital needs to improve, repurpose, and/or replace the facility infrastructure. The departmental mission, *transforming lives, influencing change, and strengthening communities*, serves all four components even though the approach to achieving this mission will differ.

The series of visioning sessions provided clarification regarding the aims of the DOCR in meeting the mission. Over several days, each major operational component was discussed in the context of current services provided and the supporting physical environment. The discussions addressed not only the way business is currently done (inertia) but also the aspirations for improvement (initiative). This process, coupled with site visits that assessed the current condition of the facilities and obstacles and opportunities for improvements, provided a framework within which capital development options could be evaluated.

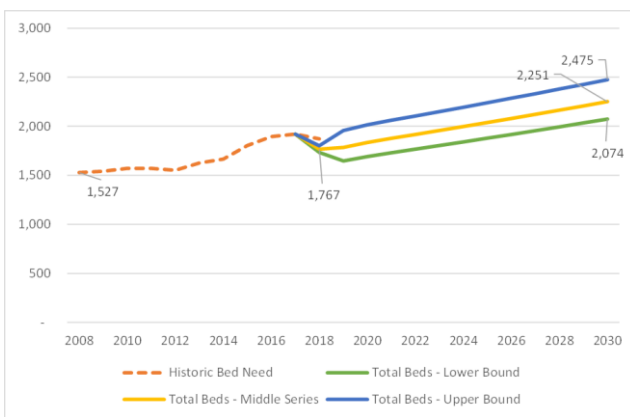
In the consideration of future capital needs, several assumptions guided the analysis of the best use of existing facilities and additional infrastructure:

1. The state's ability to fund a large capital expenditure for the next several fiscal years is limited due to current economic conditions.
2. The overarching goal of the Master Plan will be to manage the future incarceration, probation, and parole needs without a net increase in beds or DOCR staff.
3. To improve access to community and DOCR resources, the women will be moved from DWCRC as soon as reasonably feasible and relocated closer to Bismarck.

4. Although access to qualified staff is compromised due to the remote location, closure of the JRCC is not an option and the facility will continue to be used in some fashion as a men's facility.
5. The in-custody juvenile needs have stabilized at less than 40 per day and alternative forms of community supervision will remain necessary for at-risk youth.
6. The YCC can be repurposed for a lower population to include both juveniles and adults.
7. The NDSP will remain the center of the adult male population with a focus on residents with longer sentences and/or higher custody classifications. Deferred maintenance must be addressed sooner rather than later.
8. The MRCC can remain in operation for another ten or more years with substantial improvements or replacement of specific buildings and the de-densifying of dormitory population. Alternately, the property could be sold, or a replacement facility located at the site.
9. Training, especially gender-responsive requirements, will increase and will be improved by designating or developing a dedicated system-wide training center in a centralized location.
10. Community probation facilities can be leased but need to be addressed as a part of an expanded community corrections initiative. While the current 17 office locations could be reduced through more remote work by staff, the decision should also be based on proximity of probationers to services through these offices.
11. Resources and priorities have shifted for DOCR due to COVID-19, including budget cuts for the state. The phasing for the options should reflect the new realities brought on by the impact of the pandemic and changes in the oil pipeline construction. Nonetheless, the ten-year bed space needs are based on 100 women, 1,100 men, and 24 juveniles, and approximately 500 adults and 75 juveniles in community supervision programs.

Prior to the COVID-19 pandemic, as shown in figure 5.1, the 2030 bed space projections suggested a need for approximately 1,900 adult male and 200 females and 75 juveniles under the direct control of the DOCR.

Figure 0.1 Pre-COVID-19 Bed Space Projections



Since 2017, the DOCR had been reducing the average number of in-custody adult and juvenile residents by using more community corrections options.

The 90 to 175 resident reductions in average daily population due to the COVID-19 health crisis was in addition to the already in-place community options. Therefore, some adjustments to the future adult bed space need is possible but would not substantially alter the basis for strategic capital planning. The decline in the need for juvenile bed spaces is expected

to continue due to the continued emphasis on community-based alternatives.

Two major factors will influence the requirements for beds in the future: (1) continuation of assigning 15-20% of the ADP to community-based options; and (2) sustaining the 90-175 average daily reductions implemented during the COVID-19 crisis. Another very aggressive scenario was offered in the report

entitled *Blueprint for Smart Justice* prepared by the America Civil Liberties Union that suggested that through the implementation of many legislative and policy changes, the state's prison population could be reduced to less than 800.²² Thus far, the Legislature and the DOCR has not officially responded to the recommendations in the report. Implementing only a portion of the sentencing reform measures, however, could significantly reduce the length of confinement and, therefore, the ADP.

Using a combination of DOCR managed and contracted resources, the state has physical resources to meet the current bed space requirements as shown in table 5.1.

Table 0.1 Current Pre-COVID-19 Bed Space Capacity

Facility	Operating Capacity (pre-COVID)	Current DOCR FTE Staffing	Temp Staff	Total Budgeted Staff
DOCR Central Office				
Headquarters Staff	-	16.00	2.88	18.88
Board Staff	-	-	1.26	1.26
	-	16.00	4.14	20.14
Probation and Parole				
Youth Probation & Parole	-	4.00	-	4.00
Adult Probation & Parole	-	94.00	21.00	115.00
	-	98.00	21.00	119.00
DOCR Operated Facilities				
North Dakota State Penitentiary (NDSP)	779	291.52	16.34	308
James River Correctional Center (JRCC), including Tompkins	497	219.73	17.33	237
Missouri River Correctional Center (MRCC)	187	49.86	3.00	53
Youth Correctional Center (YCC)	100	100.30	3.54	104
	1,563	661.41	40.21	702
Contracted Facilities				
Dakota Women's Correctional and Rehabilitation Center (DWCRC)	124	1.00	-	-
Lake Region Residential Reentry Center, Devils Lake	28	n/a	n/a	n/a
Bismarck Transitional Center	165	n/a	n/a	n/a
Mandan Centre	76	n/a	n/a	n/a
Fargo Centre	169	n/a	n/a	n/a
Grand Forks Centre	28	n/a	n/a	n/a
TASC	30	n/a	n/a	n/a
	620	1.00	-	-
DOCR Correctional System Staff	2,183	662.41	65.35	841
Source: DOCR Budget for FY 2019; Staffing disaggregations by CGL Companies; August 2020				
Notes:				
1. The Lake Region RRC dedicates 20 beds to male and 8 beds to female residents.				
2. The Bismarck Transitional Center dedicates 105 beds to male and 60 beds to female residents.				
3. The Mandan Centre dedicates 48 beds to male and 28 beds to female residents.				
4. The Fargo Centre dedicates 97 beds to male and 72 beds to female residents.				

²² Blueprint for Smart Justice; ACLU; 2019

Referring to this table, at the present time, DOCR has the capacity to incarcerate 1,463 men in three facilities and an additional 298 in contracted facilities. For women, a total of 348 beds are available in managed and contracted beds. In total, the state has 2,183 beds that are accessible for use, of which 70% are managed by DOCR staff.

While correcting the critical \$13 to 19 million deferred maintenance needs should be a priority, with these corrections, the existing facilities can accommodate the anticipated growth. The NDSP and JRCC should continue to serve as the predominant male institutions with higher custody men continued to be assigned to NDSP. The emphasis at NDSP should be an emphasis on reducing the double occupancy of cells. Ideally, the population at NDSP should target 500-600 residents by 2030.

Although the location in Jamestown presents challenges for community connections for the residents, JRCC remains a viable treatment-focused facility for medium custody residents. With the inclusion of JRMU, the progression from treatment and skills development to reentry preparation is enhanced. The total population at JRCC should be capped at 300-400.

The remaining bed space needs for men can be met through minimum custody (MRCC) and community-based alternatives. While the MRCC has incarcerated as many as 200 men, the future use of the facility should be based on a capacity of 100-125.

In addition to these adult male facilities, the DOCR has contracts with non-profit organizations to operate approximately 150 beds. These beds are in addition to the bed space counts in the preceding paragraphs but are a valuable resource for transitioning residents back to the community and should be sustained and expanded to become integrated with a comprehensive community corrections program.

The strategic recommendation for men is to place 400-500 residents in various intensive supervision community-based programs that would directly impact the incarcerated population and improve the opportunity for a successful reentry into the community. Existing probation and parole offices should be expanded to include additional services such as day reporting, electronic monitoring, and regularly scheduled counseling programs. While the capital impact is minimal of the community-based component of the Master Plan, additional staff resources will be essential.

By far, the most pressing need is for female residents. The DWCR is, at best, a short-range solution. While the statistical model projects a 2030 need of 210 women, the Master Plan is based on an incarcerated female population of 100 and the remainder assigned to community-based alternatives. The highest capital priority is a permanent location for the incarcerated women at a location other than New England.

The YCC has served as the juvenile facility for decades. Due to significant efforts, the need for juvenile bed spaces has declined dramatically such that the 2030 need for incarcerated juveniles is 40, or less, bringing into question if the YCC with a bed space capacity in excess of 100 is best used for juveniles in the future.

The options were developed based on the foundation that all existing DOCR operated facilities are well maintained and suitable for meeting the transformational goals of the state. Using the strategic basis noted above, two options were explored.

Basis for the Options

Two basic options emerged from this framework that began with a focus on relocating women from New England to a location that is closer to the families of the women and to community resources. Solving the relocation of women requires a capital investment early in the ten-year plan either in a new facility or repurposing an existing one(s). Once the women are relocated, the remaining steps towards a modernized correctional system can assume one of several directions.

YCC

Regardless of which option the state selects, existing facilities will continue to represent the backbone of the future, and especially the YCC. This campus represents considerable potential for a continued downsized juvenile use, women, and potentially as a reentry facility for women or men.

Table 0.2 Current Room/Cells at YCC

Cottage	Rooms	Cells w/Toilet & lav.	Total Beds
Maple Cottage	13	2	15
Hickory Cottage	29	2	31
Pine Cottage	-	25	25
Brown Cottage	16	-	16
Totals	58	29	87

Source: DOCR; August 2020

The four cottages dedicated to housing are suitable for low to medium custody residents with a room and cell combination illustrated in table 5.2. Of the 87 total sleeping spaces, 29 include a toilet and lavatory while the remaining 58 are "dry" which requires a staff member's assistance for a resident to gain access to a bathroom. Although the capacity definition indicates that the YCC has 120 available beds (approximately 50% above design capacity) using cots in selected rooms, the juvenile bed space requirements has not reached 120 in years.

Going forward the recommendation is to base the future development options on a capacity of 100, which applies to either a continued juvenile or an adult use. As will be noted, some upgrades will be necessary in the cottages and support structures to ready the YCC for continued use, but the infrastructure, location, and community acceptance portends well for a continued correctional use. To reach 100 beds would require double occupancy of 22% of the 58 rooms as shown in table 5.3.

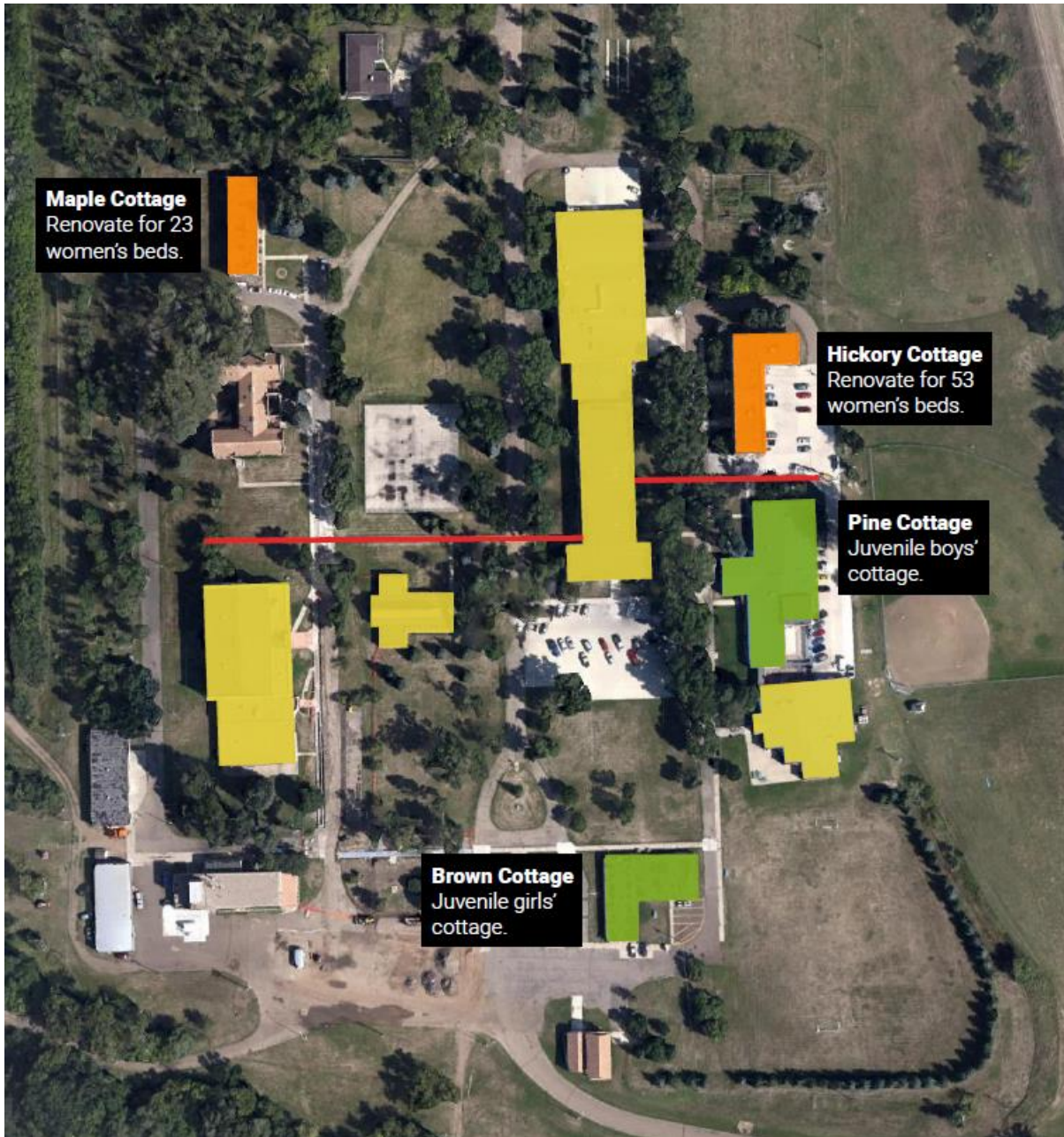
Table 0.3 Possible Allocation of Cells, Single, and Double Rooms

Cottage	Proposed Single Rooms	Proposed Double Rooms	Cells w/Toilet & lav.	Total Beds
Maple Cottage	10	3	2	18
Hickory Cottage	25	4	2	35
Pine Cottage	-	-	25	25
Brown Cottage	10	6	-	22
Totals	45	13	29	100

Source: DOCR; August 2020

In figure 5.2, the recommended future allocation of beds per cottage is shown and applies to both options. If the YCC is used as a juvenile and adult women campus as an interim step to relocate minimum custody women from DWCRS closer to Bismarck, a privacy fence will be necessary to meet the requirements for sight separation and PREA guidelines. This visual barrier can be temporary and removed when another location is found for juveniles.

Figure 0.2 Suggested Bed Space Assignments for each YCC Cottage



Training Space

Another consistency between both options is the need to upgrade training capacity. At the present time, the central space for training is in the first level of the NDSP. While this space is adequate for the NDSP staff training needs, as the DOCR continues the complete transformation towards a dynamic security and normalized approach to management, additional space requirements will be necessary.

The additional staff training that will be necessary in both options and the space for such should be expanded and upgraded to reflect the increasing reliance on technology and remote learning. As noted,

the present location in the lower level of the Old Administration Building at NDSP is meeting current needs but will be inadequate as training needs expand in the next decade of transformation.

Ideally, the DOCR would consider a centralized site that would permit a range of meeting rooms, indoor and outdoor physical training venues, computer labs, mock-up cells and housing units, and office spaces. Like many geographically large states, DOCR should also consider a residential-based component where officers could remain in a bubble during the intensive training segments of their service. The possibility of sharing a training complex with other agencies should also be explored and become a high priority in future funding cycles.

New recruitment and in-service staff training are needed in all state agencies. Enforcement agencies, community supervision (including probation and parole), and correctional agencies all desire and need multi-purpose classroom-based, indoor physical training, and outdoor training spaces. The DOCR should explore the feasibility of sharing training space needs, especially residential-based training, with other state agencies.

Option 1

In **Option 1**, the focus is on using existing facilities to meet the long-term capital needs by upgrading these assets in stages. As will be shown, there are initial capital advantages to reusing existing facilities even though their age and condition limits the ability to offer state-of-the-art programs and services. However, all correctional systems face the decision as to whether the initial lower capital cost can match the potential operational savings that is inherent in purpose-built facilities, especially for special populations such as women and juveniles. Option 1 is based on maximizing the use of existing facilities.

Adult Women

The initial step is a phased transformation of the YCC campus to a women's facility. All the necessary components exist at the YCC and with minimal cost for upgrades to mainly the residential cottages, the remaining buildings are fit for purpose.

To initiate option 1, the privacy fence must be constructed across the campus to provide sight separation. While this approach is not a sound separation, the housing cottages are far enough apart as to limit any direct communication between the minimum custody women and the youth. Incarcerated juvenile girls will remain at the recently improved 16-room Brown Cottage that is capable of housing more than the current daily average of four to six girls.

After minor improvements to the Maple Cottage, up to 18 women could be transferred from the DWCRRC immediately to the YCC. Hickory Cottage with a bed space capability of 35 would be the next cottage readied for women, bringing the total to 53 in a very short timeframe. On a scheduled basis, the gym, chapel, food preparation, laundry, maintenance, and central energy services can be shared between the juveniles and women. DWCRRC would continue to house high security residents for the short-term, until the YCC campus is ready to house all women custody levels. Once women are moved from DWCRRC, we believe DWCRRC would serve as an excellent site for community-based programs and services, consistent with the recommended expansion of community supervision across the state.

The final 47 women to be transferred to YCC would depend upon the need, retrofit, and upgrade funding and schedule, and required approvals. With double occupancy of six rooms, Brown Cottage could

accommodate 22 women and Pine Cottage with 25 single cells could serve as special management housing.

The following summarizes the potential sequencing of cottage assignments for Option 1 that initially co-locates adult women and juvenile boys and girls on the YCC campus. By the second biennium when a new purpose-built juvenile facility is completed, YCC will be the women's facility for DOCR. All the steps below are proposed to be completed by the end of fiscal year 2025.

1. Construct temporary privacy fence across the middle of the campus.
2. Assign up to 18 minimum custody women from DWCR to Maple Cottage.
3. Use Pine Cottage for juvenile boys.
4. Use Brown Cottage for juvenile girls.
5. Assign up to 35 women to Hickory Cottage from DWCR.
6. Complete the construction of a new 20-bed juvenile facility and reassign all juveniles.
7. Move the remaining women from DWCR to the YCC.

Juveniles

While the transfer of the DWCR women to the YCC is staged to become a 100-bed women's campus, a 20-bed purpose-built juvenile facility for boys and girls should be constructed. This facility could be located adjacent to the YCC and utilize some of the services (food preparation, energy plant, medical) that exist to reduce the space requirements and cost of a new juvenile facility.

If the new juvenile facility is located on property adjacent to the existing YCC campus, the required sight and sound separations should be easily achievable. The advantage of a new juvenile facility is the scale of operation can be more easily paired with the significantly reduced juvenile population. While the YCC campus has served extremely well as a normative environment for incarcerated youth over several decades, the philosophy of care and custody for youth has shifted away from detention and separation and more towards a restorative model using community-based services. The campus remains a valuable asset, but not as the primary incarceration facility for juveniles.

Following the completion of a purpose-built juvenile facility, in subsequent phases, two eight to ten bed residential facilities should be considered for juveniles. The purpose of these residential facilities is to provide a community-based option for youth that require more intensive supervision for a short period of time. A high priority should be given to locating these two youth residences in Grand Forks and/or Fargo. Proceeding with these two residential facilities will be dependent upon the future needs for secure facilities. If the juvenile population continues to decline, one or both facilities may not be needed.

Table 5.4 presents an estimate of the types of functions and a suggestion of the square footage requirements for a 20-bed juvenile facility. These are minimum square footage suggestions and during more detailed planning that will include interviews with juvenile staff, these space allocations should be adjusted.

Table 0.4 Suggested Minimum Square Footage for Juvenile Facility

#	Building Components	BGSF/ Bed	Total BGSF	
1.000	ADMINISTRATION & SECURITY	90	1,800	
1.100	Reception/Visits	25	500	
1.200	Administration	25	500	
1.300	Staff Services	20	400	
1.400	Crisis Response Team	10	200	
1.500	Central Control	10	200	
2.000	YOUTH SERVICES	30	600	
2.100	Intake and Assessment	10	200	
2.200	Health Services	10	200	
2.300	Infirmery Housing	10	200	
3.000	PROGRAMS	215	4,300	
3.100	Academic Education	35	700	
3.200	Recreation	150	3,000	
3.300	Programs	30	600	
4.000	FOOD SERVICE	50	1,000	
4.100	Dining Facility	25	500	
4.200	Kitchen	25	500	
5.000	LIVING UNITS	20	185	3,700
5.100	Living Support		55	1,100
5.200	Boy's Living Area	16	130	2,080
5.300	Girl's Living Area	4	130	520
6.000	FACILITY SERVICES	30	600	
6.100	Receiving and Stores	15	300	
6.200	Maintenance/Grds. Keeping	15	300	
GRAND TOTAL JUVENILE CENTER		600	12,000	

Source: CGL; September, 2020

Adult Men

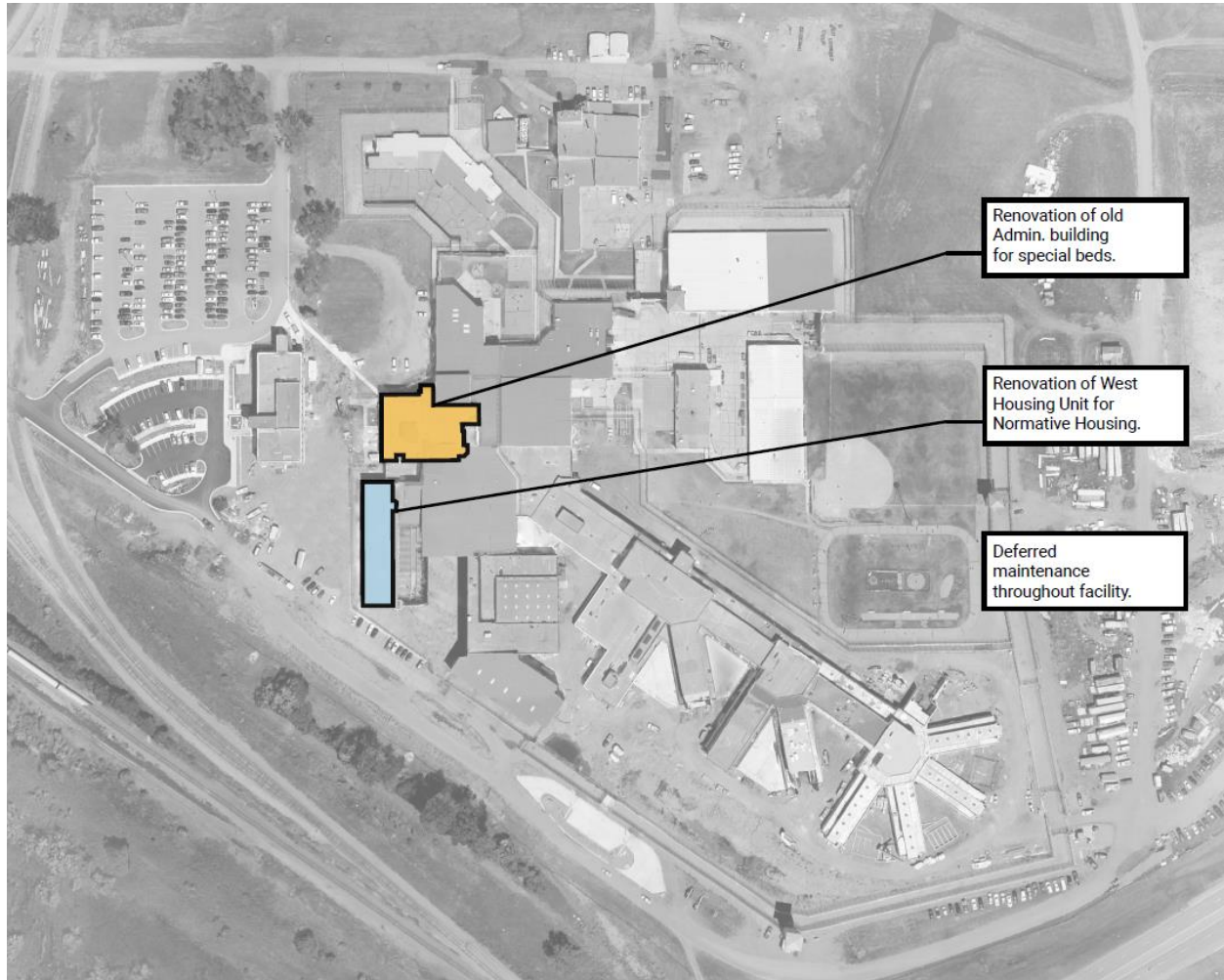
Once a solution for women and juveniles is achieved, the remainder of Option 1 focuses on the capital needs for men at the NDSP, JRCC, and MRCC but on a gradual schedule of capital expenditures. The NDSP will continue as the intake facility and primary medium and higher custody facility. Improvements to the NDSP are all internal with a repurposing of the unused Old Administration Area as overflow for infectious disease patients or other residents that require medical separation for a limited time.

NDSP

Towards the end of the ten-year Master Plan time horizon, the future use of the existing West Cell Housing Unit should be addressed. If the cells are still required to meet demand, interior improvements should be undertaken to: (1) improve the natural light along the exterior walls by replacing the windows; (2) replace the plumbing fixtures and cell furniture to reflect a more normalized approach; and (3) to the extent possible create more dayroom/association space on each floor by eliminating six cells per floor. This would

reduce the number of cells from 120 to 102. Cost and interruption of operations should direct the selection of a final solution. Figure 5.3 demonstrates the two main areas within the NDSP complex where upgrades are recommended.

Figure 0.3 Proposed NDSP Areas for Building Changes



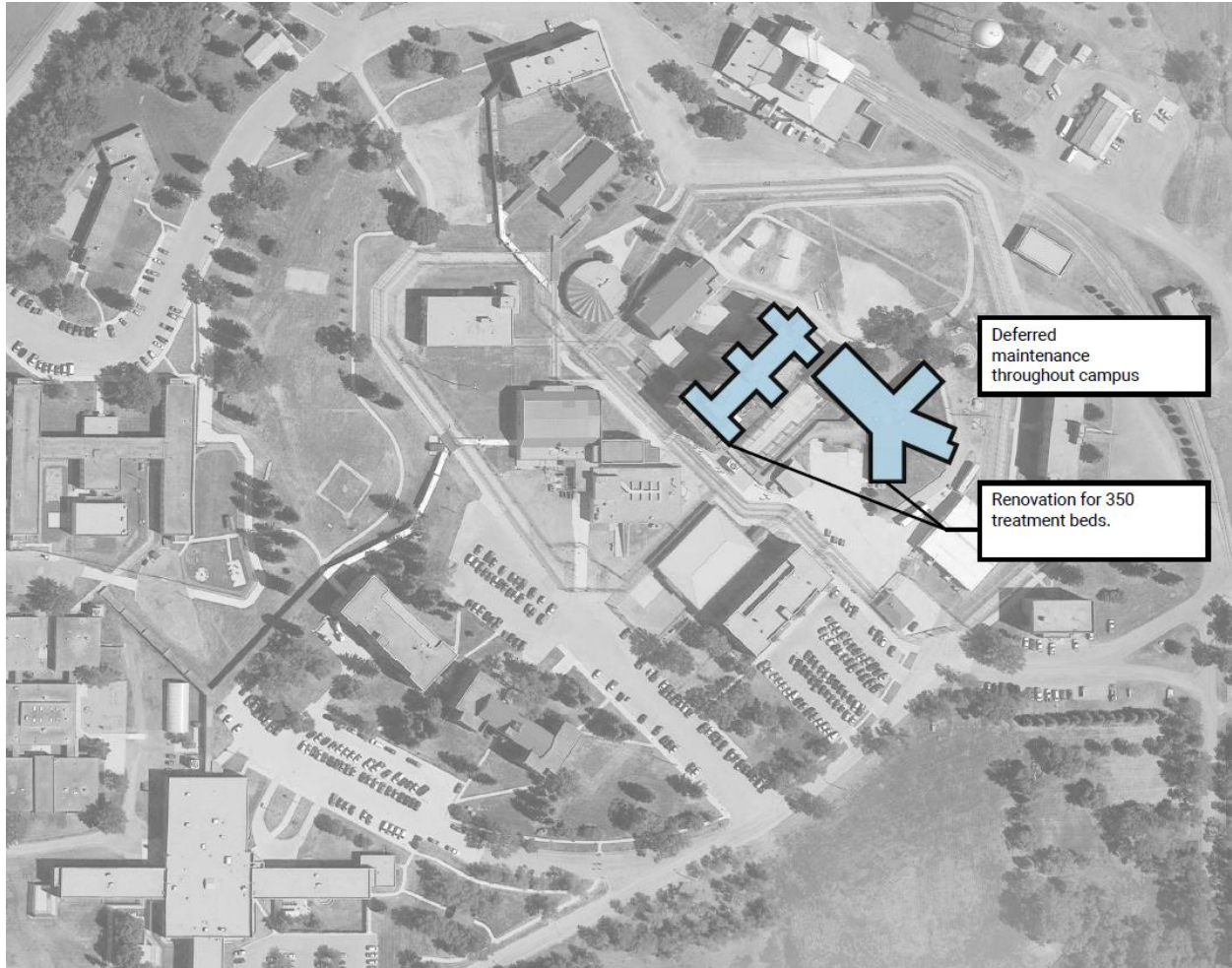
JRCC

Although designed as a mental health hospital, the JRCC/JRMU has a continued use as a DOCR medium custody facility. The JRMU should continue as a treatment-focused component within the JRCC campus as the SAU continues an important role for residents with special management needs. Other than an aging infrastructure and a dormitory-driven housing arrangement, the JRCC can continue to function effectively for medium custody residents as well serve specialized treatment needs for residents involved in structured programs. Through re-arrangement of the room furniture and the number of cubicles in a particular space, the density in the dormitories (old hospital wards) can be reduced, along with an investment in upgrading existing program space.

The proposed upgrades for the JRCC are internal and will require detailed attention to the phasing of the changes, most likely on a floor-by-floor basis and over an extended timeframe. In addition to these

internal changes, a comprehensive landscaping plan should be implemented across the entire campus. This could vastly improve the physical environment. Figure 5.4 illustrates the location of internal changes.

Figure 0.4 Proposed JRCC Areas for Building Changes



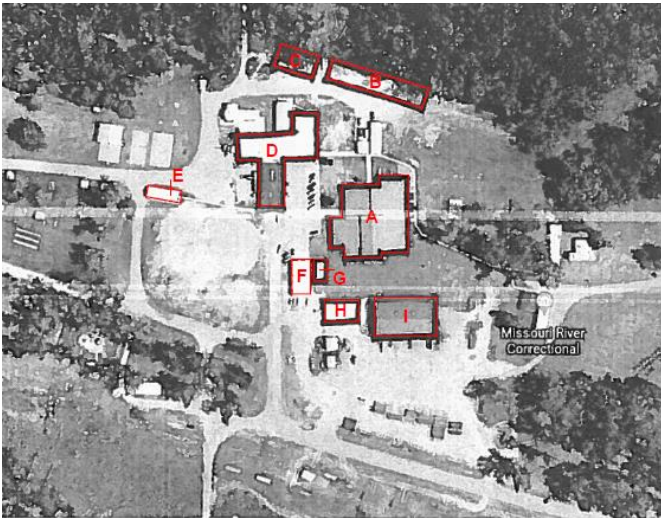
MRCC

In 2018, a Master Plan was developed for the MRCC to test the feasibility of the facility being adapted for women with the result indicating that for a minimal investment, this change in gender could be accomplished while a new purpose-built women's facility was developed. This possible change remains an option, but the current thinking is that the YCC represents a better long-term or short-term option for women. The focus of this master plan is maintaining the MRCC as a minimum custody men's facility.

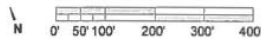
Over 20 acres are available for use as a minimum custody facility. While the campus is located remotely, the proximity to Bismarck facility is a major benefit for a reentry/work release mission. The nearly 30-year old facility will require significant upgrades over time to continue in use for another 20 years. However, with a de-densification of the dormitories, the pace of deterioration of the buildings should slow. A total of 56,700 square feet of existing buildings is available for continued use. However, over time, the Dining/Food Preparation Building (Building D) will require significant upgrades or replacement.

Figure 5.5 depicts the current configuration of buildings and the square footage available for use.

Figure 0.5 Existing MRCC Campus and Space Assignments



Building	BGSF
Building A-Main Bldg.	22,250
Building B- THU	5,400
Building C- THU Support	1,440
Building D-Dining/Educ.	11,900
Building E-Outside Stor.	1,280
Building F- Garage	2,400
Building G-Library	650
Building H-Recreation	2,400
Building I-Industries	9,000
TOTALS	56,720

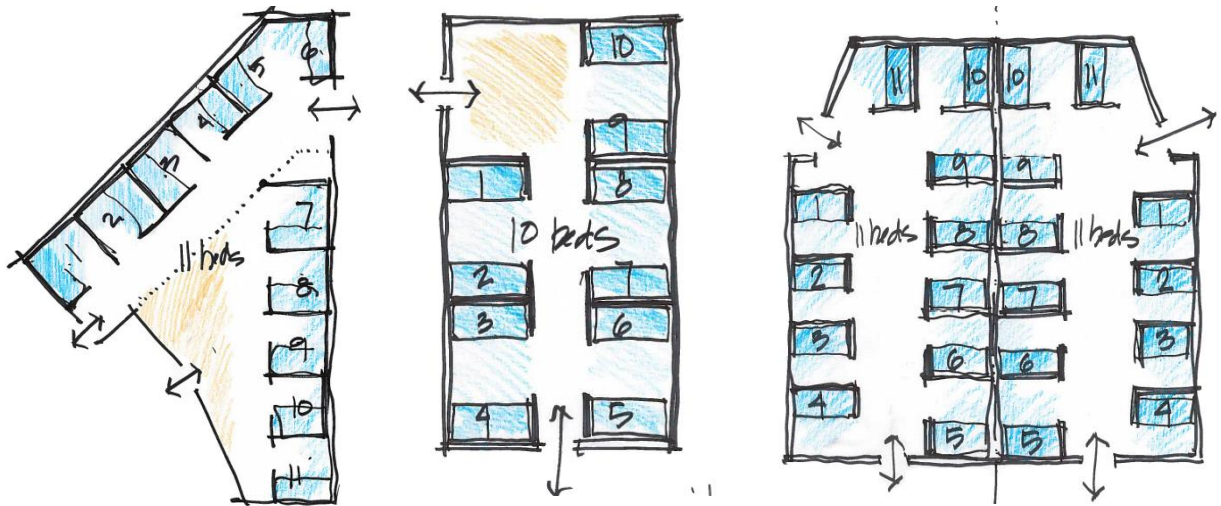


Other than correcting the deferred maintenance problems, the initial focus should include the following:

- Reducing the number of cubicles in the various dormitory rooms (Building A).
- Upgrading or replacing the food preparation and dining building (Building D).
- Converting a portion of Building D to a new Visitation Center.
- Potentially add another modular building for a THU program.

The most critical step will be the de-densification of the dormitories and the reduction of the population closer to 100 minimum custody men which will reduce the demand on the other infrastructure. In figure 5.6 illustrates several options for improving the dormitory spaces.

Figure 0.6 Potential Re-configuration Options for Existing MRCC Dormitories



Regional Reporting Centers

Although, as will be shown later, a cost has been included to rent, renovate, or construct regional day reporting centers, these important features of the master plan could be a space within an existing local probation and parole office. Ideally, these regional reporting centers would include office space, individual and group interview rooms, and a resource center where information regarding employment, housing, and education services would be made available.

Schedule for Option 1

The timing for funding the recommended projects will be subjected to many variables that are external to the DOCR's needs. Repeatedly, this master plan has suggested that deferred maintenance has accumulated to the point of becoming critical. While estimated costs for those critical components have been suggested, more detailed analysis will be necessary before a final cost can be identified, but this effort should proceed.

The capital focus is on the phased relocation of women to the Bismarck area. Option 1 suggests that this location is the gradual repurposing of the YCC from a juvenile to a women's campus. The initial steps can be made by minimal improvements to the Maple Cottage and the transfer of up to 18 women from the DWCRC. This first step should occur in FY 2021-22 while deferred maintenance is undertaken for the entire YCC campus. Quickly following this initial transfer would be an additional 35 women to the Hickory Cottage. The remaining women would be transferred by the middle of FY 2023-24, at which time the DWCRC could be leased for another correctional purpose (regional day reporting center, work release facility) or returned to the local community.

While the YCC campus will remain in use for juveniles as the women are relocated, by the end of FY 2022-23, a new 20-bed juvenile facility should be available. This capital master plan assumes that a new purpose-built facility will be developed for girls and boys, but other options on and off the YCC campus should be explored in greater detail. As required, the first of two eight-bed residential youth facilities should be opened by FY 2025-26.

Other than the focus on deferred maintenance for men, most of the capital improvements will occur in the second five years of the ten-year plan. The exception is the recommendation to continue renovating the old Administration Building area for residents with chronic health problems associated with infectious diseases. By FY 2025-26, a floor-by-floor renovation of the JRCC should be undertaken as part of the facility's de-densification to a capacity of 350 medium custody residents. This work, along with similar improvements at the MRCC, could begin earlier if the state permits the financial situation.

The second five years for Option 1 would include continued renovation work at JRCC and renovation work at NDSP. By FY 2027-28, a decision on the continued use of the 120-bed West Cell Unit should be reached. This plan recommends a substantial renovation of the unit occurs. By this time, the complete replacement of the oldest housing unit in operation may be a more cost-beneficial option. Further analysis will be necessary to make that determination.

Table 5.5 and table 5.6 divides the five biennia, ten-year capital plan in half to illustrate the proposed schedule of the various activities. The timeline is projected to include design and construction time but will need to be adjusted based on procurement methods.

Table 0.5 Suggested Capital Improvements for FY 21/22 – FY 25/26

Capital Improvement Activity	FY 21-22				FY 22-23				FY 23-24				FY 24-25				FY 25-26				
	Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
ADULT WOMEN (Based on 200 Women under DOCR supervision)																					
<i>Based on Ultimately Using the YCC for 100 Women & 100 Women on Intensive Community Supervision</i>																					
1. Develop Regional Day Reporting Centers																					
2. Upgrade Hickory & Maple Cottages for 53 Women																					
3. Upgrade Admin/Sch. for Voc./Employ. Center																					
4. Deferred Maintenance for YCC																					
ADULT MEN (Based on 1,500 Men under DOCR supervision)																					
<i>Based on 550-Beds @ NDSP; 300-Renovated Treatment Beds & 50 Transitional Beds @ JRCC; 100-Upgraded Beds @ MRCC; 500 Intensive Supervision Participants</i>																					
1. Expand Community Reporting Centers Program																					
2. Deferred Maintenance for JRCC																					
3. Renovate JRCC for 300 Treatment Beds																					
4. Upgrade MRCC for 100 Reentry Beds																					
5. Deferred Maintenance for NDSP																					
6. Renovate Old Admin for Special Beds																					
7. Renovate West Housing for Improved Housing																					
JUVENILES (Based on 75 Juveniles under DOCR supervision)																					
<i>Based on Conversion of Grand Forks Facility for 24 Juveniles; 2, Regional 8-Bed Residential Centers; 35 Intensive Supervision Participants</i>																					
1. Construct New 20-Bed Secure Housing Facility																					
2. Implement Two 8-Bed Residential Centers																					

Source: TMG and CGL, September 2020

Table 0.6 Suggested Capital Improvements for FY 26/27 – FY 30/31

Capital Improvement Activity	FY 26-27				FY 27-28				FY 28-29				FY 29-30				FY 30-31				
	Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
ADULT WOMEN (Based on 200 Women under DOCR supervision)																					
<i>Based on Ultimately Using the YCC for 100 Women & 100 Women on Intensive Community Supervision</i>																					
1. Develop Regional Day Reporting Centers																					
2. Upgrade Hickory & Maple Cottages for 53 Women																					
3. Upgrade Admin/Sch. for Voc./Employ. Center																					
4. Deferred Maintenance for YCC																					
ADULT MEN (Based on 1,500 Men under DOCR supervision)																					
<i>Based on 550-Beds @ NDSP; 300-Renovated Treatment Beds & 50 Transitional Beds @ JRCC; 100-Upgraded Beds @ MRCC; 500 Intensive Supervision Participants</i>																					
1. Expand Community Reporting Centers Program																					
2. Deferred Maintenance for JRCC																					
3. Renovate JRCC for 300 Treatment Beds																					
4. Upgrade MRCC for 100 Reentry Beds																					
5. Deferred Maintenance for NDSP																					
6. Renovate Old Admin for Special Beds																					
7. Renovate West Housing for Improved Housing																					
JUVENILES (Based on 75 Juveniles under DOCR supervision)																					
<i>Based on Conversion of Grand Forks Facility for 24 Juveniles; 2, Regional 8-Bed Residential Centers; 35 Intensive Supervision Participants</i>																					
1. Construct New 20-Bed Secure Housing Facility																					
2. Implement Two 8-Bed Residential Centers																					

Source: TMG and CGL, September 2020

Option 2

Unlike Option 1, Option 2 uses all the existing facilities as recommended in Option 1 and constructs new purpose-built women and juvenile facilities. Like Option 1, the initial focus is on women and juveniles by maintaining the YCC as a juvenile facility and dedicating the Maple Cottage to women until a new purpose-built 100-bed facility is completed. Potential site locations for the new women's facility could be adjacent to NDSP or YCC, providing opportunities to share some services. Another site could be adjacent to the MRCC. As Option 2 proposes a new facility for women, during the short time that women would be on the YCC campus, service sites could be shared with the youth on a scheduled basis.

This option assumes that the in-custody needs for youth will initially be met with the Pine and Brown Cottages, and a new 20-bed special-purpose youth facility would be developed in either the Mandan area, Fargo, or Grand Forks area. An eight-bed regional residential facility could be in the Fargo area and another in the Grand Forks area, or another location near the home of the at-risk juvenile population.

With women located in a purpose-built facility elsewhere, the YCC could instead be converted to an adult men's reentry facility, which, along with an upgrade of the MRCC and improvements at JRCC and NDSP, similar to Option 1, will meet the projected bed space needs for men.

Adult Women

The initial step for an improved environment for women, like Option 1, is to transfer up to 18 minimum custody women from DWCR to the Maple Cottage on the YCC campus. Relatively little renovation will be necessary to the Maple Cottage for 15-18 women to be transferred immediately. During this transfer, DOCR should begin developing the programming and design process for a new purpose-built facility. Suppose the timeframe for designing and constructing a new women's facility extends beyond two biennia. In that case, additional women could be relocated temporarily to the Hickory Cottage, bringing the total at YCC to approximately 70-76.

The planning and design of a new women's center should be an interactive and exciting opportunity for DOCR and the broader community of advocates to truly examine what a trauma-informed environment should include. The spaces should be driven by gender-specific and evidence-informed decisions regarding programs, services, spaces, and the resulting environmental options.

Well in advance of beginning the planning process, the DOCR can begin to consider the types of functions that are necessary to meet the conditions for a gender-responsive facility, beginning with the appropriate size of the site and the internal spaces. While the outdoor recreation preferences for women may differ from men (e.g., more emphasis on walking/jogging trails than football fields), outdoor space is essential to a normalized environment. Rules of thumbs are intended only for guiding early planning, but a site that is eight to 15 times the buildings' square footage can aid in the search for non-urban locations.

In table 5.7, component space and general site area guidelines are presented to give a context to any search for a new women's center location and sizing. As the development of a functional program proceeds before conceptual design, these guidelines should be modified.

Table 0.7 Suggested Guidelines for Functional Areas and Site Size

Space #	Building Component	BGSF/Bed	Total BGSF
1.0000	FACILITY ADMINISTRATION	30.0	3,000
1.1000	Public Lobby, Visitor Processing	5.0	500
1.2000	Facility Administration	10.0	1,000
1.3000	Day Reporting Center	7.5	750
1.4000	Community Services Center	7.5	750
2.0000	SECURITY ADMINISTRATION & STAFF SERVICES	35.0	3,500
2.1000	Security Administration	5.0	500
2.2000	Master Control Center	3.0	300
2.3000	Staff Services Center	12.0	1,200
2.4000	Muster & Training	15.0	1,500
3.0000	RECEPTION & ORIENTATION	21.5	2,150
3.1000	Admission & Release Administration	4.0	400
3.2000	Transfer & Release Processing	3.5	350
3.3000	Property Issue	3.0	300
3.4000	Assessment & Classification Processing	8.0	800
3.5000	Temporary Orientation Unit	3.0	300
4.0000	CENTRAL PROGRAM ADMINISTRATION & RECREATION	33.0	3,300
4.1000	Program Administration	5.0	500
4.2000	Central Recreation Services	20.0	2,000
4.3000	Religious Services	8.0	800
5.0000	VISITATION CENTER	21.0	2,100
5.1000	Inmate Visitation	12.0	1,200
5.2000	Family Visitation	9.0	900
6.0000	CENTRAL MEDICAL SERVICES	25.0	2,500
6.1000	Medical Administration	4.0	400
6.2000	Medical Clinic	10.0	1,000
6.3000	Infirmery Beds (4 Beds)	8.0	800
6.4000	Pharmacy	3.0	300
7.0000	FOOD SERVICES	29.0	2,900
7.1000	Receiving and Processing Area	2.0	200
7.2000	Food Production	7.0	700
7.3000	Resident & Staff Dining	15.0	1,500
7.4000	Food Services Support	3.0	300
7.5000	Sanitation	2.0	200
8.0000	INDUSTRIES & VOCATIONAL TRAINING	31.0	3,100
8.1000	Administration	4.0	400
8.2000	Industry Workspace & Storage	15.0	1,500
8.3000	Vocational Classrooms & Storage	12.0	1,200
9.0000	CENTRAL LAUNDRY	10.0	1,000
9.1000	Receiving and Distribution	1.0	100
9.2000	Laundry Support	1.5	150
9.3000	Washing and Drying	5.0	500
9.4000	Laundry Storage	2.5	250
10.0000	FACILITY SERVICES	32.0	3,200
10.1000	Maintenance Shops	8.0	800
10.2000	Energy Plant	11.0	1,100
10.3000	Institutional Warehouse	10.0	1,000
10.4000	Fleet Management	3.0	300
11.0000	RESIDENT HOUSING	100	232.5
11.1000	Chronic Care Medical Beds	4	250.0
11.2000	Mental Health Beds	6	250.0
11.3000	Therapeutic Community Beds	8	250.0
11.4000	Minimum Custody Beds	36	225.0
11.5000	Mothers & Babies Beds	4	300.0
11.6000	General Custody Beds	36	225.0
11.7000	Special Management Beds	6	225.0
GRAND TOTALS		100	500.0
Site Size Range in Acres		9.2	17.2

Source: CGL Companies; September 2020

Juveniles

The recommendation for juveniles is the same in Option 2 as Option 1. While the transfer of the DWCRC women to the YCC is being staged to become a 100-bed women's campus, a 20-bed purpose-built juvenile facility for boys and girls should be constructed. If the new juvenile facility is located on property adjacent to the existing YCC campus, the required sight and sound separations should be easily achievable. One of the advantages of a new juvenile facility is the scale of operation can be more easily paired with the significantly reduced juvenile population.

If the new juvenile facility is located on property adjacent to the existing YCC campus, the required sight and sound separations should be easily achievable. A new juvenile facility's advantages are the scale of operation can be more easily paired with the significantly reduced juvenile population.

Adult Men

At present, the DOCR lists a capacity of 1,463 beds for men. With the reductions in the male population that resulted from de-densification due to the COVID-19 pandemic and greater emphasis on community-based alternatives, the Master Plan is based on the need for 1,000 custody beds and the remaining in contracted community facilities and supervised community corrections. Therefore, the recommendations for improving men's physical conditions are the same as Option 1, with the following paragraphs summarizing the recommendations.

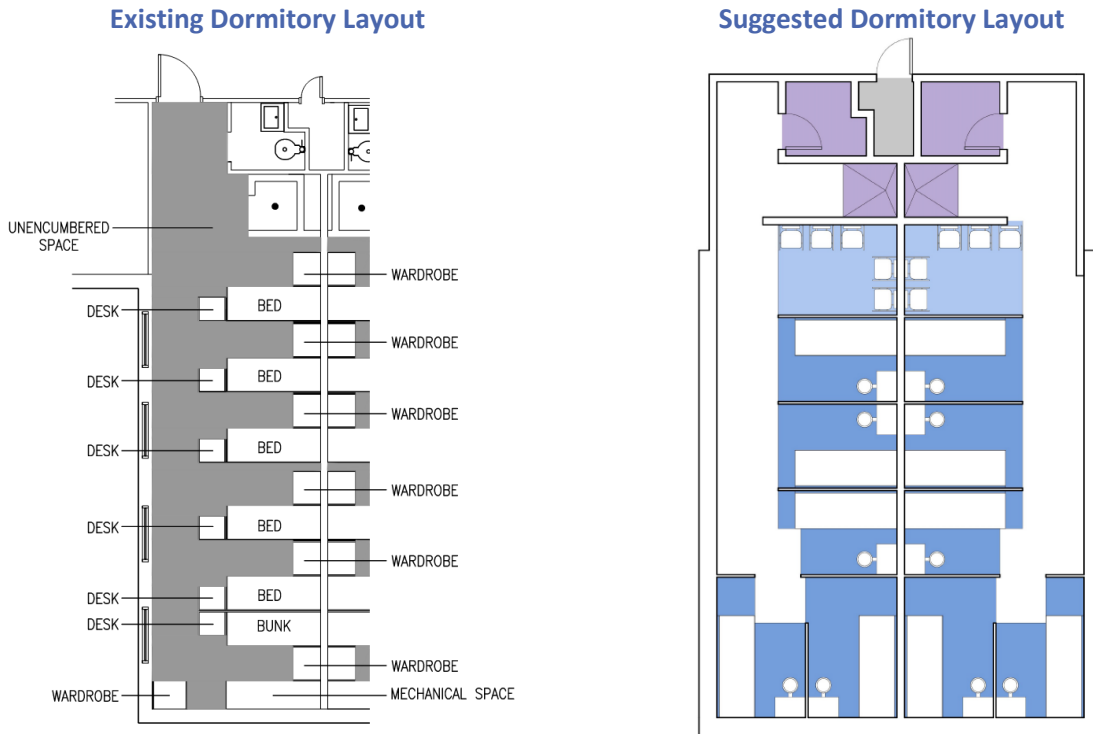
NDSP

The proposal is for the NDSP to be reduced from the current capacity of 779 beds to 559 through the reductions that have already occurred and additional use of community-based alternatives. The one change that is different from Option 1 is a demolition of the West Unit Housing and replacement with a new direct supervision housing unit for 100-120 individual cells. Using similar square footage guidelines as suggested for a new women's center, the replacement housing unit would be approximately 27,000 square feet. Site area exists on the NDSP campus to incorporate the replacement housing.

JRCC

The recommendations for improvements at JRCC are the same as Option 1. The focus is reducing the density of the facility from 497 to 350 through re-arrangement of the room furniture and the number of cubicles in a particular space. By doing so, the density in the dormitories (old hospital wards) can be reduced, along with an investment in upgrading existing program space. Figure 5.7 demonstrates the potential for reducing the density in a typical dorm room.

Figure 0.7 Suggested Adjustments in the Typical JRCC Dormitory



MRCC

The changes proposed for MRCC in Option 1 are the same for Option 2. The mission remains the same as a minimum custody focus. Over 20 acres are available for use as a minimum custody facility. While the campus is located remotely, the proximity to Bismarck facility is a major benefit for a reentry/work release mission. The nearly 30-year old facility will require significant upgrades over time to continue in use for another 20 years. However, with a de-densification of the dormitories, the pace of deterioration of the buildings should slow. A total of 56,700 square feet of existing buildings is available for continued use. However, over time, the Dining/Food Preparation Building (Building D) will require significant upgrades or replacement.

YCC

Option 2 proposes a different use for the YCC campus. With the construction of a new purpose-built 100-bed women's center and a new 20-bed juvenile facility, the YCC becomes an asset that is available for a continued correctional purpose, but for minimum custody men as a transitional center. Again, the campus currently has the types of spaces that could support this mission for men who are transitioning back into the local community. No significant changes in the physical infrastructure would be necessary. The same improvements proposed for the YCC to be converted to a women's center in Option 1 would apply in Option 2.

While the physical plant changes are minimal to repurpose the YCC to a men's transition center, the community acceptance may represent a challenge that should be resolved through active engagement and adjustments to the daily operating plan. The security classification of residents assigned to the TCC Transition Center would be the same or less secure than those men assigned to MRCC.

Regional Reporting Centers

In both options, a focus should be on the implementation of additional regional reporting centers for men and women. This could be accomplished by expanding the case management staff in existing probation and parole offices; the contracted transition centers; or dedicated spaces within other state agencies in the regions of the state. The cost to rent, renovate, or construct regional day reporting centers is a part of the capital master plan presented in the next chapter of this report. Ideally, these regional reporting centers would include office space, individual and group interview rooms, and a resource center where information regarding employment, housing, and education services would be made available.

Schedule for Option 2

Just as with option 1, the timing for funding the recommended projects will be subjected to many variables that are external to the DOCR's needs. Repeatedly, this master plan has suggested that deferred maintenance has accumulated to the point of becoming critical. While estimated costs for those critical components have been suggested, more detailed analysis will be necessary before a final cost can be identified, but this effort should proceed.

While some of the women are being relocated immediately to YCC to make maximum use of the sparsely populated facility and to emphasize the DOCR commitment to locating women closer to the Bismarck area, site selection, programming and selection of the design and construction partners should commence. The construction of the 100-bed women's center should be completed by the third biennium (FY 2024-25). At this time, the DWCRC could be returned to the local authority or continued in use as a DOCR regional reporting and community services center for women and/or men. The DWCRC is well located to serve the western portion of the state and should be maintained as a significant part of the expanded community corrections program.

In Option 2, juvenile girls and boys remain at the YCC through FY 2025-26 while a new 20-bed facility is being designed and constructed on a site in one of the three primary urban areas in the state. The campus would be shared with the 18-53 women for at least four years until the new women's center is completed.

Most of the capital improvements, other than the focus on deferred maintenance, for men will occur in the second five years of the ten-year plan. The exception is the recommendation to continue work on renovating the area in the Old Administration Building for residents with chronic health problem associated with infectious diseases. By FY 2025-26, a floor-by-floor renovation of the JRCC should be undertaken as a part of the de-densification of the facility to a capacity of 350 medium custody residents. This work, along with similar improvements at the MRCC could begin earlier if the financial situation of the state permits.

The second five years for Option 2 would include the improvements to the MRCC and the improvements of the YCC as a men's transition center. By FY 2029-30, a decision on the continued use of the 120-bed West Cell Unit should be reached. This plan recommends a substantial renovation of the unit occur but by this time, the complete replacement of the oldest housing unit in operation may be a more cost beneficial option. Further analysis will be necessary to make that determination.

Table 5.8 and table 5.9 divides the five biennium, ten-year capital plan in half to illustrate the various activities' proposed schedule. The timeline is projected to include design and construction time but will need to be adjusted based on procurement methods.

Table 0.8 Suggested Option 2 Capital Improvements for FY 21/22 – FY 25/26

Capital Improvement Activity	FY 21-22				FY 22-23				FY 23-24				FY 24-25				FY 25-26				
	Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
ADULT WOMEN (Based on 200 Women under DOCR supervision)																					
<i>Based on First Step Repurpose Hickory Cottage for 50; New 100 Bed Treatment Facility and 100 on Intensive Community Supervision</i>																					
1. Develop Regional Day Reporting Centers																					
2. Upgrade Maple & Hickory Cottages for 53 Women																					
3. Design & Construct 100-Bed Women's Facility																					
ADULT MEN (Based on 1,500 Men under DOCR supervision)																					
<i>Based on 300-Treatment and 50 Transition Beds @ JRCC ; 100-Beds@ MRCC; 100- Beds @ YCC; 550-Beds @ NDSP; & 400 Intensive Supervision Participants</i>																					
1. Expand Community Supervision Program																					
2. Deferred Maintenance for JRCC																					
4. Renovate JRCC for 350 Treatment Beds																					
5. Deferred Maintenance for NDSP																					
6. Renovate Old Admin for Special Beds																					
7. Renovate West Housing for Normative Housing																					
8. Deferred Maintenance for YCC																					
9. Repurpose YCC for 100-Bed Reentry Facility																					
10. Upgrade MRCC for 100-Bed Regional Center																					
JUVENILES (Based on 75 Juveniles under DOCR supervision)																					
<i>Based on New 24-Beds Facility; Construction/Renovation of Two, 8-Bed Regional Residential Centers; and 30 Juveniles on Intensive Community Supervision</i>																					
1. Upgrade Brown Cottage at YCC for 20 Boys																					
2. Construct New 24-Bed Facility																					
3. Construct One, 8-Bed Residential Center																					

Source: TMG and CGL September 2020

Table 0.9 Suggested Option 2 Capital Improvements for FY 26/27 – FY 30/31

Capital Improvement Activity	FY 26-27				FY 27-28				FY 28-29				FY 29-30				FY 30-31				
	Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
ADULT WOMEN (Based on 200 Women under DOCR supervision)																					
<i>Based on First Step Repurpose Hickory Cottage for 50; New 100 Bed Treatment Facility and 100 on Intensive Community Supervision</i>																					
1. Develop Regional Day Reporting Centers																					
2. Upgrade Maple & Hickory Cottages for 53 Women																					
3. Design & Construct 100-Bed Women's Facility																					
DULT MEN (Based on 1,500 Men under DOCR supervision)																					
<i>Based on 300-Treatment and 50 Transition Beds @ JRCC; ; 100-Beds@ MRCC; 100- Beds @ YCC; 550-Beds @ NDSP; & 400 Intensive Supervision Participants</i>																					
1. Expand Community Supervision Program																					
2. Deferred Maintenance for JRCC																					
4. Renovate JRCC for 350 Treatment Beds																					
5. Deferred Maintenance for NDSP																					
6. Renovate Old Admin for Special Beds																					
7. Renovate West Housing for Normative Housing																					
8. Deferred Maintenance for YCC																					
9. Repurpose YCC for 100-Bed Reentry Facility																					
10. Upgrade MRCC for 100-Bed Regional Center																					
JVENILES (Based on 75 Juveniles under DOCR supervisor)																					
<i>Based on New 24-Beds Facility; Construction/Renovation of Two, 8-Bed Regional Residential Centers; and 30 Juveniles on Intensive Community Supervision</i>																					
1. Upgrade Brown Cottage at YCC for 20 Boys																					
2. Construct New 24-Bed Facility																					
3. Construct One, 8-Bed Residential Center																					

Source: TMG and CGL, September 2020

Compared to many states, North Dakota's physical prison infrastructure is in better than average condition. As has been noted, only the NDSP is truly designed to be a secure prison. All the others are adaptive reuses of non-correctional building types or are minimum custody campuses. Other than deferred maintenance problems, the biggest challenge has been the levels of crowding that have existed across all the state's facilities which exacerbates the deterioration of the infrastructure. The COVID-19 pandemic and the reduction in the incarcerated population have contributed to the de-densification of all the DOCR-managed facilities. If this can be sustained through a greater focus on community-based alternatives, the existing infrastructure can serve secure incarceration needs for decades to come.

The state now faces the decision of whether to continue to use, but significantly improve, the existing assets (Option 1) or to invest in two new facilities that will eliminate the reliance on contracted beds for women and relocation of juveniles to a smaller facility that would be significantly less expensive to operate (Option 2). However, even with new facilities in Option 2, the YCC should remain a valuable part of the DOCR system, but in an alternative use for men.

If the state chooses to begin by repurposing the YCC as a women's center with a limited capital expenditure, in later years a decision could still be reached to construct a new purpose-built center adjacent to the YCC or in some other location in the state.

Likewise, the DWCRC remains an important location for a community corrections center that would serve the western portion of the state with day reporting, counseling, probation and parole, and potentially an overnight short-stay facility for parole violators.

While the expansion of the community corrections program does not represent a significant capital expenditure, defining additional locations for Parole and Probation offices is a significant underpinning for a renewed community focus on supervising qualified offenders closer to their home communities. Without a commitment to supervising at least 500-600 offenders through community corrections programs, the state will face constructing new beds to expand the capacity to approximately 1,800-2,000 during the coming decade.

Finally, training capabilities and capacities must be improved. With more than 800 correctional and 100 probation and parole staff that will require additional training, focus should be given to a more appropriate training venue that is convenient to all staff and is outside the secure environment of a correctional facility (currently the Lower Level of the NDSP). Opportunities for sharing a contemporary training environment with other state agencies could reduce the capital impact and increase the range of instructional opportunities.

Section Summary and Looking Forward

As discussed, the development options focus on stated priorities to ensure women residents are located closer to their communities and to needed services. Further, the development options address the desire to limit facility bed space to existing levels and instead focus on community supervision alternatives to provide safety and services. This final section of the Master Plan attempts to quantify the proposed action items in financial terms. At this stage of development, the estimates should be viewed as indicative and a point of beginning, not finalization, of the total transformation cost. The estimates are discussed in four categories: (1) deferred maintenance, (2) life cycle, (3) capital investment, and (4) total cost of ownership. All indicative amounts are shown in 2020 dollars without inflation included.

Section Six: The Cost of Transformation

The Master Plan addresses the requirements to transform a correctional system that, like most, has been based on a model that supported incarceration more than rehabilitation. However, in recent times, a combination of external and internal influences has refocused the discussion on a correctional system's broader purpose. Under the leadership of the DOCR, with the support of the Executive and Legislative Branches, a vision of transforming a traditional approach to incarceration to one that is more restorative has evolved. The purpose of this Master Plan has been to support the initiative through the documentation of guiding principles for operational adjustments and physical environments.

Specific action items, projects, and timeframes have been suggested based on the current projected need even with the uncertainty as to how the current conditions will be influenced by the economic slowdown and the impact of the pandemic. While aspects of the Master Plan will have to be altered based on economic realities, an estimate of the transformation cost is essential to choose the way forward.

Deferred Maintenance

Throughout the discussion of options, the importance of addressing the deferred maintenance in all DOCR facilities has been stressed. Deferred maintenance differs from routine maintenance. A broken window must be repaired in cold weather immediately but caulking the window frame to prevent cold air intrusion is more preventive and often delayed or deferred until a problem arises. In all aspects of asset management, decisions are routinely made to defer maintenance until the asset's value decreases seriously.

Identifying deferred maintenance costs is based on a thorough assessment of buildings and systems' condition by professionals who understand building design and engineering, but performance expectations of building infrastructure and systems. To develop a preliminary estimate for this Master Plan, maintenance professionals visited the four owned and operated facilities by the DOCR. The DWCR was not included since this facility is leased, and maintenance responsibilities rest with the lessor.

The estimated costs to correct maintenance deficiencies are based on a cursory examination and the application of industry-supported estimates to repair the deficiency, not a detailed assessment. The assessments did not include all the buildings within a facility or campus but those representing the most immediate need. In that regard, the numbers presented represent 50%, or less, of the actual need. A far more detailed evaluation will be required to establish the total deferred maintenance need.

Included in the estimated cost for correcting the major deferred maintenance issues is a cost to replace the system or the individual building. Again, industry-accepted guidelines were used to establish the estimated replacement cost. Table 6.1 presents the estimated deferred maintenance and replacement costs for selected DOCR buildings.

Table 6.1 Estimate of Deferred Maintenance and Replacement Costs for Selected DOCR Buildings

Buildings	Square Footage	Built	Deferred Maint. Cost	Replacement Value
NDSP				
Education Building	8,200			
DOCR Building	23,978	2012		
Power Plant	16,554	1983	\$ 445,550	\$ 4,966,200
Chiller Building	1,974	1987		
Central Warehouse	14,400	2011		
Treatment Unit	11,000	1983		
Visitation	1,660	1983		
Laundry	2,880	1982		
Food Service	23,000	1991		
East Unit	158,779	2012		
West Cell House	27,800	1957		
South Unit	13,752	1986	\$ 1,685,640	\$ 18,000,000
North Unit	27,650	1987		
Programs/Training	25,000	1992		
Administration Building	37,330	1955	\$ 1,412,850	\$ 9,000,000
Recreation Building- Gym	20,728	1974		
Laundry/Shower/Mech	9,616	1982		
South Tower	-	2011		
East Tower	400	1983		
Lift Station	300	1982		
West Garage	500			
East Garage	500			
RRI Buildings				
Building A	34,000	1980		
Building B	16,000	1982		
Building C	6,000	1959		
Showroom	9,600			
Vehicle Machine Storage	4,000			
RRI Welding Building	9,000			
Dairy	14,400			
	504,601		\$ 3,544,040	\$ 31,966,200
MRCC Buildings				
Main Building	20,520	1991	\$ 909,760	\$ 6,675,000
Pump House	480	1974		
Kitchen/Dining /Education	13,700	1982	\$ 257,135	\$ 1,744,800
Carpenter Shop	1,280	1940	\$ 329,375	\$ 1,116,000
Manager's House	2,596	1943		
Manager's Garage	500	1943		
Weight Room/Welding	2,400	1975		
Library	648	1940	\$ 59,955	\$ 194,500

Buildings	Square Footage	Built	Deferred Maint. Cost	Replacement Value
Storage Barn	1,536	1950		
Welding Storage	225	1962		
Vo-ed Auto	2,400	1969	\$ 173,240	\$ 1,148,000
Pheasant Storage	144			
Grader Storage	1,280			
RRI Repair Shop	1,280	1984		
RRI Metal Works Shop	9,000	1998	\$ 298,233	\$ 2,025,000
Manager's Storage	2,835	1991		
THU	5,400	2015		
THU Dayroom	1,440	2015		
	62,252		\$ 2,027,698	\$ 12,903,300
JRCC Buildings				
Administration	39,428	1921		
ET Housing & Health Care	82,941	1936	\$ 4,664,940	\$ 26,100,000
Amusement Hall	15,210	1924		
Inmate Dining Hall	29,700	1925		
Kitchen	24,250	1966		
Laundry	19,600	1938		
SAU	27,890	1979		
Inside Maint.Shop	2,000	1999		
RRI Building	10,000	1999		
Outside Maint.Shop	14,210	1915		
Central Receiving				
	265,229		\$ 4,664,940	\$ 26,100,000
NDYCC Buildings				
Administration/School	32,245	1960	\$ 1,061,310	\$ 9,673,500
Maple Cottage	7,392	1955	\$ 230,190	\$ 2,217,600
Pine Cottage	12,783	2000	\$ 234,750	\$ 3,834,900
Brown Cottage	6,494	1963		
Hickory Cottage	17,820	1952	\$ 586,530	\$ 5,346,000
Centennial Hall	9,570	1988	\$ 278,350	\$ 2,871,000
Chapel	3,602	1964		
Gymnasium	15,865	1999	\$ 494,035	\$ 4,759,500
Swimming Pool	4,032	1975	\$ 145,345	\$ 1,209,600
Carpenter/Electrical Shop	3,920	1964		
Vocational Shop	22,137	1980		
Campus Maint.Center	4,469	1957	\$ 161,100	\$ 1,340,700
Heating Plant	7,930	1922	\$ 291,080	\$ 2,379,000
Superintendent Residence	-	1980		
Garages Five Stalls	-	1946		
	148,259		\$ 3,482,690	\$ 33,631,800
Totals	980,341		\$13,719,368	\$ 104,601,300

Source: DOCR space allocations; CGL Companies cost estimates

Of the approximately one million square feet that the DOCR owns and operates, more than 50% is at the NDSP. The assessment of the NDSP focused on the buildings that were identified as in need of attention. As is evident in table 6.1, many buildings were not assessed, including the West Cell Unit, the oldest building in the complex. This building alone represents a deferred maintenance need of at least \$3.5 million. Also, at JRCC, only the main building for residents was evaluated and represented a need for at least \$4.7 million in deferred maintenance investment.

The average deferred maintenance cost per square foot varies each of the four DOCR managed institutions (NDSP - **\$52.40**; MRCC - **\$42.65**; JRCC - **\$56.34**; and YCC - **\$31.07**) for a variety of reasons, including the age of the buildings assessed, level of preventive maintenance, and the types of systems, among others. Considering the range of building types included in the assessment, the average deferred cost is \$45.63 per square foot. Applying this average across all 980,341 square feet, the total need is in the magnitude of \$45 million.

The buildings' replacement value is approximately \$105 million, or \$615 per square foot. If this industry-recognized method of determining replacement value is applied across all four institutions, the asset's

replacement value is approximately \$603 million for the current capacity of 1,583 beds. This translates to a value per bed of \$380,000 and serves as a benchmark when considering any replacement beds' cost.

Life Cycle Costs

Unlike deferred maintenance, where the focus is on the cost to prevent serious problems with building systems, life cycle costs are developed by determining (usually from manufacturer-provided specifications) the expected useful life of a system or product, assuming regular maintenance before replacement will be necessary. Every structure, product, or system reaches a point where replacement is necessary for continued use. In the financial world, calculating useful life and the replacement cost is critical to determining an investment's benefits and costs.

In this Master Plan, a desktop analysis was completed based on only two known variables: (1) age of the structure and (2) the square footage. Some consideration was given to the building's deferred maintenance estimate for those evaluated but by no means is reflective of what may be the actual life cycle costs. However, the predominant variable was the cost per square foot to replace the key building components (e.g., roof, locks, doors, windows, boilers, etc.) during a 20-year time horizon. While not completely arbitrary, the 20-year time frame could be ten, 30, or more years. The cost per square foot used industry-accepted guidelines for converting the scheduled replacement of key items. Table 7.2 presents a summary of the estimated life cycle costs based on a 20-year time horizon.

Table 6.2 Estimated Life Cycle Costs for DOC-Managed Institutions

Institution	Building Area (sq.ft.)	Deferred Maintenance	Average Age of Buildings	20 year Life Cycle	Total 20 Year Cost
Existing DOCR Institutions					
NDSP	504,601	\$ 3,544,040	20	\$ 45,414,090	\$ 48,958,130
MRCC	62,252	\$ 2,027,698	46	\$ 5,616,000	\$ 7,643,698
JRCC	265,229	\$ 4,664,940	70	\$ 23,853,000	\$ 28,517,940
YCC	148,259	\$ 3,482,690	53	\$ 13,663,000	\$ 17,145,690
Subtotals	980,341	13,719,368		\$ 88,546,090	\$ 102,265,458
Potential New Construction for Both Options					
Youth Residential Center (2)	11,200	\$ -	New	\$ 818,000	\$ 818,000
100-Bed Women's Facility	55,000	\$ -	New	\$ 4,018,000	\$ 4,018,000
20-Bed Youth Facility	12,000	\$ -	New	\$ 1,753,000	\$ 1,753,000
Subtotals	78,200	\$ -		\$ 6,589,000	\$ 6,589,000
TOTALS	1,058,541	13,719,368	-	95,135,090	\$ 108,854,458

Source: CGL Companies; August 2020

The combined estimated deferred maintenance cost for existing facilities and the projected life cycle costs for existing and the potential new facilities over 20 years is \$108.9 million. On an annual basis, the state should be prepared to spend at least \$5.1 million to maintain the existing four institutions' operation.

Capital Improvement Costs

Typically, capital improvement costs indicate new or substantial additions to existing facilities. Two basic options are suggested: one is a reuse of existing facilities, and the other the reuse of selected institutions in conjunction with two new facilities. Therefore, a significant portion of the proposed capital needs is to improve the conditions of existing buildings. In some capital plans, this would be treated as part of an

annual capital budget, which could be the outcome in North Dakota. However, in this plan, if the capital cost for any improvement exceeds \$1.0 million, that improvement is reflected as a biennium funding request.

All costs are presented on a square foot basis using current regional experience for renovation and new construction costs. These estimates are for construction only and do **not** include project costs such as site acquisition and improvements; design and project management fees; IT costs; fixtures, furnishings, and equipment costs; and contingency costs. Generally, these project costs can range between 20 and 40% of the construction costs.

The estimated costs were developed for women, men, and juvenile projects over five biennia (10 years). Using this capital cost estimating approach, table 7.3 illustrates the estimated cost for option 1.

Table 6.3 Estimated Capital Cost for Option 1

Item	Capital Investment Description	1st Biennium Estimated Cost FY 21-22/22-23	2nd Biennium Estimated Cost FY 23-24/24-25	3rd Biennium Estimated Cost FY 25-26/26-27	4th Biennium Estimated Cost FY 27-28/28-29	5th Biennium Estimated Cost FY 29-30/30-31	Estimated Option 1 Cost
Capital Improvements for Women (100 Renovated Beds @ YCC Cottages)							
1	Develop Day Regional Reporting Centers	\$ 500,000	\$ 250,000	\$ -	\$ -	\$ -	\$ 750,000
2	Improvements to Hickory & Maple Cottages	\$ 3,781,800	\$ -	\$ -	\$ -	\$ -	\$ 3,781,800
3	Upgrade Admin/Sch. for Voc./Employ. Center	\$ 1,612,250	\$ -	\$ -	\$ -	\$ -	\$ 1,612,250
4	Deferred Maintenance at YCC	\$ 1,332,985	\$ 1,332,985	\$ -	\$ -	\$ -	\$ 2,665,970
	Subtotals	\$ 7,227,035	\$ 1,582,985	\$ -	\$ -	\$ -	\$ 8,810,020
Capital Improvements for Men (550 Beds @ NDSP; 350 Beds @ JRCC; & 100 Beds @MRCC)							
1	Expand Community Reporting Centers Program	\$ 750,000	\$ 750,000	\$ -	\$ -	\$ -	\$ 1,500,000
2	Deferred Maintenance at JRCC	\$ 2,332,470	\$ 2,332,470	\$ -	\$ -	\$ -	\$ 4,664,940
3	Renovate JRCC for 350 Beds	\$ -	\$ -	\$ 12,441,150	\$ -	\$ -	\$ 12,441,150
4	Upgrade MRCC for 100 Reentry Beds	\$ -	\$ 15,563,000	\$ -	\$ -	\$ -	\$ 15,563,000
5	Deferred Maintenance at NDSP	\$ 1,772,020	\$ 886,010	\$ 886,010	\$ -	\$ -	\$ 3,544,040
6	Renovate NDSP Old Admin.for Special Beds	\$ -	\$ 1,911,000	\$ -	\$ -	\$ -	\$ 1,911,000
7	Renovate or Replace West Housing	\$ -	\$ -	\$ -	\$ 4,170,000	\$ -	\$ 4,170,000
	Subtotals	\$ 4,854,490	\$ 21,442,480	\$ 13,327,160	\$ 4,170,000	\$ -	\$ 43,794,130
Capital Improvements for Juveniles (20 Renovated Secure & Two 8-Bed Residential Facilities)							
1	Construct New 20-Bed Secure Housing Facility	\$ -	\$ 6,000,000	\$ -	\$ -	\$ -	\$ 6,000,000
2	Construct Two, 8-Bed Residential Centers	\$ -	\$ -	\$ 1,680,000	\$ -	\$ 1,680,000	\$ 3,360,000
	Subtotals	\$ -	\$ 6,000,000	\$ 1,680,000	\$ -	\$ 1,680,000	\$ 9,360,000
	TOTALS for OPTION 1	\$ 12,081,525	\$ 29,025,465	\$ 15,007,160	\$ 4,170,000	\$ 1,680,000	\$ 61,964,150
	Renovations or New Construction	\$ 10,814,050	\$ 24,474,000	\$ 18,291,150	\$ 4,170,000	\$ 1,680,000	\$ 51,089,200
	Deferred Maintenance	\$ 5,437,475	\$ 4,551,465	\$ 886,010	\$ -	\$ -	\$ 10,874,950

Source: CGL Companies; September 2020

While deferred maintenance is not always a part of a capital master plan, these costs are shown since they represent a significant part of both options' total capital needs. Option 1 makes the maximum use of existing institutions through significant internal modifications of buildings and spaces. The estimated total capital cost over the ten years is \$61.9 million, of which \$10.8 million is dedicated to deferred maintenance projects. Of the total, 66% is proposed to be allocated for the 1st and 2nd biennium. Once this is accomplished, the YCC can be re-purposed as the women's center, and the juveniles will be relocated to a new 20-bed facility. In the next three biennia, the construction focus will be on internal improvements at the NDSP, JRCC, and MRCC.

The investment of \$62 million in improving existing facilities and a new 20-bed juvenile facility will meet the DOCR-managed incarceration needs for 1,100 adults and 36 juveniles. The remaining need for adults and juveniles will be met through an expansion of the community corrections program through Probation and Parole as well as local non-profit organizations.

The approach for option 2, which includes two new purpose-built facilities, is the same as option 1 and is illustrated in table 7.4.

Table 6.4 Estimated Capital Cost for Option 2

Item	Capital Investment Description	1st Biennium Estimated Cost FY 21-22/22-23	2nd Biennium Estimated Cost FY 23-24/24-25	3rd Biennium Estimated Cost FY 25-26/26-27	4th Biennium Estimated Cost FY 27-28/28-29	5th Biennium Estimated Cost FY 29-30/30-31	Estimated Option 2 Cost
Capital Improvements for Women (50 Temporary Renovated Beds @ YCC Cottage & New Purpose-Built 100-Bed Facility)							
1	Develop Regional Day Reporting Centers	\$ 500,000	\$ 250,000	\$ -	\$ -	\$ -	\$ 750,000
2	Upgrade Hickory Cottage for 50 Women	\$ 2,673,000	\$ -	\$ -	\$ -	\$ -	\$ 2,673,000
3	Design & Construct 100-Bed Women's Facility	\$ -	\$ 27,500,000	\$ -	\$ -	\$ -	\$ 27,500,000
Subtotals		\$ 3,173,000	\$ 27,750,000	\$ -	\$ -	\$ -	\$ 30,923,000
Capital Improvements for Men (550 Beds @ NDSP; 350 Beds @ JRCC; 100 Renovated Beds @MRCC; & 100 Renovated Beds @ YCC)							
1	Expand Community Supervision Program	\$ 750,000	\$ 750,000	\$ -	\$ -	\$ -	\$ 1,500,000
2	Deferred Maintenance for JRCC	\$ -	\$ 2,332,470	\$ 2,332,470	\$ -	\$ -	\$ 4,664,940
3	Renovate JRCC for 350 Beds	\$ -	\$ 6,220,575	\$ 6,220,575	\$ -	\$ -	\$ 12,441,150
4	Deferred Maintenance for NDSP	\$ -	\$ 2,658,030	\$ -	\$ 886,010	\$ -	\$ 3,544,040
5	Renovate Old Admin for Special Beds	\$ 1,911,000	\$ -	\$ -	\$ -	\$ -	\$ 1,911,000
6	Renovate or Replace West Housing	\$ -	\$ -	\$ -	\$ -	\$ 4,170,000	\$ 4,170,000
7	Deferred Maintenance for YCC	\$ 141,765	\$ -	\$ 2,612,018	\$ -	\$ -	\$ 2,753,783
8	Repurpose YCC for 100-Bed Reentry Facility	\$ -	\$ -	\$ -	\$ 21,264,750	\$ -	\$ 21,264,750
9	Upgrade MRCC for 100-Bed Regional Center	\$ -	\$ 7,781,500	\$ 7,781,500	\$ -	\$ -	\$ 15,563,000
Subtotals		\$ 2,802,765	\$ 19,742,575	\$ 18,946,563	\$ 22,150,760	\$ 4,170,000	\$ 67,812,663
Capital Improvements for Juveniles (New 20-Bed Secure Facility & 8 Residential Beds)							
1	Construct New 20-Bed Facility	\$ -	\$ 6,000,000	\$ -	\$ -	\$ -	\$ 6,000,000
2	Construct Two 8-10 Bed Residential Centers	\$ -	\$ 1,680,000	\$ -	\$ -	\$ 1,680,000	\$ 3,360,000
Subtotals		\$ -	\$ 7,680,000	\$ -	\$ -	\$ 1,680,000	\$ 9,360,000
TOTALS for OPTION 2		\$ 5,975,765	\$ 55,172,575	\$ 18,946,563	\$ 22,150,760	\$ 5,850,000	\$ 108,095,663
Renovations or New Construction		\$ 10,004,000	\$ 50,182,075	\$ 14,002,075	\$ 21,264,750	\$ 5,850,000	\$ 97,132,900
Deferred Maintenance		\$ 141,765	\$ 4,990,500	\$ 4,944,488	\$ 886,010	\$ -	\$ 10,962,763

Source: CGL Companies; September 2020

The estimated total capital cost for option 2 over the ten years is \$108.1 million, of which \$10.9 million is dedicated to deferred maintenance projects. Since a new facility is necessary to relocate women closer to the population center and a much smaller juvenile facility than the YCC is needed for a significantly decreased juvenile population, \$61 million is proposed to be allocated for the 1st and 2nd biennium. Once this is accomplished, the focus can be on internal de-densification projects at NDSP, JRCC, and the MRCC. YCC would ultimately be re-purposed as a 100-bed men's transition center.

The state has a choice to focus investments on improving and extending the life of the existing institutions by largely interior improvements or to invest in a new women's center and juvenile facility while also upgrading the existing institutions. The decision should be influenced by the capital requirement but decided based on the "total cost of ownership," the discussion of which follows.

The Total Cost of Ownership

By a wide margin, staff costs comprise the largest portion of the correctional system's operating budget. A spot check of the most recent annual budget for NDSP and JRCC found that staff salaries, overtime, and benefits represented more than 80% of the total operating cost. Therefore, to develop a total cost of ownership, a review of current staffing was necessary, followed by a future staff projection based on reducing the number of residents proposed for each existing and new facility. Table 7.5 shows the current budgeted staff per institution and the current operating budget per institution.

Table 6.5 Current Staffing and Operating Budget per Institution

Facility	2019 ADP	Total Budgeted Staff	Current Res./Staff Ratio	Current Annual Budget (Excluding RRI)	Current Cost/Staff	Current Cost/Res./Day
Contracted Women's Facility						
Dakota Women's Correctional and Rehabilitation Center (DWCRC)	121	85	1.42	\$ 5,501,513	\$ 64,724	\$ 124.47
Total Staff for Women's Facility	121	85	1.42	\$ 5,501,513	\$ 64,724	\$ 124.47
Men's Facilities						
North Dakota State Penitentiary (NDSP)	725	308	2.35	\$ 33,927,345	\$ 110,204	\$ 128.22
James River Correctional Center (JRCC), including Tompkins	437	237	1.84	\$ 20,523,768	\$ 86,576	\$ 128.63
Missouri River Correctional Center (MRCC)	184	53	3.47	\$ 6,067,652	\$ 114,787	\$ 90.58
Total Staff for Men's Facilities	1,346	598	2.25	\$ 60,518,765	\$ 101,239	\$ 123.22
Juvenile Facility						
Youth Correctional Center (YCC)	50	104	0.48	\$ 10,083,064	\$ 97,102	\$ 552.50
Total Staff for Juvenile Facility	50	104	0.48	\$ 10,083,064	\$ 97,102	\$ 552.50
Total Institutional Staff	1,517	787	1.93	\$ 76,103,342	\$ 96,747	\$ 137.47
Source: DOCR Budget for FY 2019; August 2020						
Notes:						
The DOCR only provides one staff at the DWCRC. While the remaining staff are contracted, the total staff is shown.						

Overall, the current staffing ratios for women, men, and juveniles aligns well with industry-accepted norms for small systems and facilities as an economy of scale does not typically occur until a facility reaches a larger size. However, evidence demonstrates that the opportunity for effective rehabilitation is enhanced when the ratio of residents to staff is more in line with that represented by the DOCR system.

The basis of the Master Plan is a shifting of the focus from incarceration in secure institutions to a greater emphasis on community corrections. In doing so, while the ADP in 2019 was 1,517 and with a total of 787 staff, the systemwide ratio of residents to staff is 1.93. Following COVID-19 and other reductions, the Master Plan has been based on a system average daily bed space utilization of 1,100 adults and 36 juveniles. A simple ratio application based on current staff would suggest that the institutional staff could then be approximately 600.

However, this is **not** the basis for the Master Plan. Since staffing is such a large part of an institution's budget, future staff must consider projecting the total cost of operations. The number of staff assigned to an institution is based on many variables, including the size of housing units, the number of out-of-housing unit activities, the distance between living areas and congregate activities (recreation, dining, education, industries, medical, etc.), and the custody level of the residents.

Given that both options are based on the continued use of existing facilities, for the most part, the existing staffing numbers are recommended for projecting future potential operating costs. This can be seen in table 7.6 that bases future staff on the facility and uses configurations and not current residents to staff ratios. Both Options 1 and 2 are illustrated.

Table 6.6 Proposed Staffing for Existing and New Facilities

Option 1						
Facility	Current Capacity & Staff			Proposed Beds & Staff		
	2019 ADP	Total Budgeted Staff	Current Staff/Bed Ratio	Proposed Beds	Proposed Staff/Res. Ratio	Proposed Staff
Existing Facilities						
NDSP	725	308	2.35	550	1.90	289
JRCC	437	237	1.84	350	1.50	233
MRCC	184	53	3.47	100	2.25	44
YCC	50	104	0.48	100	1.50	80
DWCRC	121	85	0.70	-	-	-
Existing Facilities Staff	1,517	787	2.01	1,100	1.70	647
New Facilities						
20-Bed Juvenile Facility	-	-	-	20	0.75	27
2, 8-Bed Residential Facilities	-	-	-	16	0.75	21
New Facilities Staff	-	-	-	36	0.75	48
TOTAL Option 1	1,517	787	2.01	1,136	1.63	695

Option 2						
Facility	Current Capacity & Staff			Proposed Beds & Staff		
	2019 ADP	Total Budgeted Staff	Current Staff/Bed Ratio	Proposed Beds	Proposed Staff/Res. Ratio	Proposed Staff
Existing Facilities						
NDSP	725	308	2.35	550	1.90	289
JRCC	437	237	1.84	350	1.50	233
MRCC	184	53	3.47	100	2.25	44
YCC	50	104	0.48	100	2.50	40
DWCRC	121	85	0.70	-	-	-
Existing Facilities Staff	1,517	787	2.01	1,100	1.81	607
New Facilities						
100-Bed Women's Center	-	-	-	100	0.70	70
20-Bed Juvenile Facility	-	-	-	20	0.75	27
2, 8-Bed Residential Facilities	-	-	-	16	0.75	21
New Facilities Staff	-	-	-	136	1.15	118
TOTAL Option 2	1,517	787	2.01	1,236	1.70	725

Source: DOCR Budget for FY 2019; Proposed staffing projections by CGL Companies; August 2020

The major difference between the two options is that in option 1, the YCC is converted to a 100-bed women's center. In contrast, in option 2, the YCC is proposed to be a minimum custody men's transition facility. The staffing numbers could be expected to be lower for the latter use. The proposed number of

staff for the women's center is slightly lower in option 2 (70 versus 80). As a purpose-designed facility, the size of housing units is likely to produce a better staffing ratio.

Using the data from the table above, and the current cost per staff presented in table 7.5, an estimated annual operating budget can be projected for the two options, as shown in table 7.7.

Table 6.7 Estimated Annual Operating Cost for Existing and New Facilities

Option 1					Option 2				
Facility	Proposed Beds	Proposed Staff	Cost/Staff	Estimated Annual Budget	Facility	Proposed Beds	Proposed Staff	Cost/Staff	Estimated Annual Budget
Existing Facilities					Existing Facilities				
NDSP	550	289	\$ 110,204	\$ 31,901,103	NDSP	550	289	\$ 110,204	\$ 31,901,103
JRCC	350	233	\$ 86,576	\$ 20,201,127	JRCC	350	233	\$ 86,576	\$ 20,201,127
MRCC	100	44	\$ 114,787	\$ 5,101,654	MRCC	100	44	\$ 114,787	\$ 5,101,654
YCC	100	80	\$ 115,000	\$ 9,200,000	YCC	100	40	\$ 110,000	\$ 4,400,000
Existing Facilities Staff	1,100	647	\$ 102,594	\$ 66,403,884	Existing Facilities Staff	1,100	607	\$ 101,447	\$ 61,603,884
New Facilities					New Facilities				
20-Bed Juvenile Facility	20	27	\$ 125,000	\$ 3,333,333	100-Bed Women's Center	100	70	\$ 115,000	\$ 8,050,000
2, 8-Bed Residential Facilities	16	21	\$ 120,000	\$ 2,560,000	20-Bed Juvenile Facility	20	27	\$ 125,000	\$ 3,333,333
New Facilities Staff	36	48	\$ 122,778	\$ 5,893,333	2, 8-Bed Residential Facilities	16	21	\$ 120,000	\$ 2,560,000
TOTAL Option 1	1,136	695	\$ 103,987	\$ 72,297,217	TOTAL Option 2	1,136	725	\$ 104,167	\$ 75,547,217

Source: DOCR Budget for 2019; Staffing and average cost per staff calculations from CGL/TMG

The obvious annual difference in the projected budget between Options 1 and 2 (\$3.25 million) is the change in the use of the YCC (multi-custody women's center v. men's transition facility) and the difference in staff between those two potential uses. Another cost difference is the advantage of operating a purpose-designed women's center (option 2) rather than the reuse of YCC for women.

With the data from all of the above tables, a projected annual cost can be developed to conduct the deferred maintenance by dividing the total estimated cost by 20 years and assume this will be accomplished by a budget allocation on a biennial basis. The life cycle cost is also annualized in the same way as deferred maintenance costs.

Calculation of the capital improvements for major renovations of existing buildings and the construction of new ones assumes that general obligation bonds will be used. The annual debt service rate for 20 years will be 2.5% for existing renovations and 3.5% for new construction. The state could elect to pay cash rather than finance the proposed capital improvements, or the annual debt service rate could be lower (or higher), but the intent is to provide an order-of-magnitude annual total cost to achieve the proposed transformation. Table 7.8 illustrates the estimated total annual cost for option 1.

Table 6.8 Projected Total Annual Cost for Option 1

Institution	Proposed Bedspace Capacity	Annualized Annual DM Costs	Annualized Life Cycle Costs	Annualized Improvement/ New Const. Costs	Proposed Staff	Annualized Staff Costs & Operating Costs	Total Annualized Cost
Women							
YCC - 100 Women	100	\$ 130,601	\$ 512,363	\$ 674,256	80	\$ 9,200,000	\$ 10,517,220
Subtotal Women	100	\$ 130,601	\$ 512,363	\$ 674,256	80	\$ 9,200,000	\$ 10,517,220
Men							
NDSP	550	\$ 177,202	\$ 2,270,705	\$ 760,125	289	\$ 31,901,103	\$ 35,109,134
JRCC	350	\$ 233,247	\$ 1,192,650	\$ 1,555,144	233	\$ 20,201,127	\$ 23,182,168
MRCC	100	\$ 101,385	\$ 280,800	\$ 1,945,375	44	\$ 5,101,654	\$ 7,429,214
Subtotal Men	1,000	\$ 511,834	\$ 3,744,155	\$ 4,260,644	567	\$ 57,203,884	\$ 65,720,516
Juveniles							
20-Bed Secure Juvenile Facility	20	\$ -	\$ 87,650	\$ 2,100,000	27	\$ 3,333,333	\$ 5,520,983
Two 8-Bed Juvenile Residential Ctrs.	16	\$ -	\$ 40,900	\$ 588,000	21	\$ 2,560,000	\$ 3,188,900
Subtotal Juveniles	36	\$ -	\$ 128,550	\$ 2,688,000	48	\$ 5,893,333	\$ 8,709,883
TOTALS	1,136	\$ 642,435	\$ 4,385,067	\$ 7,622,900	695	\$ 72,297,217	\$ 84,947,619
Source: CGL Compnies; September 2020							
Notes:							
1. The current budget items included in this analysis totals \$63,211,564 on an annual basis; total DOCR Budget is \$120,315,836.							
2. All costs are based on the average per year cost over 20 years.							
3. The cost per institution was derived from the Schedule of Expenditures for Biennium ending June 30, 2019.							
4. Annualized Deferred Maintenance (DM); Life Cycle (LS); and Improvement Costs developed by CGL.							
5. General Obligation Bond rate @ 2.5% for 20 years on improvements; 3.5% for new construction.							
6. Proposed staffing per institution based on current staffing ratios per institution. For new projects, ratio proposed by CGL.							
7. Annualized staff & operating costs based on line item budget per institution plus RRI apportionment for NDSP, JRCC, MRCC plus apportionment of Behavioral Health and Education cost on a per bedspace allocation.							
8. Annualized costs do not include Juvenile Community Services; Central Office (Juvenile & Adult) Parole & Probation; Transitional Planning; Women's Services; and Central Office Audit.							

The current operating budget for the existing facilities is \$70.6 million, while the proposed option 1 annual operating budget for the existing and new juvenile facilities is \$72.3 million. The additional \$14.4 million annual expenditure would correct the deferred maintenance and set aside an annual fund for future life cycle expenditures. The annual debt service for the proposed option 1 improvements represents approximately half of the \$14.4 million additional budget request.

Using the same methodology, the anticipated total annual cost for option 2 is shown in table 6.9.

Table 6.9 Projected Total Annual Cost for Option 2

Institution	Annualized Annual DM Costs	Annualized Life Cycle Costs	Annualized Improvement/ New Const. Costs	Proposed Staff	Annualized Staff Costs & Operating Costs	Total Annualized Cost
Existing Institutions						
NDSP	\$ 177,202	\$ 2,270,705	\$760,125	289	\$ 31,901,103	\$ 35,109,134
JRCC	\$ 233,247	\$ 1,192,650	\$1,555,144	233	\$ 20,201,127	\$ 23,182,168
MRCC	\$ 101,385	\$ 280,800	\$1,945,375	44	\$ 5,101,654	\$ 7,429,214
YCC - Converted to 100-Bed Reentry	\$ 174,135	\$ 683,150	\$2,658,094	40	\$ 4,400,000	\$ 7,915,378
Subtotal Existing Institutions	\$ 685,968	\$4,427,305	\$ 6,918,738	607	\$ 61,603,884	\$ 73,635,894
New Construction						
100-Bed Women's Facility	\$ -	\$ 200,900	\$4,812,500	70	\$ 8,050,000	\$ 13,063,400
20-Bed Juvenile Facility	\$ -	\$ 87,650	\$2,100,000	27	\$ 3,333,333	\$ 5,520,983
Two 8-Bed Juvenile Residential Ctrs.	\$ -	\$ 40,900	\$ 588,000	21	\$ 2,560,000	\$ 3,188,900
Subtotal New Construction	\$ -	\$ 329,450	\$ 7,500,500	118	\$ 13,943,333	\$ 21,773,283
TOTALS	\$ 685,968	\$4,756,755	\$ 14,419,238	725	\$ 75,547,217	\$ 95,409,178

Source: CGL Compnies; September 2020

The \$10.5 million annual difference in total annual costs can be largely contributed to the new women's and juvenile facilities. The annual operating cost increase is because option 1 provides 100 more bed spaces using the YCC as a men's transition and reentry facility. The facility is too valuable to "mothball," but if the land currently in the YCC use could be sold, proceeds could be applied to the cost of constructing the new juvenile facilities.

In table 6.10, a comparison of the two options with the current operating cost is shown. The current budget does not include deferred maintenance or life cycle costs and, obviously, no debt service for physical improvements.

Table 6.10 Comparison of Current to Projected Total Annual Operating Cost

Budget Line Item	Annual Budget	Option 1	Option 2
Division of Juvenile Services			
YCC	\$ 10,083,064	\$ -	\$ -
Subtotal Juvenile Services	\$ 10,083,064	\$ -	\$ -
Division of Adult Services			
NDSP	\$ 33,683,400	\$ 35,109,134	\$ 35,109,134
JRCC	\$ 22,484,951	\$ 23,182,168	\$ 23,182,168
MRCC	\$ 5,988,811	\$ 7,429,214	\$ 7,429,214
DWCRC	\$ 5,497,676	\$ -	\$ -
YCC Re-Purpose	\$ -	\$ 10,517,220	\$ 7,915,378
Two 8-Bed Juvenile Residential Ctrs.	\$ -	\$ 3,188,900	\$ 3,188,900
100-Bed Women's Facility	\$ -	\$ -	\$ 13,063,400
20-Bed Juvenile Facility	\$ -	\$ 5,520,983	\$ 5,520,983
Subtotal Adult Services	\$ 67,654,837	\$ 84,947,619	\$ 95,409,178
TOTALS	\$ 77,737,901	\$ 84,947,619	\$ 95,409,178

Source: North Dakota DOCR Schedule of Expenditures; CGL/TMG Options; September 2020

The Case for Option 1

The two options were presented to the DOCR/State Legislative Committee in late September 2020. Following questions and discussion, the Committee voted to proceed with option 1 as the preferred direction for capital improvements, including a phased transfer of women currently located at the DWCRC to a renovated YCC campus made appropriate for women. During an interim period, all but 15-18 women would remain incarcerated at the DWCRC, and over the next three years, the complete transfer would occur.

In the meantime, since the total incarcerated juvenile population has decreased to less than 25, two cottages on the grounds of the YCC would be dedicated to housing juveniles, leaving two cottages for women. On a scheduled basis, women and juveniles would share classrooms, recreation, and dining spaces. By the end of FY 2022-23, a new 20-bed purpose-built juvenile facility would be completed at a location yet to be determined. By FY 2023-24, all women would be located at the YCC, and the DWCRC would become a regional correctional resource center for day reporting and monitoring.

At the request of the Committee, an order-of-magnitude annual cost for implementing option 1 has been calculated based on the following basic assumptions:

1. The DOCR provided the number of existing full and part-time staff for each facility and the probation and parole staff.
2. The current operating budget for the DOCR has been used to calculate the average cost per staff per institution, including probation and parole staff. This includes staff as well as non-staff operating costs.
3. While the current ratio of residents per total staff was calculated, this ratio was not the only factor used to estimate the future staff requirements for existing and new DOCR facilities. The recommended future facility size and staff was presented earlier in figure 7.8.
4. The calculation of deferred maintenance cost used the total estimated deferred maintenance cost for each existing institution. This total cost was divided by 20 years and converted to an annual fund to initiate and continue to address the critical needs. The state could elect to fund all the needs in one or two years, but an annualized payment method (without an interest rate) was used to develop an annualized estimate.
5. The calculation of life cycle corrections used a similar method as deferred maintenance. The state could elect to fund the life cycle improvements in a single year, but the total cost per existing and proposed new juvenile facility has been annualized.
6. Funding the proposed renovations and new construction assumed the use of general obligation bonds at a debt service rate of 2.5% for renovations and 3.5% for new construction. The time for debt retirement was calculated at 20 years. Both the rate and the period could be altered, or the state could elect to fund capital improvement without incurring debt by a direct capital appropriation. However, to establish the total financial impact of the Master Plan, an annualized model of payments was used.
7. The proposed costs were addressed for only the institutions without the projection of central headquarters or other non-institutional costs. Five basic cost categories were included. One exception is that for the women, the annual contract's proportioned cost for the operation of the DWCRC was included through FY 2022-23.

- a. Renovation or new construction costs
 - b. Deferred maintenance costs
 - c. Life cycle costs
 - d. Annual operating costs
 - e. Additional training/personnel costs
 - f. Operational implementation technical assistance costs
 - g. Capital planning technical assistance costs
8. The additional probation and parole staff's annual cost to reach the proposed caseload ratio of 1:40 is included in the total cost for DOCR but separate from the institutional costs.

The budget line item for operations implementation technical assistance estimates additional costs based on the recommendations identified in [Section Four](#) of this report. Technical assistance needs are applied across DOCR to support probation and parole, adult men and women residents, and youth. The goal is to build internal capacity over time to sustain efforts long-term.

Technical assistance needs may be modified based on staff capacity and expertise. Examples of technical assistance activities include strategic planning support, curriculum development, policy development, training-for-trainer activities (virtual and in-person models), implementation support for facility-based programs to address gender-responsive and Native American needs, and specialized expertise that may be required in areas such as case management models and gender-responsive assessments.

For YCC, we have included a line item focused on assessment and program tools as women residents are added to the facility. This includes an estimated \$100,000 startup cost in year two for a gender-responsive assessment tool. This cost is based on the Women's Risk Needs Assessment (WRNA), which includes approximately \$400 per person in training. The integration of the assessment tool into new or existing software is estimated to cost up to \$70,000. The WRNA itself is at no cost, but software integration and training are required.

An additional line item added for YCC is the estimated cost of purchasing and training facilitators on evidence-based, manualized, gender-responsive programs for women residents. The cost includes ongoing purchasing of materials in some cases across the five years and ongoing training for facilitators as the facility expands program offerings and experiences attrition/staff turnover. Quality assurance costs for programs are built into additional training costs and technical assistance.

Finally, a unified case management system is needed. We anticipate costs for this beginning in the second biennium. We cannot estimate the cost of a unified system due to the number of questions that need to be answered. For example, will DOCR continue to use the LSI-R or a different assessment tool that builds in more dynamic factors for case management? Will the DOCR decide to use one of the existing providers or find a new provider to build the case management system. Among many others, these questions are critical to discuss for budget planning and will likely help shape budget needs in FY 2023-24 and 2024-25.

By a large margin, the biggest annual cost is for staff. In the Master Plan, changes in current staffing allocations per institution were made based on the overall goal of reducing the number of residents at each existing institution and assigning more residents to community-based sanctions. In table 6.11, a proposed phasing of the staffing for each institution, the additional training staff to achieve the desired transformation, and the annual increase in probation and parole staff to meet the recommended caseload ratio is shown.

Table 6.11 Proposed Annual Staffing Changes per Institution

Phased Staff Changes	FY21-22	FY22-23	FY23-24	FY24-25	FY25-26
Women	80	94	80	80	80
DWCRC	48	30	-	-	-
YCC	32	64	80	80	80
Men	598	595	591	581	572
NDSP	308	308	303	299	294
JRCC	237	237	237	235	234
MRCC	53	50	50	48	45
Juveniles	36	36	27	27	37
YCC	36	36	-	-	-
New Facilities	-	-	27	27	37
Subtotal Facilities Staff	714	725	697	688	690
Additional Training	3	4	5	5	4
Probation & Parole	121	127	133	139	145
TOTAL DOCR Staff	838	856	835	832	839

Source: DOCR Budget for FY 2019; Proposed staffing projections by CGL Companies; September 2020

Applying the cost per staff as represented in the current DOCR budget and the recommended staffing proposed in table 6.11, a cost per staff was developed for the annual operating budget. No annual cost of living increase has been applied to this estimate. Similarly, no inflation factor was applied to cost increases for deferred maintenance, life cycle, or construction costs. All these potential increases are subject to unpredictable variables. Therefore, the proposed projection model is based totally on 2020 costs.

Using all the assumptions previously defined, table 6.12 presents the estimated annual cost to implement the recommended Master Plan. With so many unpredictable factors influencing the funding of a ten-year capital plan, the annualized costs are presented only for the first five fiscal years. Beyond that, the state may need to update the Master Plan.

Table 6.12 Proposed Total Annual Budget to Implement the Ten-year Master Plan

Item	Capital Investment Description	FY 21-22	FY 22-23	FY 23-24	FY 24-25	FY 25-26
Facility-Based Annual Costs						
Total Costs for Women						
YCC Improvements (Based on Phased Closure of DWCRC and 100 Beds @ YCC by FY 23-24)						
1	Renovation/Construction of Buildings	\$ 674,256	\$ 674,256	\$ 674,256	\$ 674,256	\$ 674,256
2	Deferred Maintenance	\$ 130,601	\$ 130,601	\$ 130,601	\$ 130,601	\$ 130,601
3	Life Cycle Improvements	\$ 512,363	\$ 512,363	\$ 512,363	\$ 512,363	\$ 512,363
4	Operating Costs	\$ 3,680,000	\$ 7,360,000	\$ 9,200,000	\$ 9,200,000	\$ 9,200,000
5	DWCRC Annual Contract Costs	\$ 3,080,847	\$ 1,925,529	\$ -	\$ -	\$ -
6	Implementation Assistance Tools	\$ 161,400	\$ 52,000	\$ 52,000	\$ 52,000	\$ -
a	EBP & Gender-Responsive Program Materials/Trainer	\$ 61,400	\$ 44,000	\$ 44,000	\$ 44,000	\$ -
b	Gender-Responsive Assessment Tool	\$ 100,000	\$ 8,000	\$ 8,000	\$ 8,000	\$ -
7	Capital Planning Technical Assistance	\$ 107,881	\$ 53,941	\$ -	\$ -	\$ -
Subtotals Women		\$ 8,347,348	\$ 10,708,690	\$ 10,569,220	\$ 10,569,220	\$ 10,517,220
NDSP Improvements (Based on a Phased Reduction to 550 Bedspaces by FY26-27)						
1	Renovation/Construction of Buildings	\$ -	\$ -	\$ 1,911,000	\$ -	\$ -
2	Deferred Maintenance	\$ 177,202	\$ 177,202	\$ 177,202	\$ 177,202	\$ 177,202
3	Life Cycle Improvements	\$ 2,270,705	\$ 2,270,705	\$ 2,270,705	\$ 2,270,705	\$ 2,270,705
4	Operating Costs	\$ 33,683,400	\$ 33,927,345	\$ 33,418,434	\$ 32,909,524	\$ 32,400,614
5	Capital Planning Technical Assistance	\$ -	\$ 47,775	\$ 23,888	\$ -	\$ -
Subtotals NDSP		\$ 36,131,306	\$ 36,423,026	\$ 37,801,228	\$ 35,357,431	\$ 34,848,521
JRCC Improvements (Based on a Phased Reduction to 350 Bedspaces by FY27-28)						
1	Renovation/Construction of Buildings	\$ 2,688,000	\$ 2,688,000	\$ 2,688,000	\$ 2,688,000	\$ 2,688,000
2	Deferred Maintenance	\$ 233,247	\$ 233,247	\$ 233,247	\$ 233,247	\$ 233,247
3	Life Cycle Improvements	\$ 1,192,650	\$ 1,192,650	\$ 1,192,650	\$ 1,192,650	\$ 1,192,650
4	Operating Costs	\$ 20,523,768	\$ 20,523,768	\$ 20,523,768	\$ 20,318,531	\$ 20,215,912
5	Capital Planning Technical Assistance	\$ 124,412	\$ 124,412	\$ 124,412	\$ -	\$ -
Subtotals JRCC		\$ 24,762,077	\$ 24,762,077	\$ 24,762,077	\$ 24,432,428	\$ 24,329,809
MRCC Improvements (Based on a Phased Reduction to 100 Bedspaces by FY25-26)						
1	Renovation/Construction of Buildings	\$ -	\$ -	\$ -	\$ 1,945,375	\$ 1,945,375
2	Deferred Maintenance	\$ 101,385	\$ 101,385	\$ 101,385	\$ 101,385	\$ 101,385
3	Life Cycle Improvements	\$ 280,800	\$ 280,800	\$ 280,800	\$ 280,800	\$ 280,800
4	Operating Costs	\$ 6,067,652	\$ 5,764,269	\$ 5,764,269	\$ 5,460,887	\$ 5,157,504
5	Capital Planning Technical Assistance	\$ 155,630	\$ 77,815	\$ -	\$ -	\$ -
Subtotals MRCC		\$ 6,605,467	\$ 6,224,269	\$ 6,146,454	\$ 7,788,447	\$ 7,485,064
New Juvenile Facilities (Based on Relocation from YCC to a New Facility by FY23-24 and First Residential Home by FY26-27)						
1	Debt Service on New 20-Bed Facility	\$ -	\$ 2,100,000	\$ 2,100,000	\$ 2,100,000	\$ 2,100,000
2	Life Cycle Improvements	\$ -	\$ -	\$ 87,650	\$ 87,650	\$ 87,650
3	Operating Costs	\$ 3,529,072	\$ 3,529,072	\$ 3,333,333	\$ 3,333,333	\$ 3,333,333
4	Debt Service on a New 8-Bed Residential Home	\$ -	\$ -	\$ -	\$ -	\$ 588,000
5	Life Cycle Improvements	\$ -	\$ -	\$ -	\$ -	\$ 40,900
6	Operating Costs	\$ -	\$ -	\$ -	\$ -	\$ 1,680,000
7	Capital Planning Technical Assistance	\$ 90,000	\$ 45,000	\$ -	\$ -	\$ -
Subtotals Juveniles		\$ 3,619,072	\$ 5,674,072	\$ 5,520,983	\$ 5,520,983	\$ 7,829,883
FACILITY-BASED TOTALS for OPTION 1		\$ 79,465,270	\$ 83,792,134	\$ 84,799,963	\$ 83,668,508	\$ 85,010,496

Table 6.13 Proposed Total Annual Budget to Implement the Ten-year Master Plan

Item	Capital Investment Description	FY 21-22	FY 22-23	FY 23-24	FY 24-25	FY 25-26
Systemwide Annual Costs						
Probation & Parole (Based on improving Case Load Ratios from 1:70 to 1:40)						
1	Total Probation & Parole Staff Costs	\$ 23,810,868	\$ 24,991,572	\$ 26,172,277	\$ 27,352,981	\$ 28,533,685
2	Additional Training Costs	\$ 150,000	\$ 150,000	\$ 150,000	\$ 150,000	\$ 150,000
Systemwide Additional Facilities-Based Training Costs						
1	Additional Training Costs	\$ 450,000	\$ 600,000	\$ 750,000	\$ 750,000	\$ 600,000
Systemwide Operational Technical Assistance Costs						
1	Operations Implementation Technical Assistance	\$ 375,000	\$ 380,000	\$ 200,000	\$ 160,000	\$ 135,000
SYSTEMWIDE TOTALS for OPTION 1		\$ 24,785,868	\$ 26,121,572	\$ 27,272,277	\$ 28,412,981	\$ 29,418,685
Summary of Annual Costs Related to the Master Plan						
1	Renovation/Construction of Buildings	\$ 3,362,256	\$ 5,462,256	\$ 7,373,256	\$ 7,407,631	\$ 7,995,631
2	Deferred Maintenance	\$ 642,435	\$ 642,435	\$ 642,435	\$ 642,435	\$ 642,435
3	Life Cycle Improvements	\$ 4,256,517	\$ 4,256,517	\$ 4,344,167	\$ 4,344,167	\$ 4,385,067
4	Operating Costs	\$ 91,294,760	\$ 96,096,027	\$ 98,412,082	\$ 98,575,256	\$ 100,521,048
5	DWCRC Annual Contract Costs	\$ 3,080,847	\$ 1,925,529	\$ -	\$ -	\$ -
6	Additional Training Costs	\$ 600,000	\$ 750,000	\$ 900,000	\$ 900,000	\$ 750,000
7	Operations Implementation Technical Assistance	\$ 161,400	\$ 52,000	\$ 52,000	\$ 52,000	\$ -
8	Capital Planning Technical Assistance	\$ 477,923	\$ 348,942	\$ 148,299	\$ -	\$ -
9	Systemwide Operational Technical Assistance	\$ 375,000	\$ 380,000	\$ 200,000	\$ 160,000	\$ 135,000
TOTAL Annual Costs for Master Plan Improvements		\$ 104,251,138	\$ 109,913,707	\$ 112,072,239	\$ 112,081,489	\$ 114,429,181

Source: CGL Companies/TMG; October 2020

Conclusion

A Master Plan is not a conclusion but a basis for beginning a transformation process that will change over a decade, regardless of how much the recommendations have been evidence informed. This should be expected for this plan and welcomed as the DOCR demonstrates the ability to respond to internal and external factors that will influence priorities. Suppose a bias exists in this Master Plan. In that case, that bias focuses on improving gender equality in the delivery of services and programs and within facilities that are appropriate for women.

The attempt in this Master Plan has been to use the vision articulated by elected officials, DOCR staff, criminal justice system professionals and advocates, the community, and the residents to define the steps, tasks, and cost to transform the ability of DOCR to offer programs and services within existing and new facilities. In doing so, a safer community should focus on rehabilitation that will result in a reduction in recidivism.

A sincere appreciation is extended to the Department of Corrections and Rehabilitation Review Committee members for the opportunity to provide this Master Plan. Additionally, the insights, support, and cooperation of the DOCR executive team, who has been a trusted partner in this effort, have been invaluable. By spending a great deal of time helping the team connect with stakeholders, gather data and requested documents, and answer endless questions, all while dealing with a global pandemic, among many other priorities, the recommendations in Master Plan have been vetted and are better suited for implementation.

Appendix 1: Resource Guide

This section provides additional resources and supporting research in applicable operational areas to support the implementation of recommendations. Staff with subject matter expertise within the department have already begun working on operational priority areas. We offer these additional resources to augment work underway and provide further guidance as needed.

Community Capacity

Acknowledging current community values and capacity is a critical area for DOCR in achieving desired strategic goals. Perhaps most critical to the Master Plan's success is managing the increase in projected population over the next ten years through community-based alternatives to incarceration. This requires coordination among an intricate network, including courts, transitional centers, prison facilities, probation and parole offices, community providers, families, schools, and faith-based organizations to serve individuals' needs locally.

Supporting Research

Over the last twenty-five years, researchers have identified a core set of principles and practices that can significantly reduce recidivism, increase public safety, and cut spending (Bonta and Andrews, 2016). These include scientifically validated tools to assess people's risk levels, needs, and strengths; individual case management plans that match people to appropriate supervision levels and treatment programs; cognitive-behavioral and other evidence-based interventions to change behavior; and a balanced approach used by officers that rewards success and hold the individual accountable for new crimes (Pew Charitable Trusts, 2018; Harvard Kennedy School, 2017; Van Diemen, 2015; Phelps, 2014; Smith, Schweitzer, Labreque, and Latessa, 2012; Bonta, Rugge, Scott, Bourgon, and Yessine, 2008; Taxman, Yancey, Bilanin, 2006; Bogue, Campbell, Carey, Clawson, Faust, Florio, Joplin, Keiser, Wasson, and Woodward, 2005).

To achieve intended outcomes, a continued emphasis on shifting officers from an enforcement minded model to a model that that:

- Focuses on providing direct supervision resources to those who pose a higher public safety risk.
- Is designed to support the completion of goals or programs versus the completion of a specific period of months or years.
- Recognizes how neighborhood and social factors affect behavior and works intentionally to engage community members rather than relying heavily on pressure from the legal system.
- Is focused on changing the purpose of supervision from punishing failure to promoting success. Consistent with restorative practices, the goal of probation/parole practices should be to help people repair the harm they have caused and become self-sufficient, law-abiding citizens, rather than simply enforcing rules set by courts and parole boards, catching violations and imposing penalties, including incarceration (Latimer, Dowden, and Muise, 2005).
- Recognizes the importance of policies and practices that are gender- and trauma-informed and that are attentive to the unique challenges and barriers faced by indigenous people and other racial and ethnic groups over-represented in the justice system (Morash, Kashy, Smith, and Cobbina, 2015).

Current research specific to probation and parole recommends caseloads at approximately 40 clients with moderate to high-risk per case manager or officers. However, the research also suggests that reduced caseloads do not positively impact outcomes unless implemented using evidence-based practices. In other words, if the officers provide intensive supervision, consisting primarily of monitoring and risk management without evidence-based practices, this can increase the number of violations and risk reoffence²³.

Day Reporting Center Model and Research

1. A recent paper by Lanterman (2020) sheds light on DRC's showing significant results, and not surprisingly, they are less focused on risk management and more attentive to risk reduction.
2. Some guidance for consideration includes:
 - First, ensure a match between a DRC model and client needs to effectively influence clients' criminogenic needs. In other words- if a DRC specializes in the provision of specific need areas like substance use- this is not a good fit for someone that does not need SA treatment.
 - Second, verify that DRC's are prioritizing services for higher risk clients and that if an organization provides services to lower risk clients, then those services should be of a lower dosage and delivered separately from those provided to moderate and high-risk clients. Failure to adhere to the Risk Principle may impede the ability of DRCs to contribute to recidivism reduction by not allocating sufficient services to higher risk clients and 'over treating' lower risk clients, which may increase their risk levels.
 - Third, use a validated assessment and encourage the use of supplemental assessments in areas that may require further exploration (e.g., provide a substance use assessment if there is an indication of moderate to high need on the LSI-R; provide an assessment for DV- if there is an indication of need, etc.).
 - Fourth, verify that assessment results guide the development of the case plan and that assessments are routinely re-administered to track client progress and revise case plans.
 - Fifth, verify (e.g., via contractual requirement) that DRC programs and staff are evaluated on a regular basis to maximize the effectiveness of DRCs and their ability to provide access to evidence-based programs, services, and interventions.
 - Sixth, work with the DRC's to develop a protocol for providing incentives.
 - Seventh, ensure that all clients have a reentry plan. When safe and possible – involve other community providers and family members to assist with the development of a reentry plan.

²³ Jalbert, Sarah Kuck, William Rhodes, Michael Kane, Elyse Clawson, Bradford Bogue, Christopher Flygare, Ryan Kling, and Meaghan Guevara. 2011. *A Multisite Evaluation of Reduced Probation Caseload Size in an Evidence-based Practice Setting*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.

Women Residents, Preferred Location

HB No. 1015 specifically addresses the need to identify a preferable location for women residents to ensure they receive appropriate access to programs, services, visitation, and community supports. Women residents in this case are defined as those residents in custodial settings sentenced to DOCR. Currently, the intake facility for women residents sentenced to DOCR is in New England at the DWCR. The facility is approximately two hours west of Bismarck. DWCR has the capacity to house women at all custody levels until moved to another facility or released to the community.

The discussion to move the women to an environment that can more readily promote positive outcomes is consistent with existing research.²⁴ Gender-responsive principles developed by researchers through funding by the National Institute of Corrections, guides practitioners and policymakers alike on key decisions such as the facility location and environment, programs, and operational practice that works best with justice-involved women. In fact, the definition of "gender-responsive" includes the importance of site selection: "Creating an environment through site selection, staff selection, program development, content and material that reflects the understanding of the realities of women's lives and addresses the issues of the residents."²⁵

As noted previously, the capital plan suggests a phased move of women residents to the YCC in Mandan. The first phase is focused on moving up to 13 minimum custody women which is slated to occur, pending Governor approval, in 2021. The phased approach is meant to allow youth to also remain on campus during this time, while ensuring appropriate sight separation and strategic scheduling of services and education so that youth and women residents are always separated.

The advantages of moving the women to the YCC campus includes:

- DOCR can better maximize existing services, staffing, and infrastructure both at YCC and NDSP to effectively supervise women residents.
- There is an increased opportunity for more robust community involvement and resources to support an integrated approach to reentry, programs, and services.
- More women residents will be housed closer to their home communities, creating more opportunities for visitation, community "in-reach, and children engagement.
- Current YCC staff are well-trained on skills such as gender-responsive practices, trauma-informed care, and case planning.
- The campus is well-suited for women residents in normative environments including established spaces for programs, education, vocations, and visitation.
- DOCR has the access, resources, and staffing to add robust programming options, equal to what male residents are offered.
- Mandan area provides better access to medical care which is critical for women who are pregnant or become seriously ill or injured while in custody.

²⁴ Gender-responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders, National Institute of Corrections.

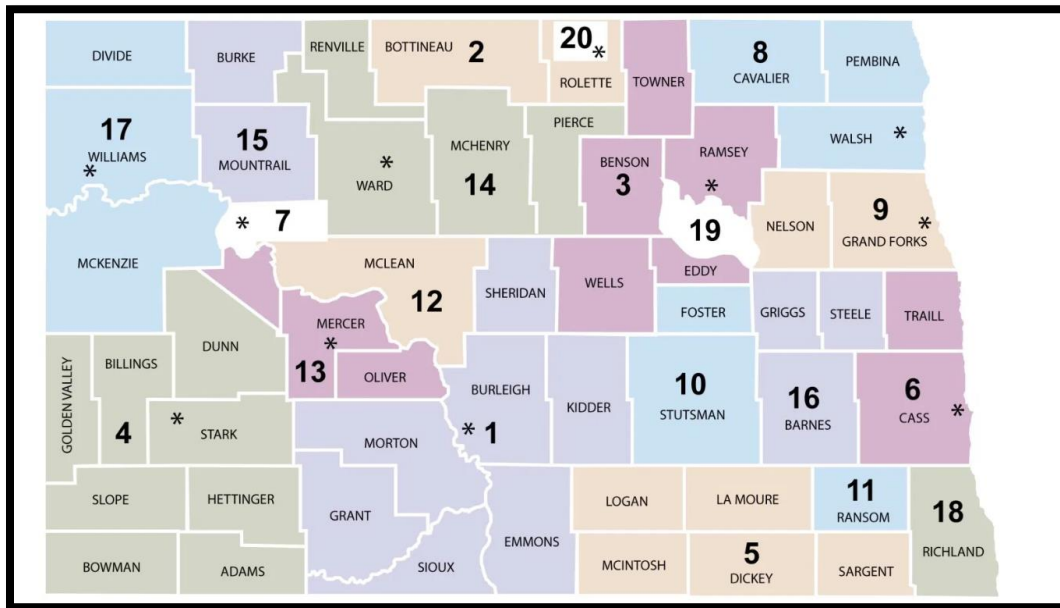
²⁵ Bloom, B., and Covington, S. (2000). Gendered justice: Programming for women in correctional settings. Paper presented to the American Society of Criminology, San Francisco, CA, p. 11

Restorative Justice: Victim Services and Family Engagement

Detailed themes from family interviews:

- Families perceived that there is little effort to understand the needs and impact of incarceration on family members.
- There are numerous obstacles with respect to communication for family members (phone and video costs are very high and limited access to internet).
- Family members with a criminal history are not allowed to visit and this is particularly problematic for families with intergenerational drug and alcohol issues.
- For families, when obstacles are put in front of probation or parole clients, it also has an impact on the family members.
- Family members indicated that the location of prisons made it extremely difficult if not impossible to visit in person.
- When phone privileges are revoked by DOCR, no one from the department shares this information with family. This is extremely difficult when "out of nowhere" there is no communication from their loved one.
- Some family members reported that even when the incarcerated person was participating and working to improve in programming, there was no privacy to be vulnerable and talk through what they were learning in programming because other residents were always listening.
- Housing challenges upon reentry was the number one challenge that every interviewee identified. Some interviewees stated that the incarcerated individual was not able to live with their spouse or children even though there was no family (domestic abuse or sexual abuse) in the offender's history. This caused significant stress and financial strain as the family had to "fund" two living arrangements.
- Families with children in common had little to no support in helping children of incarcerated individuals acclimate to the incarcerated parent's reentry.
- Supportive family members had little to no understanding of the programming the incarcerated person received and/or how to support the returning person.
- Interviewees indicated that there is no mental health/counseling available or provided to families to work together with the incarcerated family during incarceration or upon reentry.
- Family members of female offenders indicated that there was little to no support upon reentry to address previous or domestic violence, sexual assault, or trafficking histories.
- Some family members reported little to no ongoing communication with DOCR staff during the reentry phase, or upon release. Some indicated that this was not the fault of the parole agent, but an issue with "geographical distance."

The map below shows current locations for domestic violence shelters to demonstrate the breadth of resources that DOCR may be able to more closely connect with for victims of abuse, victimization, and trafficking. (Source: www.cawsnorthdakota.org)



Coverage Areas of North Dakota Advocacy Centers

1. Abused Adult Resource Center, Bismarck

Crisis Line: 866-341-7009
Office: 701-222-8370

2. Family Crisis Center, Bottineau

Crisis Line: 800-398-1098
Office: 701-228-2028

3. Safe Alternatives for Abused Families, Devils Lake

Crisis Line: 888-662-7378
Office: 701-662-7378

4. Domestic Violence and Rape Crisis Center, Dickinson

Crisis Line: 888-225-4506
Office: 701-225-4506

5. Kedish House, Ellendale

Crisis Line: 877-349-4729
Office: 701-349-4729

6. Rape and Abuse Crisis Center, Fargo

Crisis Line: 800-344-7273
Office: 701-293-7273

7. Three Affiliated Tribes Victim Services, New Town

Crisis Line: 701-627-3617
Office: 701-627-4171

8. Domestic Violence and Abuse Center, Grafton

Crisis Line: 866-435-7490
Office: 701-352-4242

9. Community Violence Intervention Center, Grand Forks

Crisis Line: 866-746-8900
Office: 701-746-0405

10. SAFE Shelter, Jamestown

Crisis Line: 888-353-7233
Office: 701-251-2300

11. Abuse Resource Network, Lisbon

Crisis Line: 701-683-5061
Office: 701-683-5061

12. McLean Family Resource Center, Washburn

Crisis Line: 800-651-8643
Office: 701-462-8643

13. Women's Action and Resource Center, Beulah

Crisis Line: 701-873-2274

Office: 701-873-2274

14. Domestic Violence Crisis Center, Minot

Crisis Line: 701-857-2200

Office: 701-852-2258

15. Domestic Violence Program of NW ND, Stanley

Crisis Line: 800-273-8232

Office: 701-628-3233

16. Abused Persons Outreach Center, Valley City

Crisis Line: 701-845-0072

Office: 701-845-0078

17. Family Crisis Shelter, Williston

Crisis Line: 800-231-7724

Office: 701-572-0757

18. Three Rivers Crisis Center, Wahpeton

Crisis Line: 800-627-3659

Office: 701-642-2115

19. Spirit Lake Victim Assistance, Ft. Totten

Crisis Line: 866-723-3032

Office: 701-766-1816

20. Hearts of Hope, Turtle Mountain Reservation

Crisis Line: 701-477-0002

Office: 701-477-0002

*Shelters

Resident Profile, Risk and Needs: Assessment and Case Planning

Research and prevailing guidelines recommend the use of actuarial assessments over subjective judgements alone to guide decisions with respect to classification and assessment (Bonta and Andrews, 2016). Standardized tools are currently used to determine custody level and placement, to individual risk, needs and strengths, and to facilitate the identification of women who are vulnerable or engage in predatory behavior (PREA standards).

Historically, correctional assessments were developed for and validated with men and administered to women without regard for their relevance or legitimacy. This practice has been found to contribute to over-classification, where women are housed or supervised under more austere conditions than their behavior warrants (Van Voorhis, 2012, Ney, Ramirez, and Van Dieten, 2012). Standardized assessments designed and validated for men also fail to adequately identify the needs of women (Van Voorhis, Bauman, Wright, and Salisbury 2010).

We now have a robust literature that shows a distinct gendered pattern in how and when males and females enter the justice system, the types of offenses committed, and differences in the risk factors or challenges that contribute to and support criminal behavior. The major factors that are predictive of negative criminal justice outcomes for most women in institutional and community settings include: pervasive childhood abuse and neglect, current victimization, relationship dysfunction, parental stress, financial and housing instability, and mental health history and the presence of symptoms related to depression/anxiety and psychosis/suicidal ideation (Salisbury and Van Voorhis, 2009; Van Voorhis, Bauman, Wright, and Salisbury 2010).

Further, the early pathways research and outcomes of recent epidemiological studies²⁶ indicate that the emergence of behaviors (e.g., substance use, relational violence) which place women at risk for justice involvement may be linked to trauma experienced in childhood. Trauma is an area that is not addressed in many of the standardized assessments and yet prevalence rates reported by justice-involved women either in early childhood or within their current intimate relationships suggest that these experiences are universal.

Another notable absence in the prediction literature with adults is a focus on strengths. More recent research has demonstrated that the assessment of strengths can supplement predictive information afforded by traditional risk and need domains while providing useful information for developing case plans and supporting risk reduction efforts (Jones, Brown, Robinson, and Frey, 2018) .

The use of risk and need assessments is also enhanced when jurisdictions implement the practice of conducting regular reassessments to monitor progress over time. Changes in risk and need signals changes in the probability of recidivism. In other words, as risk and need levels decrease, the likelihood or recidivism decreases. Such information is critical for setting appropriate levels of service and adjusting case plans to ensure favorable outcomes (Aos and Drake, 2013; Wilson, Gallagher, and MacKenzie, 2000).

²⁶ See for example, ACEs <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

The following best practices are consistent with the prevailing research:

- Dynamic risk/need factors and strengths are assessed and determined to be valid. These include needs and strengths relevant to women.
- The assessment of risk, needs, and strengths guides the development of an individual case plan, and recommends access and referral to critical programs and services.
- The individual case plan is reviewed and updated throughout the carceral process to enhance motivation and monitor progress.

Appropriate case and reentry planning involve a process of addressing men and women's individual and unique needs, particularly those that impair humane prison adjustment and those that are related to future offending (i.e., risk factors, criminogenic needs). The role of case management in this process is to match residents to programs and services according to their assessed need for such services. A growing body of research demonstrates that accurately addressing risk factors with evidence-based programs reduces recidivism (Bonta and Andrews, 2016). However, even high quality, evidence-based programs do not achieve these outcomes when targeted to the wrong individuals.

In recent years, new models of case management have been designed to better support treatment in custody and transition to the community.²⁷ These models involve the client and other team members in case planning decisions and work collaboratively within the team to prioritize treatment goals and provide relevant services.

A model developed by the NIC specifically for women has demonstrated significant and positive outcomes in a variety of settings (Van Dieten, 2015; Robinson, Millson, and Van Dieten, 2010; Robinson, Van Dieten, and Milson, 2012) Elements linked to effective case planning include:

- Case planning is initiated at the beginning of a woman's stay in the facility, and routinely reviewed and updated throughout her period of incarceration.
- A team approach, that includes the woman and professionals from various disciplines, is promoted to ensure coordination and continuity of services within the institution and during transition to community supervision.
- Women offenders are considered an active member of the team and involved in decision-making with respect to prioritizing goals and setting action steps.
- Women leave the facility with knowledge of community sources of support and referrals to community agencies.
- When making a referral, deliberate efforts are made to introduce the woman directly to a service provider, provide detailed information about the service, and directly link the woman to natural supports in the community prior to leaving the facility.

²⁷ See for example, NIC's Collaborative Case Management with Women (CCW-W), formerly known as the Women Offender Case Management Model (WOCMM)

Programs and Services

Reviews of large numbers of correctional treatment studies (meta-analytic reviews) published during the 1990's led to the formulation of evidence-based principles of effective correctional intervention (Bonta and Andrews). Generally, programs that affect large reductions in recidivism are those that: a) serve medium to high risk individuals; b) address needs and problems related to future offending; c) accommodate learning styles and other difficulties that may impede successful participation in even the best of programs; d) use cognitive-behavioral treatment modalities; and e) attend to quality assurance. Within the past decade, the relevance of these principles to women has been challenged because the findings are based primarily on studies of men. The body of gender-responsive research suggests that the principles be modified to better meet the needs of women.

The modifications focus on the choice of risk and need factors that are targeted or addressed by gender-responsive programs. Earlier gender-neutral approaches focused on antisocial associates, impulsive personality characteristics, antisocial thinking, education, and substance abuse. There is growing empirical support for gender-responsive treatment modalities that recognize the importance of mental health, trauma/abuse, personal safety, parental stress, and healthy relationships along with strength areas pertaining to family support and self-efficacy (Van Diemen, in press; Gobeil, Blanchette, and Stewart, 2016; Miller and Najavitz, 2012).

Gender-responsive programs (for men and women) use cognitive-behavioral approaches along with trauma-informed, strength-based, and relational strategies. Cognitive-behavioral approaches address some of the gender-neutral needs, particularly poor problem solving and decision-making, substance abuse, and education.

Cognitive-behavioral approaches consistently yields favorable outcomes in a variety of justice-involved populations, including individuals charged with sex offenses, domestic violence, aggression, and substance use.

Program elements related to positive outcomes include:

- Skills training that includes modeling, reinforcement, behavioral rehearsal, and cognitive restructuring.
- Target criminogenic needs and program has clearly stated outcomes.
- Staff are provided with training and coaching
- Quality assurance protocols are used to guide the delivery of programs
- Participant feedback and input into program delivery and content is elicited.
- Programs for criminal justice clientele should identify and apply appropriate reinforcers.
- A maintenance or aftercare component.
- Monitor fidelity and completion rates
- Incentives and reinforcers are put in place to support program participation, completion, and demonstrations of skill transfer.
- Program resources are directed toward clients who are at moderate to high risk for reoffending.

Helping Women Recover: A Program for Treating Addiction

This evidence-based curriculum was written by Dr. Stephanie Covington. It utilizes theories of women's psychological development, trauma, and addiction to provide a comprehensive, 17-session curriculum to target substance use disorders with women offenders. The program is delivered in four modules which address common issues in substance abusing women such as triggers for relapse, relationships, domestic violence, trauma, family, and self-esteem.

Beyond Trauma: A Healing Journey for Women

This evidence-based curriculum is another product offering by Dr. Stephanie Covington. The 12-session program incorporates the latest research in neuroscience, trauma, and PTSD in order to address women's experiences of trauma. While specifically a trauma program, the materials frequently reference the connection between trauma and addiction in the lives of women. Drawing on the principles of relational theory, the program utilizes cognitive-behavioral techniques, mindfulness, expressive arts, and body-oriented exercises.

Beyond Violence: A Prevention Program for Criminal Justice-Involved Women

This curriculum is authored by Dr. Stephanie Covington and is evidence-based. The curriculum is designed for women in criminal justice settings with histories of aggression and/or violence. This 20-session curriculum examines the interrelated areas of individual, relationship, community, and societal factors in the risk for violent and aggressive behavior. The program address both the violence and trauma that women have experienced as well as the violence they may have perpetrated.

Moving On: A Program for At Risk Women

This evidence-based curriculum was written by Dr. Marilyn Van Dietsen at Orbis Partners, Inc. It leverages both educational and cognitive skill building approaches to help women at risk of future criminal justice involvement find alternatives to criminal activity. It is grounded in relational theory, motivational interviewing, and cognitive-behavioral intervention. The 23-session group supports women as they mobilize and build personal strategies, natural supports, and community resources.

Active Adult Relationships

This 12-unit course teaches participants skills related to communication, conflict resolution, emotion management, making budgets, wise choices for friends, dating and marriage, recognizing personal strengths, and future planning. The evidence-based curriculum was written by Kelly Simpson at the Active Relationships Center.

Parenting Inside Out

This program was developed by Dr. J. Mark Eddy and colleagues at the Oregon Social Learning Center and is evidence-based. The curriculum utilizes cognitive-behavioral techniques to teach parent management skills to incarcerated parents. The developmentally focused program helps parents to promote healthy child adjustment, prevent problem behavior, and stop the intergenerational cycle of criminal justice involvement. The 60-hour curriculum allows for cultural differences in attitudes toward family and parenting and can be individualized to each parent's family.

Native American Programs and Resources

Many Native/Indigenous tribes embrace a worldview that encompasses the notions of connectedness (with the past and with others), strong family bonds, adaptability, oneness with nature, wisdom of elders, meaningful traditions and strong spirit that may serve as protective factors when it comes to mental health. There are a number of agencies that provide technical assistance and resources for agencies working with Native American people. Listed below are some of the government agencies and programs relevant to justice involved individuals.

Administration for Native Americans (ANA)

ANA has developed a wide variety of resources to inform and connect with applicants, grantees and the public. There is a search engine to help individuals locate relevant resources. The resource library includes guides, videos, fact sheets, reports, and webinars produced by ANA, our Technical Assistance Providers, our partners, and grantees.

See for example: The Good Road of Life – Fatherhood Curriculum. This curriculum was designed to demonstrate a reduction in referrals to social services, counseling services, substance abuse programs, and incarceration due to domestic violence.

<https://www.acf.hhs.gov/ana/success-story/native-nonprofit-teaches-the-good-road-of-life>

National Indian Health Board

Re-Entry Population Programming Toolkit

(https://www.nihb.org/behavioral_health/reentry_population_toolkit.php)

- Articles – NIHB researched and published a series of articles on re-entry programming
- Additional Resources – a variety of resources that Tribes may use to work with people recently released from jail or prison including:
 - White Bison Warrior Down Overview
 - Reentry Series Part I: Need for Reentry Efforts
 - Reentry Series Part II: Considerations when Designing a Reentry Program
 - Reentry Series Part III: Programming to Support Native Americans Reentering the Community

White Bison, Inc. has created a reentry component called Warrior Down to their Wellbriety Movement initiative that looks at sources of American Indian and Alaska Native specific support systems and resources, <http://www.whitebison.org/index.php>

SAMHSA GAINS Center Tribal Policy Academy on Alternatives to Incarceration – The major goal of this initiative is to aid Tribes in developing a plan for alternatives to incarceration for adult Tribal members who might benefit from jail diversion opportunities, particularly strategies related to individuals with co-occurring substance use and mental health diagnoses,

http://gainscenter.samhsa.gov/topical_resources/tribes.asp

Tribal Juvenile Detention and Reentry Training and Technical Assistance Center is supported by the Office of Juvenile Justice and Delinquency Prevention, and includes a variety of resources and a link to request technical assistance in developing youth-orientated programs, <http://www.tribalreentry.org/>

The U.S. Department of Labor published this guide titled Mentoring Ex-Prisoners: A Guide for Prisoner Reentry Programs, http://www.doleta.gov/pri/pdf/mentoring_ex_prisoners_a_guide.pdf

The National Reentry Resource Center is a federally-supported project of the Council of State Governments, <http://csgjusticecenter.org/nrrc>

Native Counseling Services of Canada

<http://www.ncsa.ca/programs/>

This group offers a wide range of educational materials to native youth and adults in corrections.

CSC Programs for Indigenous women

CSC offers separate Indigenous Women Offender Correctional Programs (IWOCP) to respond to Indigenous women's unique, culturally related needs. The IWOCP model strikes a balance between a healing and a skills-based approach. It includes culturally relevant teachings and ceremonies.

Engagement program

The Indigenous Women Offender Self-Management Program (IWO-SMP) is a low intensity, introductory program. It is a primer for all Indigenous women admitted into a federal institution. This program is a pre-requisite for all other programming.

The goals of the program are to motivate participants to change and to introduce all the integrated skills which are used throughout the Circle of Care. Women offenders:

- learn social skills
- begin to identify problematic behaviors
- are introduced the concept of the healing plan, which includes coping strategies to help them live positive lifestyles

The program:

- has a total of 12 sessions
- has 100% Elder involvement
- is delivered by a single facilitator
- accommodates groups of up to ten participants
- has up to five sessions per week

[Women's Engagement Program](#) provides more information.

Moderate intensity program

The moderate intensity IWOCP is for Indigenous women offenders with a moderate risk to reoffend. It builds on the knowledge they gained in IWEF.

CSC encourages Indigenous women to:

- take part in their own rehabilitation
- focus on changing behaviors and
- work towards short- and long-term goals

The program teaches the skills they need to address their problematic behaviors. Indigenous women learn and practice, amongst other skills:

- emotion management
- problem-solving
- conflict resolution
- communication skills

Indigenous women offenders learn the importance of positive and healthy relationships. They continue to develop healing plans, which include skills and strategies to help them adopt a positive lifestyle.

Other goals of the program are the:

- development of a positive personal and cultural identity, and
- empowerment of Indigenous women offenders

The program:

- has 44 group sessions and four individual sessions
- has Elder involvement
- is delivered by a single facilitator
- accommodates groups of up to ten participants
- has up to six sessions per week

[Women's Moderate Intensity Program](#) provides more information.

High intensity program

The high intensity IWOCP is for Indigenous women offenders with a high risk to reoffend. The program continues from the moderate intensity IWOCP. It supports women offenders in their rehabilitation. It helps Indigenous women offenders' practice, amongst other skills:

- self-management,
- problem-solving,
- conflict resolution, and
- communication skills.

The program also addresses the importance of healthy lifestyles and relationships. Another goal of the program is the development of a positive personal and cultural identity, and empowerment of Indigenous women offenders.

The program has 58 group sessions and four individual sessions, Elder involvement, is normally co-facilitated, accommodates groups of up to 12 participants, and has up to six sessions per week.

Aboriginal Programs for Men

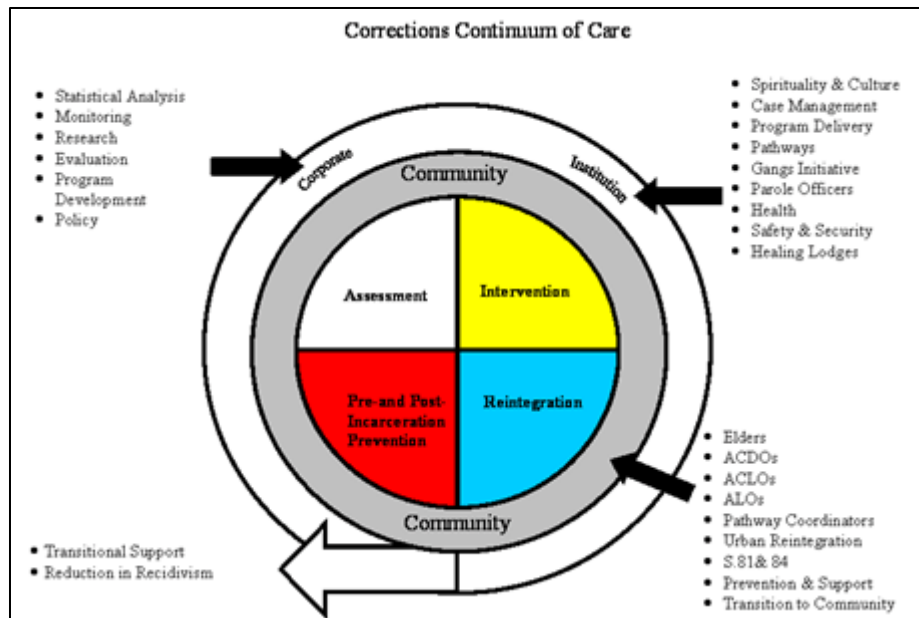
CSC has an Elder spiritual advisor program equivalent to Peer Support but with emphasis on aboriginal teachings and spiritual guidance.

Case Work: ABORIGINAL CORRECTIONS CONTINUUM OF CARE

The [Aboriginal Corrections Continuum of Care model](#) (to be referred to as Continuum of Care), introduced in 2003, was developed in consultation with Aboriginal stakeholders working with CSC to develop new approaches to addressing Aboriginal offender needs. Aboriginal community research indicated that the major factors contributing to Aboriginal offenders' success upon release were their participation in spiritual and cultural activities, as well as programs (preferably delivered by Aboriginal people) and the support they received from family and community.

The [Medicine Wheel](#), found at the center of the Continuum of Care, reflects research findings that culture, teachings and ceremonies (core aspects of Aboriginal identity) appear critical to the healing process. Representing the cycle of life from conception to return to the Spirit World, the Medicine Wheel is a reminder that correctional interventions developed and implemented for Aboriginal offenders must take into consideration the past, the present and the future direction of Aboriginal peoples as a whole and of the Aboriginal person as an individual.

Strategic Plan for Aboriginal Corrections: Corrections Continuum of Care



Surrounding the Medicine Wheel is the Aboriginal community, which includes both on-reserve and urban communities made up of First Nations, Métis, and Inuit peoples. The Continuum of Care recognizes that Aboriginal communities must be involved in supporting Aboriginal offenders during their [healing journey](#) and reintegration, as they link offenders to their history, culture and spirituality. The Continuum of Care also reflects the importance of community support at every step during administration of the sentence.

Integrating Aboriginal culture and spirituality within CSC operations, the Continuum of Care: starts at intake, to identify Aboriginal offenders and to encourage them to bridge the disconnect with their culture

and communities leads to paths of healing in institutions to better prepare Aboriginal offenders for transfer to lower security and for conditional release engages Aboriginal communities to receive offenders back into their community and support their reintegration ends with establishment of community supports to sustain progress beyond the end of the sentence and prevent re-offending.

Mental Health Resources for Native and Indigenous Communities

The National Organization for Native and Indigenous Communities and Mental Health offer an array of resources that support intervention efforts. These can be downloaded directly from:

<https://www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health>

- [Indigenous Story Studio](#): creates illustrations, posters, videos, and comic books on health and social issues for youth (Canada-based)
 - [Strength of the Sash](#) and [Tomorrow's Hope](#): suicide prevention
 - [Making it Right](#): community justice, policing
 - [Just a Story](#): mental health stigma
- [One Sky Center](#): The American Indian/Alaska Native National Resource Center for Health, Education, and Research; mission is to improve prevention and treatment of mental health and substance use problems and services among Native people
 - [A Guide to Suicide Prevention](#)
 - [Presentations and Publications](#): number of downloadable resources by topic (addiction treatment, adolescents, crisis care & disaster management, disparity of health services, mental health management, and more)
- [WeRNative](#): a comprehensive health resource for Native youth by Native youth, promoting holistic health and positive growth in local communities and nation at large
 - My Culture – [Wellness and Healing](#), [Identity](#)
 - My Life – My Mind – [Mental Health Difficulties](#), [Improve Your Mood](#), [Getting Help](#), and more (including specific MH issues)
 - My Relationships – [Unhealthy Relationships](#), [Communicating](#), [LGBT – Two Spirit](#)
 - [Ask Auntie](#): similar to advice column – type in your question and it will pull up similar ones; if none answer what you're asking, Auntie Amanda will write up an answer and notify you when it is posted
- [StrongHearts Native Helpline](#): The StrongHearts Native Helpline (**1-844-762-8483**) is a confidential and anonymous culturally-appropriate domestic violence and dating violence helpline for Native Americans, available every day from 7 a.m. to 10 p.m. CT.

Correctional Service of Canada

The Correctional Service of Canada has developed a variety of programs and interventions for indigenous people in the justice system. For additional Information see: <https://www.csc-scc.gc.ca/publications/005007-3001-eng.shtml>.

Programs for Indigenous women

CSC offers separate Indigenous Women Offender Correctional Programs (IWOCP) to respond to Indigenous women's unique, culturally related needs. The IWOCP model strikes a balance between a healing and a skills-based approach. It includes culturally relevant teachings and ceremonies. The program has three tracts:

1. Low intensity, introductory Women's Engagement program
2. Moderate intensity
3. High Intensity

Programs for Indigenous men

CSC offers the following interventions for men:

1. Elder elder/spiritual advisor program equivalent to Peer Support but with emphasis on aboriginal teachings and spiritual guidance.
2. Aboriginal Corrections Continuum of Care model, introduced in 2003, was developed in consultation with Aboriginal stakeholders working with CSC to develop new approaches to addressing Aboriginal offender needs. Aboriginal community research indicated that the major factors contributing to Aboriginal offenders' success upon release were their participation in spiritual and cultural activities, as well as programs (preferably delivered by Aboriginal people) and the support they received from family and community.

Programs for Men (general)

Getting Ahead While Getting Out

This evidence-based curriculum was developed by Philip DeVol, Mitchell Libster, and Michelle Wood. It is based on the research of Dr. Ruby Payne and her Bridges Out of Poverty paradigm. The curriculum provides a reentry model for individuals returning to the community from incarceration. The program engages incarcerated individuals, their families, volunteers, community organizers, and correctional staff in a problem-solving model for successful community integration. The program begins in pre-release and continues through long-term community support. It is grounded in relational theory, motivational interviewing, and cognitive-behavioral intervention. The 23-session group supports inmates as they mobilize and build personal strategies, natural supports, and community resources. The program will be offered twice a week for a total of 12 weeks.

In addition to the prison-based program, DOCR could seek volunteer community partners across the state to facilitate a community-based version titled, Getting Ahead in a Just Getting by World. This curriculum also uses the Bridges Out of Poverty model. By finding local volunteer partners to utilize this program (i.e., churches, not-for-profit agencies, or social service agencies) there will be an aftercare component offered. Community partners will be required to participate in training prior to facilitating community groups. Community partners will be required to cover their own costs.

In addition to the two Getting Ahead curricula, ADOC staff will utilize one other resource to assist with the reentry process. Reentry workbooks developed by TMG consultant Ashley Bauman will be utilized to record all information necessary to the reentry process such as housing plans, resumes, support systems, and community resources. Staff must be trained in the curricula in order to facilitate the groups. Participant manuals must be purchased for each inmate participating in the Getting Ahead While Getting Out program.

Active Adult Relationships

This 12-unit course teaches participants skills related to communication, conflict resolution, emotion management, making budgets, wise choices for friends, dating and marriage, recognizing personal strengths, and future planning. The evidence-based curriculum was written by Kelly Simpson at the Active Relationships Center. Group facilitators will be required to have facilitator training. The program takes place twice a week for 7 weeks. Participant manuals must be purchased for each inmate enrolled in the program.

Aggression Replacement Training

This curriculum is authored by Dr. Barry Glick and John C. Gibbs and is evidence-based. The curriculum is designed for individuals in criminal justice settings with histories of aggression and/or violence. This 30-session curriculum utilizes the interrelated components of anger control, social skills training, and moral reasoning in the development of controls for violent and aggressive behavior. The class meets three times a week for 10 weeks. All group facilitators must be trained in the curriculum. Participant manuals can be reproduced after training is complete.

Exploring Trauma

This curriculum is a product offering by Dr. Stephanie Covington. The 12-session program incorporates the latest research in neuroscience, trauma and PTSD in order to address men's specific experiences of trauma including topics such as: men's silence surrounding abuse, the impact of male socialization on men's responses, the risk of victims becoming abusers, and the need to understand men's shame and fear to explore trauma. The curriculum focuses on both the understanding of trauma and coping skills to manage the impacts of past traumatic experiences. The class meets once a week for 6 weeks. All group facilitators must participate in training on the curriculum. Participant manuals can be reproduced after training is complete.

Parenting Inside Out

This program was developed by Dr. J. Mark Eddy and colleagues at the Oregon Social Learning Center and is evidence-based. The curriculum utilizes cognitive-behavioral techniques to teach parent management skills to incarcerated parents. The developmentally focused program helps parents to promote healthy child adjustment, prevent problem behavior, and stop the intergenerational cycle of criminal justice involvement.

Sex Offender Treatment Program (SOTP)

Curricula addressing sex offending behaviors often lack standardized materials at this time in the field. Research on the effectiveness of treatment for sex offenders is mixed and does not offer a great deal of guidance. At this time there are a series of widely accepted components of sexual offending treatment that appear to be important for the treatment of this offending pattern: treatment responsibility, victim awareness/empathy enhancement, cognitive restructuring, managing deviant sexual arousal, relapse prevention, sexuality, relationship and interpersonal skills, and continuing care.

Many agencies rely upon mental health experts within the agency to develop individualized and small group interventions based upon their expertise and the resources available to them. In recent years, the Iowa Board for the Treatment of Sexual Abusers and the National Institute of Corrections created the *Sexual Offender Treatment Curriculum Guideline* to provide agencies with a roadmap for sex offender treatment programs.

Employee Workforce Development

Staff Wellbeing

Over the last two decades attention has increased with respect to the identification of challenges and negative health outcomes associated with working in correctional environments. A recent synthesis of the research conducted by Ferdik and Smith, 2017 suggests that there are a number of dangers unique to correctional environments that contribute to a range of mental and physical health risks. Researchers have also verified that specific settings within the correctional environment elevate the risk for negative outcomes among staff. For example, staff working in environments that are over-crowded, have limited space for programming and other activities and who are assigned to maximum facilities with higher risk clients are more likely to experience mental health symptoms including those consistent with PTSD and other indicators of workplace stress. Finally, staff retention has become a concern for many departments who struggle to maintain a full staff complement necessary to fulfill workload requirements and ensure the safety of staff and clients (Higgins & Swartz, 2020).

The awareness of workplace challenges unique to correctional settings has prompted a closer look at how to ensure staff wellbeing. There has also been a notable increase in the development of staff training initiatives and other strategies designed to support the reduction of workplace stress (Trounson & Pfeifer, 2017). However, the evidence base for their implementation remains limited and the available outcome research focuses primarily on initiatives that are reactive in nature (i.e., the provision of services such as EAP's are focused primarily on staff that are already evidencing mental health symptoms, physical health challenges or other indications of workplace stress – sick leave, etc.).

The most commonly used programs of this nature include:

- Critical incident response teams
- Employee Assistance Programs (EAP)
- Peer support programs

Another promising direction is the development of staff wellbeing activities that are:

- Proactive in orientation – (i.e., ensure that all staff have access to training and activities that support well-being).
- Industry specific rather than adaptations from other high-risk occupational settings. For example, interventions suitable for institution staff may not be applicable to the concerns of probation or parole community-based staff, and that is why concerns of both these groups should be addressed separately. Material that is the best fit for non-custody employees may not be the best-suited approach to address the needs of custody staff. Along the same lines, what may be the best fit for female employees may not be the best-suited approach to address the needs of male staff. Higher security level institutions may require a greater emphasis on programming and resources that focus on traumatic exposure than lower security level institutions.
- Multi-faceted and include a range of options that are customized for the setting and supported by the organization and the staff.
- Staff should be asked to offer their ideas about perceived and identified needs and possible solutions regarding the fostering of staff wellness in their agency.
- Staff should be provided with training in using interventions to maintain their own wellbeing.

- Staff wellness efforts should be evaluated for their effectiveness on an ongoing basis, and then improved upon based on the evaluation results.

Resources:

National Institute of Corrections offers a range of virtual and on-site training opportunities and resources to explore and address staff wellness. A [*Health and Wellness*](#) section of the NIC website is now available and provides a broad array of material on the subject. <https://nicic.gov/health-and-wellness-for-corrections-professionals>

- Webinar: Maintaining Safety and Sanity, [Part 1](#)
- National Institute of Justice Correctional Officer Safety and Wellness Literature Synthesis July 2017 (Frank Ferdik and Hayden Smith- Department of Criminology and Criminal Justice, University of West Florida, Pensacola).

Desert Waters Correctional Outreach

- [Staying Well: Strategies for Corrections Staff.](#)
- *Countering Staff Stress: Why and How.*

American Correctional Association (ACA) has a wellness initiative that may also provide some additional ideas and resources.

Youth Services

Supporting research:

DJS' current practices are already theoretically and operationally well aligned with national best practice. According to the National Academies report (Bonnie et al., 2013), the key tenets of best practices to increase positive outcomes for justice involved youth are:

- Continuous case management.
- Decentralized residential facilities.
- Small-group, peer-led services.
- Restorative rehabilitation-centered treatment environment.
- Strong organizational leadership.
- Organizational culture change — which includes a shift from providing services under the court and correctional systems to instead using the department of social services as the primary service provider. Culture change also includes ensuring that staff are both highly qualified and highly trained.²⁸

Considerations for Respite Models

Two models to consider:

1. **Wraparound Ohio**--they have two strategies that might be helpful for DJS. The first is Mobile Response Stabilization Services. The second is the Resiliency Model (which has Sanctuary built in).
2. **Youth Advocate Program** (www.yapinc.org)--this program model is fantastic and they have based their work on research and connecting with community and families. This program can work with both child welfare and juvenile justice. They have also worked with behavioral health and schools. They are based in Pennsylvania but have replicated their model in many states and internationally.

²⁸ Tas, I., Harvard Kennedy School, McCarthy, P., Schiraldi, V., and Shark, M. (2016). New Thinking in Community Corrections: The Future of Youth Justice: A Community-Based Alternative to the Youth Prison Model Executive Session on Community Corrections. <https://www.ncjrs.gov/pdffiles1/nij/250142.pdf>

Appendix 2: Facility Conditions Assessment report

FACILITY CONDITIONS ASSESSMENT

Introduction

The master planning space utilization process requires the development of facility evaluations for all North Dakota Department of Corrections and Rehabilitation (NDDCR)-owned buildings. The general goal of the facility conditions assessment is to determine for each building the general condition of the facility and suitability for future use. The evaluations are not based on a detailed analysis, but rather are developed as a broad index of each facility's relative physical condition and viability.

Methodology

The Facility Assessments performed for North Dakota Department of Corrections included a visual survey of all buildings by Ted Perry, Vice President Facility Management, and Russ Rieske, CGL Engineering Manager. This team has hands-on experience with correctional facility management, maintenance, construction, and engineering. The Evaluators made several site visits between November 18th through November 21st.

The assessment team conducted a field survey of the buildings' envelopes and readily observable building equipment. The Evaluators did not attempt to uncover hidden conditions, move fixed equipment, or otherwise discover deficiencies that could not be immediately detected. The evaluation included interviews with building management and maintenance personnel.

The assessment team did not catalog or create an equipment inventory. There was no inventory provided. Evaluators inspected the equipment that they could locate. The Evaluators collected data on the condition and life cycle of major systems. Digital photographs document the conditions observed.

The walk-through evaluations consisted of visual observation of the facility's site, exterior, interior, and engineering systems to the extent possible without intrusive or destructive testing.

The following is a list of items reviewed or data gathered for each building:

- Building name, address, location, and year constructed (when known or estimated).
- Building gross square foot area (BGSF) based on information provided by NDDCR.
- General condition and ADA access of site and parking.

- General condition of exterior, historical significance and known wind speed rating (based on information provided by NDDCR).
- General condition of building interior and interior finishes.
- General condition of technical (engineering) systems.
- General observations on any sustainable features.
- Other general comments as appropriate.

These are general walk-through evaluations primarily intended to determine the general condition and whether each facility is suitable for future use. These evaluations are specifically reporting on the actual physical condition of the building and do not address any operational issues that may be occurring in the facilities. The Evaluators provided general recommendations for each building as part of the evaluations. It is important to note that these recommendations at this point are solely based on the condition of each building and do not reflect any future use recommendations.

Each building's condition is summarized in a 2 to 4-page report for each facility that outlines the general condition and provides several illustrative photographs of the building. The Facility Condition Index (FCI) scoring matrix is below:

< 0.05	Good	Infrastructure & systems are new or rehabilitated with few elements showing normal wear that requires routine maintenance
0.05 - 0.10	Fair	Infrastructure & systems show some signs that require attention with a few elements needing immediate repair
0.10 - 0.12	Poor	Infrastructure & systems are mostly below standard with some elements reaching the end of useful life and requiring replacement
0.13 - 0.15	Severe	Infrastructure & systems are in unacceptable condition with widespread signs of deterioration
0.16 - 0.50	Critical Systems Failure	Infrastructure & systems require replacement to restore function. Systems are unsafe to operate in current condition
> 0.50	Replace	Infrastructure or systems need to be replaced immediately for safety, security and/or serviceability

Deferred Maintenance Estimate

The larger facilities with significant equipment (near or over 100,000 BGSF) have an estimated cost to repair all issues or deferred maintenance value included in the assessment. These costs are estimated budgets based on industry experience and best practices and should be considered only for determining an index score. Moreover, these estimates are focused on funding deferred maintenance items to restore the facilities to an operational and maintainable condition. Full rehabilitation to include a change in cosmetics would escalate these cost estimates. Energy data was not reviewed by CGL during this assessment to compare NDDCR to national averages. As a measure of facilities overall condition as it relates to increased risk of negative events, a Facility Condition Index number was computed based on the formula below.

$$\text{FCI} = \text{DM} / \text{CRV}$$

DM - Deferred maintenance cost

CRV - Current replacement value

Current replacement values are based on national averages and do not take into account increased square footage, local code requirements, or upgrades to equipment. The amount of deferred maintenance calculated does not take into account any structural repairs, ADA accessibility, or renovations and is in June 2019 dollars.

Summary of Findings:

Top major concerns with ND facilities:

- Age of buildings and structures.
 - Steel framed structures are viable for renovation but would require a complete remodel. In doing so, it would be unlikely that these buildings could meet ADA and PREA standards.
 - Some of the modular housing units are suitable for short term occupancy but would not be a long term viable asset for housing.
 - Fire life safety issues
 - ADA issues
 - PREA issues
 - Electrical Code issues.
- Potential environmental issues are suspected to be present at most of these sites.
 - These include possible lead paint and asbestos.
- Kitchens are not adequately sized for the number of residents and activities that take place.
 - Most kitchen equipment is in poor condition.
 - Coolers and freezers are past expected life-cycle. Temperatures could not be verified so it is unknown if the freezers and refrigerators are operating at sufficient temperatures to ensure the preservation of food.
- Laundry areas are not adequate.
 - Some facilities are using residential grade units which are not suitable for the load or duration of use.
 - ADA compliance issues are present.
 - Venting is not code compliant which diminishes indoor air quality and increases fire hazards.
- Plumbing is aging and deteriorating.
 - Cast iron piping should be considered for replacement.
 - Multiple drainage issues are present throughout.
 - Because cast iron pipe deteriorates from the inside, camera evaluations should be conducted to determine the extent of deterioration.
 - Plumbing fixtures are in poor condition.
 - Multiple leaks exist.
 - Toilets, showers and sinks/counters are not ADA compliant.
 - Most fixtures are not institutional grade.
- Generators are in poor condition.
 - No service records are present to validate the servicing of the units.
 - No run-logs were present to validate any testing.
 - It is unknown if any load bank tests have been conducted.
 - Engineering evaluation is needed to determine if units are adequate to support the required load as numerous design changes have been made.
- HVAC equipment is in poor or failed condition.
 - Many units were observed past their life expectancy.
 - Several units had bent, broken or corroded fins.
 - Coils were in need of cleaning.
 - Some filters were observed to be dirty.
 - Regular preventative maintenance should be done to ensure proper operation and to extend the life of the assets.
- Fire Life Safety equipment is non-operational, failed or insufficient to provide adequate protection.
 - Trouble codes exist on most of the alarm systems.
 - Many were past their life expectancy or obsolete.
 - Parts will become increasingly more difficult to source; therefore, system replacement should be considered before fire life safety issues arise.

- Most buildings had no sprinklers installed.
 - An engineering study should be conducted to determine what coverage is needed or if current conditions meet compliance.
- Electrical systems are aging and have numerous code violations.
 - Boxes and sub-panels are old and some are obsolete.
 - Breakers are missing with no covers and some panels have no covers at all.
 - This poses life safety issues as well as fire hazards.
 - IR scans should be done annually to ensure no fire hazards exist.

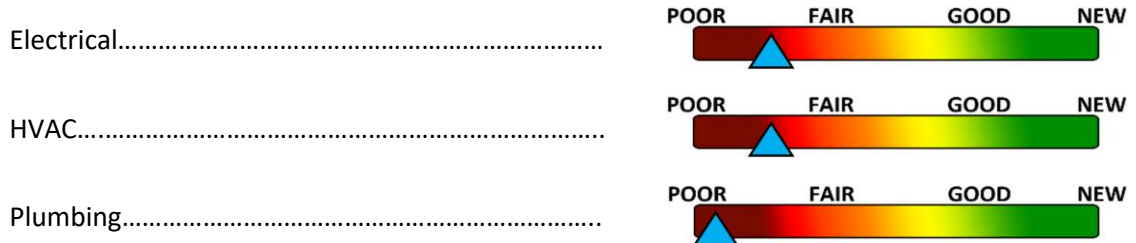
Missouri River Correctional Facility

Maintenance Building - Condition Snapshot

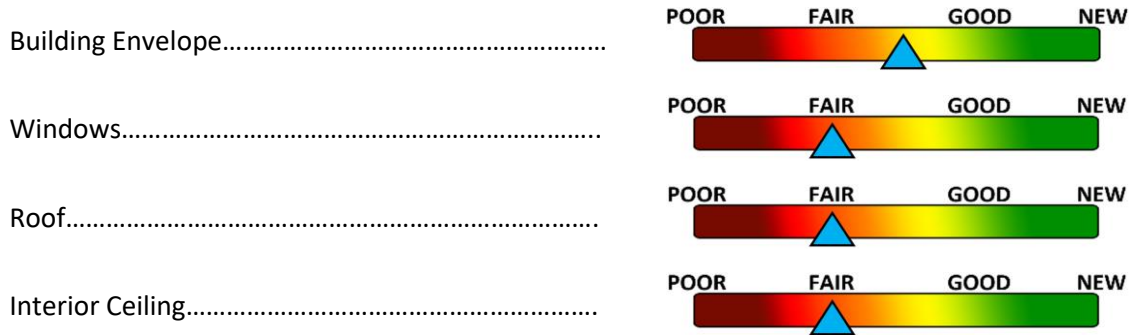
Security System



M/E/P Systems



Structural Systems



Maintenance Building

Location	1800 48 th Ave SW, Bismarck, ND 58506		
Description of Use	The building is currently being used as a maintenance shop.		
Year Constructed	1950's		Owned/Leased: Owned
Building Size	BGSF: 4,960		# Floors: 1
Overall Facility Condition	0.15 - 0.50 Critical Failure	Infrastructure & systems require replacement to restore function. Systems are unsafe to operate in current condition	
Site	Total Parking Spaces/ADA:	Gravel Parking area / no know or observed ADA issues	
	Parking Lot:	Crush and run - Fair Condition - May have been asphalt at one point in time.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the facility	
	Expansion Capability:	Not Recommended for this building. Cos would exceed replacement.	
Building Exterior	Exterior Wall:	Raised Metal Seam Siding on framed, insulated, wall	
	Roof:	Not Observed	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Metal framed	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Combination of painted gypsum board and metal siding, sealed concrete flooring	
	Layout:	Single Story Structure	
	Renovation Suitability:	Not Recommended	
Technical Systems	Plumbing:	Severe - Plumbing systems are in unacceptable condition with widespread signs of deterioration.	
	Mechanical (HVAC):	Poor - Mechanical/HVAC systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Electrical:	Poor - Electrical systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Lighting/Branch Wiring:	Poor - Lighting/Branch Wiring systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Fire Protection:	Poor - Fire System is mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Telecomm/Comp. Network:	Poor - Telecom/Comp. Network is mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Vertical Transportation:	No Vertical Lift Equipment Present	
Sustainability	Poor - Not Recommended (Cost Would Reach or Exceed Replacement of Building)		
Comments	<ul style="list-style-type: none"> •MEP equipment has not been maintained. •Most building systems are in poor to critical condition and should be repaired or replaced. 		

Recommend

- Comprehensive preventative maintenance will help extend the life of assets.
- Building should be considered for replacement in the near future as it is past its useful life.
- Steel framed structures are viable for renovation but would require a complete remodel. In doing so, it would be unlikely that these buildings could meet ADA and PREA standards.

Maintenance Building - Deferred Maintenance Estimate

	Facility System		Deferred Maintenance Value
1	Locking Hardware	\$	33,569.28
2	Doors	\$	6,507.52
3	CCTV Repairs & Expansion	\$	24,879.36
4	Fencing	\$	15,028.80
5	Fire Protection, Life Safety, Repairs	\$	12,995.20
6	Electrical Repairs & Upgrades	\$	-
7	Lighting Retrofit/ Renovations	\$	58,875.20
8	HVAC Replacement/Repair	\$	29,859.20
9	Plumbing Fixtures & Repairs	\$	25,514.24
10	Cast Iron Pipe Repair/Replacement	\$	40,751.36
11	Structural Systems	\$	36,009.60
12	Exterior Window Repairs\Replacement	\$	-
13	Roof Repairs	\$	-
14	Laundry	\$	45,384.00
	Deferred Maintenance	\$	329,373.76
	Current Replacement Value	\$	1,116,000.00
	Facility Condition Index		0.295

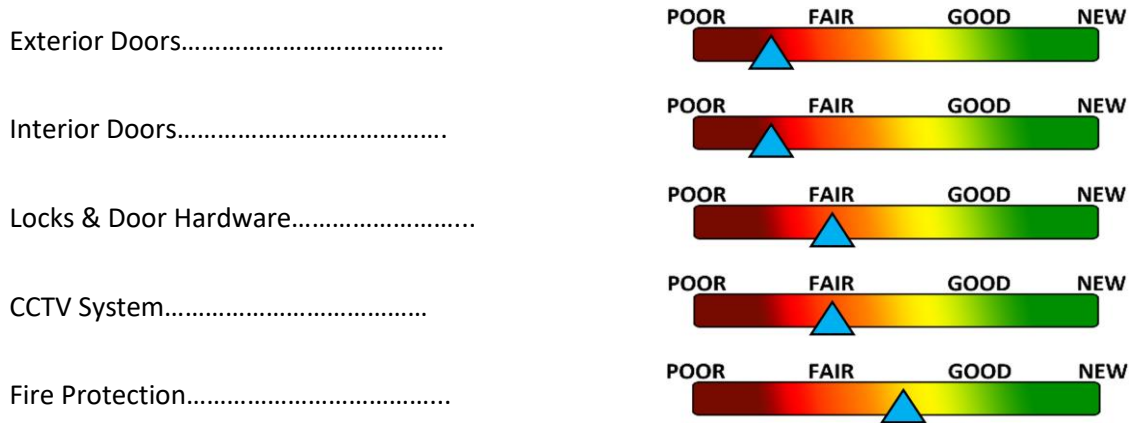
Maintenance Shop - Site Pictures



Missouri River Correctional Facility

Vocational Building - Condition Snapshot

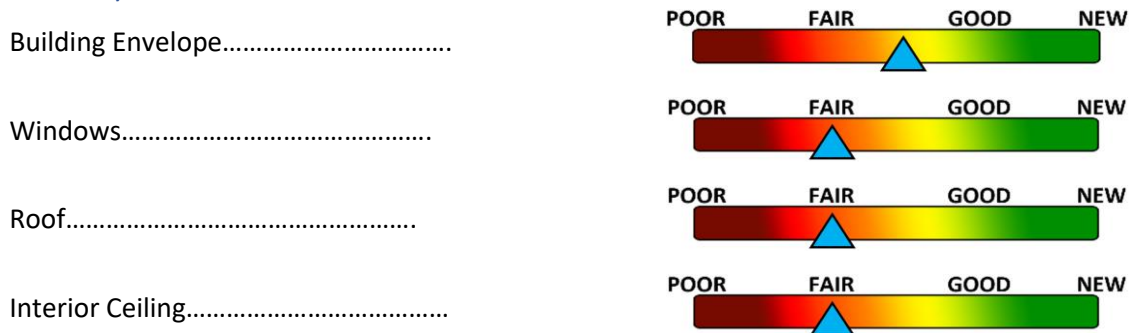
Security System



M/E/P Systems



Structural Systems



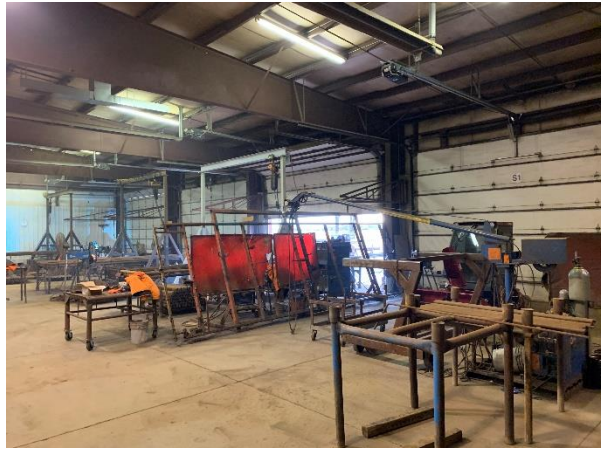
Vocational Building

Location	1800 48 th Ave SW, Bismarck, ND 58506		
Description of Use	The building is currently a welding/metal shop.		
Year Constructed	1998		Owned/Leased: Owned
Building Size	BGSF: 9,000		# Floors: 1
Overall Facility Condition	0.12 - 0.15	Severe	Infrastructure & systems are in unacceptable condition with widespread signs of deterioration
Site	Total Parking Spaces/ADA:	Gravel Parking area / no know or observed ADA issues	
	Parking Lot:	Crush and run - Fair Condition - May have been asphalt at one point in time.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the facility	
	Expansion Capability:	This building is suitable for its current purpose. There is room for expansion.	
Building Exterior	Exterior Wall:	Raised Metal Seam Siding on exposed steel frame.	
	Roof:	Not Observed	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Exposed steel frame construction	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Exposed beam, gypsum partitions, metal siding, exposed concrete flooring	
	Layout:	Single Story Structure	
Technical Systems	Renovation Suitability:	This is a solid metal building in fair condition. Renovation depends on use.	
	Plumbing:	Poor - Plumbing systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Mechanical (HVAC):	Severe - Mechanical/HVAC systems are in unacceptable condition with widespread signs of deterioration.	
	Electrical:	Poor - Electrical systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Lighting/Branch Wiring:	Poor - Lighting/Branch Wiring systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Fire Protection:	No Fire System Present	
Sustainability	Telecomm/Comp. Network:	No Telecom/Comp. Network Present	
	Vertical Transportation:	No Vertical Lift Equipment Present	
Sustainability	Fair - Building is 30 years old.		
Comments	<ul style="list-style-type: none"> •Preventative maintenance is not sufficient to maintain equipment. •Most building systems are in poor to critical condition and should be repaired or replaced. 		
Recommend	<ul style="list-style-type: none"> •Comprehensive Preventative maintenance will help extend the life of assets •Retrofits and LED upgrades would help reduce carbon footprint and reduce energy cost. 		

Vocational Building - Deferred Maintenance Estimate

Facility System		Deferred Maintenance Value	
1	Locking Hardware	\$	10,152.00
2	Doors	\$	5,904.00
3	CCTV Repairs & Expansion	\$	22,572.00
4	Fencing	\$	18,180.00
5	Fire Protection, Life Safety, Repairs	\$	23,580.00
6	Electrical Repairs & Upgrades	\$	-
7	Lighting Retrofit/ Renovations	\$	64,098.00
8	HVAC Replacement/Repair	\$	81,270.00
9	Plumbing Fixtures & Repairs	\$	-
10	Cast Iron Pipe Repair/Replacement	\$	36,972.00
11	Structural Systems	\$	21,780.00
12	Exterior Window Repairs/Replacement	\$	-
13	Roof Repairs	\$	-
14	Laundry	\$	13,725.00
Deferred Maintenance		\$	298,233.00
Current Replacement Value		\$	2,025,000.00
Facility Condition Index			0.147

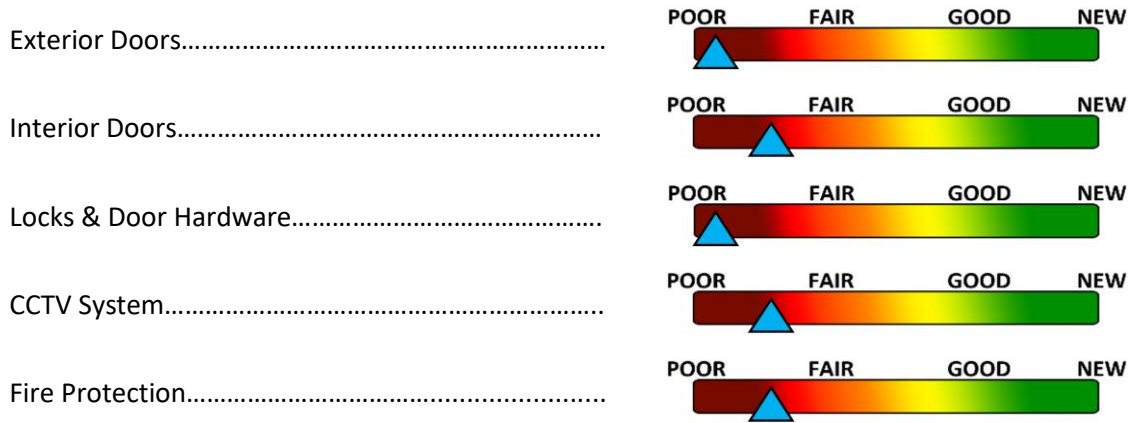
Vocational Building - Site Pictures



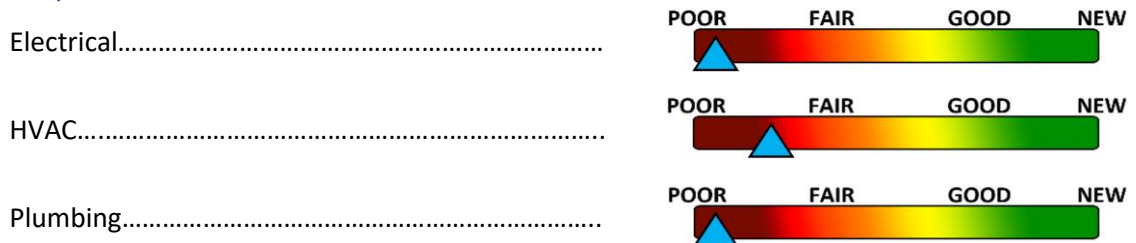
Missouri River Correctional Facility

Library - Condition Snapshot

Security System



M/E/P Systems



Structural Systems



Library				
Location	1800 48 th Ave SW, Bismarck, ND 58506			
Description of Use	The building is currently being used as a small library.			
Year Constructed	1940		Owned/Leased:	Owned
Building Size	BGSF: 648		# Floors:	1
Overall Facility Condition	0.15 - 0.50	Critical Failure	Infrastructure & systems require replacement to restore function. Systems are unsafe to operate in current condition	
Site	Total Parking Spaces/ADA:	Gravel Parking area / no know or observed ADA issues		
	Parking Lot:	Crush and run - Fair Condition - May have been asphalt at one point in time.		
	Access/ADA Issues/Signage:	YES - ADA issues exist through the facility		
	Expansion Capability:	Not Recommended for this building. Cost would exceed replacement.		
Building Exterior	Exterior Wall:	Wood-framed, insulated tongue and groove wood sheeting.		
	Roof:	Average grade asphalt shingles are in poor to failed condition.		
	Wind Speed Rating:	N/A		
	Historic Significance:	None Noted		
Building Interior	Structure:	Wood-framed, pitched roof.		
	Access/ADA Issues	YES - ADA issues exist through the facility		
	Finishes:	Gypsum board interior walls and painted plywood flooring. Structural weakness.		
	Layout:	Single Story Structure		
	Renovation Suitability:	Not Recommended.		
Technical Systems	Plumbing:	Severe - Plumbing systems are in unacceptable condition with widespread signs of deterioration.		
	Mechanical (HVAC):	Severe - Mechanical/HVAC systems are in unacceptable condition with widespread signs of deterioration.		
	Electrical:	Severe - Electrical systems are in unacceptable condition with widespread signs of deterioration.		
	Lighting/Branch Wiring:	Poor - Lighting/Branch Wiring systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.		
	Fire Protection:	No Fire System Present		
	Telecomm/Comp. Network:	Severe - Telecom/Comp. Network is in unacceptable condition with widespread signs of deterioration.		
	Vertical Transportation:	No Vertical Lift Equipment Present		
Sustainability	Poor - Not Recommended (Cost Would Reach or Exceed Replacement of Building)			
Comments	Building is currently being used as a library shop.			
Recommend	CGL recommends replacing this building as structural issues exist throughout the structure.			

Library - Deferred Maintenance Estimate

	Facility System		Deferred Maintenance Value
1	Locking Hardware	\$	1,928.45
2	Doors	\$	3,491.42
3	CCTV Repairs & Expansion	\$	2,623.10
4	Fencing	\$	654.48
5	Fire Protection, Life Safety, Repairs	\$	-
6	Electrical Repairs & Upgrades	\$	5,598.72
7	Lighting Retrofit/ Renovations	\$	4,828.90
8	HVAC Replacement/Repair	\$	5,851.44
9	Plumbing Fixtures & Repairs	\$	4,598.21
10	Cast Iron Pipe Repair/Replacement	\$	5,323.97
11	Structural Systems	\$	14,624.06
12	Exterior Window Repairs\Replacement	\$	3,930.77
13	Roof Repairs	\$	6,500.74
14	Laundry	\$	-
	Deferred Maintenance	\$	59,954.26
	Current Replacement Value	\$	194,400.00
	Facility Condition Index		0.308

Library - Site Pictures



Missouri River Correctional Facility

Kitchen/Dining Building - Condition Snapshot

Security System



M/E/P Systems



Structural Systems



Kitchen/Dining			
Location	1800 48 th Ave SW, Bismarck, ND 58506		
Description of Use	The building is currently being used as a kitchen/dining.		
Year Constructed	1982		Owned/Leased: Owned
Building Size	BGSF: 5,816		# Floors: 1
Overall Facility Condition	0.12 - 0.15	Severe	Infrastructure & systems are in unacceptable condition with widespread signs of deterioration
Site	Total Parking Spaces/ADA:	Gravel Parking area / no know or observed ADA issues	
	Parking Lot:	Crush and run - Fair Condition - May have been asphalt at one point in time.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	Not Recommended for this building. Cost would exceed replacement.	
Building Exterior	Exterior Wall:	Wood-framed, insulated tongue and groove wood sheeting.	
	Roof:	Roof was not observed. Signs of active leaks on interior.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Wood-framed, pitched roof.	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Gypsum board interior walls and painted concrete floor. Ceramic tiles in kitchen.	
	Layout:	Single Story Structure	
Technical Systems	Renovation Suitability:	Not Recommended. Cost would exceed replacement.	
	Plumbing:	Poor - Plumbing systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Poor - Electrical systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Lighting/Branch Wiring:	Poor - Lighting/Branch Wiring systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	Fair - Telecom/Comp. Network show some signs that require attention with a few elements needing immediate repair.	
Vertical Transportation:	No Vertical Lift Equipment Present		
Sustainability	Poor - Not Recommended (Cost Would Reach or Exceed Replacement of Building)		
Comments	Building is currently being used as a kitchen/dining area.		
Recommend	<p>CGL recommends replacing this building as structural issues exist throughout the structure. Kitchen/Dining is not adequately sized for number of residents and activities that take place. Coolers/freezers are past life expectancy and should be replaced. Fire/life-safety systems need to be evaluated to ensure they are adequate for building and function. Plumbing is aging and should be considered for replacement. Electrical system is nearing the end of its useful life. Code violations present. Safety issues exist.</p>		

Kitchen/Dining Building - Deferred Maintenance Estimate

	Facility System		Deferred Maintenance Value
1	Locking Hardware	\$	17,308.42
2	Doors	\$	20,891.07
3	CCTV Repairs & Expansion	\$	11,771.58
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	12,353.18
6	Electrical Repairs & Upgrades	\$	25,125.12
7	Lighting Retrofit/ Renovations	\$	14,446.94
8	HVAC Replacement/Repair	\$	17,506.16
9	Plumbing Fixtures & Repairs	\$	20,635.17
10	Cast Iron Pipe Repair/Replacement	\$	23,892.13
11	Structural Systems	\$	32,813.87
12	Exterior Window Repairs\Replacement	\$	23,519.90
13	Roof Repairs	\$	29,173.06
14	Laundry	\$	7,700.38
	Deferred Maintenance	\$	257,136.99
	Current Replacement Value	\$	1,744,800.00
	Facility Condition Index		0.147

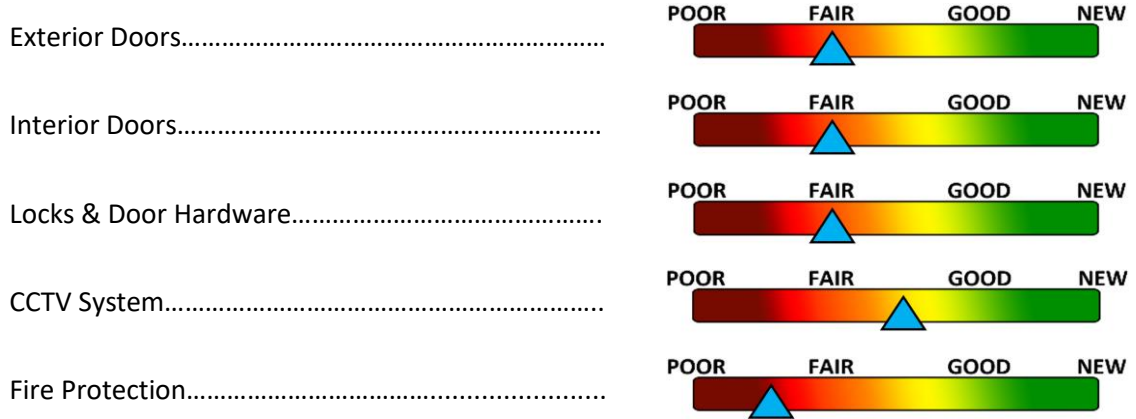
Kitchen/Dining Building - Site Pictures



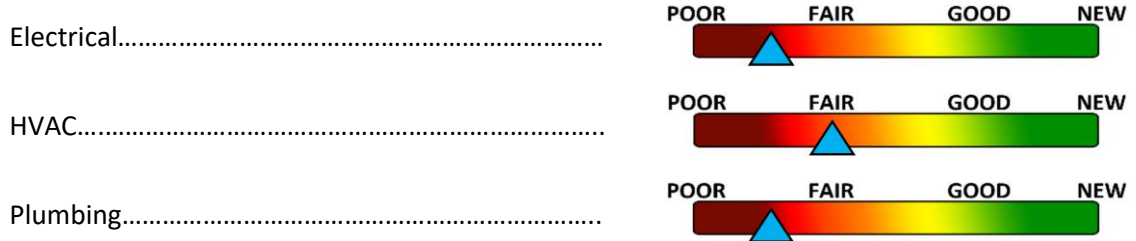
Missouri River Correctional Facility

Vocational/Auto Shop Building - Condition Snapshot

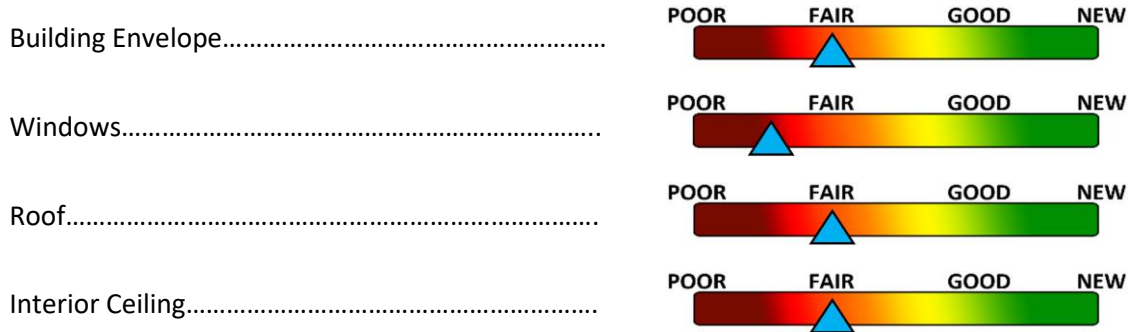
Security System



M/E/P Systems



Structural Systems



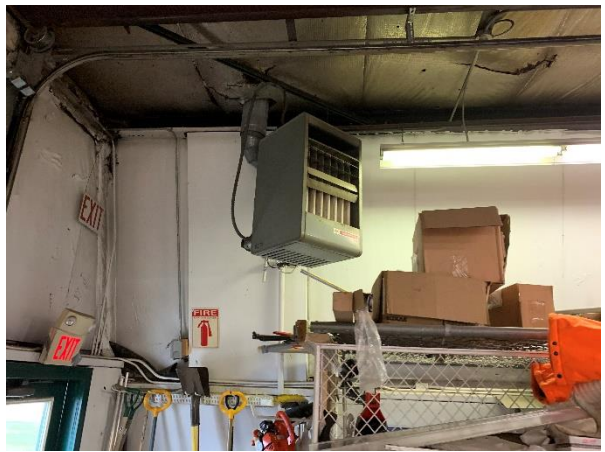
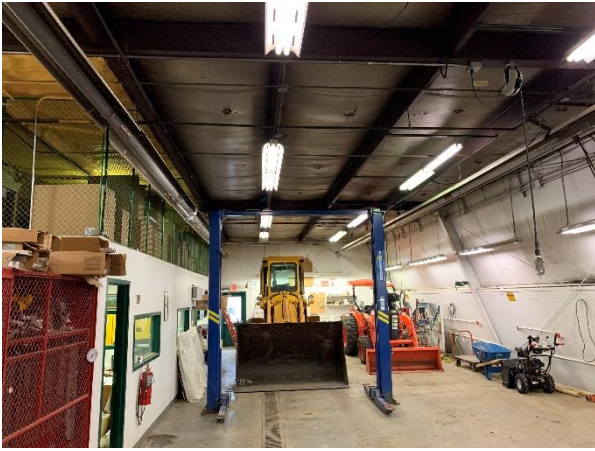
Vocational/Auto Mechanic Building

Location	1800 48 th Ave SW, Bismarck, ND 58506		
Description of Use	The building is currently being used as Vocational/Auto Mechanic Shop.		
Year Constructed	1969		Owned/Leased: Owned
Building Size	BGSF: 2,400		# Floors: 1
Overall Facility Condition	0.12 - 0.15	Severe	Infrastructure & systems are in unacceptable condition with widespread signs of deterioration
Site	Total Parking Spaces/ADA:	Gravel Parking area / no know or observed ADA issues	
	Parking Lot:	Crush and run - Fair Condition - May have been asphalt at one point in time.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	Not Recommended for this building. Cost would exceed replacement.	
Building Exterior	Exterior Wall:	Raised metal seam siding with insulation.	
	Roof:	Roof was not observed. Signs of active leaks on interior.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Exposed steel frame construction.	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Painted plywood and backed insulation. Polished concrete floors.	
	Layout:	Single Story Structure	
Technical Systems	Renovation Suitability:	Not Recommended. Cost would exceed replacement.	
	Plumbing:	Poor - Plumbing systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Poor - Electrical systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Lighting/Branch Wiring:	Poor - Lighting/Branch Wiring systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	Fair - Telecom/Comp. Network show some signs that require attention with a few elements needing immediate repair.	
Vertical Transportation:	No Vertical Lift Equipment Present		
Sustainability	Poor - Remodel is not recommended (Cost Would Reach or Exceed Replacement of Building)		
Comments	Building is currently being used as a vocational/auto mechanic shop.		
Recommend	<ul style="list-style-type: none"> •Steel framed structures are viable for renovation but would require a complete remodel. In doing so, it would be unlikely that these buildings could meet ADA and PREA standards. •No fire/life safety system was observed for this building. •Plumbing is aging and should be considered for replacement. •Electrical system is nearing the end of its useful life. Code violations present. Safety issues exist. •HVAC equipment should have comprehensive preventative maintenance to ensure systems work as designed and to extend the life of the asset. 		

Vocational/Auto Shop - Deferred Maintenance Estimate

	Facility System		Deferred Maintenance Value
1	Locking Hardware	\$	17,308.42
2	Doors	\$	20,891.07
3	CCTV Repairs & Expansion	\$	11,771.58
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	12,353.18
6	Electrical Repairs & Upgrades	\$	25,125.12
7	Lighting Retrofit/ Renovations	\$	14,446.94
8	HVAC Replacement/Repair	\$	17,506.16
9	Plumbing Fixtures & Repairs	\$	20,635.17
10	Cast Iron Pipe Repair/Replacement	\$	23,892.13
11	Structural Systems	\$	32,813.87
12	Exterior Window Repairs\Replacement	\$	23,519.90
13	Roof Repairs	\$	29,173.06
14	Laundry	\$	7,700.38
	Deferred Maintenance	\$	257,136.99
	Current Replacement Value	\$	1,744,800.00
	Facility Condition Index		0.147

Vocational/Auto Shop - Site Pictures



Missouri River Correctional Facility

Treatment Building - Condition Snapshot

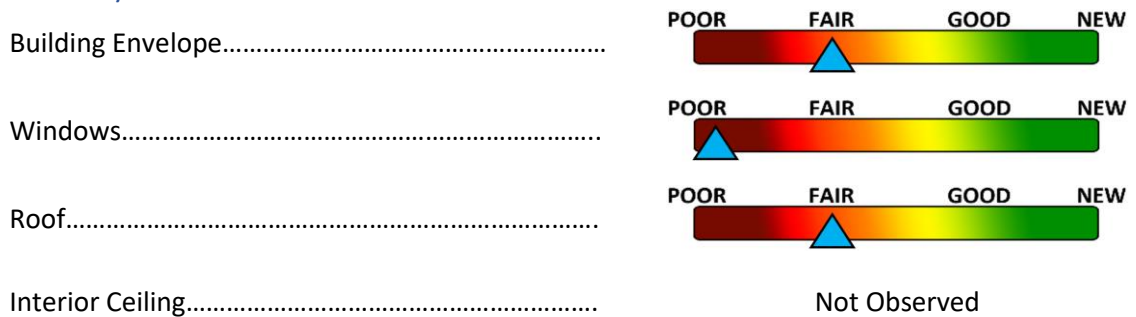
Security System



M/E/P Systems



Structural Systems



Treatment Building

Location	1800 48 th Ave SW, Bismarck, ND 58506		
Description of Use	The building is currently being used for storage. *Interior of building not observed.		
Year Constructed	1974		Owned/Leased: Owned
Building Size	BGSF: 3,827		# Floors: 1
Overall Facility Condition	0.15 - 0.50 Critical Failure	Infrastructure & systems require replacement to restore function. Systems are unsafe to operate in current condition	
Site	Total Parking Spaces/ADA:	Gravel Parking area / no know or observed ADA issues	
	Parking Lot:	Crush and run - Fair Condition - May have been asphalt at one point in time.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	Not Recommended for this building. Cost would exceed replacement.	
Building Exterior	Exterior Wall:	Wood/fiberboard siding. Some signs of water damage/deterioration.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Wood frame with backed insulation. Current code requires metal studs.	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were not observed.	
	Layout:	Single Story Structure	
	Renovation Suitability:	Not Recommended. Cost would exceed replacement.	
Technical Systems	Plumbing:	Fair - Plumbing systems show some signs that require attention with a few elements needing immediate repair.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Poor - Electrical systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Lighting/Branch Wiring:	Poor - Lighting/Branch Wiring systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	Fair - Telecom/Comp. Network show some signs that require attention with a few elements needing immediate repair.	
	Vertical Transportation:	No Vertical Lift Equipment Present	
Sustainability	Poor - Remodel is not recommended (Cost Would Reach or Exceed Replacement of Building)		
Comments	Interior of building was not observed. Building is currently being used for storage.		
Recommend	Plumbing is aging and should be considered for replacement. Electrical system is nearing the end of its useful life. Code violations present. Safety issues exist. HVAC equipment is past its life expectancy and should be replaced.		

Treatment Building - Deferred Maintenance Estimate

	Facility System		Deferred Maintenance Value
1	Locking Hardware	\$	5,694.58
2	Doors	\$	13,746.58
3	CCTV Repairs & Expansion	\$	7,745.85
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	8,128.55
6	Electrical Repairs & Upgrades	\$	16,532.64
7	Lighting Retrofit/ Renovations	\$	9,506.27
8	HVAC Replacement/Repair	\$	11,519.27
9	Plumbing Fixtures & Repairs	\$	6,789.10
10	Cast Iron Pipe Repair/Replacement	\$	15,721.32
11	Structural Systems	\$	43,183.87
12	Exterior Window Repairs\Replacement	\$	15,476.39
13	Roof Repairs	\$	19,196.23
14	Laundry	\$	-
	Deferred Maintenance	\$	173,240.64
	Current Replacement Value	\$	1,148,100.00
	Facility Condition Index		0.151

Treatment Building - Site Pictures



Missouri River Correctional Facility

Dorm - Condition Snapshot

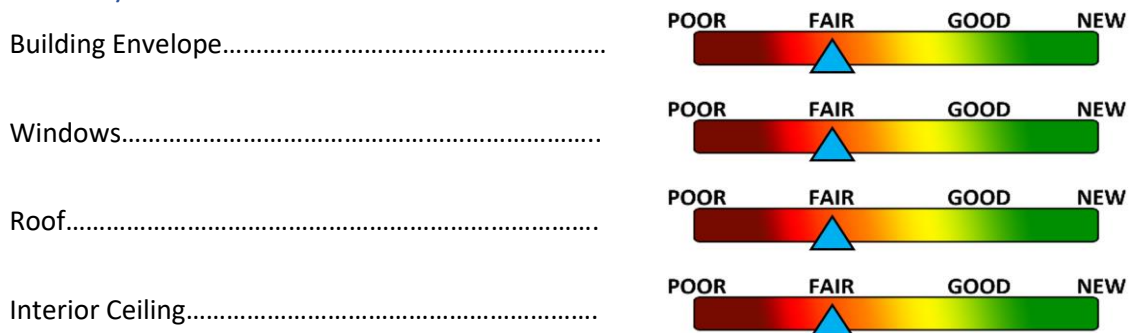
Security System



M/E/P Systems



Structural Systems



Dorm			
Location	1800 48 th Ave SW, Bismarck, ND 58506		
Description of Use	The building is currently being used as male dorms.		
Year Constructed	1991		Owned/Leased: Owned
Building Size	BGSF: 22,250		# Floors: 2
Overall Facility Condition	0.12 - 0.15 Severe	Infrastructure & systems are in unacceptable condition with widespread signs of deterioration	
Site	Total Parking Spaces/ADA:	Gravel Parking area / no know or observed ADA issues	
	Parking Lot:	Crush and run - Fair Condition - May have been asphalt at one point in time.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	There is room for expansion of this building. Cost would be extensive.	
Building Exterior	Exterior Wall:	Brick and Stucco EIFS. Exterior is in good condition.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Reinforced and filled CMU block construction.	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in poor to fair condition.	
	Layout:	Two Story Structure with individual pods/housing units.	
Technical Systems	Renovation Suitability:	Not Recommended. Cost would exceed replacement.	
	Plumbing:	Fair - Plumbing systems show some signs that require attention with a few elements needing immediate repair.	
	Mechanical (HVAC):	Poor - Mechanical/HVAC systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Electrical:	Poor - Electrical systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Lighting/Branch Wiring:	Poor - Lighting/Branch Wiring systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Fire Protection:	Poor - Fire System is mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Telecomm/Comp. Network:	Poor - Telecom/Comp. Network is mostly below standard with some elements reaching the end of useful life and requiring replacement.	
Vertical Transportation:	No Vertical Lift Equipment Present		
Sustainability	Poor - Remodel would be costly as all ADA issues would need to be addressed and code violations resolved.		
Comments	This building is nearing 30 years of age. System are nearing the end of their useful life. Capital funding will be needed to maintain this building in the near future.		
Recommend	Plumbing is aging and should be considered for replacement. Several showers were out of service. Code violations present. Safety issues exist. HVAC equipment is aging and some units were missing altogether. Comprehensive preventative maintenance is need to extend the life of the asset.		

Dorm - Deferred Maintenance Estimate

	Facility System		Deferred Maintenance Value
1	Locking Hardware	\$	33,108.00
2	Doors	\$	39,961.00
3	CCTV Repairs & Expansion	\$	90,068.00
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	94,518.00
6	Electrical Repairs & Upgrades	\$	96,120.00
7	Lighting Retrofit/ Renovations	\$	110,538.00
8	HVAC Replacement/Repair	\$	133,945.00
9	Plumbing Fixtures & Repairs	\$	39,471.50
10	Cast Iron Pipe Repair/Replacement	\$	45,701.50
11	Structural Systems	\$	125,534.50
12	Exterior Window Repairs\Replacement	\$	44,989.50
13	Roof Repairs	\$	55,803.00
14	Laundry	\$	-
	Deferred Maintenance	\$	909,758.00
	Current Replacement Value	\$	6,675,000.00
	Facility Condition Index		0.136

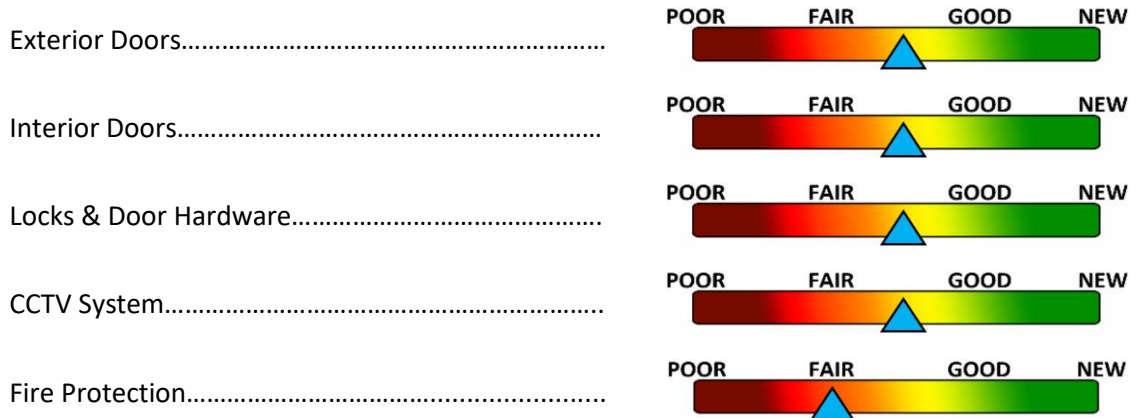
Dorm - Site Pictures



State Penitentiary

Central Plant - Condition Snapshot

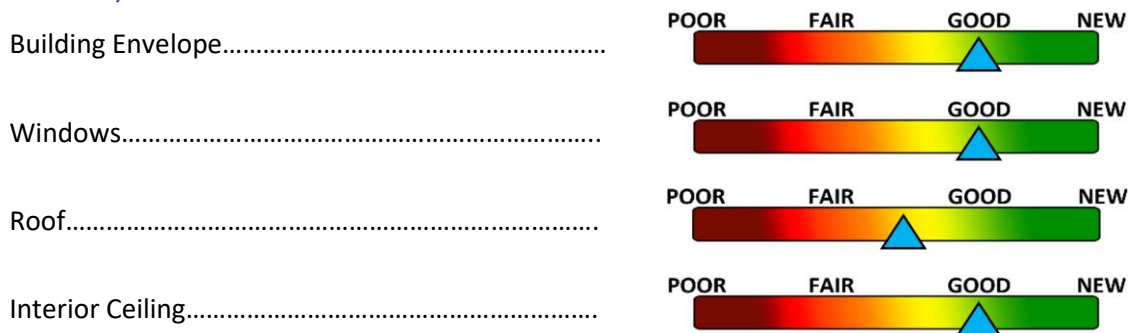
Security System



M/E/P Systems



Structural Systems



Central Plant

Location	3100 Railroad Ave., Bismarck, ND 58501		
Description of Use	The building is currently being used as central plant.		
Year Constructed	1983		Owned/Leased: Owned
Building Size	BGSF: 16,554		# Floors: 1
Overall Facility Condition	0.05 - 0.10 Fair	Infrastructure & systems show some signs that require attention with a few elements needing immediate repair	
Site	Total Parking Spaces/ADA:	No know or observed ADA issues	
	Parking Lot:	Asphalt parking surface is in Good Condition.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	With recent expansion, there is little room to continue expansion.	
Building Exterior	Exterior Wall:	Reinforced CMU block with Brick EIFS. Exterior is in good condition.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Reinforced and filled CMU block construction.	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in fair condition.	
	Layout:	Building is housing central plant equipment such as boilers.	
Technical Systems	Renovation Suitability:	Fair. Numerous code violations and ADA issues would need to be resolved.	
	Plumbing:	Fair - Plumbing systems show some signs that require attention with a few elements needing immediate repair.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Fair - Electrical systems show some signs that require attention with a few elements needing immediate repair.	
	Lighting/Branch Wiring:	Fair - Lighting/Branch Wiring show some signs that require attention with a few elements needing immediate repair.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	Fair - Telecom/Comp. Network show some signs that require attention with a few elements needing immediate repair.	
Vertical Transportation:	No Vertical Lift Equipment Present		
Sustainability	Fair - Remodel would be costly as all ADA issues would need to be addressed and code violations resolved.		
Comments	This building is 30 years old. Some systems have been upgraded or replaced with some stems nearing the end of their useful life. Capital funding will be needed to maintain this building in the near future.		
Recommend	Plumbing is aging and should be considered for replacement. Several showers were out of service. Code violations present. Safety issues exist. HVAC equipment is aging and some units were missing altogether. Comprehensive preventative maintenance is need to extend the life of the asset.		

Central Plant - Deferred Maintenance Estimate

Facility System		Deferred Maintenance Value	
1	Locking Hardware	\$	24,632.35
2	Doors	\$	14,865.49
3	CCTV Repairs & Expansion	\$	33,505.30
4	Fencing	\$	8,359.77
5	Fire Protection, Life Safety, Repairs	\$	35,160.70
6	Electrical Repairs & Upgrades	\$	35,756.64
7	Lighting Retrofit/ Renovations	\$	41,120.14
8	HVAC Replacement/Repair	\$	49,827.54
9	Plumbing Fixtures & Repairs	\$	29,366.80
10	Cast Iron Pipe Repair/Replacement	\$	68,003.83
11	Structural Systems	\$	46,698.83
12	Exterior Window Repairs\Replacement	\$	16,736.09
13	Roof Repairs	\$	41,517.43
14	Laundry	\$	-
	Deferred Maintenance	\$	445,550.91
	Current Replacement Value	\$	4,966,200.00
	Facility Condition Index		0.090

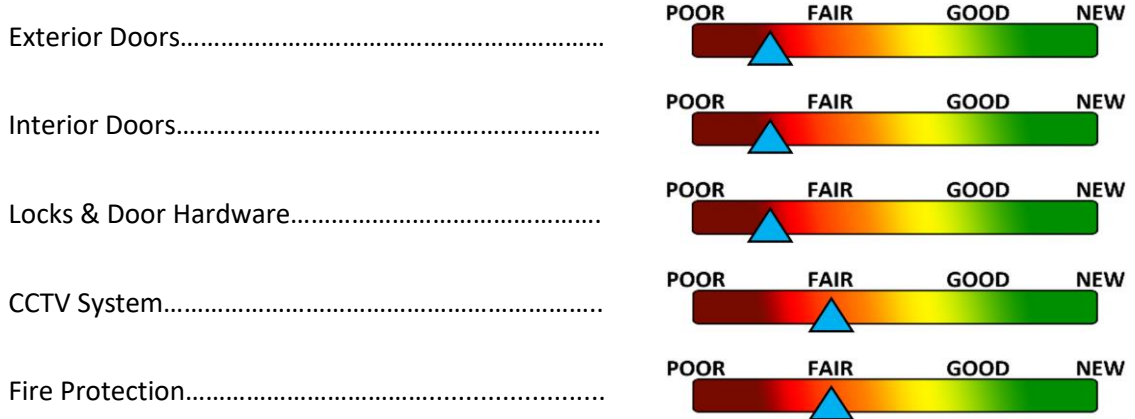
Central Plant - Site Pictures



State Penitentiary

Old Prison Section (1940-1972)- Condition Snapshot

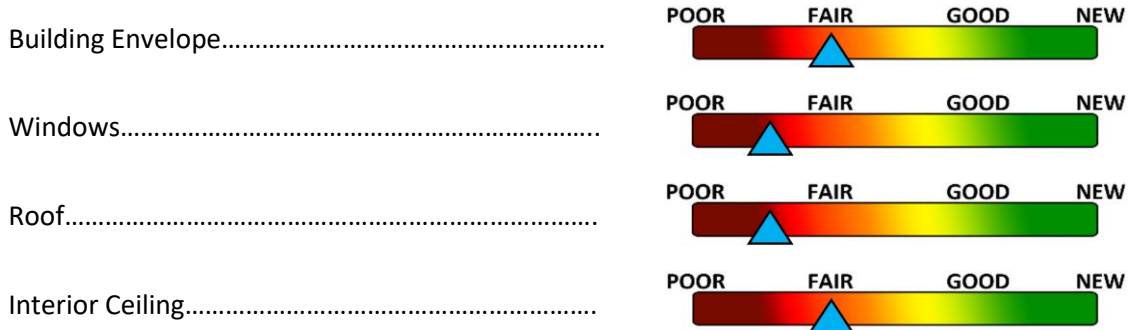
Security System



M/E/P Systems



Structural Systems



Old Prison Section 1940-1974

Location	3100 Railroad Ave., Bismarck, ND 58501		
Description of Use	The building is currently being used as central plant.		
Year Constructed	1983		Owned/Leased: Owned
Building Size	BGSF: 30,000		# Floors: 1
Overall Facility Condition	0.15 - 0.50	Critical Failure	Infrastructure & systems require replacement to restore function. Systems are unsafe to operate in current condition
Site	Total Parking Spaces/ADA:	No know or observed ADA issues	
	Parking Lot:	Asphalt parking surface is in Good Condition.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	With recent expansion, there is little room to continue to expand.	
Building Exterior	Exterior Wall:	Reinforced CMU block with Brick EIFS. Exterior is in good condition.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Reinforced and filled CMU block construction.	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in fair-poor condition.	
	Layout:	Mixed-use correctional with kitchen and laundry	
Technical Systems	Renovation Suitability:	Fair. Numerous code violations and ADA issues would need to be resolved.	
	Plumbing:	Poor - Plumbing systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Fair - Electrical systems show some signs that require attention with a few elements needing immediate repair.	
	Lighting/Branch Wiring:	Poor - Lighting/Branch Wiring systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	Fair - Telecom/Comp. Network show some signs that require attention with a few elements needing immediate repair.	
Vertical Transportation:	No Vertical Lift Equipment Present		
Sustainability	Fair - Remodel would be costly as all ADA issues would need to be addressed and code violations resolved.		
Comments	These buildings are 50-70 years old. Some systems have been upgraded or replaced with some systems nearing the end of their useful life. Extensive capital funding will be needed to maintain this building in the near future.		
Recommend	Plumbing is aging and should be considered for replacement. Several showers were out of service with ADA issues Code violations present. Safety issues exist. HVAC equipment is aging and some units were missing altogether. Comprehensive preventative maintenance is need to extend the life of the asset.		

Old Prison Section (1940-1972) - Deferred Maintenance Estimate

Facility System		Deferred Maintenance Value	
1	Locking Hardware	\$	89,280.00
2	Doors	\$	107,760.00
3	CCTV Repairs & Expansion	\$	60,720.00
4	Fencing	\$	15,150.00
5	Fire Protection, Life Safety, Repairs	\$	63,720.00
6	Electrical Repairs & Upgrades	\$	64,800.00
7	Lighting Retrofit/ Renovations	\$	149,040.00
8	HVAC Replacement/Repair	\$	90,300.00
9	Plumbing Fixtures & Repairs	\$	106,440.00
10	Cast Iron Pipe Repair/Replacement	\$	184,860.00
11	Structural Systems	\$	169,260.00
12	Exterior Window Repairs\Replacement	\$	121,320.00
13	Roof Repairs	\$	150,480.00
14	Laundry	\$	39,720.00
	Deferred Maintenance	\$	1,412,850.00
	Current Replacement Value	\$	9,000,000.00
	Facility Condition Index		0.157

Old Prison Section (1940-1972) - Site Pictures



State Penitentiary

New Prison Section (1980-2015)- Condition Snapshot

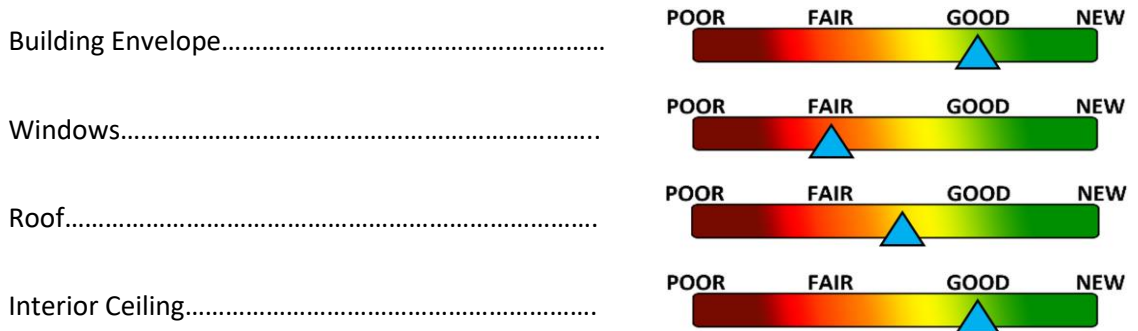
Security System



M/E/P Systems



Structural Systems



New Prison Sections 1980-2015

Location	3100 Railroad Ave., Bismarck, ND 58501		
Description of Use	The building is currently being used as central plant.		
Year Constructed	1980-2015		Owned/Leased: Owned
Building Size	BGSF: 60000		# Floors: 1 & 2
Overall Facility Condition	0.05 - 0.10 Fair	Infrastructure & systems show some signs that require attention with a few elements needing immediate repair	
Site	Total Parking Spaces/ADA:	No know or observed ADA issues	
	Parking Lot:	Asphalt parking surface is in Good Condition.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	With recent expansion, there is little room to continue to expand.	
Building Exterior	Exterior Wall:	Reinforced CMU block with Brick EIFS. Exterior is in good condition.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Reinforced and filled CMU block construction.	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in good condition.	
	Layout:	Mixed-use correctional with kitchen and laundry	
Technical Systems	Renovation Suitability:	Fair. Numerous code violations and ADA issues would need to be resolved.	
	Plumbing:	Fair - Plumbing systems show some signs that require attention with a few elements needing immediate repair.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Fair - Electrical systems show some signs that require attention with a few elements needing immediate repair.	
	Lighting/Branch Wiring:	Fair - Lighting/Branch Wiring show some signs that require attention with a few elements needing immediate repair.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	Fair - Telecom/Comp. Network show some signs that require attention with a few elements needing immediate repair.	
Vertical Transportation:	No Vertical Lift Equipment Present		
Sustainability	Fair - Remodel would be costly as all ADA issues would need to be addressed and code violations resolved.		
Comments	These buildings are 5-30 years old. Some systems are new, have been upgraded or replaced with some systems nearing the end of their useful life. Comprehensive Preventative Maintenance is needed to extend the life of the asset..		
Recommend	Plumbing is aging and should be considered for replacement. Several showers were out of service with ADA issues Code violations present. Safety issues exist. HVAC equipment is aging and some units were missing altogether. Comprehensive preventative maintenance is need to extend the life of the asset. Door controls should be upgraded/replaced.		

New Prison Sections (1980-2015) - Deferred Maintenance Estimate

	Facility System		Deferred Maintenance Value
1	Locking Hardware	\$	89,280.00
2	Doors	\$	107,760.00
3	CCTV Repairs & Expansion	\$	121,440.00
4	Fencing	\$	30,300.00
5	Fire Protection, Life Safety, Repairs	\$	127,440.00
6	Electrical Repairs & Upgrades	\$	129,600.00
7	Lighting Retrofit/ Renovations	\$	149,040.00
8	HVAC Replacement/Repair	\$	180,600.00
9	Plumbing Fixtures & Repairs	\$	106,440.00
10	Cast Iron Pipe Repair/Replacement	\$	123,240.00
11	Structural Systems	\$	169,260.00
12	Exterior Window Repairs\Replacement	\$	121,320.00
13	Roof Repairs	\$	150,480.00
14	Laundry	\$	79,440.00
	Deferred Maintenance	\$	1,685,640.00
	Current Replacement Value	\$	18,000,000.00
	Facility Condition Index		0.094

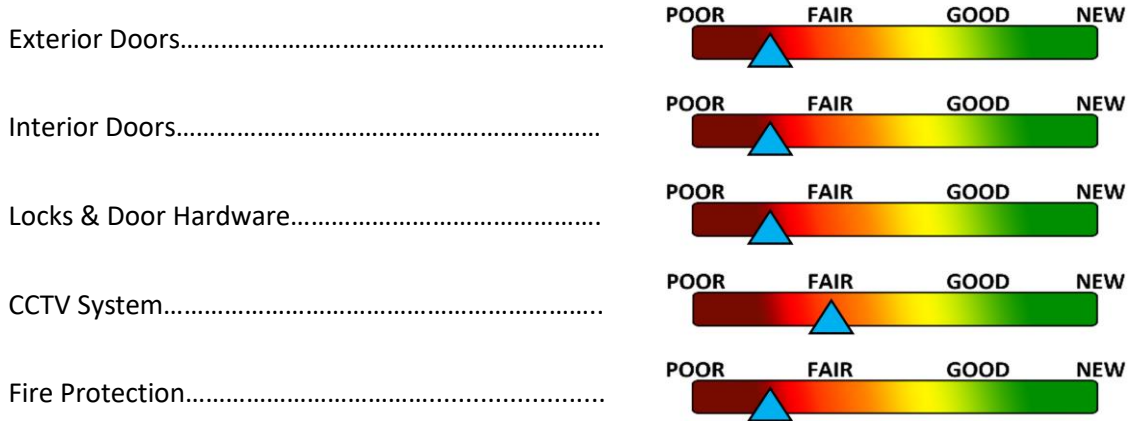
New Prison Section (1980-2012) - Site Pictures



James River

ET Building - Condition Snapshot

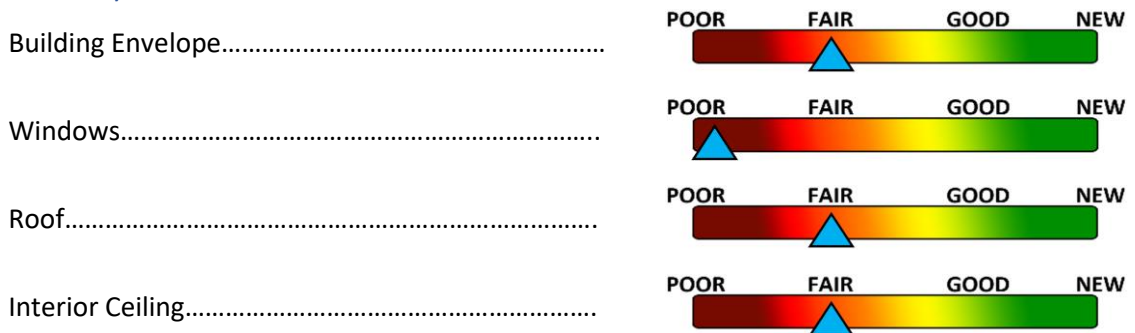
Security System



M/E/P Systems



Structural Systems



ET Building			
Location	Circle Drive, Jamestown, ND 58401		
Description of Use	The building is currently being used for housing male and female offenders.		
Year Constructed	1936		Owned/Leased: Owned
Building Size	BGSF: 87,000		# Floors: 5
Overall Facility Condition	0.15 - 0.50 Critical Failure	Infrastructure & systems require replacement to restore function. Systems are unsafe to operate in current condition	
Site	Total Parking Spaces/ADA:	No know or observed ADA issues with parking	
	Parking Lot:	Asphalt parking surface is in Good Condition.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	Due to age, it is recommended to replace this building.	
Building Exterior	Exterior Wall:	Reinforced CMU block with Brick EIFS. Exterior is in fair-poor.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Reinforced and filled CMU block construction.	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in fair condition.	
	Layout:	Mixed-use correctional with kitchen and laundry, some storage	
Technical Systems	Renovation Suitability:	Poor. Due to age, the building should be considered for replacement	
	Plumbing:	Severe - Plumbing systems are in unacceptable condition with widespread signs of deterioration.	
	Mechanical (HVAC):	Poor - Mechanical/HVAC systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Electrical:	Poor - Electrical systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Lighting/Branch Wiring:	Poor - Lighting/Branch Wiring systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Fire Protection:	Severe - Fire System is in unacceptable condition with widespread signs of deterioration.	
	Telecomm/Comp. Network:	Poor - Telecom/Comp. Network is mostly below standard with some elements reaching the end of useful life and requiring replacement.	
Sustainability	Vertical Transportation:	Poor - Vertical Lift Equipment is mostly below standard with some elements reaching the end of useful life and requiring replacement.	
		Poor - Due to the age of the building, consideration to replace is the best option.	
Comments	Suspected hazardous materials observed. Kitchen may not be adequately sized for number of residents.		
Recommend	Plumbing is aging and should be considered for replacement. Several showers were out of service with ADA issues Code violations present. Safety issues exist. HVAC equipment is aging. Comprehensive preventative maintenance is need to extend the life of the asset.		

ET Building - Deferred Maintenance Estimate

	Facility System		Deferred Maintenance Value
1	Locking Hardware	\$	258,912.00
2	Doors	\$	312,504.00
3	CCTV Repairs & Expansion	\$	176,088.00
4	Fencing	\$	43,935.00
5	Fire Protection, Life Safety, Repairs	\$	554,364.00
6	Electrical Repairs & Upgrades	\$	375,840.00
7	Lighting Retrofit/ Renovations	\$	432,216.00
8	HVAC Replacement/Repair	\$	523,740.00
9	Plumbing Fixtures & Repairs	\$	463,014.00
10	Cast Iron Pipe Repair/Replacement	\$	536,094.00
11	Structural Systems	\$	245,427.00
12	Exterior Window Repairs\Replacement	\$	351,828.00
13	Roof Repairs	\$	218,196.00
14	Laundry	\$	172,782.00
	Deferred Maintenance	\$	4,664,940.00
	Current Replacement Value	\$	26,100,000.00
	Facility Condition Index		0.179

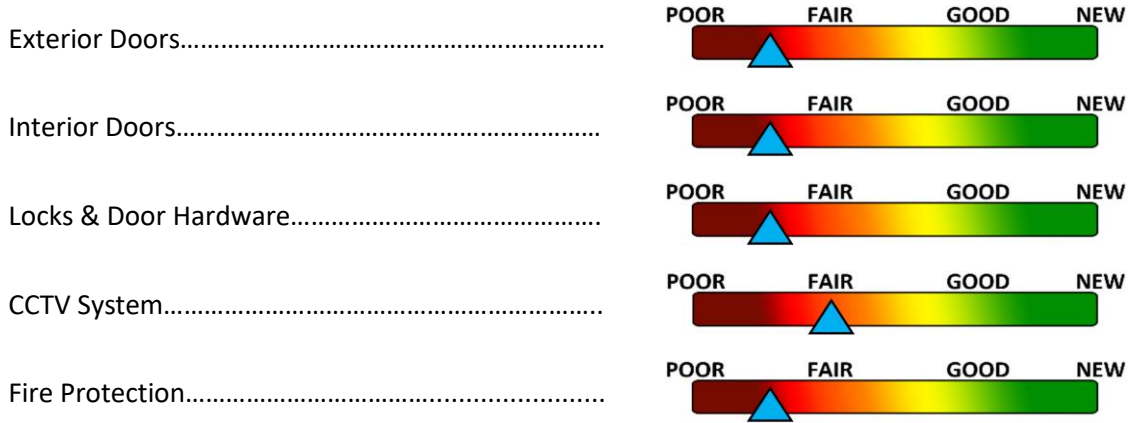
ET Building - Site Pictures



James River

Housing Control - Condition Snapshot

Security System



M/E/P Systems



Structural Systems



Housing Control - Deferred Maintenance Estimate

Housing Control			
Location	Circle Drive, Jamestown, ND 58401		
Description of Use	The building is currently being used for housing male and female offenders.		
Year Constructed			Owned/Leased: Owned
Building Size	BGSF: 38,200		# Floors: 2
Overall Facility Condition	0.15 - 0.50 Critical Failure	Infrastructure & systems require replacement to restore function. Systems are unsafe to operate in current condition	
Site	Total Parking Spaces/ADA:	No know or observed ADA issues with parking	
	Parking Lot:	Asphalt parking surface is in Good Condition.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	Due to age, it is recommended to replace this building.	
Building Exterior	Exterior Wall:	Reinforced CMU block with Brick EIFS. Exterior is in fair-poor.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Reinforced and filled CMU block construction.	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in fair condition.	
	Layout:	Mixed-use correctional with kitchen and laundry, some storage	
	Renovation Suitability:	Poor. Due to age, the building should be considered for replacement	
Technical Systems	Plumbing:	Severe - Plumbing systems are in unacceptable condition with widespread signs of deterioration.	
	Mechanical (HVAC):	Poor - Mechanical/HVAC systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Electrical:	Poor - Electrical systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Lighting/Branch Wiring:	Poor - Lighting/Branch Wiring systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Fire Protection:	Severe - Fire System is in unacceptable condition with widespread signs of deterioration.	
	Telecomm/Comp. Network:	Poor - Telecom/Comp. Network is mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Vertical Transportation:	Poor - Vertical Lift Equipment is mostly below standard with some elements reaching the end of useful life and requiring replacement.	
Sustainability	Poor - Due to the age of the building, consideration to replace is the best option.		
Comments	Suspected hazardous materials observed. Kitchen may not be adequately sized for number of residents. Code violations present. Safety issues exist.		
Recommend	Plumbing is aging and should be considered for replacement. HVAC equipment is aging and should be considered for replacement. Comprehensive preventative maintenance is need to extend the life of the asset.		

Housing Control - Site Pictures



North Dakota Youth Correctional Center

Heating Plant - Condition Snapshot

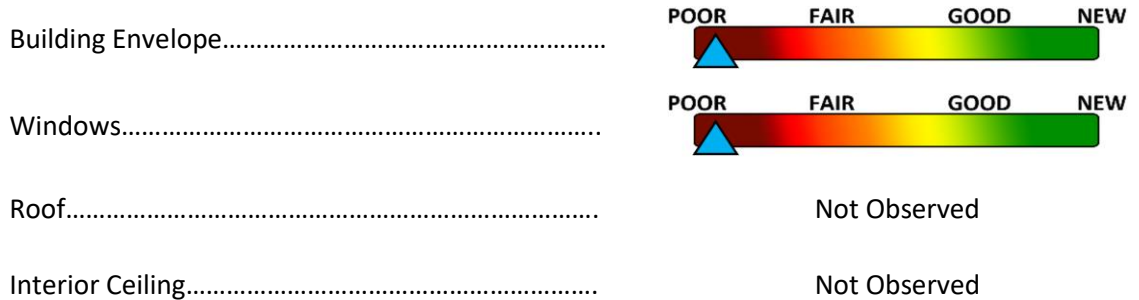
Security System



M/E/P Systems



Structural Systems



Central Plant

Location	701 16th Avenue Mandan ND. 58554		
Description of Use	The building is currently being used for storage. and Swimming Pool		
Year Constructed	1921		Owned/Leased: Owned
Building Size	BGSF: 7930		# Floors: 1
Overall Facility Condition	0.10 - 0.12 Poor	Infrastructure & systems are mostly below standard with some elements reaching the end of useful life and requiring replacement	
Site	Total Parking Spaces/ADA:	Gravel Parking area / no know or observed ADA issues	
	Parking Lot:	Crush and run - Fair Condition - May have been asphalt at one point in time.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	With recent expansion, there is little room to continue expansion.	
Building Exterior	Exterior Wall:	Concrete block and cast concrete	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Concrete block and cast concrete	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in fair condition.	
	Layout:	Building is housing central plant equipment such as boilers.	
Technical Systems	Renovation Suitability:	Fair. Numerous code violations and ADA issues would need to be resolved.	
	Plumbing:	Poor - Plumbing systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Mechanical (HVAC):	Poor - Mechanical/HVAC systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Electrical:	Fair - Electrical systems show some signs that require attention with a few elements needing immediate repair.	
	Lighting/Branch Wiring:	Fair - Lighting/Branch Wiring show some signs that require attention with a few elements needing immediate repair.	
	Fire Protection:	No Fire System Present	
	Telecomm/Comp. Network:	No Telecom/Comp. Network Present	
Vertical Transportation:	No Vertical Lift Equipment Present		
Sustainability	Poor - Remodel would be costly as all ADA issues would need to be addressed and code violations resolved.		
Comments	This building is nearly 100 years old. Some systems have been upgraded or replaced with some systems nearing the end of their useful life. Funds should not be invested in this building. Structural changes over the years have caused wall cracks that make the building unsafe in its present condition. Cost to renovate would far exceed the cost to replace the present structure.		
Recommend	Plumbing is aging and should be considered for replacement. Underground piping should be replaced based on age and drainage issues. Code violations present. Safety issues exist. HVAC equipment is aging and some units were missing altogether. Comprehensive preventative maintenance is need to extend the life of the asset.		

	Facility System		Deferred Maintenance Value
1	Locking Hardware	\$	11,799.84
2	Doors	\$	28,484.56
3	CCTV Repairs & Expansion	\$	-
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	-
6	Electrical Repairs & Upgrades	\$	17,128.80
7	Lighting Retrofit/ Renovations	\$	19,698.12
8	HVAC Replacement/Repair	\$	47,738.60
9	Plumbing Fixtures & Repairs	\$	28,135.64
10	Cast Iron Pipe Repair/Replacement	\$	32,576.44
11	Structural Systems	\$	89,482.12
12	Exterior Window Repairs\Replacement	\$	16,034.46
13	Roof Repairs	\$	-
14	Laundry	\$	-
	Deferred Maintenance	\$	291,078.58
	Current Replacement Value	\$	2,379,000.00
	Facility Condition Index		0.122

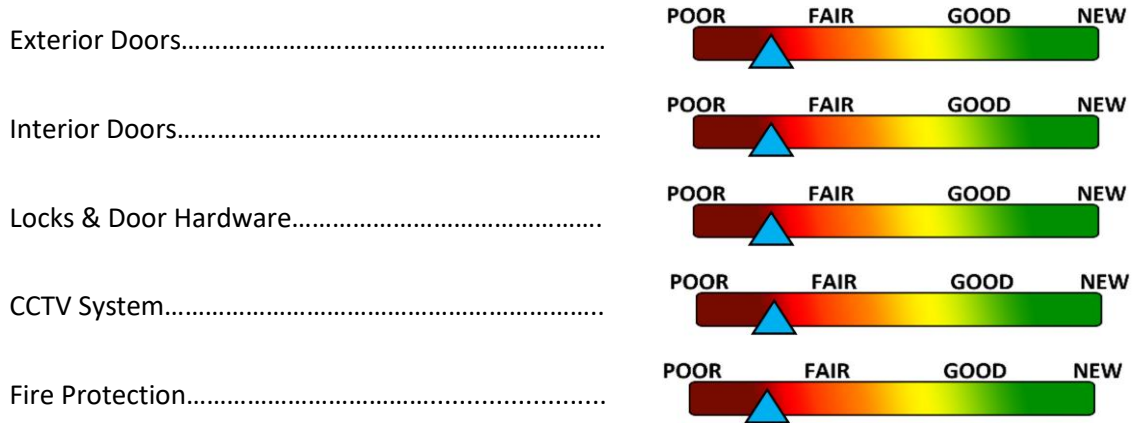
Heating Plant - Site Pictures



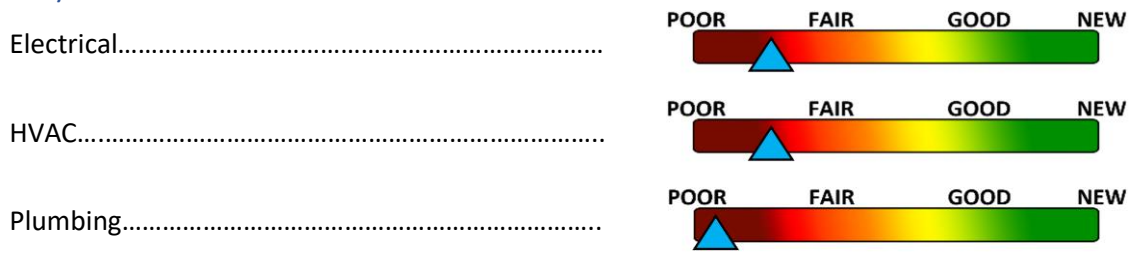
North Dakota Youth Correctional Center

Swimming Pool Building - Condition Snapshot

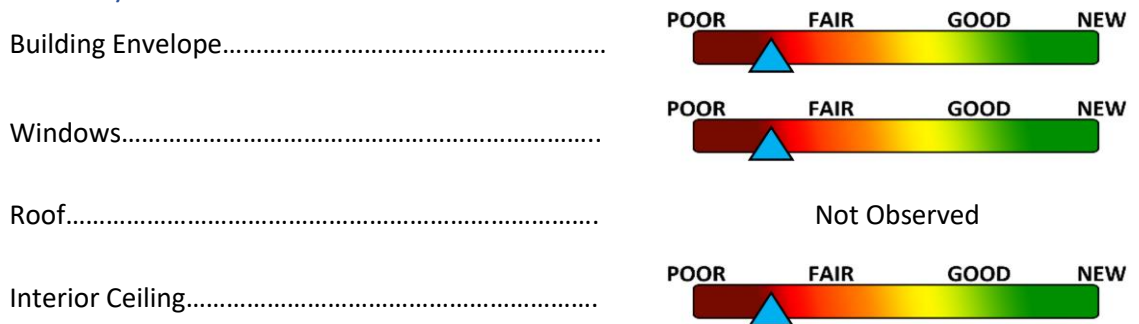
Security System



M/E/P Systems



Structural Systems



Swimming Pool Building

Location	701 16th Avenue Mandan ND. 58554		
Description of Use	The building is currently being used for storage. and Swimming Pool		
Year Constructed	1975		Owned/Leased: Owned
Building Size	BGSF: 4032		# Floors: 1
Overall Facility Condition	0.10 - 0.12 Poor	Infrastructure & systems are mostly below standard with some elements reaching the end of useful life and requiring replacement	
Site	Total Parking Spaces/ADA:	Gravel Parking area / no know or observed ADA issues	
	Parking Lot:	Crush and run - Fair Condition - May have been asphalt at one point in time.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	With recent expansion, there is little room to continue expansion.	
Building Exterior	Exterior Wall:	Concrete block and cast concrete	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Concrete block and cast concrete	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in fair condition.	
	Layout:	Building is housing central plant equipment such as boilers.	
Technical Systems	Renovation Suitability:	Fair. Numerous code violations and ADA issues would need to be resolved.	
	Plumbing:	Poor - Plumbing systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Fair - Electrical systems show some signs that require attention with a few elements needing immediate repair.	
	Lighting/Branch Wiring:	Fair - Lighting/Branch Wiring show some signs that require attention with a few elements needing immediate repair.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	No Telecom/Comp. Network Present	
Vertical Transportation:	No Vertical Lift Equipment Present		
Sustainability	Poor - Remodel would be costly as all ADA issues would need to be addressed and code violations resolved.		
Comments	This building is nearly 45 years old. Some systems have been upgraded or replaced with some systems nearing the Cost to renovate would most likely exceed the cost to replace the present structure.		
Recommend	Plumbing is aging and should be considered for replacement. Underground piping should be replaced based on age and drainage issues. Code violations present. Safety issues exist. HVAC equipment is aging and some units were missing altogether. Comprehensive preventative maintenance is need to extend the life of the asset.		

Facility System		Deferred Maintenance Value	
1	Locking Hardware	\$	5,999.62
2	Doors	\$	7,241.47
3	CCTV Repairs & Expansion	\$	8,160.77
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	8,563.97
6	Electrical Repairs & Upgrades	\$	8,709.12
7	Lighting Retrofit/ Renovations	\$	10,015.49
8	HVAC Replacement/Repair	\$	12,136.32
9	Plumbing Fixtures & Repairs	\$	14,305.54
10	Cast Iron Pipe Repair/Replacement	\$	16,563.46
11	Structural Systems	\$	45,497.09
12	Exterior Window Repairs\Replacement	\$	8,152.70
13	Roof Repairs	\$	-
14	Laundry	\$	-
	Deferred Maintenance	\$	145,345.54
	Current Replacement Value	\$	1,209,600.00
	Facility Condition Index		0.120

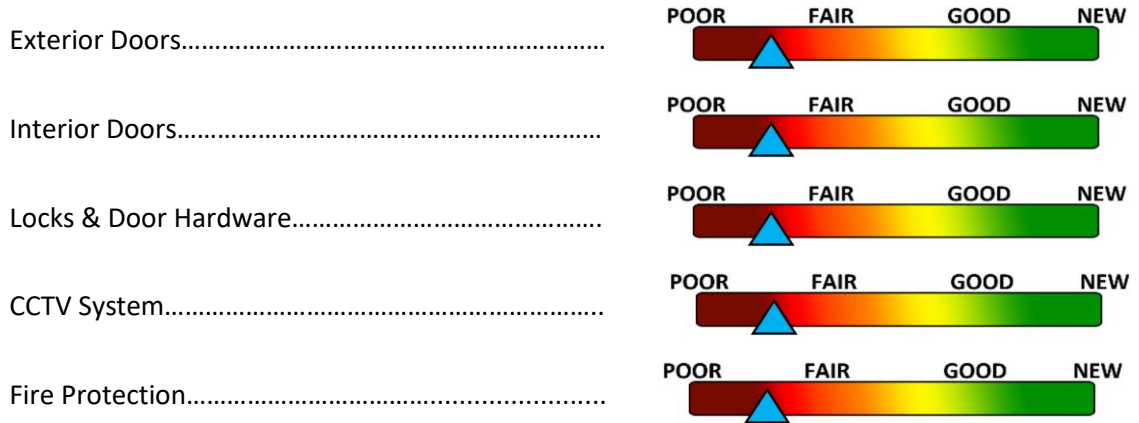
Swimming Pool - Site Pictures



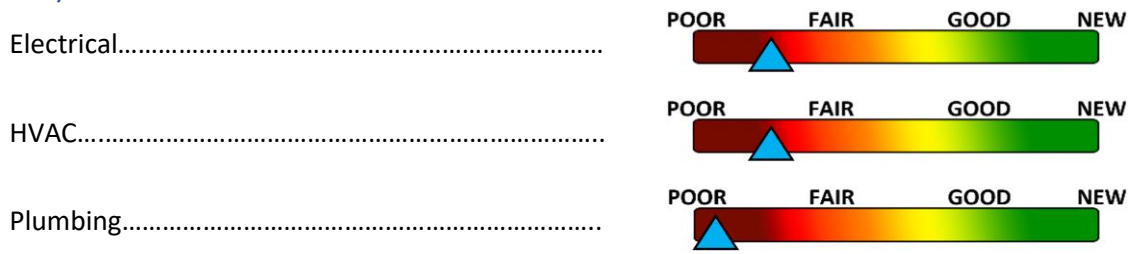
North Dakota Youth Correctional Center

Campus Maintenance - Condition Snapshot

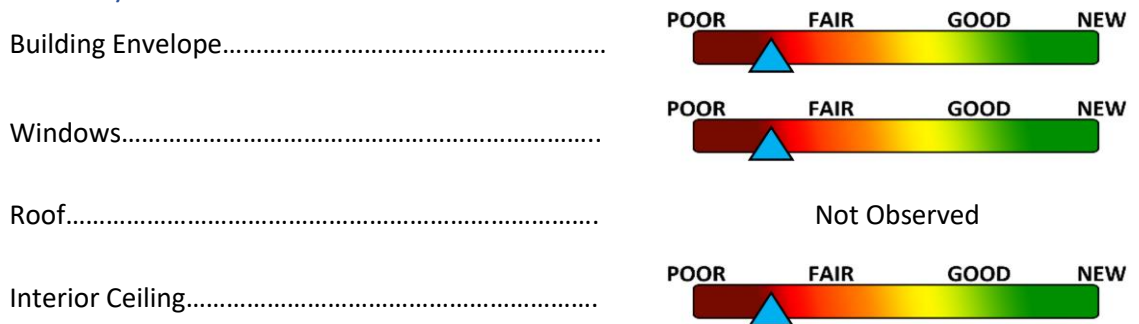
Security System



M/E/P Systems



Structural Systems



Campus Maintenance

Location	701 16th Avenue Mandan ND. 58554		
Description of Use	The building is currently being used for storage. and Swimming Pool		
Year Constructed	1957		Owned/Leased: Owned
Building Size	BGSF: 4469		# Floors: 1
Overall Facility Condition	0.10 - 0.12 Poor	Infrastructure & systems are mostly below standard with some elements reaching the end of useful life and requiring replacement	
Site	Total Parking Spaces/ADA:	N/A	
	Parking Lot:	Asphalt Poor Condition	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	With recent expansion, there is little room to continue expansion.	
Building Exterior	Exterior Wall:	CMU with Brick Veneer	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Exposed steel frame construction	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in fair condition.	
	Layout:	Single Story Structure	
Technical Systems	Renovation Suitability:	Not Recommended. Cost would exceed replacement.	
	Plumbing:	Poor - Plumbing systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Fair - Electrical systems show some signs that require attention with a few elements needing immediate repair.	
	Lighting/Branch Wiring:	Fair - Lighting/Branch Wiring show some signs that require attention with a few elements needing immediate repair.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	No Telecom/Comp. Network Present	
Vertical Transportation:	No Vertical Lift Equipment Present		
Sustainability	Poor - Remodel is not recommended (Cost Would Reach or Exceed Replacement of Building)		
Comments	Interior of Building is used for Maintenance. This building is nearly 63 years old. Some systems have been upgraded or replaced with some systems nearing the end of their useful life. Funds should not be invested in a building of this age. Cost to renovate would far exceed the cost to replace the present structure.		
Recommend	Plumbing is aging and should be considered for replacement. Electrical system is nearing the end of its useful life. Code violations present. Safety issues exist. HVAC equipment is past its life expectancy and should be replaced. Comprehensive preventative maintenance is need to extend the life of the assets.		

Facility System		Deferred Maintenance Value	
1	Locking Hardware	\$	6,649.87
2	Doors	\$	8,026.32
3	CCTV Repairs & Expansion	\$	9,045.26
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	9,492.16
6	Electrical Repairs & Upgrades	\$	9,653.04
7	Lighting Retrofit/ Renovations	\$	11,101.00
8	HVAC Replacement/Repair	\$	13,451.69
9	Plumbing Fixtures & Repairs	\$	15,856.01
10	Cast Iron Pipe Repair/Replacement	\$	18,358.65
11	Structural Systems	\$	50,428.20
12	Exterior Window Repairs\Replacement	\$	9,036.32
13	Roof Repairs	\$	-
14	Laundry	\$	-
	Deferred Maintenance	\$	161,098.51
	Current Replacement Value	\$	1,340,700.00
	Facility Condition Index		0.120

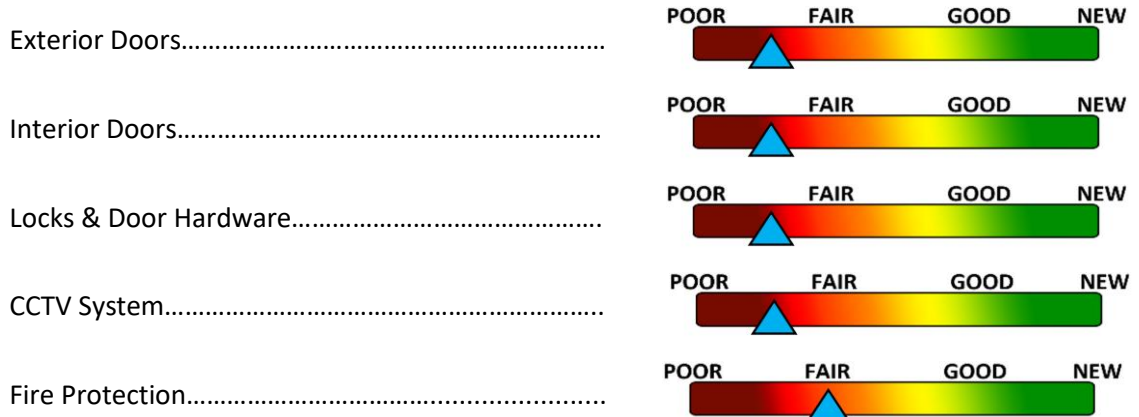
Campus Maintenance - Site Pictures



North Dakota Youth Correctional Center

Gymnasium - Condition Snapshot

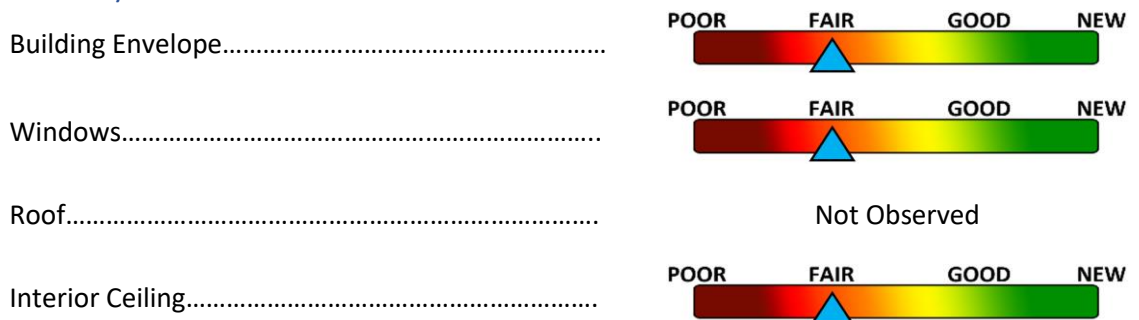
Security System



M/E/P Systems



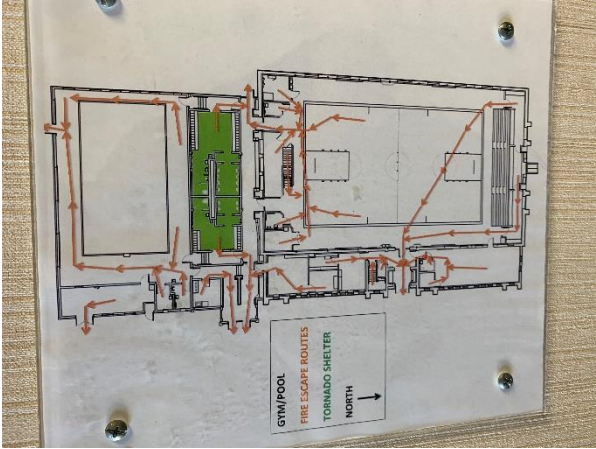
Structural Systems



Gymnasium			
Location	701 16th Avenue Mandan ND. 58554		
Description of Use	Being used as office space and Gymnasium		
Year Constructed	1925/1975/1999		Owned/Leased: Owned
Building Size	BGSF: 15865		# Floors: 1
Overall Facility Condition	0.10 - 0.12 Poor	Infrastructure & systems are mostly below standard with some elements reaching the end of useful life and requiring replacement	
Site	Total Parking Spaces/ADA:	No know or observed ADA issues	
	Parking Lot:	Asphalt parking surface is in poor condition.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	With recent expansion, there is little room to continue expansion.	
Building Exterior	Exterior Wall:	Reinforced CMU block with Brick EIFS. Exterior is in good condition.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Reinforced and filled CMU block construction. Steel truss with wood deck	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in fair condition.	
	Layout:	Office space and Gymnasium	
	Renovation Suitability:	Fair. Numerous code violations and ADA issues would need to be resolved.	
Technical Systems	Plumbing:	Fair - Plumbing systems show some signs that require attention with a few elements needing immediate repair.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Fair - Electrical systems show some signs that require attention with a few elements needing immediate repair.	
	Lighting/Branch Wiring:	Fair - Lighting/Branch Wiring show some signs that require attention with a few elements needing immediate repair.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	No Telecom/Comp. Network Present	
	Vertical Transportation:	No Vertical Lift Equipment Present	
Sustainability	Fair - Remodel would be costly as all ADA issues would need to be addressed and code violations resolved.		
Comments	The structure was built in 1925 and a pool was added in 1975. Renovations were done in 1999. The structure is aging and most of the equipment is near the end of its useful life..		
Recommend	Plumbing is aging and should be considered for replacement. Code violations present. Safety issues exist. HVAC equipment is aging and some units were missing altogether. One unit was non-operational during CGL's assessment. Comprehensive preventative maintenance is need to extend the life of the asset.		

Facility System		Deferred Maintenance Value	
1	Locking Hardware	\$	23,607.12
2	Doors	\$	28,493.54
3	CCTV Repairs & Expansion	\$	32,110.76
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	33,697.26
6	Electrical Repairs & Upgrades	\$	34,268.40
7	Lighting Retrofit/ Renovations	\$	39,408.66
8	HVAC Replacement/Repair	\$	47,753.65
9	Plumbing Fixtures & Repairs	\$	28,144.51
10	Cast Iron Pipe Repair/Replacement	\$	65,173.42
11	Structural Systems	\$	89,510.33
12	Exterior Window Repairs\Replacement	\$	32,079.03
13	Roof Repairs	\$	39,789.42
14	Laundry	\$	-
	Deferred Maintenance	\$	494,036.10
	Current Replacement Value	\$	4,759,500.00
	Facility Condition Index		0.104

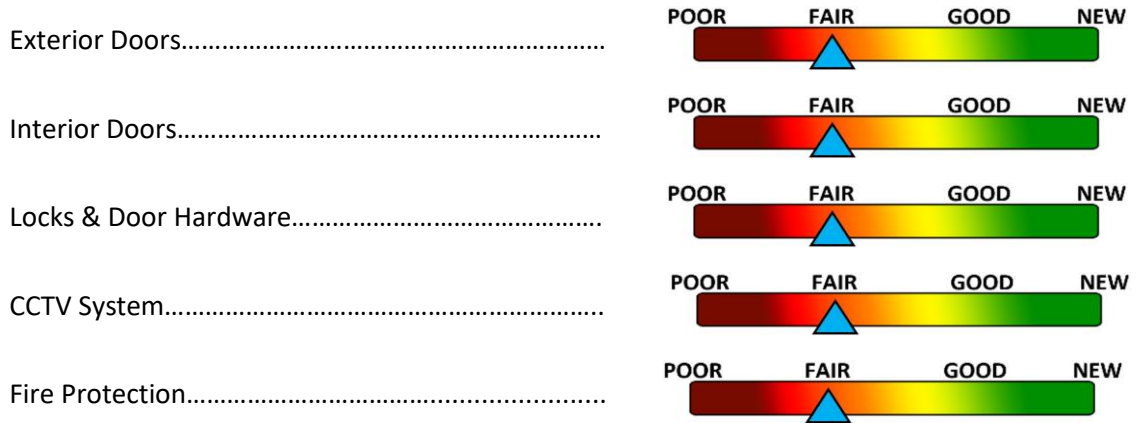
Gymnasium - Site Pictures



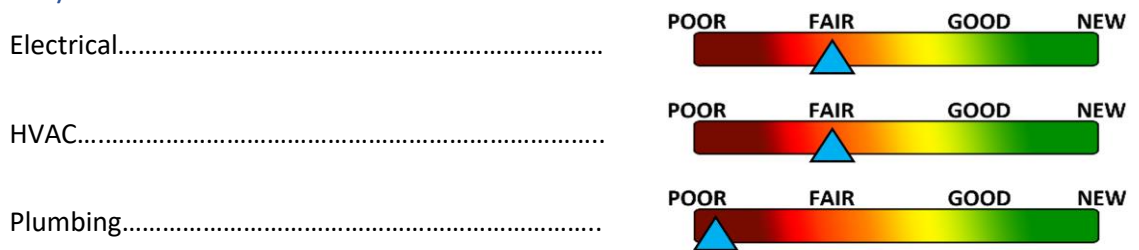
North Dakota Youth Correctional Center

Maple Cottage- Condition Snapshot

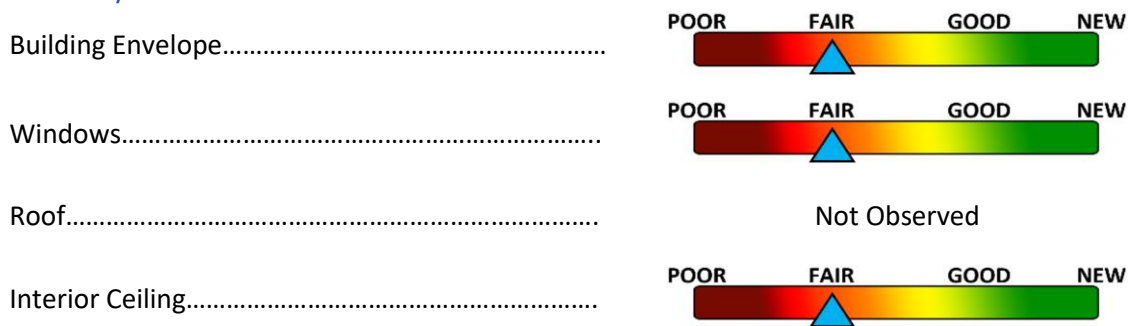
Security System



M/E/P Systems



Structural Systems

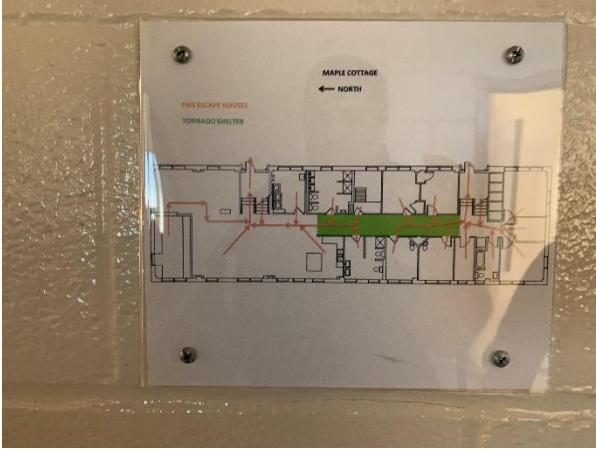


Gymnasium

Location	701 16th Avenue Mandan ND. 58554		
Description of Use	Mixed-use space, classrooms, offices, housing		
Year Constructed	1952		Owned/Leased: Owned
Building Size	7392		# Floors: 1
Overall Facility Condition	0.10 - 0.12 Poor	Infrastructure & systems are mostly below standard with some elements reaching the end of useful life and requiring replacement	
Site	Total Parking Spaces/ADA:	No know or observed ADA issues	
	Parking Lot:	Asphalt parking surface is in poor condition.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	Expansion in a building this age is not recommended	
Building Exterior	Exterior Wall:	Reinforced CMU block with Brick EIFS. Exterior is in good condition.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Reinforced and filled CMU block construction. Steel truss with steel deck	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in fair condition.	
	Layout:	Office and housing space	
Technical Systems	Renovation Suitability:	Fair. Numerous ADA issues would need to be resolved.	
	Plumbing:	Fair - Plumbing systems show some signs that require attention with a few elements needing immediate repair.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Fair - Electrical systems show some signs that require attention with a few elements needing immediate repair.	
	Lighting/Branch Wiring:	Fair - Lighting/Branch Wiring show some signs that require attention with a few elements needing immediate repair.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	No Telecom/Comp. Network Present	
Vertical Transportation:	No Vertical Lift Equipment Present		
Sustainability	Fair - Remodel would be costly as all ADA issues would need to be addressed and code violations resolved.		
Comments	The structure was built in 1952 with some renovations occurring in 1997. The structure is aging and most of the equipment is near the end of its useful life. No preventative maintenance was present at the time of our observation.		
Recommend	Plumbing is aging and should be considered for replacement. Code violations present. Safety issues exist. HVAC equipment is aging and some units were nonoperational. One unit was non-operational during CGL's assessment. Comprehensive preventative maintenance is needed to extend the life of the assets.		

Facility System		Deferred Maintenance Value	
1	Locking Hardware	\$	10,999.30
2	Doors	\$	13,276.03
3	CCTV Repairs & Expansion	\$	14,961.41
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	15,700.61
6	Electrical Repairs & Upgrades	\$	15,966.72
7	Lighting Retrofit/ Renovations	\$	18,361.73
8	HVAC Replacement/Repair	\$	22,249.92
9	Plumbing Fixtures & Repairs	\$	13,113.41
10	Cast Iron Pipe Repair/Replacement	\$	30,366.34
11	Structural Systems	\$	41,705.66
12	Exterior Window Repairs\Replacement	\$	14,946.62
13	Roof Repairs	\$	18,539.14
14	Laundry	\$	-
	Deferred Maintenance	\$	230,186.88
	Current Replacement Value	\$	2,217,600.00
	Facility Condition Index		0.104

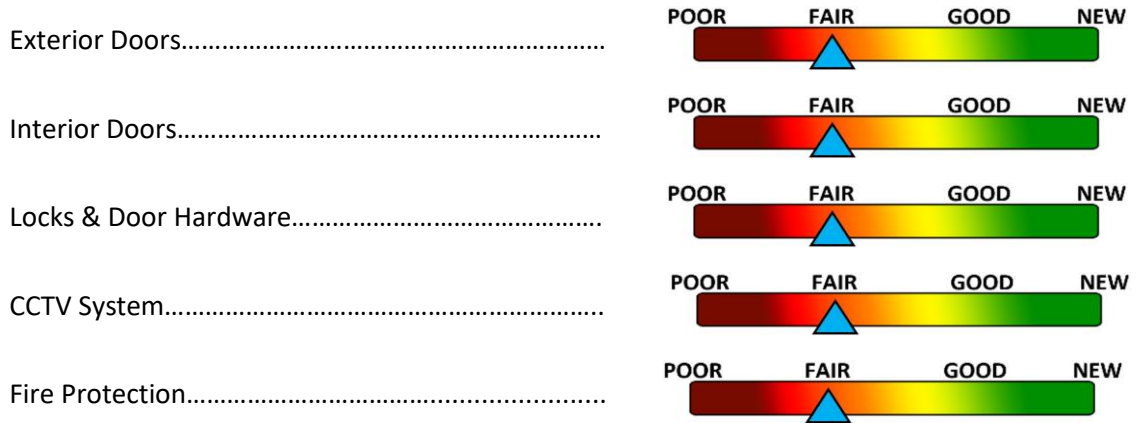
Maple Cottage - Site Pictures



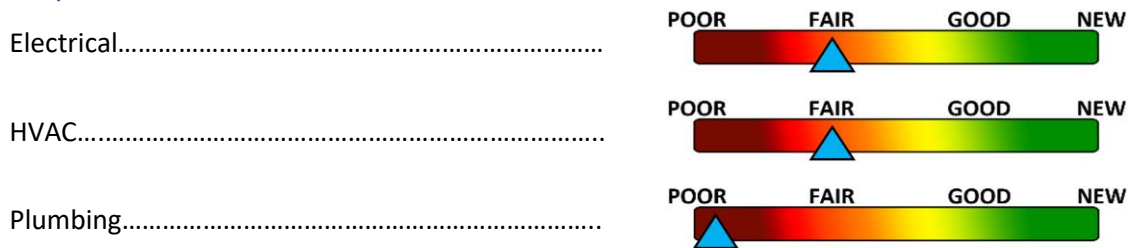
North Dakota Youth Correctional Center

Maple Cottage- Condition Snapshot

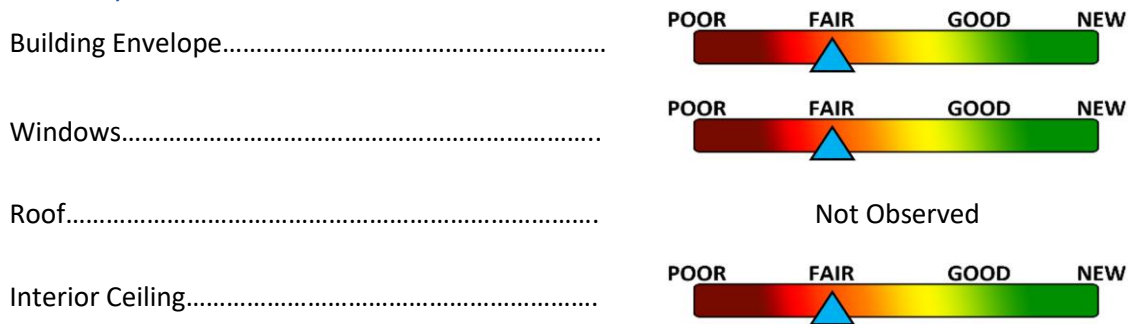
Security System



M/E/P Systems



Structural Systems



Vocational / Administration Bldg.

Location	701 16th Avenue Mandan ND. 58554		
Description of Use	Mixed-use space, carpentry shop, welding, auto shop etc.		
Year Constructed	1960		Owned/Leased: Owned
Building Size	32,245		# Floors: 1
Overall Facility Condition	0.10 - 0.12 Poor	Infrastructure & systems are mostly below standard with some elements reaching the end of useful life and requiring replacement	
Site	Total Parking Spaces/ADA:	No know or observed ADA issues	
	Parking Lot:	Asphalt parking surface is in poor condition.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	Expansion in a building this age is not recommended	
Building Exterior	Exterior Wall:	Reinforced CMU block with Brick EIFS. Exterior is in fair to good condition.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Reinforced and filled CMU block construction. Steel truss with metal deck	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in fair condition.	
	Layout:	Office and housing space	
	Renovation Suitability:	Fair. Numerous ADA issues would need to be resolved.	
Technical Systems	Plumbing:	Poor - Plumbing systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Fair - Electrical systems show some signs that require attention with a few elements needing immediate repair.	
	Lighting/Branch Wiring:	Fair - Lighting/Branch Wiring show some signs that require attention with a few elements needing immediate repair.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	No Telecom/Comp. Network Present	
	Vertical Transportation:	No Vertical Lift Equipment Present	
Sustainability	Fair - Remodel would be costly as all ADA issues would need to be addressed and code violations resolved.		
Comments	The structure was built in 1960 with no known renovations taking place since construction. The structure is aging and most of the equipment is near the end of its useful life. No preventative maintenance was present at the time of our observation.		
Recommend	Plumbing is aging and should be considered for replacement. Code violations present. Safety issues exist. HVAC equipment is aging. Comprehensive preventative maintenance is needed to extend the life of the assets.		

Facility System		Deferred Maintenance Value	
1	Locking Hardware	\$	47,980.56
2	Doors	\$	57,912.02
3	CCTV Repairs & Expansion	\$	65,263.88
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	68,488.38
6	Electrical Repairs & Upgrades	\$	69,649.20
7	Lighting Retrofit/ Renovations	\$	80,096.58
8	HVAC Replacement/Repair	\$	97,057.45
9	Plumbing Fixtures & Repairs	\$	114,405.26
10	Cast Iron Pipe Repair/Replacement	\$	132,462.46
11	Structural Systems	\$	181,926.29
12	Exterior Window Repairs\Replacement	\$	65,199.39
13	Roof Repairs	\$	80,870.46
14	Laundry	\$	-
	Deferred Maintenance	\$	1,061,311.93
	Current Replacement Value	\$	9,673,500.00
	Facility Condition Index		0.110

Vocational / Admin. Building - Site Pictures

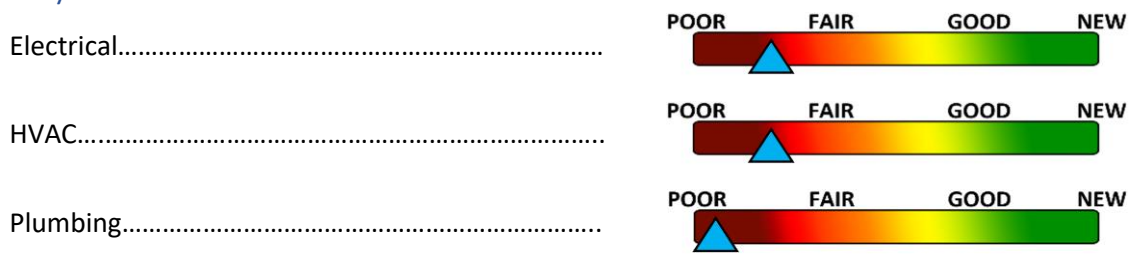


North Dakota Youth Correctional Center Hickory Cottage - Condition Snapshot

Security System



M/E/P Systems



Structural Systems



Hickory Cottage

Location	701 16 th Avenue SW. Mandan ND.		
Description of Use	The building is currently used for youth housing		
Year Constructed	1952		Owned/Leased: Owned
Building Size	BGSF:17,820		# Floors: 3
Overall Facility Condition	0.10 - 0.12 Poor	Infrastructure & systems are mostly below standard with some elements reaching the end of useful life and requiring replacement	
Site	Total Parking Spaces/ADA:	No know or observed ADA issues	
	Parking Lot:	Asphalt parking surface is in fair condition.	
	Access/ADA Issues/Signage:	YES - ADA issues exist through the Site	
	Expansion Capability:	Expansion is not recommended on a multiple story building	
Building Exterior	Exterior Wall:	Reinforced CMU block and Brick. Exterior is in fair condition.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Reinforced and filled CMU block construction.	
	Access/ADA Issues	YES - ADA issues exist through the facility	
	Finishes:	Interior finishes were in fair condition.	
	Layout:	Youth housing the design makes it challenging	
	Renovation Suitability:	Poor Numerous code violations and ADA issues would need to be resolved.	
Technical Systems	Plumbing:	Poor - Plumbing systems are mostly below standard with some elements reaching the end of useful life and requiring replacement.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Fair - Electrical systems show some signs that require attention with a few elements needing immediate repair.	
	Lighting/Branch Wiring:	Fair - Lighting/Branch Wiring show some signs that require attention with a few elements needing immediate repair.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	Fair - Telecom/Comp. Network show some signs that require attention with a few elements needing immediate repair.	
	Vertical Transportation:	No Vertical Lift Equipment Present	
Sustainability	Fair - Remodel would be costly as all ADA issues would need to be addressed and code violations resolved.		
Comments	This building is 68 years old. Some systems have been upgraded or replaced with some systems nearing the end of their useful life. Capital funding will be needed to maintain this building in the near future if viable.		
Recommend	Plumbing is aging and should be considered for replacement. Code violations are present. Safety issues exist. HVAC equipment is aging and some units were missing altogether.		

Facility System		Deferred Maintenance Value	
1	Locking Hardware	\$	26,516.16
2	Doors	\$	32,004.72
3	CCTV Repairs & Expansion	\$	36,067.68
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	37,849.68
6	Electrical Repairs & Upgrades	\$	38,491.20
7	Lighting Retrofit/ Renovations	\$	44,264.88
8	HVAC Replacement/Repair	\$	53,638.20
9	Plumbing Fixtures & Repairs	\$	63,225.36
10	Cast Iron Pipe Repair/Replacement	\$	73,204.56
11	Structural Systems	\$	100,540.44
12	Exterior Window Repairs\Replacement	\$	36,032.04
13	Roof Repairs	\$	44,692.56
14	Laundry	\$	-
Deferred Maintenance		\$	586,527.48
Current Replacement Value		\$	5,346,000.00
Facility Condition Index			0.110

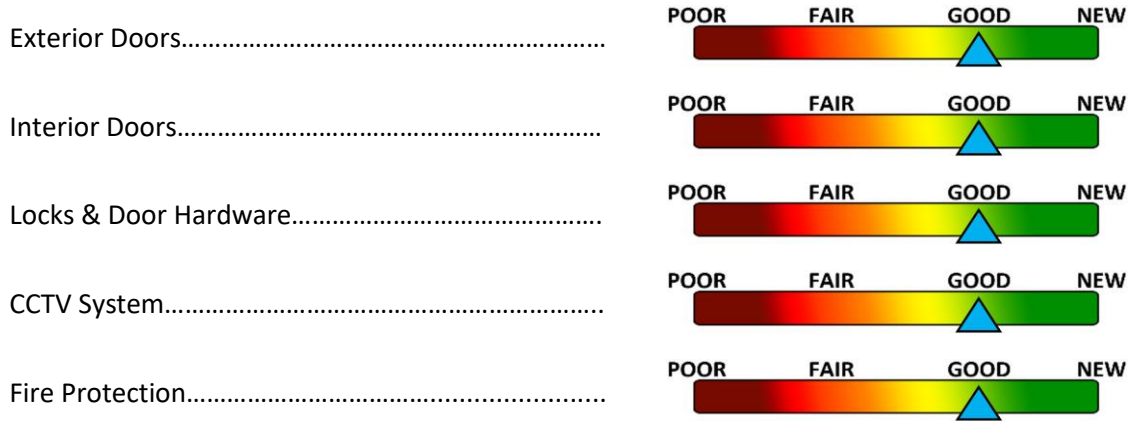
Hickory Cottage - Site Pictures



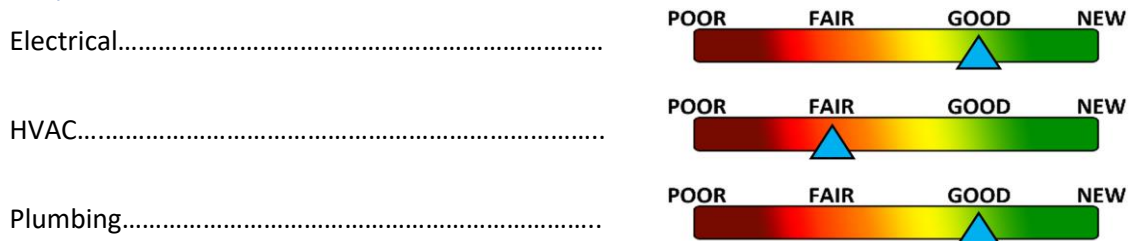
North Dakota Youth Correctional Center

Pine Cottage - Condition Snapshot

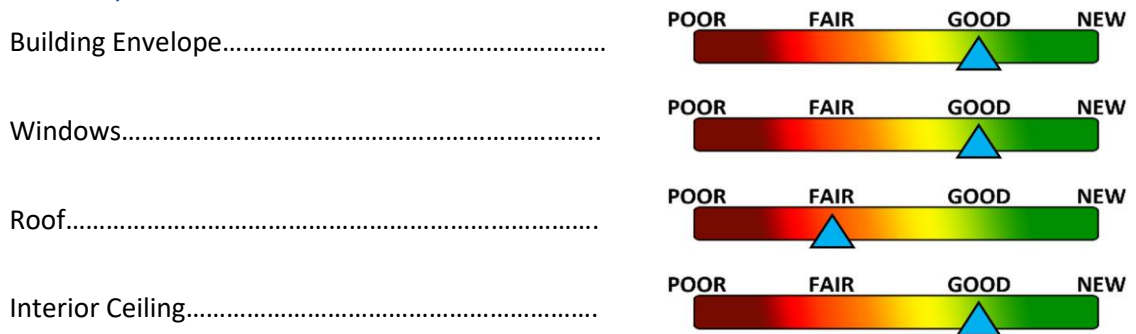
Security System



M/E/P Systems



Structural Systems

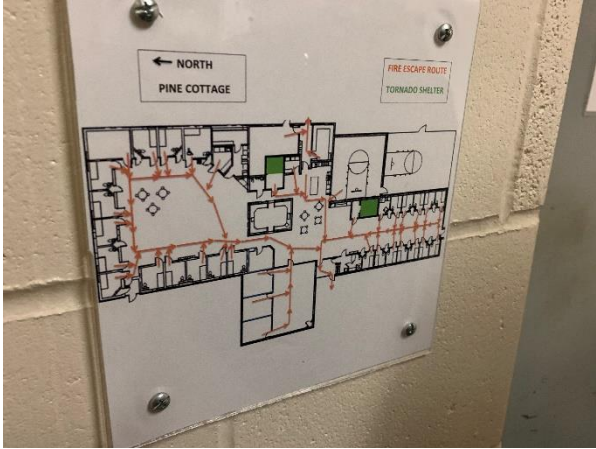


Pine Cottage:

Location	701 16th Avenue SW Mandan Nd.		
Description of Use	The building is currently used for youth housing		
Year Constructed	1961/ 2000		Owned/Leased: Owned
Building Size	BGSF:12,783		# Floors: 1
Overall Facility Condition	0.05 - 0.10 Fair	Infrastructure & systems show some signs that require attention with a few elements needing immediate repair	
Site	Total Parking Spaces/ADA:	No know or observed ADA issues	
	Parking Lot:	Asphalt parking surface is in fair condition.	
	Access/ADA Issues/Signage:	NO - No ADA issues were observed	
	Expansion Capability:	Expansion is possible on the sides	
Building Exterior	Exterior Wall:	Reinforced CMU block and Brick. Exterior is in fair condition.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Reinforced CMU block and brick construction.	
	Access/ADA Issues	NO - No ADA issues were observed	
	Finishes:	Interior finishes were in fair condition.	
	Layout:	Currently used for female housing	
	Renovation Suitability:	Good	
Technical Systems	Plumbing:	Good - Plumbing systems are new or rehabilitated with few elements showing normal wear that requires routine maintenance.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Good - Electrical systems are new or rehabilitated with few elements showing normal wear that requires routine maintenance.	
	Lighting/Branch Wiring:	Good - Lighting/Branch Wiring are new or rehabilitated with few elements showing normal wear that requires routine maintenance.	
	Fire Protection:	Good - Fire System is new or rehabilitated with few elements showing normal wear that requires routine maintenance.	
	Telecomm/Comp. Network:	Good - Telecom/Comp. Network is new or rehabilitated with few elements showing normal wear that requires routine maintenance.	
	Vertical Transportation:	No Vertical Lift Equipment Present	
Sustainability	Good- Building should be a viable long term asset for the state.		
Comments	This building is in good condition and should be a viable asset for many years to come. Comprehensive preventative maintenance should be implemented to maintain the structure and the assets.		
Recommend	The building can continue in its current use or serve as a facility for a variety of functions with renovation.		

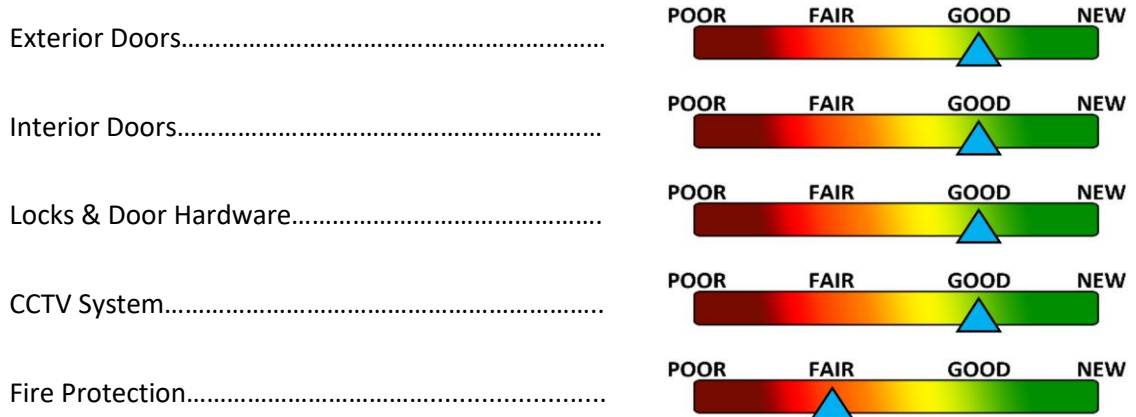
Facility System		Deferred Maintenance Value	
1	Locking Hardware	\$	9,510.55
2	Doors	\$	11,479.13
3	CCTV Repairs & Expansion	\$	12,936.40
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	27,151.09
6	Electrical Repairs & Upgrades	\$	13,805.64
7	Lighting Retrofit/ Renovations	\$	15,876.49
8	HVAC Replacement/Repair	\$	38,476.83
9	Plumbing Fixtures & Repairs	\$	11,338.52
10	Cast Iron Pipe Repair/Replacement	\$	13,128.14
11	Structural Systems	\$	36,060.84
12	Exterior Window Repairs\Replacement	\$	12,923.61
13	Roof Repairs	\$	32,059.76
14	Laundry	\$	-
Deferred Maintenance		\$	234,747.01
Current Replacement Value		\$	3,834,900.00
Facility Condition Index			0.061

Pine Cottage - Site Pictures

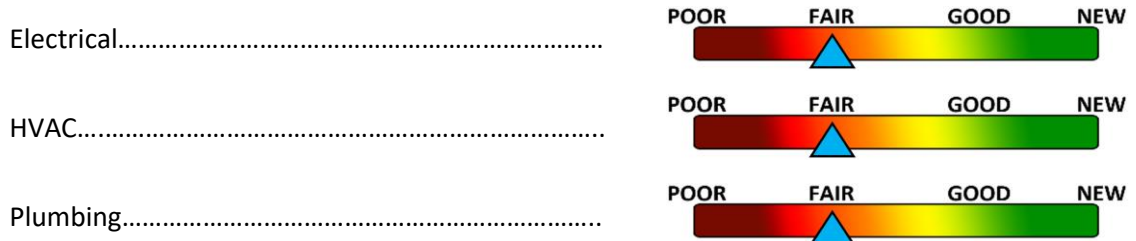


North Dakota Youth Correctional Center Centennial Hall - Condition Snapshot

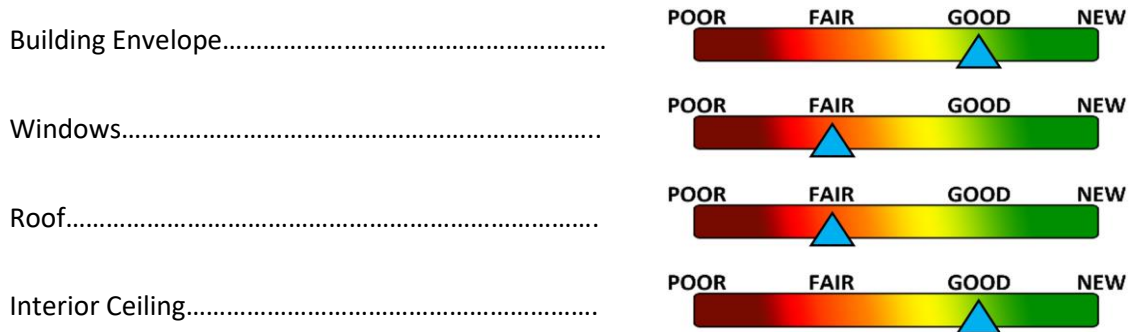
Security System



M/E/P Systems



Structural Systems



Pine Cottage:

Location	701 16th Avenue SW Mandan Nd.		
Description of Use	The building is currently used for kitchen and dining as well as storage.		
Year Constructed	1988		Owned/Leased: Owned
Building Size	BGSF: 9,570		# Floors: 1
Overall Facility Condition	0.05 - 0.10 Fair	Infrastructure & systems show some signs that require attention with a few elements needing immediate repair	
Site	Total Parking Spaces/ADA:	No know or observed ADA issues	
	Parking Lot:	Asphalt parking surface is in fair condition.	
	Access/ADA Issues/Signage:	NO - No ADA issues were observed	
	Expansion Capability:	Expansion is possible on the sides	
Building Exterior	Exterior Wall:	Reinforced CMU block and Brick. Exterior is in fair condition.	
	Roof:	Roof was not observed.	
	Wind Speed Rating:	N/A	
	Historic Significance:	None Noted	
Building Interior	Structure:	Reinforced CMU block and brick construction.	
	Access/ADA Issues	NO - No ADA issues were observed	
	Finishes:	Interior finishes were in fair condition.	
	Layout:	Currently used for kitchen and dining purposes.	
	Renovation Suitability:	Good/Fair	
Technical Systems	Plumbing:	Fair - Plumbing systems show some signs that require attention with a few elements needing immediate repair.	
	Mechanical (HVAC):	Fair - Mechanical/HVAC systems show some signs that require attention with a few elements needing immediate repair.	
	Electrical:	Fair - Electrical systems show some signs that require attention with a few elements needing immediate repair.	
	Lighting/Branch Wiring:	Fair - Lighting/Branch Wiring show some signs that require attention with a few elements needing immediate repair.	
	Fire Protection:	Fair - Fire System show some signs that require attention with a few elements needing immediate repair.	
	Telecomm/Comp. Network:	Good - Telecom/Comp. Network is new or rehabilitated with few elements showing normal wear that requires routine maintenance.	
	Vertical Transportation:	No Vertical Lift Equipment Present	
Sustainability	Good- Building should continue to be a viable long term asset for the state.		
Comments	This building is in fair condition and should be a viable asset for many years to come. Many of the systems are nearing the end of their useful life and should be budgeted for renovation soon.		
Recommend	The building can continue in its current use or serve as a facility for a variety of functions with renovation.		

Facility System		Deferred Maintenance Value	
1	Locking Hardware	\$	14,240.16
2	Doors	\$	17,187.72
3	CCTV Repairs & Expansion	\$	19,369.68
4	Fencing	\$	-
5	Fire Protection, Life Safety, Repairs	\$	20,326.68
6	Electrical Repairs & Upgrades	\$	20,671.20
7	Lighting Retrofit/ Renovations	\$	23,771.88
8	HVAC Replacement/Repair	\$	28,805.70
9	Plumbing Fixtures & Repairs	\$	16,977.18
10	Cast Iron Pipe Repair/Replacement	\$	19,656.78
11	Structural Systems	\$	53,993.94
12	Exterior Window Repairs\Replacement	\$	19,350.54
13	Roof Repairs	\$	24,001.56
14	Laundry	\$	-
Deferred Maintenance		\$	278,353.02
Current Replacement Value		\$	2,871,000.00
Facility Condition Index			0.097

Centennial Hall - Site Pictures



Appendix 3: Considerations for Operational Implementation

The following recommendations are provided to help organize operational priorities and highlight possible costs associated with applicable recommendations. We recognize an embedded cost in every recommendation is staff time to oversee, implement, or address recommendations. This recommendations chart was developed as a tool for DOCR to guide action planning and address the most pressing areas identified in the operational framework in [Section Four](#) of this report.

Priority levels range from one to three, with one being most immediate to three, which is least immediate or longer-term. While recommendations are organized by categories that align with the transformative framework – it is important to recognize the overlap and need for collaboration across the system. We recommend creating workgroups for certain tasks that engages a diagonal slice of the organization and integrates community involvement where possible to support buy-in.

Priority Level	Recommendation	Cost Considerations	Notes
Community Capacity			
Level 1	<ul style="list-style-type: none"> • Add a community liaison position to identify current partnerships, increase and address gaps of needed programs and services in the community to expand capacity, and track outcomes. • Priority community services include: <ul style="list-style-type: none"> ○ Victim advocacy for domestic violence, trafficking, past victimization, and trauma ○ Job services ○ Housing and transportation ○ Faith-based supports ○ Mental health and substance abuse services ○ Native American-specific programs and supports 	<ul style="list-style-type: none"> • Salary position for community liaison. 	<ul style="list-style-type: none"> • The Appendix 1: Resource Guide has more information on promising Native American programs and services for reference.

Priority Level	Recommendation	Cost Considerations	Notes
Level 1	<ul style="list-style-type: none"> • Work with human resources and training division to plan hiring/training schedule to add case managers/officers to begin to improve caseloads to between 40 and 50. • Caseload assignments should consider level of risk/need and specialized populations that may require specialized training by officers. <ul style="list-style-type: none"> ○ Document outcomes on existing pilot initiatives related to 18-24-year-old caseloads to determine feasibility of expansion of this model and lessons learned. ○ Possible Target: Increase seven to ten new parole officers and case managers per year for the next three years. 	<ul style="list-style-type: none"> • Phased hiring of case managers/officers • Training/onboarding • Supplies to do the job. (technology needs, mobile office, etc.) 	<ul style="list-style-type: none"> • We recommend hiring a combination of officers and case managers who can provide case management services. • Equip parole and probation officers with case management duties to avoid keeping these roles separate. Otherwise we create a division of “law enforcement” versus “case managers” that will detract from the goals articulated by probation and parole.
Level 1	<ul style="list-style-type: none"> • Update protocols for case management for probation and parole officers- including updating the assessment process, case management strategies, and framework that supports a focus on strengths and dynamic factors to reduce recidivism/revocations. 	<ul style="list-style-type: none"> • Staff time to update processes, communicate changes to staff, change policies and procedures. 	<ul style="list-style-type: none"> • Technical assistance is available to support these changes and provide expertise.
Level 1	<ul style="list-style-type: none"> • Train probation and parole officers on additional case management practices, trauma-informed practices, and gender-responsive approaches. <ul style="list-style-type: none"> ○ Maximize opportunities for virtual-based trainings to help manage cost and resources. ○ Consider training-for-trainer model to build capacity. 	<ul style="list-style-type: none"> • Staff training time. • Investment in training-for-trainer event and technical assistance. 	

Priority Level	Recommendation	Cost Considerations	Notes
Ongoing	<ul style="list-style-type: none"> • Continue to leverage technology options to maximize resources – including virtual visits, telehealth, job readiness, peer groups and supports, etc. • Opportunity to leverage new virtual solutions because of COVID-19. 	<ul style="list-style-type: none"> • Potential cost savings, minimizing the need for office space, use remote work options for some staff. 	
Level 2	<ul style="list-style-type: none"> • Engage clients to ask them about their experience under community supervision and during reentry to better address specific gaps. <ul style="list-style-type: none"> ○ Specific topics might include transportation, reentry plan, housing, which community providers are helpful, and which have not been. How would you help future clients coming back to the community? ○ This information will help the community liaison position in tracking feedback, outcomes, and gathering information to expand most needed programs/services. 		<ul style="list-style-type: none"> • Consider a client satisfaction questionnaire that can be completed anonymously and easily entered and quantifiable.
Level 3	<ul style="list-style-type: none"> • Pilot a day reporting center model at one existing district office or site. Part of this model should be piloting a team approach to case management based on updated protocols. <ul style="list-style-type: none"> ○ Track outcomes/lessons learned ○ Determine what “day reporting” features could be accomplished virtually instead of a physical space to assess cost and feasibility to expand virtual support options. • Eventually, DWCRC may be a good partner to pilot community initiatives and provide services to clients in that region. 	<ul style="list-style-type: none"> • Space • Training • Policy/protocol development 	<ul style="list-style-type: none"> • Refer to the Appendix 1: Resource Guide on additional research and guidance on day reporting centers. • To be effective, must be grounded in evidence-based practice.

Priority Level	Recommendation	Cost Considerations	Notes
Women Residents, Preferred Location			
Level 1	<ul style="list-style-type: none"> • Create a strategic planning workgroup for women residents, chaired by the women’s services director to manage the overall workplan and communication plan to ensure sequencing is appropriate as women are moved to YCC. Consider the following priorities: <ul style="list-style-type: none"> ○ Develop a management structure at YCC. ○ Conduct a staffing analysis to determine if any additional security and non-security staff will be needed to supervise the women residents. <ul style="list-style-type: none"> ▪ Consider gender of the staff for security positions to ensure there is an appropriate ratio of men and women staff to conduct operations such as searches, in compliance with PREA. Our recommended ratio is 40% men and 60% women staff. ○ Complete structural changes and renovations to ensure sight separation and cottage improvements. ○ Develop and update policies and procedures, consistent with gender-responsive operational practice and trauma-informed care. ○ Develop facility schedules that ensures access to education, vocation, and programs for the youth and women residents, while maintaining sight and sound operation, as well as to address everyday movement and services such as food service, laundry, and visitation. 	<ul style="list-style-type: none"> • YCC renovations/ structural changes (included in capital costs) • Cross training for staff. • Program implementation and training. • Manualized, gender-responsive programs have costs that include training for program facilitators and in some cases purchasing materials for residents to use. 	<ul style="list-style-type: none"> • Consider how you might include directly impacted women on the planning workgroup. • For training, Michigan DOC has a model that includes cross training for everyone who is directly responsible for case management and treatment receive (8 days of training) and then those who play other roles receive four days of training including gender-responsive, trauma-informed care, communication skills, operational implications, etc. • Review the Appendix 1: Resource Guide for examples of gender-specific programs.

Priority Level	Recommendation	Cost Considerations	Notes
	<ul style="list-style-type: none"> ○ Conduct cross-training for all staff at the campus to prepare them to supervise and engage with women residents and youth. Training should cover basic operational practices and policy changes, as well as focus on gender-specific practices, trauma-informed care, PREA, and the differences in supervising youth compared to women residents. ○ Identify gender-specific and evidence-based programs that will be offered at the facility. Create a purchase and training schedule for program facilitators to become trained on desired programs. Cost implications include purchase of programs, varied ongoing cost of certain manualized program materials, training by program provider, and potentially hiring of additional staff to deliver programs. ○ Establish protocols for receiving women from New England to include, how the LSI-R will be shared, additional assessments that will be completed at YCC, case planning, and reentry planning processes. 		
Level 1	<ul style="list-style-type: none"> ● Conduct listening sessions with community stakeholders of Mandan to discuss the transition and engage community supports that may be interested in serving women residents. 		<ul style="list-style-type: none"> ● Technical assistance available to support.
Level 1	<ul style="list-style-type: none"> ● Coordinate with DWCR to conduct observation sessions for DOCR staff who will be working with the women at YCC to visit New England and observe staff interactions and speak with staff and residents about their experiences. 		
Level 1	<ul style="list-style-type: none"> ● Create an external communication plan to share information about YCC to women residents and their families upon placement at the facility. 		
Level 2	<ul style="list-style-type: none"> ● Move 13 identified women residents to YCC. 		

Priority Level	Recommendation	Cost Considerations	Notes
Level 2	<ul style="list-style-type: none"> • Begin phase two of moving next group of women residents based on lessons learned and completed additional renovations. 		<ul style="list-style-type: none"> • Refer to capital planning timeline.
Restorative Justice			
Level 1	<ul style="list-style-type: none"> • Develop a process to identify with residents past community services/programs they have used. <ul style="list-style-type: none"> ○ It is important to understand not just what the specific trauma was that has been experienced, but the timeline, location, and relationship between the individual that has been harmed and the individual/individuals, culture or community that has caused the harm (or did not respond to the needs of the individual.) ○ In addition, to effectively develop an individualized trauma response case plan, it is critical to understand what resources the individual has previously been connected to as well as what resources or supports have not previously been identified or used. ○ Document which resources/supports that have been previously accessed were helpful compared to those that (1) did not help, (2) created a barrier or (3) which may have even caused further or additional trauma.²⁹ 		<ul style="list-style-type: none"> • This could be done with the community liaison position in coordination with case managers who could develop a process to obtain that information from residents.
Level 2	<ul style="list-style-type: none"> • Establish a workgroup to enhance family engagement. Important elements might include: <ul style="list-style-type: none"> ○ Establish an orientation program for families of incarcerated individuals or provide a handbook with a list of advocates and other resources to assist families. 		<ul style="list-style-type: none"> • Consider piloting this at one location first to develop a process that can be expanded to other facilities. More site-

²⁹ <https://www.ncbi.nlm.nih.gov/books/NBK207191/>

Priority Level	Recommendation	Cost Considerations	Notes
	<ul style="list-style-type: none"> ▪ This is a good opportunity to leverage technology to develop virtual orientation options to maximize resources. ○ Expand children of incarcerated parents' initiative to children of criminally justice-involved parents initiative. (strategic plan) ○ Identify communication solutions to improve family connections while the individual is incarcerated. ○ Identify ways for families to stay informed on resident accomplishments, program participation, and skills to reinforce progress at home upon reentry. <ul style="list-style-type: none"> • Family transition/reentry plans 		<p>specific workgroups might help address local issues and facility-based solutions to improve connection with families. Victim services and community liaison position should be involved.</p>
Level 2	<ul style="list-style-type: none"> • Explore additional available resources for the DOCR to expand opportunities for residents, victims, and communities to become involved or participate in additional restorative justice processes. Processes include but are not limited to, victim impact classes, offender accountability or apology letter banks, surrogate dialogue processes. <ul style="list-style-type: none"> ○ Some residents did not believe they could access victim advocacy because they were justice-involved. Explore ways to communicate to resident victim services that are available to them upon reentry. 		<ul style="list-style-type: none"> • Appendix 1: Resource Guide contains additional information on Victim Services identified in the state as part of this study.
Assessment and Case Planning			
Level 1	<ul style="list-style-type: none"> • Consider implementing a gender-responsive assessment tool such as the WRNA. <ul style="list-style-type: none"> ○ Note: Since beginning this study DOCR is already underway in exploring a more appropriate tool for women residents. 	<ul style="list-style-type: none"> • Estimated at \$70,000 - \$100,000 in initial costs and includes training and IT costs. 	<ul style="list-style-type: none"> • Ongoing training and quality assurance are needed for any assessment tool.

Priority Level	Recommendation	Cost Considerations	Notes
Level 1	<ul style="list-style-type: none"> • Update <u>assessment</u> protocols and guidelines as part of the assessment process for each of the following: <ul style="list-style-type: none"> ○ Contact and intervention dosage (number of hours of programming and regularly scheduled meetings are matched to risk level). ○ Highest priority criminogenic needs are matched with available interventions that target that specific need. ○ Ongoing case management addresses criminogenic needs (routine check-ins on progress, etc.). ○ Stabilization and survival needs should not be ignored but incorporated into the case plan when they emerge. ○ Staff training, certification, and recertification in administering a standardized assessment with fidelity. ○ Consider introducing supplemental measures to provide additional information regarding specific criminogenic needs (i.e., substance use) and to address responsivity issues including motivation and the impact of trauma. 	<ul style="list-style-type: none"> • Subject matter expertise as needed. • Updated training 	<ul style="list-style-type: none"> •
Level 1	<ul style="list-style-type: none"> • Update <u>case management</u> protocols and guidelines. Consider the following to assist with the delivery of effective case planning to include: <ul style="list-style-type: none"> ○ The case and reentry plan should be redesigned to include essential and dynamic information (e.g., information on context for criminal behavior, high risk situations, motivation for change, major target areas, goals and action steps – with dates indicating progress and status, etc.) and expanded to focus on responsivity factors such as stabilization needs (e.g., housing, finances, child-care, 	<ul style="list-style-type: none"> • Subject matter expertise as needed • Updated training 	

Priority Level	Recommendation	Cost Considerations	Notes
	<p>employment, etc.) and other issues relevant to ensure success in the community.</p> <ul style="list-style-type: none"> ○ A clearly defined case planning model and process that specifies case manager tasks and outcomes for each major phase. (e.g., engagement and assessment; building motivation and developing the case plan; reviewing progress and updating the case plan). ○ A structured protocol that specifies the frequency of case management contacts. Case Plans should be reviewed with each resident a consistent basis. The frequency of contact should be determined by risk level (e.g., every two weeks for women scoring moderate to high risk; every month for women who are low risk). ○ A structured protocol that defines the content of regularly scheduled meetings between professionals and the resident (e.g., check-in, summarize progress to date, review goals and action steps, introduce skills and/or resources, and update the case plan). ○ A structured protocol for collaborating with team members, outside agencies and individuals who play a support role in assisting the client to move forward on the case plan. ○ Ensure there is an effort made prior to release to ensure that formal relationships are made with agency partners in the community where men and women will be returning. These meetings play a pivotal role in reducing anxiety about transition, establishing relationships, and supporting a safe and effective continuum of care. 		

Priority Level	Recommendation	Cost Considerations	Notes
Level 1	<ul style="list-style-type: none"> • Develop a hiring plan with human resources and staff development to hire additional case managers for the DOCR facilities. Current recommendation is to decrease caseloads overtime to approximately 40 to 50 residents per case manager depending on need/special populations. <ul style="list-style-type: none"> ○ Phase-in approach to manage caseloads by identifying a small unit/facility to refine case management protocols and processes within the institutions. 	<ul style="list-style-type: none"> • New staff hires (salary) • HR orientation • Staff training 	
Level 1	<ul style="list-style-type: none"> • Enhance reentry plans used by case managers and counsellors to expand the existing case plan and ensure that stabilization needs and other issues relevant to ensure success in the community are addressed throughout the carceral process. <ul style="list-style-type: none"> ○ Reentry planning with Native American residents should be expanded to allow for the co-ordination of specific resources and preparation for release in consultation with the tribal community and/or agencies. ○ To address the needs of residents leaving the facility (e.g., stable housing, employment, finances, family reintegration, etc.) an emphasis on reentry should be given greater attention at intake and should be revisited throughout the carceral process. 		
Level 2	<ul style="list-style-type: none"> • The LSI-R and other standardized instruments should be administered using a gender-informed approach (relational, strengths-based, and trauma-informed). All staff should receive training in these approaches. <ul style="list-style-type: none"> ○ Specifically, staff involved with classification decisions and who administer the LSI-R with women, require exposure to 	<ul style="list-style-type: none"> • Training delivery costs 	<ul style="list-style-type: none"> • Technical assistance available.

Priority Level	Recommendation	Cost Considerations	Notes
	<p>the pathways and prediction research. This will help them to identify salient need areas that are relevant to each individual woman.</p>		
Level 2	<ul style="list-style-type: none"> • Maximize the use of the LSI-R by staff. This includes training staff to look for dynamic changes, to focus on strengths, past trauma, and need areas of immediate relevance and importance to the client. <ul style="list-style-type: none"> ○ For example, at reentry many clients are focused on housing and financial stability and less likely to be motivated to participate in programs that do not address these topics. ○ In conjunction with training, staff will require ongoing coaching and supervision. Team meetings particularly with high-risk or non-responsive cases can help staff to apply new strategies and skills. 	<ul style="list-style-type: none"> • Case manager training • Ongoing coaching from supervisors 	<ul style="list-style-type: none"> • Technical assistance available.
Level 2	<ul style="list-style-type: none"> • Begin to re administer the LSI-R every six months and prior to release or community supervision. This does not require the same level of effort as the initial assessments and should reflect the most recent observations of changes made during the specified reassessment period. <ul style="list-style-type: none"> ○ Pilot the reassessment process at the YCC with the new women resident as one way to determine any challenges or additional training needs for staff. ○ Reassessment can be a powerful tool for feedback to justice-involved individuals regarding progress and a natural opportunity for staff to provide affirmations or rewards. It is also an important method for ensuring that justice involved professionals remain attentive to the needs 		

Priority Level	Recommendation	Cost Considerations	Notes
	<p>of the individuals with whom they work and provides them with immediate feedback regarding interventions and strategies that are successful. Finally, reassessment data can provide the agency with important outcome information regarding specific programs.</p>		
Level 2	<ul style="list-style-type: none"> • Begin to screen for trauma beyond basic PREA screens. Include the following elements into trauma screening tools: <ul style="list-style-type: none"> ○ Trauma history ○ Protective orders ○ Barriers to seeking, accessing, obtaining support ○ Unique cultural needs ○ History of previous supports/advocacy (Victimization) 		<ul style="list-style-type: none"> • Screenings could be added on to current processes.
Level 3	<ul style="list-style-type: none"> • Develop a specialized case planning process for women with complex needs and severe mental health and/or addiction issues. <ul style="list-style-type: none"> ○ Several states have initiated highly successful programs which include in-reach and intensive community wrap-around services at discharge.³⁰ As women transition from the facility they participate in a team meeting (which includes parole, community partners, family members), which can occur in person, by video conference, or telephone, depending on the equipment and availability of the service providers and parole/probation officers. The team works with the woman to develop a home placement 		

³⁰ See for example the *Offender Success Model* implemented by the Michigan Department of Corrections.

Priority Level	Recommendation	Cost Considerations	Notes
	<p>plan that will contribute to her being successful in the community. The probation and parole officer continue to work with the women in the community and if the need occurs can reach out to the team for support.</p>		
Level 2	<ul style="list-style-type: none"> • Establish a clearer picture of the community programs, services, and issues relative to Native American residents. <ul style="list-style-type: none"> ○ Two questions should be asked by case managers: <i>a) what programs and services exist in the community? b) what issues might affect the healing (rehabilitative) process of this individual?</i> 		
Level 3	<ul style="list-style-type: none"> • Implement a formal quality assurance process to review the LSI-R assessment, the case/reentry plan and the PREA assessment scores. <ul style="list-style-type: none"> ○ Verify that the assessment results are being used to develop the case plan, that core programs are correctly identified within the case plan, that case and reentry plans are being updated and completed as per policy. ○ Implement the procedures listed in the PREA Manual to review PREA scores every 12 months with the assistance of a collaborative team, if applicable, to ensure that the women are appropriately housed and have received work assignments based on a proper and current designation. 		
Gender-responsive, Evidence-based Programs, Education and Vocation			
<i>Programming</i>			

Priority Level	Recommendation	Cost Considerations	Notes
Level 1	<ul style="list-style-type: none"> Develop culturally specific programming, interventions, supports and resources in collaboration with Native American communities to address specific needs.³¹ 	<ul style="list-style-type: none"> Possible program cost 	<ul style="list-style-type: none"> See the Appendix 1: Resource Guide for additional examples.
Level 1	<ul style="list-style-type: none"> Introduce and administer a gender-responsive program assessment to determine adherence to gender-responsive principles and practices. <ul style="list-style-type: none"> In 2010, the National Institute of Corrections developed the Gender-Informed Practices Assessment (GIPA) which is now administered by the Resource Center on Justice Involved Women. The GIPA includes domains and items that provide a comprehensive overview of how closely facilities and programs providing services to women adhere to evidence-based and gender-responsive principles and practices. 	<ul style="list-style-type: none"> Staff time 	<ul style="list-style-type: none"> Technical assistance available
Level 1	<ul style="list-style-type: none"> Related to the women’s services strategic plan, identify gender-responsive, evidence-based programs to introduce at YCC for the women residents. 	<ul style="list-style-type: none"> Program costs Training for facilitators Manual costs 	<ul style="list-style-type: none"> See the Appendix 1: Resource Guide for examples of gender-responsive programs.
Level 2	<ul style="list-style-type: none"> Identify additional activities that target motional regulation and relationship skills for women to help facilitate their adjustment while incarcerated. 		

³¹ The Correctional Service Canada has had some success in developing programs for indigenous clients. For example, researchers have found positive outcomes when Aboriginal clients participate in initiatives involving direct contact with their community. To achieve these outcomes, an enhanced focus should be placed on developing formal and informal relationships with elders and other supports within the client’s community that will help to promote successful reintegration.

Priority Level	Recommendation	Cost Considerations	Notes
	<ul style="list-style-type: none"> ○ Activities such as interactive journaling might be introduced to target these need areas while women are on a waiting list for programming. 		
Level 2	<ul style="list-style-type: none"> ● Increase opportunities for women to engage in consistently scheduled physical activities (e.g., yoga, Pilates, structured workouts, etc.) and to learn more about nutrition, hygiene, and other life skills. 		
Level 2	<ul style="list-style-type: none"> ● Include qualitative feedback in addition to quantitative feedback as part of the quality assurance provided to staff who deliver group interventions. Qualitative feedback and ongoing coaching in interventions will help staff to advance their skills. 		
Level 3	<ul style="list-style-type: none"> ● A formal quality assurance plan should also be created and then implemented by DOCR to monitor the development of the case plan and the facilitation of programming and services provided to women by agency and contract staff, volunteers and directly involved women who are serving as peer-mentors. Similarly, a protocol should also be established to ensure that supervision and coaching is provided to staff who receive training in gender-responsive and trauma-informed practices.³² 		
<i>Education and Vocation</i>			
Level 1	<ul style="list-style-type: none"> ● Add more job readiness opportunities such as the Last Mile program which provides coding and technology training to the incarcerated population across the United States. This non-profit program, originated in 2010 at San Quentin State Prison, California 		

³² See for example the Gender Informed Practices Assessment available from the National Resource Center on Justice Involved Women.

Priority Level	Recommendation	Cost Considerations	Notes
	with the California Department of Corrections and Rehabilitation , and helps clients build relevant skills in technology and other areas so that they can more easily transition to productive employment once they are out of prison.		
Level 2	<ul style="list-style-type: none"> • Increase vocational trades for women residents. The DOCR is working to expand vocational programs in the men’s facilities using a model known as the “Vocational Village”. <ul style="list-style-type: none"> ○ This model has been adopted by a number of state agencies such as Michigan and was designed to give clients intensive, hands-on job training experience to prepare them for high-demand careers in the trades. 	<ul style="list-style-type: none"> • Coordinate with Rough Riders Industries to determine cost and possibility of expanding industries at YCC. 	
Level 2	<ul style="list-style-type: none"> • Expand opportunities to access advanced education courses, including continuing the formal relationship with Ashton State University to provide clients at NDSP and JRCC with opportunities to work on post-secondary courses. These courses can now be offered virtually and should be accessible to all DOCR residents. 		<ul style="list-style-type: none"> • This process is underway.
<i>Medical and Mental Health Services</i>			
Level 1	<ul style="list-style-type: none"> • Develop standards of care for both medical and mental health services to determine needs and improvements in these areas for women – especially as DOCR begins to supervise women at YCC. • Generally, women require the following medical services: <ul style="list-style-type: none"> ○ Access to clinics and information that address the routine and chronic medical issues of women, including diabetes, reproductive and prenatal care, menopause and perimenopause, cardiovascular disease, cancers, HIV/AIDS, 		

Priority Level	Recommendation	Cost Considerations	Notes
	<p>sexually transmitted diseases, eating disorders, and osteoporosis.</p> <ul style="list-style-type: none"> ○ Specialized and ongoing medical services (i.e., both in-house and contracted) are provided to pregnant women (and their infants in nursery programs) throughout the prenatal, perinatal, and postnatal stages. The majority of pregnancies are considered high risk and treated as such. ○ Access to routine dental service. ○ High quality medical staff is trained in gender-specific services including how to identify signs of sexual abuse during routine medical and dental examinations. <ul style="list-style-type: none"> ● Generally, women residents should have the following access to mental health services: <ul style="list-style-type: none"> ○ Twenty-four-hour access to emergency mental health services is available. ○ High quality clinical staff trained to recognize and assess women’s mental health issues (the link between experiences of trauma and mental health symptoms, the frequency of depression, anxiety, eating disorders, domestic violence, and sexual victimization). ○ An appropriate process for prescribing medication and this is clearly articulated to staff and women alike. ○ Ability to identify and address pre-cursive signs of mental health issues or decompensation in a respectful and professional manner. Where appropriate, alternatives to isolating mentally ill women from general population are utilized; and options such as administrative segregation are used sparingly. 		

Priority Level	Recommendation	Cost Considerations	Notes
	<ul style="list-style-type: none"> ○ A professional and mutually supportive relationship among medical/mental health staff and security, treatment, and program staff. ○ The DWCRC and YCC should consider developing a special assistance unit that is gender-responsive and trauma-informed to address the needs of women with severe mental health and addiction issues. (The unit at JRCC could serve as model for the unit). 		
Level 2	<ul style="list-style-type: none"> ● There is a need to expand access to medical and psychiatric services across all facilities and transition centers. This will require a targeted effort by the department to work with the health authority to develop a standard of care for medical and psychiatric services and to attract practitioners to work in the field of corrections. <ul style="list-style-type: none"> ○ Continue to leverage virtual options to help provide services and expand capacity. 		<ul style="list-style-type: none"> ● Ongoing challenged identified by DOCR.
Employee Workforce Development			
Level 1	<ul style="list-style-type: none"> ● Coordinate with the Parole and Probation to develop a phased hiring plan for case managers/officers. 	<ul style="list-style-type: none"> ● Hiring new staff and training. 	
Level 1	<ul style="list-style-type: none"> ● As part of the strategic plan, staff development and training should collaborate with the women’s services director to develop a training plan for YCC staff who will be supervising women residents. <ul style="list-style-type: none"> ○ This is a good opportunity for cross-training and engaging both security and non-security staff, and potential community providers in select training. 		

Priority Level	Recommendation	Cost Considerations	Notes
	<ul style="list-style-type: none"> ○ Ensure training includes gender-responsive and trauma-informed practices for women residents. Some staff at YCC have already been exposed to related content and will be a good resource. 		
Level 1	<ul style="list-style-type: none"> ● Consider an employee outreach campaign to gather feedback on current wellness strategies that work well and ideas to continue to strengthen this area. <ul style="list-style-type: none"> ○ An employee survey using the new app may be one way to test new technology and to quickly gather feedback using short polls and interactive features. 		<ul style="list-style-type: none"> ● See Appendix 1: Resource Guide for other promoting wellness strategies.
Level 2	<ul style="list-style-type: none"> ● Develop a wellness/break room for staff at YCC as it become a dual campus. (strategic plan) 	<ul style="list-style-type: none"> ● Possible limited renovations and investment in furniture and equipment. 	
Level 3	<ul style="list-style-type: none"> ● Determine the feasibility of staff being able to use smart watches or cellphones in designated areas of the facility. Pilot this opportunity at a single facility for feedback and challenges. (strategic plan) 		
Youth Services: Community, Program and Services			
Level 1	<ul style="list-style-type: none"> ● Continue to coordinate with women’s services to transform YCC to a dual campus mission for women residents and youth. <ul style="list-style-type: none"> ○ Participate in strategic planning ○ Identify staff who may be strong FTO’s to help train new staff. 		

Priority Level	Recommendation	Cost Considerations	Notes
	<ul style="list-style-type: none"> ○ Develop a dual campus schedule for education, programs, recreation, food service, and vocational opportunities. 		
Level 1	<ul style="list-style-type: none"> ● Determine if virtual training with community partners is viable to provide specialized training on critical issues that DJS staff identify across the state (gender-responsive needs, trauma-informed care, behavior management strategies, human trafficking, etc. 		<ul style="list-style-type: none"> ● Some successful and low-cost virtual training solutions could be used to support providers and address targeted challenges using micro-learning methods for quick and effective trainings/information sharing.
Level 2	<ul style="list-style-type: none"> ● Identify possible locations for state run facilities such as Therapeutic Foster Care, and other centers or “hubs” where family therapy and addiction treatment could be administered in the community where the youth reside. <ul style="list-style-type: none"> ○ Minot was suggested as a potential location for a “hub”, and there have been discussions for adding at least four “hubs” in different places in the state. ○ Identify alternative solutions for girls. 		
Level 2	<ul style="list-style-type: none"> ● Consider moving forward with exploring “respite” space or “overnight” space for youth. Some key decision points include: <ul style="list-style-type: none"> ○ Staffing needs ○ State requirements/certification needs for overnight stays with youth ○ Training needs 		<ul style="list-style-type: none"> ● COVID-19 may impact this priority- however, developing an initial plan and identifying models from other states will be helpful start. ● See the Appendix 1: Resource Guide for some

Priority Level	Recommendation	Cost Considerations	Notes
	<ul style="list-style-type: none"> ○ Preferred location for pilot test site ○ Possible collaboration opportunities with other state agencies or non-profits 		promising models around the country.
Level 3	<ul style="list-style-type: none"> ● As community options expand, continue to provide appropriate oversight and quality assurance for community-based programs to track outcomes and monitor services that work well or need to be modified for better outcomes with the youth. 		
Level 3	<ul style="list-style-type: none"> ● Review opportunities to expand family engagement through working groups to address the holistic needs of justice-involved youth and their families. <ul style="list-style-type: none"> ○ Workgroups could be regionalized for a more local perspective and representatives could include youth and family members involved in the system, community partners, DJS staff, and schools. ○ This could be a great forum to address community-specific needs and continue to expand local community partners. 		