

TECHNICAL PROPOSAL

North Dakota Department of Corrections and Rehabilitation

House Bill 1015 – ND DOCR Study

RFP Number: 530.7-2019

Submitted by:

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1) Cover Letter

The Moss Group, Inc. (TMG), a certified Women-Owned Small Business, with partner CGL Companies (CGL), submits this proposal to the state of North Dakota, acting through the Department of Corrections and Rehabilitation (DOCR), in response to RFP 530.7-2019 to conduct a study to review and assess the structure of and services provided by the department and its providers, with a specific focus on gender-responsive correctional and rehabilitation facility and service needs. We understand that this study was requested by the North Dakota Legislature as outlined in House Bill 1015, Section 9, to address these needs:

- Identify and provide for the comprehensive service needs of incarcerated females in a gender-responsive manner and environment
- Mitigate the negative impact to families of individuals sentenced to the DOCR by exploring options for community-based and family-involved environments
- Pursue opportunities for the expansion of vocational and academic education workforce development, and medical and behavioral health treatment
- Determine the physical condition and economic viability of buildings and infrastructure at YCC, MRCC, JRCC, and the North Dakota State Hospital

We further understand the legislature expressed an interest in exploring ways of further developing juvenile programming, including through the possible establishment of large-scale vocational centers, modeled after those already established in other jurisdictions.

The strategies outlined in our proposal are designed to support the project's goal to determine how to expand services and opportunities to the DOCR population and best provide gender-responsive care for the department's female and juvenile residents. The analysis will include a thorough review of current DOCR services and facilities, including the Youth Correctional Center (YCC), a juvenile co-ed residential facility located in Mandan, North Dakota; and three adult male prisons – North Dakota State Penitentiary (NDSP), maximum security; James River Correctional Center (JRCC), medium security, and Missouri River Correctional Center (MRCC). TMG/CGL will assess options for reimaging, transforming, and enhancing current options and offer insight into how the DOCR can restructure, reorganize, and consolidate to best meet its mission.

TMG and CGL successfully collaborated with DOCR in late 2018, to conduct an assessment of MRCC. As a result, we have the background and in-depth knowledge that allows for a quick ramp up to the requested study. We will maintain continuity in team members from the 2018 assessment project if selected for this study, which will provide time and cost efficiencies.

TMG's and CGL's philosophy in providing consultative services is that the success of the project will be built on a collaboration between the client and our project team. Our goal is to be a trusted partner, and in this project, to identify the best solution for expanding services and opportunities for the DOCR Population and provide gender-responsive care for the Department's female and juvenile residents.

Our team is committed to performing this work with professionalism, respect, honesty, and sensitivity to the potential outcomes of the analysis. If TMG/CGL is selected for this project, you can be assured you have chosen a project team that will provide:

- Inherent understanding and experience evaluating gender responsive and juvenile operations and fiscal implications
- Unsurpassed experience working with juvenile corrections leaders, staff, contractors, and volunteers; community stakeholders
- History of providing high quality analysis to state officials and administrators
- Strong communication skills We are skilled at communicating data-driven, research-based, dependable recommendations to our clients.

TMG, CGL, and our respective employees do not have a conflict of interest per RFP Section 1.

I certify that I have the authority to bind The Moss Group, Inc.



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2) RFP Amendments

There were no RFP Amendments for 530.7-2019.

3) Scope of Work Strategy

This section provides a description of the services sought through the RFP and the strategies and tasks TMG and CGL (“Project Team”) will conduct to accomplish the scope of work goals and deliverables. The proposed work plan is designed to be completed within the State’s twelve-month project schedule.

The North Dakota Department of Corrections and Rehabilitation (DOCR) is experiencing a time of transformation towards a focus on the preparation of inmates to engage in non-criminal activities upon reentry into their respective communities upon release. At the same time, the DOCR remains committed to providing a safe and secure environment for staff, the inmates, and the community in all facilities under their operation. This study to analyze the current DOCR facilities and services as required through House Bill 1015 is critical to the identification of options for transforming programs, services, and facilities to assure that all qualified inmates have access to opportunities for rehabilitation.

To conduct a comprehensive study of this complexity, the Project Team has developed an organized, realistic approach for creating a strategic plan that logically addresses needs, resources, and options. Our team had the opportunity to work with DOCR staff in 2018, in the preparation of an options report for converting the Missouri River Correctional Center (MRCC) to a women’s facility. Even though this study was focused on a single facility, we employed a sequence of strategies, that will be replicated in this effort, to base our suggestions for improvements on supporting evidence. This interactive approach will be used to conduct a similar evaluation of the North Dakota State Penitentiary (NDSP); the James River Correctional Center (JRCC); the Dakota Women’s Correctional and Rehabilitation Center (DWCRC); an additional re-evaluation MRCC; and the Youth Correctional Center (YCC). In addition to these confinement facilities, the Project Team will visit the headquarters and regional DOCR offices as well as halfway and transitional facilities to develop a thorough understanding of the suitability of existing operating and capital resources to meet the vision of a transforming correctional and rehabilitation system. All of these existing facilities contain specialized components that are dedicated to meeting specific missions that will be assessed for the delivery of services, programs, and the suitability of the physical infrastructure to meet the goals of DOCR; and specifically, review and assessment of gender-responsive correctional and rehabilitation facility and service needs, as well as vocational, educational, workforce development, and medical and behavioral health opportunities and treatment provided by DOCR. The assessment and analysis will further explore options for reimaging, transforming, and enhancing the department’s current offerings and provide insight into how DOCR can restructure, reorganize, and consolidate to best meet its mission.

The following five-task approach describes our approach to examining current programs, services, and facilities, that will result in a comprehensive study with recommendations and findings to support DOCR's commitment to providing effective and efficient gender responsive services and facilities.

Task 1: Project Kickoff; Vision and Study Initiation

The Project Team will conduct an onsite project kickoff meeting within two weeks of contract signing. A discussion of all DOCR's requirements for this study will ensure the final work product speaks to the entirety of the state's needs. Therefore, prior to beginning the detailed on-site project work, the team will kick off the project in a planning session with the state's project manager and other key individuals to ensure the work plan is in alignment with the state's desire for this project.

Throughout the project, services will be conducted remotely at TMG and CGL regional offices while onsite work will be performed at DOCR central offices and the identified facilities. The work plan will be shaped to reflect a collaborative model with agency staff and stakeholders. In finalizing and establishing a work plan, other initiatives underway within the agency will be "cross walked" to ensure an integration of efforts.

We are dedicated to starting a project with a clear understanding of DOCR's vision for effective corrections and a realistic view of the current opportunities and challenges. This essential first step, that is accomplished through a multi-day visioning session, will be examined through a complete discussion of all of DOCR's requirements for this study outlined in the RFP and this response. These initial sessions will ensure that our final work product speaks to the entirety of the State's needs with an understanding of the vision, values, and guiding principles that will inform every option that is developed.

Therefore, prior to beginning the detailed on-site project work, the team will request a two-day visioning workshop with the leadership of DOCR and other key individuals to ensure our understanding is completely in alignment with the State's desire for this project. The visioning session will be held in conjunction with the project kickoff. Arising from the project kickoff meeting and planning session will be a clarification of priorities, any modification of our proposed work approach, the specific deliverables, and a schedule for the completion of tasks.

Task 2: Determine Current & Future Needs

Through the initial visioning sessions, we will clarify the desired programs and services that will be available to the inmate population, both while incarcerated and upon release. Although the needs assessment is heavily weighted towards the adult population, particular attention will be given to the

unique needs of the juveniles under the care and custody of DOCR. When we have fully developed a comprehensive understanding of the vision and guiding principles for the existing adult and juvenile operations, we will focus on the forecasting of the future adult and juvenile populations using our statistical modeling. Initially, we will review in detail the DOCR models and incorporate this information into our models.

Bedspace Forecasts. A most important aspect of our evaluation of future needs is the subdivision of the future population into service, acuity, and security categories. While all forecasting models are dependent on the quality of the input data and a comprehensive assessment of all external (legislative) and internal (policies) variables, the Project Team will rely upon past experience tailored to North Dakota-specific influences to estimate the anticipated carceral population in annual increments for 2020-2030.

The team will review population projections and develop population forecast trend analyses for not only the entire DOCR inmate population but for key adult and juvenile subpopulations, including custody level, gender, mental health needs, geriatric and pre-sentenced vs. sentenced. We will then use this information as the basis for developing the number and types of beds needed in the future. This information will also inform our recommendations concerning current and future operational practices.

Influence of Correctional Operations Trends. The TMG/CGL team will apply lessons from the previous study of the MRCC operations and a combined 60+ years of experience in consulting with over 1,000 jurisdictions to identify the major trends that are influencing the operational basis of correctional environments. Using the output from the results of Task 1, we will begin our evaluation of existing services and facilities with the combined knowledge of DOCR's vision with current and future trends in the in corrections.

This analysis of the DOCR foundational services and programs that are offered system-wide will be combined with a summary of current practices that have demonstrated the ability to improve operational efficiency. A comprehensive list of basic programs and services for each of the population subgroups will be discussed with DOCR leadership as a basis for examining current operations and facilities.

These two elements (bedspace forecasts by subgroups and operational influences) will be used to visit each of the existing facilities to identify the ability of the current operations and physical plant to meet the DOCR needs for the next 10 years. In effect, in Task 3, we will measure the physical infrastructure and current operations against best practices and efficient modern correctional facility design. The results

from Task 2 will identify the bedspace needs and the emerging best practices that will form the basis for determining if the current programs and services, facilities, infrastructure and sites will hinder DOCR's ability to operate a transformative correctional system.

Task 3: Conduct Services and Facilities Assessment

Our goal in the assessment of the operation and condition of each adult and juvenile facility will be to answer the basic question: *Does the current operation and design of the facility support or hinder its ability to efficiently and securely provide transformative correctional services for the future inmate population?*

Our review will identify where there are gaps between what currently exists and what is needed. There are three main drivers for these needs.

Operational Assessment. Before any recommendations can be provided regarding DOCR's future needs the current programs, services, and conditions of the existing facilities must be evaluated to determine the extent to which current operations, to include programs and services, can meet the Task 1 Vision and Guiding Principles and the Task 2 Forecast of Population and Correctional Trends. This will be the first on-site, in-facility step in the project and will serve to develop the baseline of current operational practices, services, and existing facility operations. The information arising from these on-site assessments will form the basis against which future operating costs for changes in the delivery of services and programs can be measured. The TMG/CGL team of operational professionals will develop a report on each facility that establishes a rating of the effectiveness of current operations to meet the Task 1 vision.

Based on pre-work, TMG designs a targeted culture and operational assessment. This work includes conducting a full review of facility culture and reviewing the progress on operational changes that support the management of female inmates with safety, dignity, and respect, and can allow for a periodic status update regarding class complaints. In an environment that is under legal, media, or management scrutiny often other assessments have been conducted. TMG takes into consideration any existing assessments the agency has undergone so that our design can minimize duplication if possible while verifying other reports. The TMG assessment protocol is based on research and years of practitioner experience in conducting sexual safety, cultural and operational assessments, as well as supporting agency and facility management teams in implementing and sustaining gender-responsive operational practice, resolving systemic challenges to safety, and navigating legal settlements. This combination of research, practice, and implementation experience is a robust combination of factors resulting in a

leading-edge approach. The assessment protocol will be customized to meet the unique needs of the DOCR to include a review of the following:

- Management and operational practice specific to best practice in a women's facility
- Formal and informal cultural norms supporting sexual safety and gender-responsive practice
- Alignment of practice with the mission, vision, and values of LASD
- Alignment of practice with selected US DOJ Prison and Jail PREA Standards¹ with implementation considerations specific to woman inmates
- Influencing factors impacting the work, such as settlement agreements, media environment, union relationships, community stakeholders, the history of key leadership positions, and major events in the facility impacting the culture

Physical Plant Assessment. A physical plant assessment will be conducted by our architects and maintenance professionals to evaluate the basic conditions of the existing physical plant. As part of the physical plant assessment, we will evaluate the structural conditions, utility infrastructure, security controls, lighting, design, and other key areas. This will also include a review of:

- The short-term and long-term viability of existing facilities and infrastructure systems;
- Evaluation of ongoing and deferred maintenance needs of existing facilities; and
- Evaluation of utility expenses related to current operations.

The physical plant assessment results will be presented as a rating using nationally recognized criteria for assessing the useful life and conditions of the facilities. This evaluation method also generates a replacement and/or renovation cost estimate.

Functional Assessment. The functional assessment will be conducted by our planners and corrections experts to evaluate how the facility designs impacts the ability to satisfy the Task 1 and 2 objectives. This assessment will focus on the effectiveness of current designs, layouts, and conditions for each building. This will include an evaluation of the following:

- Current condition design and infrastructure issues that hinder operations and/or future expansion;
- Efficiency of current facility designs and layouts;
- Effectiveness of security controls, security systems, and hardening and its appropriateness for the specified inmate custody level;

¹ It is important to note that the report will be designed to provide feedback to support LASD and individual facilities in continuing to work to enhance sexual safety for woman inmates. The process will not determine compliance or non-compliance with the PREA standards. Only a formal PREA audit can determine compliance.

- Whether its design is appropriately matched for its intended use and security level; and
- Evaluation of current delivery methods related to the multiple offender services.

The combined result of these three distinct, but related, assessments will provide the basis for a leadership workshop to establish priorities to examine more detailed study for each existing facility and the determination of whether additions, renovations, or replacements options should be undertaken.

Task 4: Develop Facility Best Use and Future Needs Options

The TMG/CGL team will conduct in-depth reviews of each of the DOCR facilities specified in the RFP.

These separate studies for each facility will address the following, among other recommendations:

- Identify future cost effective options for housing all of the various population subgroups identified through the outcome of Task 2 for adults and juveniles;
- Detail the conditions and needs of the specified facilities and suggest the future operating costs of the facilities based on meeting the requirements of the highest and best use;
- Discern the drivers of these costs and define methods to minimize the difference between current and future operating cost disparities;
- Provide DOCR with an analysis of the efficiency of existing operating costs as well as achievable recommendations for reducing those costs in the future;
- Recommend options to satisfy future space needs to meet the vision, best use, and life cycle cost of each facility's infrastructure to manage any proposed change in inmate population size and profile;
- Propose the functional and spatial profile and estimates of the costs for any new facilities that will be required over the 10-year horizon.

Task 4 is the culmination of the operational, functional, and capital needs assessment of the current DOCR facilities infrastructure that provides the evidence basis for determining priorities for improvement and the cost for such.

Task 5: Prepare Phased Master Plan

The culmination of all of the work completed will be organized into a coherent, detailed, and phased DOCR master plan. This master plan will provide both short-term and long-term options and will clearly identify paths forward for the State. The costs and benefits of each option will be documented and explained. In the end, the State of North Dakota will have a defendable plan that helps chart the course for its future, with the financial detail and justification that will be needed to seek legislative approval.

Task 5 will include the following specific information:

- A system-wide identification of the bedspace needs by population subgroups, including juveniles;
- A recommendation of the operational needs to better deliver services and programs in existing and future correctional facilities;
- A detailed recommendation for the best use of all existing and any additional DOCR facilities (to include the potential use of the State Hospital site);
- A year-by-year phased plan to implement options that provides the DOCR with planned modifications, adjustments to the provision of programs and services, and the resulting annual capital and operating costs.

A Draft Report will be delivered 45 days in advance of the completion of the Master Plan study. After reviews are received, a final report will be prepared. The Project Team is prepared to present the results of the Master Plan to DOCR leadership and those representing other State departments of government.

At the conclusion of the project tasks, TMG/CGL will conduct a project closeout meeting with DOCR and identified stakeholders and prepare a project closeout report.

Project Management

TMG and CGL each have a proven track record in creating project teams that are able to effectively and successfully complete projects, including ones similar in scope to this solicitation, on time and within budget. The team members identified to conduct the tasks outlined above have been carefully selected and have specific roles and responsibilities to support the work. Andie Moss and Steve Carter will serve as the Project Leads for TMG and CGL, respectively, and Project Manager Maggie Black will be the project point of contact for coordination of communication, reporting, logistics, and adherence to project timelines. and s part of the project management for this effort

Upon contract award, the Project Team will provide the following:

- Work Plan
- Human Resources Plan
- Communication Plan
- Contract Close-out Plan

The Project Team will provide a monthly status report on the activities conducted in the prior month and information regarding project progress; Information on emergent project issues and risks, including proposed mitigation strategies as appropriate, along with tracking of any “open” issues or risks; and status on any proposed resource needs or changes.

Additionally, the Project Team will provide regular and ongoing updates, by phone, and or Video conference (Skype, GoToMeeting, Zoom, or video teleconferencing), among the team and with DOCR to discuss the flow and progress of the project. Communication will include the following:

- Review the project schedule and identify any issues that might impact the timeline
- Discuss the work that has been completed
- Discuss upcoming work to be completed
- Identify and issues or risks and proposed solutions
- Identify any support or assistance needed from the project team

In keeping with its commitment to quality results, TMG recognizes the importance of sound fiscal management and maximum accountability, while concurrently providing high quality services. Toward that end, we employ a Chief Financial Officer to oversee our finance department, which is responsible for all facets of contract financial compliance, including invoicing, budget management, and program financial reporting. Our firm uses the Generally Accepted Accounting Principles (GAAP) method and has a fully automated accounting system.

TMG has a long history of working on projects that contain highly sensitive and confidential data and documents. To ensure that we sustain the highest level of document control, all materials are maintained electronically through a SharePoint site, with multiple layers of security and access restrictions, under the supervision of TMG's technology director. At the same time, hard-copy records and other documents are always kept in locked storage cabinets within locked offices, while access is provided on a strictly enforced *need-to-know* basis, based upon project roles and responsibilities.

Risk Management

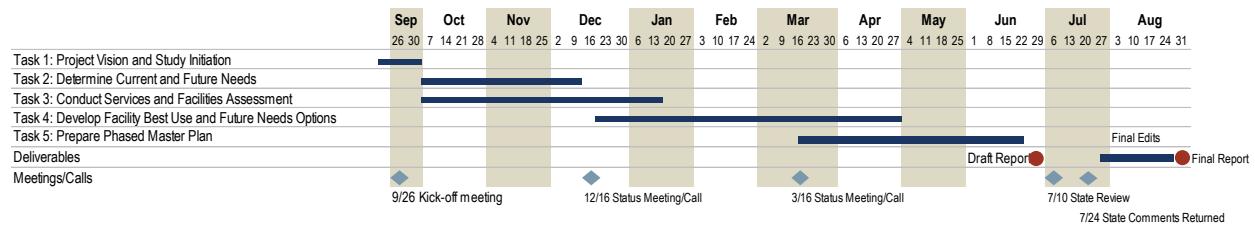
All project team members have experience conducting comprehensive assessments in adult and juvenile, male and female confinement settings and have a thorough understanding of best practices to ensure the safety of DOCR staff, state employees, the public and property during the course of the project. As indicated in the Project Organizational Chart, our quality assurance and risk mitigation director will serve as the point person for any pertinent issues or potential problems that could arise during the project. The agency will be informed immediately of any risks and be provided with the plan for resolution.

Project Timeline

The following project timeline reflects the project tasks and deliverables:

Project Timeline

North Dakota Department of Corrections and Rehabilitation Study - RFP 530.7-2019



4) Experience and Qualifications

Experience and Qualifications of the Firms

The Moss Group, Inc. (TMG). In fulfilling its vision and mission, TMG employs 14 full-time staff members, along with a consultant base of more than 60 subject matter experts, including ACA- and PREA-certified auditors, all of whom are chosen not only for their experience and training, but also for their passion and commitment. Having held a variety of positions in the field - from line staff to wardens to directors and commissioners in both female and male facilities, as well as government agencies, non-profits, and community organizations - this highly competent team of practitioners has built an exceptional reputation for quality results, grounded in a wealth of hands-on experience.

TMG's robust cadre of experts offers an extensive talent pool from which to carefully select project team members, based on the subject matter, scope of work, and size and length of project, as well as current and projected workloads. It also enables TMG to quickly identify additional support, should specialized expertise or an expanded review be required at any time during the project.

TMG has a successful track record of providing solutions for similar projects in both scope and size as outlined in this proposal. Based on our more than 17 years of extensive experience working in female facilities across the country, we have a clear understanding of the level of effort needed to fulfill the desired scope of work. Our organization has worked with over 100 women's prisons throughout the United States to support growth and development in a combination of issues related to leadership, culture, operations, gender-responsive and trauma-informed practices, Prison Rape Elimination Act (PREA) implementation, litigation support, and more.

TMG is a leader in the field in gender-responsive and trauma-informed practices. In addition to completing mission change initiatives for more than a dozen agencies converting facilities and staff from male to female institutions, TMG has provided strategic planning and implementation for agency-wide women's services initiatives; customized gender-responsive organizational and cultural assessments; gender-responsive policy review and development; staff training; and refinement and enhancement of gender-responsive programs and services best on research-based best practices. We are partners in the National Resource Center on Justice-Involved Women (NRCJIW) which is a federally funded resource center dedicated to providing information, policy guidance, and research to the field specific to women offenders. As a partner in NRCJIW, TMG contributed to the discipline policy guide for women offenders and continues to participate in national meetings and conferences as a leading voice in the field.

TMG's specific experience completing similar projects includes work with the Alabama Department of Corrections (ADOC), Pennsylvania Department of Corrections (PA DOC), New York City Department of Correction, and DC Department of Corrections, to name a few. Reference letters from PA DOC and ADOC are included as attachments to this proposal. In Alabama, TMG worked with the Julia Tutwiler Prison for Women (Tutwiler), in addition to system-wide sexual safety efforts, in meeting requirements of the finalized U.S. Department of Justice Settlement agreement with ADOC. In this multi-year initiative, TMG assisted ADOC in finalizing the settlement agreement provisions, ensuring that it contained provisions that support best practices for women offenders. These strategies included:

- Environmental review of the facility's physical plant to assess cleanliness, hygiene, living conditions, and storage of chemicals and supplies. This review was designed to improve the overall functioning and health of the facility.
- Review of operational practices to include camera management and training and use of force incident and policy reviews
- Staffing analysis at Tutwiler that incorporated the PREA requirements and gender-responsive considerations
- Policy development and review to ensure all agency policy and facility SOPs incorporated settlement requirements, operational best practice, and gender responsiveness
- Training development to meet requirements in the settlement specific to PREA training, use-of-force training, and gender-responsive training for all staff at Tutwiler. The training design for this work included developing a training team at the facility composed of security and non-security staff to build capacity for the facility and to gain buy-in from the staff on the training content.
- Gender-responsive classification using the Women's Risk Needs Assessment model developed by Dr. Pat Van Voorhis at the University of Cincinnati
- Development and implementation of inmate orientation video
- Development and implementation of gender-specific disciplinary model
- Specialized training for investigators on PREA requirements and investigating in women's facilities to include trauma-informed curriculum for investigators. This strategy also included ongoing analysis of investigative practice, coaching support, and recommendations at both the facility and departmental level.
- Respectful implementation of facility cameras and communicating the purpose to the population—developed policy and training

TMG was brought in by the DC Department of Correction's general counsel regarding potential litigation challenging DCDOC's anti-sexual harassment program related to allegations of staff sexual harassment in the areas of culture, leadership, professionalism and staff performance, workforce engagement, training, stakeholder engagement, operations and operational practice, and performance measurements. TMG engaged in a four-year initiative with DCDOC to address these issues. Following a thorough sexual safety assessment, TMG provided a comprehensive report with recommendations that addressed the

operational disorder; lack of pride and respect within the agency and facility culture; union concerns; and extensive need for training support. Specifically, the Respectful Workplace Initiative was designed to address the cultural norms through strategies that included a staff survey with prioritized recommendations; leadership and supervisory training; strategic planning and facilitation of work groups to address identified barriers and challenges and workplace improvements; and training curriculum development, implementation, and evaluation of respectful workplace concerns.

TMG was retained to conduct an assessment of the women's facility in Oregon Department of Corrections. The Agency's and its Director's priority was ensuring services and safety for this populations. Feedback from that assessment was positive indicating that staff found the process to be interactive, engaging, and collaborative and that the recommendations from the assessment were useful to supporting change and growth. TMG's report provided an analysis of themes and recommendations related not only to programming, but also operations, leadership and culture. This approach supports an approach to change that considers not only implementation but sustainability.

CGL. Founded in 1974, CGL has since grown into the largest, most comprehensive criminal justice consulting firm in the world. CGL's vertically-integrated 360Justice service platform provides justice owners with:

- Significant facility cost savings
- Increased facility life
- Total understanding of the facility and operations
- Speed to market with a single-source solution
- Reduced risk and comprehensive plans that work

CGL is the leading provider of justice facility planning, design, program management and maintenance solutions. To date, CGL has worked in more than 900 counties and municipalities, all 50 states, and 20 countries. Owners have turned to us to deliver solutions on more than 1,900 projects and we currently manage maintenance for nearly 13 million square feet of justice facilities.

CGL brings together the top minds in justice planning, design, maintenance, and management. Our team has worked in and alongside criminal justice agencies, dedicating our careers to understanding the complexities and unique nature of the justice system. From operations experts with firsthand experience as wardens, administrators, and directors of justice facilities and systems, to internationally-recognized experts in sustainable justice practices and criminology, they deliver a 360 approach to justice.

During the 1980-90 timeframe when many states were addressing the challenges of a rapidly expanding prison population, Ohio invested in new facilities that were largely designed for single occupancy cells and with program and support spaces to meet the needs of the population. As the prison population continued to increase due to sentencing guidelines and the “war on drugs,” Ohio continued to expand with predominantly dormitory-based prisons. In late 2014, the State was operating at 137% of capacity and did not have adequate space to meet the rehabilitation goals of the system.

The comprehensive master plan was undertaken to provide a basis for meeting eight “Vision Goals” articulated by the Ohio Department of Rehabilitation and Corrections. The key recommendations of the study included:

- Reassignment of over 8,000 inmates with sentences of 12 months or less to community corrections.
- Development of seven 100-160-bed “healing centers” for the mentally ill population.
- Expansion of program and housing facilities and programs for women, including a new mother and babies’ village.
- Expansion of 180 acute and sub-acute hospital beds at the central prison medical complex.
- Sub-division of dormitory housing units into smaller living clusters with cubicles.
- Creation of 2,200-bed new geriatric and general custody prison on the site of a decommissioned facility with special emphasis on the needs of elderly inmates.
- Expansion of program space in all restrictive housing units.

CGL, in association with Dowling Sandholm Architects, was retained by the State of Montana to prepare a strategic Master Plan for the adult offender population under the Montana Department of Corrections (MDOC). The State has experienced some adult offender population growth with an associated impact on operating space over the past decade. In recent years, the MDOC has strived to place 80% of offenders in treatment and alternative programs as opposed to more common methods of housing inmates with limited access to rehabilitative programs.

The project and work tasks are organized in two phases: Phase I Determination of Capacity and Needs; and Phase II Recommended System Strategic Plan. The goal of Phase I is to assess existing conditions, project the system’s needs and provide an objective basis for defining the strategic planning options in Phase II.

The Master Plan will provide specific guidelines for selected projects to include facility planning and design guidelines, cost estimates, and implementation schedules.

CGL Letters of Reference included in this proposal include the Maryland Department of Public Safety and the County of San Diego.

Experience and Qualifications of the Project Team

TMG and CGL have identified a team of gender-responsive and architectural and master plan experts with extensive experience in conducting services similar to those required in this RFP. The proposed project team members are listed below, and their resumes are included as **Attachment A**.

Anadora “Andie” Moss. Andie Moss will serve as the Project Lead, Gender Responsive Practice. She brings a wealth of experience in successfully coordinating and conduct agency-wide gender-responsive initiatives. Ms. Moss will oversee every aspect of this project, collaborating with the CGL and DOCR project liaisons, along with the TMG project manager and project team experts to provide requisite deliverables, on-time and within budget, and that are consistent with TMG’s rigorous quality standards. She will contribute 160 hours to the project.

Stephen A. Carter, AICP. Steve Carter will serve as the Project Lead, Master Planning. Mr. Carter will contribute 240 hours to the project.

Tina Waldron. Tina Waldron will serve as the Project Director, Gender Responsive Practices and will dedicate 296 hours to the project.

Stacey Wiseman, AIA. Stacy Wiseman will serve as a Corrections Planner and Designer and will dedicate 288 hours to the project.

April Pottorff, FAIA. April Pottorff will serve as a Corrections Architect and has a North Dakota architectural license. She will contribute 240 hours to the project.

Chris Monsma, AICP. Chris Monsma will serve as a Statistical Analyst and will dedicate 120 hours to the project.

Ted Perry, LEED, AP O+M. Ted Perry will serve as the Lead Facility Conditions Assessor and dedicate 64 hours to the project.

Paul Gazaway, LEED, AP O+M. Paul Gazaway will serve as a Facility Conditions Assessor and will dedicate 256 hours to the project.

Cherie Townsend. Cherie Townsend will serve as the Juvenile subject matter expert for the project and contribute 88 hours.

Anthony “Tony” Booker. Tony Booker will serve as the lead programs, workforce development, and vocational program expert and will dedicate 80 hours to the project.

Mary Marcial. Mary Marcial will serve as a programs, workforce development, and vocational program expert and will dedicate 104 hours to the project.

Eloise “Carolina” Montoya. Carolina Montoya will serve as the medical and mental health expert for the project and will dedicate 104 hours to the project.

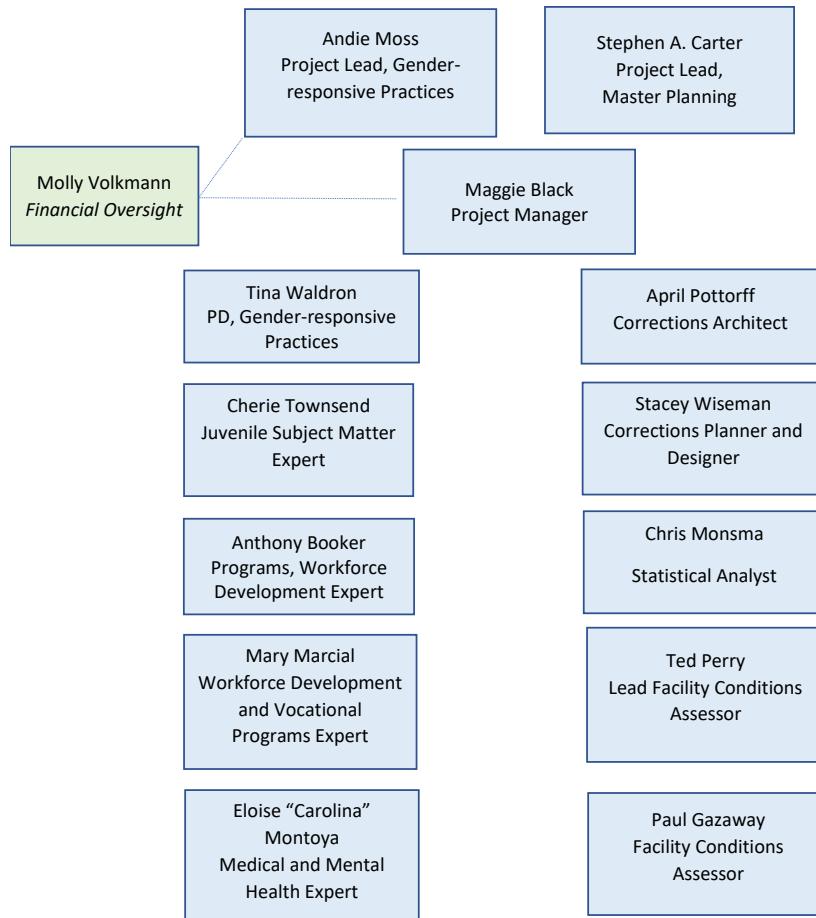
Maggie Black. Maggie Black will serve as the Project Manager for the project. She will be the point of contact for the Project Team and will liaise with the DOCR project point of contact. She has a proven track record when it comes to coordinating complex, multi-facility assessments, and ensuring clear, consistent communication among all stakeholders. As the primary liaison to DOCR program manager, she will work closely with the Project Team to 1) coordinate logistics, develop comprehensive schedules, distribute materials, and manage all communications in preparation for onsite assessment visits; 2) manage project timelines, communications, information collection, and progress reporting; and 3) serve as the point of contact for the Project Team. She will dedicate 336 hours to the project.

TMG Senior Accounting Manager Molly Volkmann is a certified public accountant and is responsible for ensuring internal control and adherence to all contract reporting requirements, including invoicing and fiscal management. She provides general oversight of TMG financial activities and is the liaison between the finance department, executive team, and project managers. In collaboration with the project manager, she will regularly review project team time allocation and expenses against the project budget. She will ensure TMG meets all contract requirements throughout the life of the project. Ms. Volkmann will develop monthly invoices in accordance with contract guidelines.

State resource expectations for this project include a DOCR project team liaison for collaboration and support for material requirements, onsite logistics, and communication in coordination with the Project Team. DOCR leadership and management participation is anticipated for interviews and onsite activities.

Project Team Organization

Project Team Organizational Chart
North Dakota Department of Corrections and Rehabilitation



5) Contract Provisions

TMG accepts the terms and conditions of the State's contract as written.

6) Open Records and Confidentiality

TMG's proposal does not contain any confidential information.

7) Reference Letters

Four reference letters from agencies for whom TMG and CGL have performed similar work as the scope of services outlined in RFP 503.7 include the following:

- Pennsylvania Department of Corrections
- Alabama Department of Corrections
- Maryland Department of Public Safety
- County of San Diego

The letters are included as **Attachment B**.

Attachment A: Resumes

Anadora "Andie" Moss

Stephen A. Carter

Tina Waldron

Cherie Townsend

Mary Marcial

Eloise "Carolina" Montoya

Tony Booker

April Pottorff

Stacey Wiseman

Chris Monsma

Paul Gazaway

Ted Perry

Attachment B: Reference Letters

Attachment C: Master Plan Example of Work

The Moss Group, Inc.
RFP # 530.7-2019, House Bill 1015 – ND DOCR Study
Cost Proposal

Hourly Rates:

Stephen A. Carter	\$250
Andie Moss	\$250
Tina Waldron	\$175
Cherie Townsend	\$175
Mary Marcial	\$150
Anthony Booker	\$150
Carolina Montoya	\$150
Stacey Wiseman	\$175
April Pottoroff	\$225
Ted Perry	\$150
Paul Gazaway	\$150
Project Manager	\$81.25

	Project Team Member Hours by Strategy											
	AM	TW	CT	MM	AB	CM	SC	SW	AP	TP	PG	MB
Strategy 1	16	16	0	0	0	0	16	8	16	0	0	16
Strategy 2	40	80	16	0	16	0	40	32	16	0	0	80
Strategy 3	40	80	40	80	40	80	16	32	24	64	240	120
Strategy 4	24	40	24	16	16	16	88	176	120	0	16	40
Strategy 5	40	80	8	8	8	8	80	40	64	0	0	80

Direct Costs

	Total Hours	Total Cost
Strategy 1	96	\$18,500
Strategy 2	400	\$68,980
Strategy 3	864	\$132,750
Strategy 4	584	\$111,250
Strategy 5	432	\$79,700

Travel costs \$45,230

Total Direct Costs: \$456,330

Indirect Costs

Supplies \$2,500

Total Project Cost: \$458,830

Anadora Moss

1312 Pennsylvania Avenue SE
Washington, D.C. 20003
202.546.4747

Functional Summary	Criminal justice practitioner, experienced in working with all levels of state, local, and federal officials in management assessment, program development, and operations, within custodial and residential settings. Recognized expert in staff-client relations; juvenile and adult operations; sexual misconduct; the assessment of institutional and organizational culture; staff training; program development; strategic planning; woman offenders; executive leadership development; and organizational change. Highly sought-after speaker, trainer, and consultant.
Professional Experience	<p>The Moss Group, Inc. (TMG) President and Principal Consultant <i>April 2002 - Present</i></p> <p>Principal and owner of an innovative criminal justice consulting firm based in Washington, DC. The Moss Group, Inc. provides consulting services to federal, state, and local government agencies and private organizations, using the expertise of experienced, high-energy practitioners with a commitment to excellence in the field of criminal justice. Since 2002, TMG has provided consultation and technical assistance to clients in all 50 states, including adult, juvenile, and community-based corrections.</p> <p>Through extensive work with the National Institute of Corrections (NIC), Bureau of Justice Assistance (BJA), and the Bureau of Justice Statistics (BJS), TMG has provided technical assistance under the Prison Rape Elimination Act (PREA). Ms. Moss has guided a team of diverse and experienced consultants to provide close to 200 on-site PREA technical assistance events to community corrections, jails, and prisons.</p> <p>The Moss Group assists agencies in fulfilling the requirements of the Bureau of Justice Assistance PREA Demonstration Grants, develops strategies to design training, conducts management and organizational culture assessments, helps to enhance investigative practices addressing sexual abuse, identifies gaps in PREA implementation, and collaboratively strategizes with leaders to address those gaps. In addition, TMG is a collaborative partner in the BJA PREA Resource Center. In this capacity, it provides technical assistance in the areas of policy, investigations, audit guidance, and responsive training and technical assistance related to multiple areas in PREA. The Moss Group is a partner of the National Resource Center on Justice Involved Women.</p>
	<p>U.S. Department of Justice, National Institute of Corrections Program Manager <i>September 1996 - February 2002</i></p> <p>Developed and managed national initiatives to provide guidance and assistance to the field of corrections in areas of assignment. Provided on-site consultation as an expert in staff sexual misconduct and management assessments in over 30 institutions nationally. Named as "internal expert" to a highly visible lawsuit with the Bureau of Prisons, resulting in a review and consultation role for all Bureau of Prisons training related to staff sexual misconduct. Delivered confidential feedback to executive staff in many states as a result of on-site work.</p> <p>Delivered numerous presentations to associations and public forums, and developed and managed training programs for senior leadership. Conducted over 20 executive training programs for women. Conceptualized, developed, and managed multi-year cooperative agreements, including selection and management of national consultants and project products. Reviewed draft legislation for U.S. Congress regarding staff sexual misconduct. Provided consultation and guidance to state, local, and federal officials in the development of agency-wide strategic plans for woman offenders.</p>

Georgia Department of Corrections**Assistant Deputy Commissioner***December 1994 - September 1996*

Managed direct oversight of four women's prisons and five transitional centers for the Georgia Department of Corrections. Position created as a senior management position to oversee agency-wide reform in women's services, and to manage and monitor the related court orders within the Cason v. Seckinger general conditionals lawsuit.

Internal Special Monitor*March 1992 - December 1992*

Served as the "Commissioner's Representative on Site" during the investigation of allegations of staff sexual misconduct and of inappropriate medical and mental health services at, and the program evaluation of all aspects of, the Georgia Women's Prison in Milledgeville, GA, and ultimately of multiple sites housing woman offenders. Played key role in the investigation and in executive decisions. Briefed officials from the governor's office, the Georgia legislature, the Governor's Commission on Women, and senior department managers. Served as a confidential consultant to the commissioner and senior-level officials during the investigation, while living on-site at the prison.

Early Work History

1989-1992	Project Manager of Offender Productivity Project, Georgia Corrections Commissioner's Office
1985-1989	State Director of Programs, Georgia Department of Corrections
1984-1985	State Director of Recreation, Georgia Department of Corrections
1983-1984	Training Specialist, Georgia Department of Corrections
1981-1983	Assistant to the Deputy Director, Georgia Building Authority
1980-1981	Workshop Leader and Sales Associate, Achievement Atlanta, Inc.
1975-1980	Director of Activity Therapy, Northside Hospital, In-Patient Mental Health Unit
1971-1974	Teacher, Pace Academy, Atlanta, GA

Education

Master of Education, University of Idaho
Bachelor of Science, University of Georgia

Recent Presentations

June 2018	"Congratulations You've Been Promoted, Now What?" Georgia Jail Association conference, Lake Blackshear, GA.
June 2018	"Tools for Staff: Responding to Challenging Inmate Behaviors," Georgia Jail Association conference, Lake Blackshear, GA.
April 2018	"The Prison Rape Elimination Act: Burden, Beast, or Best Practice?" Securus Technology Summit, Addison, TX.
April 2018	"Implicit Bias," Securus Technology Summit, Addison, TX.
January 2018	"Building Leadership Capacity: It's Time for Action," American Correctional Association, Orlando, FL.
December 2017	"From the Outside In: Systemic Reform for Justice Involved Women in Alabama," the 17 th Association for Justice-Involved Females and Organizations conference, Santa Clara, CA.
October 2017	"Innovation in Gendered Rehabilitation: International Reform Panel," International Corrections and Prisons Association, London, England.
September 2017	"Managing and Motivating a Multigenerational Workforce," Georgia Juvenile Services Association, Savannah, GA.
August 2017	"Leading Through Change," New York City Department of Corrections, New York, NY.

August 2017	"New Directors Training Perspectives on PREA," Council of Juvenile Correctional Administrators, St. Louis, MO.
August 2017	"Implicit Bias: Understanding the Misunderstood," American Correctional Association, St. Louis, MO.
August 2017	"National and Regional Trends in Corrections," Alabama DOC Executive Leadership Conference, Florence, AL.
July 2017	"The Evolution of PREA and the Role of the Audit," American University College of Law, Washington, DC.
July 2017	"Managing and Motivating a Multigenerational Workforce," Southern States Correctional Association, Norfolk, VA.
October 2016	"Transformational Leadership in Corrections," International Corrections and Prison Association, Bucharest.
September 2016	"Lessons Learned on Staff Sexual Misconduct: A Critical Conversation," Pennsylvania DOC.
September 2016	"Successful Strategies for Culture Change: Assessment, Implementation, and Sustainability of Cultural Norms," VERA, New York, NY.
September 2016	"PREA: Burden, Beast, or Best Practice in Disciplinary Policy," National Institute of Corrections/Center for Effective Public Policy. Washington, DC
August 2016	"Developing Pride, Professionalism, and Passion in an Urban Jail," American Correction Association, Boston, MA.
August 2016	"Critical Conversations: Courageous Leadership, Transformative Leadership," Pennsylvania DOC.
July 2016	"Boundaries, Barriers, and Beyond: Women in Corrections," Southern States Correctional Association Summer Conference, Chattanooga, TN.
June 2016	"PREA and Implications for Organizational Culture Change," Middle Atlantic States Correctional Association Conference, Ocean City, MD.
April 2016	"PREA and Culture: Critical Conversations," Pennsylvania DOC.
April 2016	"Managing LGBTI Inmates: Cultural Conversations," North American Association of Wardens and Superintendents Conference, Tulsa, OK.
April 2016	"Unconscious Bias: A Critical Conversation," DC Department of Forensic Sciences, Washington, DC.
March 2016	"PREA: Examining the Sexual Safety for Incarcerated Victims of Sexual Assault, the Impact of Collaborative Community Relationships, and Challenges of Victim-Centered Advocacy," End Violence Against Women Conference, Washington, DC.
January 2016	"Culture, Leadership, and PREA Implementation," American Correctional Association Conference, New Orleans, LA.
October 2015	"New Strategies for Promoting Sexual Safety and Healthy Cultures in Correctional Institutions," International Corrections and Prisons Association, Melbourne, Australia.
September 2015	"Reading the Landscape: Critical Issues in Corrections," Alabama DOC Executive Leadership Conference, Birmingham, AL.
July and May 2015	"PREA and the Scope of Work with New York Department of Correction," New York Board of Correction, New York, NY.
June 2015	"Beast, Burden, Best Practice," Travis County, Texas Juvenile Justice Department, Austin, TX.
May 2015	"Gender Responsive Training," Education on the Move Toward Excellence, Georgia Department of Juvenile Justice, Atlanta, GA.
May and March 2015	"Evolution of PREA and the Role of the Audit," PREA Auditor Training, National Council on Crime and Delinquency, National PREA Resource Center, San Diego, CA.

February 2015 "MTC Gadsden Correctional Facility: Celebrating Success," Tallahassee, FL.

February 2015 "Achieving More Successful Outcomes with Woman Offenders," Los Angeles County Sheriff's Department Strategic Planning Meeting, Los Angeles, CA.

February 2015 "Women Working in Male Facilities: Challenges and Successes," American Correctional Association, Long Beach, CA.

February 2015 "PREA: Implications for Juvenile Justice," Central Texas Chief's Association PREA Consortium, San Marcos, TX.

December 2014 "PREA: National Perspective for Community Stakeholders Symposium," Vermont Department of Corrections, Burlington, VT.

December 2014 "Addressing Culture Change and Sustainability through PREA Implementation," Louisiana Leadership Summit Series 2014, New Orleans, LA.

November 2014 "Eastern Correctional Institution Mission Change Training: Looking Back, Looking Forward." North Carolina Department of Public Safety, Raleigh, NC.

October 2014 "The Nexus of Jail Culture, Operational Practices, and Trauma-Informed Care," National Resource Center on Justice Involved Women Achieving More Effective Outcomes with Women in Jails Summit, Washington, D.C.

October 2014 "Tutwiler So Far," Association of State Correctional Administrators Southern Region Directors Conference, Orange Beach, AL.

September 2014 "Boundaries, Barriers and Beyond: Executive Dialogue," Women Working in Corrections and Juvenile Justice Conference, Pittsburgh, PA.

July 2014 "Remembering the Past and Leading the Future: Will the Prison Rape Elimination Act Be a Vehicle for Positive Change?" National Association of Blacks in Criminal Justice Conference, Orlando, FL

August 2013 "PREA and Implications for Women Working in Corrections," American Correctional Association, Baltimore, MD.

August 2013 "Guidance on Development of Gender – Responsive Discipline Policy with Woman Inmates," Baltimore, MD.

A complete list of presentations is available upon request.

Publications

Moss, A. "Jail Tip Fact Sheet." National Resource Center for Justice Involved Women. 2016.

Moss, A. "Prison and Jail Administration." *Practice and Theory* textbook (chapter on sexual misconduct). 2016.

Moss, A. "Introduction to the Special Issue on Corrections." *Justice and Research Policy*. 2015.

Moss, A. "The Prison Rape Elimination Act: Implications for Women and Girls." *Corrections Today*. American Correctional Association, August 2007.

Moss, A. & Wall, A.T. "Addressing the Challenge of Prisoner Rape." *Corrections Today*. American Correctional Association, August 2005.

Moss, A. & Hill, Jean. "Cultural Change: We Can Assess It, Can We Change It?" *The State of Corrections 2005 Proceedings*. American Correctional Association, August 2005.

Layman, E., McCampbell, S., & Moss, A. "Sexual Misconduct in Corrections." *American Jails*, Vol. XIV/Number 5, November/December 2000.

Moss, A. "Sexual Misconduct Among Staff and Inmates." In Carlson, P.M. & Garrett, J.S. (Eds.), *Prison and Jail Administration: Practice and Theory*, (pp.189-195). Aspen Publishers: Sudbury, MA, 1999.

Moss, A. & Rans, L. "Executive Leadership for Women." In *Current Concepts in Correctional Leadership* (pp. 21-26). American Correctional Association, 1988.

Professional Memberships and Boards

American Correctional Association, 1983-Present

Association of Women Executives in Corrections, 1989-Present (Founding member, past president, Susan Hunter Award recipient)

American Probation and Parole Association, 2002-Present

American Jail Association, 2008-Present

Chair, Women Working in Corrections Committee, American Correctional Association, 2010-2016

Partner, National Resource Center on Justice Involved Women

Member, Staff Training and Development Committee, International Corrections and Prisons Association

Member, U.S. Immigration and Customs Enforcement Advisory Committee on Family Residential Centers; member, Subcommittee on Education

Southern States Correctional Association, 2010-Present



Stephen A. Carter, AICP

EXECUTIVE VICE PRESIDENT, CGL

Stephen Carter is personally involved in technical studies in the areas of needs assessment, operational and architectural programming, design review, program management, and policy evaluation, among others. He is often engaged by governmental agencies to develop analytically based studies and build consensus for a variety of project types ranging from courthouses to correctional institutions to law enforcement installations. His comprehensive experience in all sectors of the justice system assists clients in realizing the functional linkages between the various components.

Mr. Carter is a charter Board Member, and former Treasurer of the International Corrections and Prisons Association (ICPA) with membership in over 80 nations. He has served as Chairman of the ACA Facility Design Committee, as Chairman of the ACA Exemplary Practices Council, and as a contributing writer of the ACA Standards for Adult Detention Facilities. Mr. Carter writes a regular column on trends in corrections for the Correctional News periodical, and is a frequent contributor to the AIA Knowledge Communities periodicals. He continues to serve as a guest speaker and/or lecturer in a variety of academic, professional, and international forums.

RELEVANT PROJECTS

Alabama Department of Corrections Women's Facility Analysis,
Montgomery, Alabama

Alaska Department of Corrections Mat-Su Prison Facility Program and Design Review
Palmer, Arkansas

Arizona Department of Corrections Long Range Correctional System Master Plan
Phoenix, Arizona

Arizona Department of Corrections Correctional System Criminal Code Analysis
Phoenix, Arizona

California Department of Corrections Strategic Planning for Medical and Mental Health Bedspaces in the California Prison System
Sacramento, California

Delaware Department of Corrections Women's Correctional Facility Plan and Program
Dover, Delaware

Florida Department of Corrections South Florida Treatment and Evaluation Center Plan
Tallahassee, Florida

Florida Department of Corrections Plan to Eliminate Control Release of Inmates
Tallahassee, Florida

Hawaii Department of Public Safety - Corrections Division Correctional System Master Plan
Honolulu, Hawaii

STEPHEN CARTER

continued

Hawaii Department of Public Safety - Corrections Division Kauai 2,500-bed Facility Program
Kauai, Hawaii

Idaho Department of Corrections Master Plan
Boise, Idaho

Iowa Department of Corrections Special Needs Facilities Needs Assessment
Des Moines, Iowa

Louisiana Department of Public Safety and Corrections Services Master Plan
Baton Rouge, Louisiana

Louisiana Department of Youth Services Jetson Juvenile Facility Renovation Feasibility Study
Baker, Louisiana

Maryland Department of Public Safety and Correctional Services Women's Correctional Institution Master Plan
Baltimore, Maryland

Maryland Department of Public Safety and Correctional Services Evaluation of the Need for an Improved Correctional Environment for the State Penitentiary and House of Correction
Baltimore, Maryland

Maryland Department of Public Safety and Correctional Services DPSCS Facilities Master Plan and Subsequent Updates
Baltimore, Maryland

Maryland Department of Public Safety and Correctional Services DPSCS Youth Detention Center Program
Baltimore, Maryland

Massachusetts Department of Corrections New Braintree Medium Security Facility Plan
Braintree, Massachusetts

Massachusetts Department of Corrections Correctional System Master Plan
Milford, Massachusetts

Missouri Department of Corrections Eastern Reception Diagnostic and Correctional Center Program
Bonne Terre, Missouri

Montana Department of Corrections System Master Plan
Helena, Montana

North Carolina Department of Public Safety Correctional System Healthcare Analysis
Raleigh, North Carolina

North Carolina Department of Public Safety Central Prison Hospital Plan, Program and Design Assistance
Raleigh, North Carolina

STEPHEN A. CARTER

continued

North Dakota Department of Corrections and Rehabilitation Interim Women's Facility Feasibility Study
New England, North Dakota

Ohio Department of Rehabilitation and Corrections Correctional System Master Plan
Orient, Ohio

Ohio Department of Rehabilitation and Corrections Pickaway Correctional Institution Master Planning and Programming
Orient, Ohio

Oregon Department of Corrections Long Range Operational and Architectural Programs
Salem, Oregon

South Carolina Department of Corrections Comprehensive Growth Strategy and 10-year Capital Improvements Plan
Columbia, South Carolina

South Carolina Department of Corrections Space Standards Program and Comprehensive Design Manual
Columbia, South Carolina

Tennessee Department of Corrections Design Guidelines for Capital Outlay Program for New and Improved Correctional Facilities
Nashville, Tennessee

Tennessee Department of Corrections Medium Security Facility Prototype Programming
Nashville, Tennessee

Virginia Department of Corrections Mecklenburg High Custody Correctional Facility
Mecklenburg, Virginia

Washington State Department of Corrections Multi-custody State Correctional Facility Architectural Program

Wisconsin Department of Corrections State Corrections System Master Plan
Madison, Wisconsin

Wisconsin Department of Corrections Greenbay Segregation Unit Program and Design Review
Madison, Wisconsin

Wisconsin Department of Corrections Upgrade of a Non-Correctional Facility Upgrade for Minimum Custody Offenders Master Plan
Madison, Wisconsin

Wisconsin Department of Corrections Maximum Security Institutions Prototype
Madison, Wisconsin

JUSTINA (TINA) WALDRON

Collaboration / Communication / Facilitation / Planning / Implementation / Sustainability

PROFESSIONAL EXPERIENCE

PROJECT DIRECTOR

December 2016 – present

THE MOSS GROUP, INC – Washington, DC

Serves as the chief architect of the strategy and solution design to address client goals through critical thinking, knowledge of evidence based correctional practice, creativity, and close collaboration with agency and facility leadership. Goals of focus routinely include culture change, team functioning, operational enhancement, and safety improvement. Executes strategies and solutions in partnership with subject matter experts and project management staff with the complimentary goals of fidelity and flexibility around client needs. Specific areas of expertise include, facility assessment, leadership development, strategic planning, culture change, gender-responsive practice and programming, risk-reduction and reentry, sexual safety, inmate programming, and clinical services.

Selected Contributions:

- ✓ Designs and refines proposals to address client goals.
- ✓ Leads project teams.
- ✓ Cultivates strong relationships with agency leadership and stakeholders.
- ✓ Contributes original work to project deliverables.

SENIOR CONSULTANT FOR ASSESSMENT AND STRATEGIC PLANNING

February 2012 – December 2016

THE MOSS GROUP, INC – Washington, DC

Provided consultant services and expertise to corrections agencies, and correctional stakeholders, throughout the nation in areas including, but not limited to: implementation of United States Department of Justice Prison Rape Elimination (PREA) Standards, gender responsive practice, evidence based practice, reentry, agency and facility assessments (sexual safety, gender responsive practice and culture), and strategic planning. Addressed safety in correctional settings requires both sustainable operational practice change and culture change.

Selected Contributions:

- ✓ Served in a variety of roles including working individually with clients, working as a part of a multidisciplinary team and providing leadership and team management for multidisciplinary teams.
- ✓ Designed and facilitated approaches to improving team process; plans and facilitates strategic planning efforts and process improvement; and develops and delivers leadership and training symposiums.
- ✓ Responsible for assessments conducted throughout the nation as an initial strategy to provide a foundation for leadership development, team development, and ultimately strategic planning. Led more than 70 corrections assessments addressing leadership, culture, and operational practice relevant to sexual safety and/or gender responsive practice.

REENTRY AND WOMEN'S SERVICES MANAGER

September 2010 – February 2012

MISSOURI DEPARTMENT OF CORRECTIONS – Jefferson City, Missouri

Worked closely with representatives from the Missouri Department of Corrections, partnering state agencies, and community partners to research, plan and evaluate Missouri Reentry Process strategies to continually advance the ability of the system to provide effective correctional services and assist offenders leaving prison in preparing to reenter and successfully re-integrate into the community in order to enhance public safety throughout the state.

Selected Contributions:

- ✓ Spoke to a wide variety of stakeholders of the Missouri Reentry Process in venues ranging from small community groups to state and national conferences. The goals of these presentations included both information sharing and engagement of partners to participate in the mission of improving community reentry efforts.
- ✓ Chaired the state level Missouri Reentry Process Steering Team which was created by Executive Order 09-16 to examine state level data and work toward integration of successful offender reentry principles and practices into state agencies and communities through Missouri. The overall goal of this team was developing partnerships to ultimately improve public safety. Team members included executive level representation from nine state agencies, community members, faith community representatives, victims and offenders.
- ✓ Chaired Departmental Missouri Reentry Process Leadership Team which was chartered to work toward implementing evidence based practice and offender reentry principles into departmental practice. This role involved working with Executive Staff in the Division of Probation and Parole, the Division of Adult Institutions, and the Division of Human Services.
- ✓ Chaired the Gender Responsive Assessment Team to guide statewide implementation of this tool for women involved with the Missouri Department of Corrections.

PROGRAM CONSULTANT

May 2006 – August 2010

KANSAS DEPARTMENT OF CORRECTIONS – Topeka, Kansas

Provided oversight and technical guidance to local county operated Intensive Supervision Probation agencies. A major focus while in this position was implementation of a statewide evidence-based risk reduction initiative which was a component of the Kansas Justice Reinvestment Initiative designed to reduce revocations to prison and enhance public safety.

Selected Contributions:

- ✓ Took a lead role in the initial implementation of a statewide evidence based risk reduction effort for Kansas Community Corrections Act Agencies.
 - Developed a training plan, with team input, to facilitate statewide risk reduction education.
 - Developed a competitive grant application and review process with consultation from the Center for Effective Public Policy.
 - Developed position descriptions for new staff that were hired with the purpose of supporting the statewide risk reduction initiative.
 - Presented to, and facilitated groups of, local agency directors and stakeholders and case management staff, at statewide training events designed to build an infrastructure for change on which to build risk reduction efforts within local communities across Kansas.

- ✓ Chaired the workgroup tasked with developing and implementing a statewide intensive strategic planning initiative to facilitate, and build sustainability for, local risk reduction efforts.
 - Developed a targeted assistance program for intensive work with individual agencies.
 - Developed a seminar series designed to build agency leadership and capacity for planning, implementation, and sustainability in all areas of the Integrated Model (Evidence Based Practice, Organizational Development and Collaboration).
- ✓ Member of workgroups tasked with revamping the community corrections grant award process; designing evaluation and quality assurance measures that reflect the philosophy of evidence based practice; and developing and implementing marketing strategies.
- ✓ Active participant in the efforts of the Kansas Reentry Policy Council.
 - Facilitated strategic planning sessions for the cabinet level Kansas Reentry Policy Council and Reentry Policy Council Steering Committee.
 - Member of the Kansas Reentry Policy Council Mental Health Taskforce and chair of the Capacity Building Workgroup.
- ✓ Co-Authored “Providing Tools for Risk Reduction Case Management in Parole and Community Corrections,” an article which outlines the progressive community supervision practices in Kansas published in the U.S. Department of Justice / National Institute of Corrections 2007 issue of Topics in Community Corrections.

ADJUNCT INSTRUCTOR

January 2005 – May 2010

PSYCHOLOGY DEPARTMENT, WASHBURN UNIVERSITY – Topeka, Kansas

Designed and implemented both on line and classroom course lectures, activities and examinations in accordance with a philosophy of teaching which centers on the belief that students need to learn to think critically about, and evaluate, information presented to them.

Selected Contributions:

- ✓ Taught Theories of Personality, an upper division undergraduate course.
- ✓ Taught Basic Concepts in Psychology.
- ✓ Provided guest lectures in online Psychology of War and Warriors course.

CONSULTANT

May – June 2008

CENTER FOR EFFECTIVE PUBLIC POLICY – Silver Spring, Maryland

Provided consultant services for the Center for Effective Public Policy (The Center) during a training for the Missouri Department of Corrections mid – and upper – level management staff.

Selected Contributions:

- ✓ Facilitated workgroups with purposes including, but not limited to, evaluating the current use of Evidence Based Practices (EBP) in the Missouri Department of Corrections (MDOC), determining strengths and challenges, and identifying immediate changes that can enhance the incorporation of EBP into the daily work of employees; enhancing collaboration with internal and external partners; determining priority goals and action steps to further implementation of EBP into the work of the MDOC.

RESEARCH AND STATISTICAL CONSULTANT

May 2002 – May 2007

COLMERY O'NEIL VETERANS ADMINISTRATION MEDICAL CENTER – Topeka, Kansas

Performed and interpreted statistical analyses for integration into research manuscripts for the presentations in posters at three American Psychological Association conferences.

- ✓ Ohlde, C., Farrell-Higgins, J., Bowman, B. & Waldron, T. (2005, August). Post-trauma veterans' abuse history and treatment outcome. Poster session presented at the 113th Annual Convention of the American Psychological Association, Washington, D.C.
- ✓ Farrell-Higgins, J., Waldron, T. & Bowman, B. (July, 2004). *Treatment outcome in hospitalized combat veterans: A follow-up study*. Poster session presented at the 112th Annual Convention of the American Psychological Association, Honolulu, Hawaii.
- ✓ Ohlde, C., Farrell-Higgins, J., Bowman, B. & Waldron, T. (August, 2003). *Level of combat exposure and treatment outcome*. Poster session presented at the 111th Annual Convention of the American Psychological Association, Toronto, Canada.

RESEARCH ANALYST

December 2005 – May 2006

KANSAS DEPARTMENT OF CORRECTIONS – Topeka, Kansas

Directed complex research projects and identified and developed new research initiatives which were in alignment with Department of Corrections Strategic Action Plan goals and objectives.

Selected Contributions:

- ✓ Assisted in the validation and evaluation of offender data from assessment tools such as the Level of Service Inventory – Revised (LSI-R).
- ✓ Collaborated with Senior Analyst to propose a new structure for LSI-R assessment data to be incorporated into an information technology system redesign.
- ✓ Served as a research team representative to the Offender Programs Steering Group and performed and presented research related to the development and management of offender programs.
- ✓ Assisted in data analysis for the annually published Offender Programs Evaluation Report.

EDUCATION & CREDENTIALS

The University of South Dakota

Completed doctoral level coursework in Clinical Psychology

(2004 – 2005)

Vermillion, South Dakota

Washburn University

Master of Arts in Clinical Psychology

(2001 – 2004)

Topeka, Kansas

Washburn University

Bachelor of Arts in Psychology

(1997 – 2001)

Topeka, Kansas

REFERENCES

Available Upon Request



LENGTH OF SERVICE

CGL since 2008

EDUCATION

Master's of Architecture, History and Theory, McGill University, Montreal, Canada, 2004

Bachelor of Architecture, University of Kentucky, Lexington, KY, 2000

REGISTRATIONS

KY, NY, NCARB certified

HONORS

Schulich Fellowship, 2009
Fred Lebensold Memorial Fellowship, 2003
Maurice A. Clay Award, Outstanding Graduating Senior, 2000
Alpha Rho Chi Medal, 2000

Stacey Wiseman, AIA

VICE PRESIDENT, CGL

Ms. Wiseman's experience includes a wide range of design criteria such as programming, design development, project management and construction administration. Involvement in all aspects of a project, from meeting with users to achieving an efficient design, has contributed to her understanding of the operational and philosophical goals that drive correctional facilities. Her strengths include managing detailed project-specific information to derive operational design solutions.

Ms. Wiseman is well-versed in the needs and design considerations for a variety of justice projects. She has worked on city, state and federal courthouses and 200- to 1,500-bed correctional facilities in a variety of phases including planning, schematics and construction documents.

In addition to her work with CGL, Ms. Wiseman mentors youth interested in the design/construction industry as a founding member and Co-Chair of the Curriculum Committee for the ACE Mentor Program of the Bluegrass. She earned a Master of Architecture, History and Theory from McGill University, School of Architecture, and a Bachelor of Architecture from the University of Kentucky, School of Architecture.

RELEVANT PROJECTS

Lucas County Detention Center

Toledo, Ohio

Ohio Department of Corrections and Rehabilitation Pickaway Correctional Institution
Orient, Ohio

Dutchess County Justice and Transition Center Project Owner's Representative Services
Poughkeepsie, New York

Dutchess County Validation Study & Justice Transition Center Expansion
Poughkeepsie, New York

Rikers Island Facilities Improvement Project
New York, New York

Middlesex House of Corrections
Billerica, Massachusetts

Douglas County Justice Center
Castle Rock, Colorado

Muscogee County Jail Needs Assessment Study
Columbus, Georgia

Van Cise-Simonet Detention Center
Denver, Colorado

Brooklyn Detention Center
Brooklyn, New York

STACEY WISEMAN
continued

Northeast Region Youth Services Center
Colorado

Massachusetts Department of Youth Services Statewide Facilities Master Plan

Montgomery County Criminal Justice Center
Rockville, Maryland

Ohio Department of Rehabilitation & Correction Statewide Master Plan

PROFESSIONAL

American Institute of Architects, 2010 - present

AIA AAJ University Outreach Committee, 2017 - present

AIA AAJ Communication Committee, 2016 - present

AIA AAJ Emerging Professionals Committee, 2016 - present

Vice President of Board of Directors for ACE Mentor Program of the Bluegrass, 2016 - present

Curriculum Committee Co-Chair and Board of Director for Ace Mentor Program of the Bluegrass, 2010 - 2016

Member of Vernacular Architecture Forum, 2009

National Council of Architectural Registration Boards, 2014

Mentor for High School Senior at Bronx Guild Academy, 2006-2007

Center for Architecture Foundation, Professional Development, 2006

President, Tau Sigma Delta Honor Society Architecture & Allied Arts, 2000

EXHIBITIONS

Graduate work exhibited in, '70 Architects', at the Reconciling Poetics and Ethics in Architecture Conference, 2007

PRESENTATIONS

Moderator for the 2017 AIA Academy of Architecture Justice Conference, "Re-Envisioning Juvenile Justice Educational Environments: Inspire. Integrate. Innovate."

Moderator for the 2015 AIA Academy of Architecture for Justice Conference, "Imagining a New Potential for Juvenile Facilities"

"How Innovative Is Your Firm? Defining, Assessing and Improving the Creative Process." AIA Kentucky and Indiana Conference, October 2014

"Embracing Online Media: How to establish, curate, and advance a firm's mission through the internet and social media." AIA Kentucky and Indiana Conference, Nov. 2012

"Evolution of a Coal Company Town," Appalachian Studies Association Conference, March 2011

PUBLICATIONS

Guest Editor for AIA AAJ 2nd Quarter Journal, 2016

"Improving the Creative Process to Achieve Innovation." AIA/AAJ 4th Quarter Journal, 2014.



OFFICE LOCATION

Sacramento, California

LENGTH OF SERVICE

CGL since 1993

2 Years Other Firms

EDUCATION

Masters of Urban Planning in Urban Design
Graduate School of Planning,
City College of New York, 1992

Bachelor of Architecture
University of Kansas, School of
Architecture Urban Design, 1991

ARCHITECTURAL REGISTRATIONS

New York, 1995, Colorado, Florida,
Georgia, Illinois, Kansas, Kentucky, Maine,
Maryland, Massachusetts, Michigan, New
Jersey, North Carolina, North Dakota,
Ohio, Pennsylvania, South Carolina,
South Dakota, Tennessee, Texas, Virginia,
Washington

PROFESSIONAL CERTIFICATIONS

NCARB Certified

PROFESSIONAL MEMBERSHIPS

American Institute of Architects (AIA)

College of Fellows (AIA)

American Jail Association (AJA)

Academy of Architecture for Justice (AAJ)

American Jail Association (AJA)

International Corrections and Prison
Association (ICPA)

April Pottorff, FAIA

SENIOR VICE PRESIDENT, CGL

Ms. Pottorff joined the firm in 1993 and has directed the work of the Lexington, KY office since 1998. As a nationally-recognized specialist in juvenile and adult detention facility design, Ms. Pottorff also gained acclaim for her expertise in the planning and design of courthouses throughout the US. Her ability to synthesize tenant input and her expertise facilitates the creative integration of local user needs into the planning and design of each unique project. Ms. Pottorff publishes articles and frequently lectures on justice facility topics.

April seeks creative design solutions that are complete, cohesive, and responsive to operational goals and philosophies, evidence based and grounded by current best practices. The depth of April's knowledge in justice facility design and construction derives from her diverse experience with the various phases of justice projects: feasibility studies, programming, space utilization, pre-design alternatives, design, construction documents, and construction administration. April's reputation for well thought-out, technically sound, on-time and on-budget projects garners praise from users and owners alike.

RELEVANT PROJECTS

Lucas County Detention Center
Toledo, Ohio

Pickaway Correctional Institute Expansion and Renovation
Orient, Ohio

Lucas County Jail Levy Study
Toledo, Ohio

St Mary's County Adult Detention Expansion Part 1 and Part 2 Reports
Leonardtown, Maryland

Pinellas County Jail Design/Build Infrastructure Upgrades
Clearwater, Florida

Ohio Department of Rehabilitation and Corrections Statewide Capital Master Plan
Statewide

Maguire Needs Assessment, San Mateo County
Redwood City, California

Van Cise-Simonet Detention Center
Denver, Colorado

Brooklyn Detention Center
Brooklyn, New York

Robert A Christensen Justice Center Jail Expansion and Renovations
Castle Rock, Colorado

Muscogee County Detention Center, Needs Assessment and Master Plan for Jail Expansion
Columbus, Georgia

APRIL POTTORFF

continued

Merrimack County House of Corrections
Boscawen, New Hampshire

Belknap County Detention Center, Needs Assessment and Master Plan
Leconia, New Hampshire

Lexington-Fayette Detention Center
Lexington, Kentucky

Stark County Jail Needs Assessment and Master Plan
Canton, Ohio

Orange County Correctional Facility
Goshen, New York

Dutchess County Jail Expansion
Poughkeepsie, New York

New Haven Correctional Facility
New Haven, Connecticut

Union County Juvenile Detention Center
Linden, New Jersey

Rhode Island Youth Assessment Facility
Cranston, Rhode Island

Rhode Island Youth Development Facility
Cranston, Rhode Island

Superior Court for Juvenile Matters and Detention Center
Bridgeport, Connecticut

Lincoln Village Youth Treatment and Detention Center
Elizabethtown, Kentucky

Colorado Northeast Region Youth Services Center Master Plan
Denver, Colorado

Lincoln Hall Youth Facility Master Plan
Lincolndale, New York

Fayette Regional Juvenile Detention Facility Study, State of Kentucky
Lexington, Kentucky



OFFICE LOCATION

Atlanta, GA

LENGTH OF SERVICE

CGL since 2012
35 Years Other Firms

EDUCATION

MBA, Facilities Management, Mercer University
BS, Business Administration, Mercer University

LICENSES & CERTIFICATIONS

LEED Accredited Professional, Operations & Maintenance
Georgia Unrestricted Master Plumber License
State of Georgia HVAC License
Gas Piping Certified
Georgia General Contractor License
Universal EPA Certification
Soil Erosion Certification
CPO licensed and certified
Licensed EMT

Ted Perry, LEED AP O+M

VICE PRESIDENT

Ted is responsible for all of CGL's facility management operations, directing the performance of self-performed maintenance accounts for secure justice facilities across the nation. In addition to his 30+ years of experience working in facility maintenance and management, Mr. Perry is licensed in multiple states as a general contractor and in the HVAC and plumbing fields.

Ted's areas of expertise cover a full range of facility services in a variety of industries, including corrections, higher education, hospitality, and retail. Ted also has expertise in developing energy management plans and strategies for initiatives to reduce energy consumption and promote sustainability. Ted has a portfolio of working on facilities totaling more than 12 million square feet.

RELEVANT PROJECTS

Sonoma County, CA Facility Condition Assessment and Capital Improvement Grant Request

Travis County, TX Jail Facility Condition Assessment

Merced County, CA John Latorraca Correctional Center Facility Conditions Assessment

Riverside County, CA Larry D. Smith Correctional Facility Condition Assessment

Hawaii Department of Public Safety Prison Facility Condition Assessment

Mississippi Department of Corrections Prison Facilities Condition Assessments

Georgia Statewide Facility Maintenance Contract
7,211,598 SF of Public Facilities across Georgia

Georgia Department of Juvenile Justice
1,727,299 SF in 29 Juvenile Facilities

Georgia Department of Behavioral Health and Developmental Disabilities
951,040 SF of Hospital Space, 1,170 Patient Beds

Dekalb County, GA Jail
960,000 SF

Clayton County, GA Harold R. Banke Justice Center
Courthouse: 220,000 SF; Jail and Admin: 506,500 SF, 1536 beds; Juvenile Court: 73,344 SF

Forsyth County (GA) Jail and Courthouse
330,000 SF Local Facilities

Baltimore (MD) City Jail
1,305,933 SF State Facility



Paul Gazaway, LEED, AP O+M

ASSISTANT MANAGER, CGL

Mr. Gazaway has more than 30 years of experience performing electrical installations, troubleshooting and control implementation including UPS and emergency generator operation. He has experience with HVAC proprietary and non-proprietary system operation, installation and repair; plumbing system operation, installation & repair including extensive sanitary sewer repairs and replacement with-out interfering with daily operation; security locking control trouble-shooting installation & repairs; fire protection system operation, installation and repair; and CCTV system operations.

OFFICE LOCATION

Atlanta, GA

LENGTH OF SERVICE

CGL since 2011
35 Years Other Firms

EDUCATION

Bachelor of Business Administration
University of Georgia

CERTIFICATIONS AND INDUSTRY INVOLVEMENT

Electrical Contracting Class II nonrestricted license for Georgia since 1980, International Association of Electrical Inspectors associate since 1999, National Fire Protection Association associate certificate since 1990, Illuminating Engineering Society of North America (IES) certificate of Completion for Photometric Measurements of Area and Sports Lighting Electrical, continuing education credits, 400+ hours since 1990, Wildlife Recourses Division, Hunter Safety Instructor since 1995, Clayton State College courses on Electrical & Mechanical residential and commercial Inspector / Plan Review ICC Certifications in residential and commercial Building / Electrical / Mechanical / Fire, LEED AP O+M, OSHA 30, NFPA 70E Certificate

RELEVANT PROJECTS

Mississippi Department of Corrections Prison Facility Assessments, Jackson, MS

Assessment manager for the comprehensive assessment of Mississippi's three prison facilities. Spent two weeks touring the three sites throughout the State to develop a comprehensive report for the Mississippi legislature, detailing the physical and operational conditions in the facilities, which average more than 25 years old. Detailed all prison equipment and conditions in a computerized maintenance management database to provide the state with a record of findings.

Hawaii Department of Public Safety Facility Conditions Assessments and Capital Improvement Project Specifications, Honolulu, HI

Assessment manager for the assessment of Hawaii Department of Public Safety facilities. Developed capital improvement plans and installed a computerized maintenance management system in 2016. Assessed 1,024,319 SF of space in nine facilities on five Hawaiian Islands.

Georgia Department of Behavioral Health and Developmental Disabilities Facility Condition Assessments, Atlanta, GA

Assessment manager during the assessment of 417,148 square feet of state hospitals for the Georgia Department of Behavioral Health and Developmental Disabilities. Identified the major items in need of repair or replacement in the facilities and provided reports and recommendations.

Maryland Department of Public Safety & Correctional Services, City of Baltimore Jail Conditions Assessment, Baltimore, MD

Assessment manager for equipment and facility condition assessments of the site, site improvements, and related features at the Maryland Department of Public Safety & Correctional Services Baltimore City Jail. The facility is 1.7 million square feet spread out over 23 buildings. Observed the buildings and site systems, interviewed building management and maintenance personnel, and reviewed available maintenance systems.

Mohave County Adult Detention Facility Conditions Assessment and Life Cycle Analysis, Kingman, AZ

Assessment manager for equipment and facility condition assessments of the site, site improvements, and related features at the Mohave County Adult Detention Facility. The facility is 242,000 square feet. Observed the buildings and site systems, interviewed building management and maintenance personnel, and reviewed available maintenance systems drawings and records. Developed an equipment Life Cycle analysis spreadsheet for capital improvement budgeting.

CHERIE TOWNSEND, ACC, CPCC

OBJECTIVE

To collaborate with individuals and organization to achieve results that matter to them and that contribute to the long-term health of organizations.

EXPERIENCE

2012-present The Moss Group, Inc. Washington, DC

Project Director

Provide leadership, expertise and support on assigned projects. Take a leadership role on leadership, culture, and juvenile justice protocols. Conduct individual and team assessments using best practice instruments and surveys. Provide training and professional development in the area of leadership, culture, systems thinking, women working in corrections and victim services. Write curriculum, grants and proposals as needed.

Professional Coach

Creator and Consultant

Provide professional Co-Active coaching services to individuals and organizations. Services provided include jump-start coaching, aspire to leadership groups, The Leadership Circle™ assessments with coaching, a range of emotional intelligence assessments for individuals and teams, leadership development and uniquely designed services for groups and organizations.

2012 State of Texas Austin, TX

Texas Juvenile Justice Department

Executive Director

2008-2011 State of Texas Austin, TX

Texas Youth Commission

Executive Director

Responsible for the leadership, planning and management of a large state agency responsible for juvenile justice services. These services included working in partnership with local government to provide prevention and early intervention services, juvenile probation supervision, and post-adjudication placements as well as management and delivery of state-operated programs and services for youth.

Key accomplishments:

- Development of evidence-based prevention and early intervention programs in local communities to reduce delinquency and increase school attendance and achievement
- Research-based re-entry program, which included wraparound services and ART®, for high risk gang-affiliated youth offenders that reduced recidivism by more than 50%
- Developed and implemented gender-specific programming which included Girls Circle and trauma-informed treatment
- Expanded specialized treatment to include mental health programs, substance abuse treatment programs and family services
- Expanded educational programs to include college courses, career and technical courses and specialized remedial reading program
- Developed and implemented comprehensive suicide prevention policies, procedures and training.
- Developed and implemented menu of family-based interventions for families of high-risk youth offenders
- Implemented Performance-based Standards in all state operated facilities
- Achieved Commission on Accreditation for Corrections for five secure facilities
- Successfully ended Department of Justice Agreement

2006-2008 Clark County Las Vegas, NV
Department of Juvenile Justice Services

Director

Responsible for the leadership, planning, management and delivery of juvenile court services in one of the fastest growing counties in the United States. These services included intake and risk assessment, probation supervision, alternatives to and secure detention and a 100-bed staff secure program.

Key Accomplishments:

- Developed and implemented the first Evening Reporting Center for youth
- Developed and implemented a Girls Initiative that included programming for sexually-exploited youth
- Expanded programming for alternatives to secure detention
- Developed and implemented community service program for youth as part of a restorative justice effort
- Developed and implemented a re-entry program that included Functional Family Therapy to reduce the length of stay in out of home placement and to improve outcomes
- Successful replication of the Juvenile Detention Alternatives Initiative

1996 - 2005 Superior Court of Arizona
Juvenile Court Center in
Maricopa County

Director of Juvenile Court Services

Responsible for the leadership, planning, management, and delivery of juvenile court services in the fourth largest county in the United States. These services included diversion programs, probation supervision, alternatives to and secure detention, and placement services.

Key Accomplishments:

- Developed and implemented the first prevention and early intervention programs in high-risk neighborhoods
- Designed and implemented a substance abuse treatment program that was 25% residential and 75% in-home services
- Designed and implemented community justice committees (restorative panels) as an alternative to the formal justice system with an 85% success rate
- Designed and implemented Schools Are For Safety Not Worry (bullying and violence prevention curriculum) demonstration initiative

1989–1995 Texas Youth Commission Austin, TX

Director of Community Services

Responsible for the planning, management, and delivery of community corrections services throughout the state. Community corrections programs included aftercare/field services, TYC halfway houses, residential and non-residential contract programs, volunteer services, special purpose programs and educational support.

Key Accomplishments:

- Expanded alternatives to state secure facilities by working in partnership with community-based providers
- Developed and implemented a short-term sanction unit to increase accountability in the community
- Achieved accreditation of all community programs by the Commission on Accreditation for Corrections

1987-1989 **Travis County District Attorney** **Austin, TX**

Director of Victim/Witness Assistance Division

Designed a comprehensive response system for victims of violent crime in Travis County, Texas. Responsible for implementing Victims' Bill of Rights.

Key Accomplishment:

- Developed and implemented sexual abuse treatment program for victims, survivors of abuse and offenders

1975–1987 Texas Youth Commission Austin, TX

1986 – 1987 *Administrator of Contact Services*

1984 – 1987 *Administrator of Residential Contract Programs and Parole*

1984 *Administrator of Halfway Houses*

Key Accomplishments:

- Designed and implemented facilities and programs for the first comprehensive delivery of programs in South Texas
- Developed and implemented gender-specific programming for the first halfway house for female youth offenders
- Developed and implemented an independent living curriculum and program for older youth offenders
- Established performance-based contracts for community-based programs

1978–1984 *Parole Supervisor* **Dallas, TX**
1975 – 1979 *Community Resource Specialist*

Represented the agency in the community and with other governmental agencies in thirty-five counties, which included Dallas County. Managed four program areas. Developed community resources in region that included Dallas and Forth Worth, Texas. Responsible for ongoing monitoring and evaluation of programs. Wrote group home program development manual for statewide distribution.

EDUCATION

2013-2014 **The Coaches Training Institute** **San Rafael, CA**
Core Curriculum
Certified Professional Co-Active Coach Certification Program

1993 University of Texas **Austin, TX**
Masters in Business Administration
■ Option II Program (Executive MBA Program)
■ Recipient: Dean's Award

1982 Southern Methodist University **Dallas, TX**
Masters in Public Administration
(Budget Analysis and Public Finance)

1973 Rockford College **Rockford, IL**
Bachelor of Arts (Psychology)

CUURENT AND PAST AFFILIATIONS FOR CONSULTATION

Sam Houston State University (current)
Corrections Management Institute of Texas
Huntsville, Texas

The Moss Group, Inc.
Washington, D.C.

Child Welfare League of America
Washington, D.C.

Community Justice Institute
Florida Atlantic University
Ft. Lauderdale, Florida

National Institute on Corrections
Washington, D.C.

University of Minnesota
Law School
Institute on Criminal Justice
Advisory Board

Vera Institute of Justice
Youth Justice Program Associate
New York City, N.Y

AWARDS

Sam Houston State University Award

Outstanding Probation Executive for 2001

**National Juvenile Court Services Association
Juvenile Court Administrator Award for 2003**

**Texas Corrections Association
Outstanding Juvenile Corrections Administrator for 2010**

**Council of Juvenile Correctional Administrators
Outstanding Administrator 2010**

PROFESSIONAL MEMBERSHIPS AND ASSOCIATIONS

American Corrections Association

Commissioner, Commission on Accreditation for Corrections, 2000-2008
Executive Committee, Commission on Accreditation for Corrections, 2004-2008
Member, 1990s-present

American Probation and Parole Association

APPA/ACA Performance-Based Standards for Juvenile Probation, Aftercare and Paroling Authorities Workgroup
Juvenile Justice Committee
Chairperson 1997-2003
Member 1997-2013

Association of Women Executives in Corrections

National Voice Committee 2014-present
Member 2013-present

Communities in Schools of Nevada, Inc.

Board Member 2006-2008

Council of Juvenile Correctional Administrators

Chair, PREA Committee, 2010-2012
Member 2008-2012
Affiliate Member 2012-present

International Coach Federation

Member, 2013-present

International Coach Federation-North Texas

Member 2014-present

Juvenile Justice Leadership Network

Collaborative effort supported by Public Welfare Foundation, Center for Juvenile Justice Reform at Georgetown University and Council of Juvenile Correctional Administrators
2010-2012

National Association of Probation Executives

Board Member 1998 – 2008, 2012-present
President 2004-2006
Secretary 2000-2004

Nevada Juvenile Justice Commission

Treasurer 2008
Chairperson, Policy and Legislation Committee 2007-2008
Commissioner 2006-2008

Pretrial Justice Institute

Board Member 2015-present
Finance Committee, 2016-present

Suicide Prevention Resource Center

Steering Committee Member 2009-2015

Texas Juvenile Justice Advisory Board

Board Member 2008-2012

Texas Juvenile Crime Prevention Center

Advisory Board Member 2009-2012

The National Academies

The Committee on Assessing Juvenile Justice Reform

Committee Member 2010-2012

Reforming Juvenile Justice: A Developmental Approach (2013), is available at The National Academies website

The Committee on the Implementation Plan for Juvenile Justice Reform

Committee Member 2013-2014

Implementing Juvenile Justice Reform: The Federal Role (2014), is available at The National Academies website

PUBLICATIONS

“Courageous Leadership Needed to Create and Sustain Sexual Safety in Correctional Organizations”, Justice Research and Policy, Vol. 16, No. 1, June 2015.

“Women in Juvenile Justice: Leadership Advice from Professionals”, Corrections Today, Vol. 74, December 2012/January 2013.

“New Practices in Juvenile Justice”, Corrections Today, February-March 2011.

“The Future of Community Corrections Leadership: Challenges, Issues and Strategies”, Topics in Community Corrections—2005. Washington, D.C.: National Institute of Corrections.

“Supporting A Positive Difference: Alternative Design for Juvenile Justice Facilities”, Corrections Today, Vol. 66, June 2004. Co-authored with Michael Smith.

“Juvenile Justice Practitioners Add Value to Communities”, Corrections Today, Vol. 65, February 2003.

Antonio Booker

Antonio Booker has been a consultant with TMG since 2015. He has assisted with PREA employee training, focus groups, symposium design, and more.

Mr. Booker is the director of the Adult Residential Center, which provides alternatives to incarceration for offenders on probation and local and state inmates transitioning to a work release setting. The center is part of the Johnson County Department of Corrections in Olathe, KS, where Mr. Booker has served since the 1988. During his tenure, he has served as correctional advisor, intensive supervisor officer, resource developer, deputy director of programs, and interim director of the Johnson County Juvenile Detention Center. For more than 10 years, Mr. Booker has served as a subject matter expert in PREA providing workshops and trainings for the American Probation and Parole Association and the America Correctional Association. He has also provided workshops and trainings for the California Department of Corrections and South Carolina Department of Corrections and their stakeholders on the prevention, detection, and response of sexual assault as it relates to PREA.

Mr. Booker holds an associate's degree in Law Enforcement from Kansas City Kansas Community College, and a bachelor's degree in Administration of Criminal Justice from Wichita State University.

MARY M. MARCIAL

EXPERIENCE

2009–Present Correctional Consulting Narragansett, RI
Consultant

- Subject matter expert in the areas of Security, Operations, Restrictive Housing, Programs, Treatment, Reentry, Case Management, Sexual Safety and PREA.
- Experienced in correctional operations, the management of high-risk segregated offenders, reentry, programs and treatment.
- Experienced in the development and implementation of programs, training and PREA related standards and issues.
- Experienced in the formulation, development and review of policies, procedures and post orders.
- Proficient computer skills in Word, Excel and PowerPoint.

2003–2009 Connecticut Department of Correction CT DOC
Division Director

- Direct report and appointee of the Commissioner of Correction, responsible for the Programs and Treatment Division to include: Education, Program Development, Reentry Services, Health and Addiction Services, Offender Classification, Population Management, Religious Services, Victim Services, Volunteer, Recreation Services, and Correctional Enterprises.
- Member of the department's executive policy review and development team, reviewing all departmental, division and facility-based policies for the CT DOC. Ensuring all division and facility-based policies were compatible and congruent with departmental policies, state and federal regulations and accrediting bodies.
- Appointed by Governor Rell to serve as a management representative on the State's Retirement Commission.
- Served on a legislative advisory committee to enact Connecticut's Raise the Age legislation.
- Developed and coordinated the Governor mandated Multi-Agency Working group on Youth Issues.
- Negotiated and oversaw a \$90-million contract for Correctional Health Care with the University of Connecticut Health Center.
- Developed and implemented the agency's offender management plan.
- Provided leadership development training for the Connecticut DOC pre-service academy and management's leadership program.

1992–2003 Connecticut Department of Correction CT DOC
Warden

- Headed eight distinct and diverse correctional facilities during tenure as Warden. The facilities managed included a maximum security high-risk adult male facility, the department's largest pre-trial male jail, a maximum security male youth facility and highly programmatic minimum security facility.
- Maintain and direct all custody, safety and security issues.
- Development of facility based policies, procedures and post orders.
- Review and update facility based policies to ensure congruence with departmental policies. Certify quality assurance via adherence of established policies and determine quality improvement needs through evaluating the viability of current policies.
- Implement and coordinate the programmatic aspects of the facility.
- Manage the budget, physical plant, security, programming and treatment aspects of the institutions.

1990–1992 Brooklyn Correctional Center CT DOC
Correctional Counselor Supervisor

- Responsible for planning, operation, supervision and coordination of all the treatment and service programs at that facility.
- Responsible for the supervision of all case management, treatment, programming and classification staff.
- Facility liaison with parole, probation, community addiction services and other community agencies.

1985–1990 Brooklyn Correctional Center CT DOC

Correctional Rehabilitation Services Officer

- Direct all addiction services programs.
- Responsible for researching, organizing and providing treatment services.
- Planning and implementing individual and group counseling, AA and NA meetings and behavioral studies programs.

1984–1985 Hartford (Jail) Community Correctional Center CT DOC

VISTA Counselor

- Counselor in Project Fire, an outpatient substance abuse program.
- Individual counseling to offenders referred by the division of Parole and the office of Adult Probation.

EDUCATION

1979–1983 **University of Connecticut** Storrs, CT

- BS Human Development and Family Relations
- Summa Cum Laude Graduate
- Honor Scholar Graduate

ORGANIZATIONS

- American Correctional Association.
- Association of Women Executives in Corrections.
- Commissioner's Designee Connecticut's Commission on Children.
- Past member of the North American Association of Wardens and Superintendents.
- Literacy Volunteer of America.
- Families in Crisis, social service agency.
- Criminal Justice Advisory Board - Three Rivers Community College.
- Governor's Management Trustee- CT State Retirement Commission.
- Past-Executive Board member of the Middle Atlantic States Correctional Association (MASCA).
- American Red Cross volunteer.

AWARDS

1992 Department of Correction's Employee of the year.

1992 Employee Distinguished Service Award

2007 MASCA Award

2008 Community Service award - the Bridgeport Islamic Center

ELOISA CAROLINA MONToya, PSY.D.
Licensed Clinical Psychologist
944 N.W. 106 Avenue Circle
Miami, Florida 33172
(305) 221-4288
E-mail: ecmowntoya2006@yahoo.com

EDUCATION: Doctor of Psychology (Psy.D.) degree in Clinical Psychology, Yeshiva University, Ferkauf Graduate School of Professional Psychology (APA-approved), New York, New York; conferred in January 1986

Postdoctoral Master in Psychopharmacology degree, Nova Southeastern University, Fort Lauderdale, Florida; conferred in August 2003

Master of Arts degree in Psychology, Yeshiva University, Ferkauf Graduate School of Professional Psychology, New York, New York; conferred in June 1982

Bachelor of Arts degree in Psychology, University of Miami, Coral Gables, Florida; conferred in May 1980

ADMINISTRATIVE & CLINICAL EXPERIENCE:

5/88-Present Psychologist; Independent Private Practice in Miami, Florida. Provide individual therapy, family therapy, psychological evaluations, and forensic and correctional consultations.

10/09-Present Mental Health Services Manager; Miami-Dade Corrections and Rehabilitation Department, Miami, Florida. Responsible for Department-wide efforts in the areas of mental health service delivery, employee psychological services, and coordination of comprehensive medical service delivery.

3/07-10/09 Mental Health Services Coordinator; Miami-Dade County Executive Office, Miami, Florida. Responsible for County-wide efforts to improve the mental health service delivery system.

1/06-3/07 Acting Director; Miami-Dade County, Department of Human Services (DHS), Miami, Florida. Director of largest social service agency in Miami-Dade County with over 1,100 employees and an annual operating budget of over \$264 million. The DHS offers social services to children, adolescents, adults and the elderly and to specialized populations such

Eloisa C. Montoya, Psy.D.

Page 2 - Resume

as victims of domestic violence, substance abusers, and the homeless. Services are delivered throughout the County in over 65 sites. Responsibilities include oversight of service operations, program planning, and budgeting.

10/94-1/06 Director; Miami-Dade County, Department of Human Services, Office of Rehabilitative Services, Miami, Florida. Director of the County agency which provides all adolescent and adult substance abuse treatment-related efforts. Overall responsibility for the functions of over 200 employees with operations throughout the County in nearly 20 service delivery sites. Services include outpatient, residential, and assessment/referral programs for substance abusing juveniles and adults, the County-operated Central Intake Unit, and an extensive criminal justice treatment and intervention program, including correctional-based treatment. Responsibilities include extensive program planning, design, and grant proposal preparation.

6/90-10/94 Assistant Director; Metro-Dade County, Department of Human Resources, Office of Rehabilitative Services, Miami, Florida. Deputy Director of the County agency which provides all adolescent and adult substance abuse treatment related efforts. Responsible, through the indirect supervision of 300 employees, for all County-operated outpatient, residential, assessment and referral programs for substance abusing juveniles, adults, and criminal justice-involved adults, and the County-operated detoxification unit.

9/88-6/90 Clinical Psychologist II; Metro-Dade County, Department of Human Resources, Office of Rehabilitative Services, Miami, Florida. Administrator in agency which provides all County-operated substance abuse treatment related efforts including residential, outpatient, in-jail treatment, day treatment, and methadone treatment, assessment and evaluation for juveniles and adults, and detoxification services. Provided clinical supervision and training for all staff in a variety of treatment modalities. Involved in program development, and in the writing of policies and procedures, grants and program proposals. Provided psychological consultations and crisis intervention.

6/86-9/88 Psychologist/Supervisor; State of Florida Department of Health and Rehabilitative Services, South Florida Evaluation and Treatment Center, Miami, Florida. Responsible for the provision of psychological treatment, assessment, and crisis intervention for 48 forensic residents; supervision and training of all subordinate unit staff and doctoral-level interns.

E. Carolina Montoya, Psy.D.

Page 3 - Resume

10/84-3/86 Psychological Resident/Supervisor; Miami Children's Hospital, Miami, Florida. Responsible for the direct and supervisory provision of treatment services to disturbed adolescents on an inpatient and outpatient basis. Supervised subordinate unit staff and interns.

8/83-9/84 Psychological Resident/Supervisor; Harlem Hospital, New York, New York. Responsible for the direct and supervisory provision of treatment services to mentally-disordered adults on an inpatient and outpatient basis. Supervised subordinate unit staff and interns.

CONSULTANT & TEACHING EXPERIENCE:

1/12-Present Consultant & Trainer; National Institute of Corrections (NIC), Teaching "Crisis Intervention Training for Corrections" and consulting on mental health services within correctional settings.

5/87-1/99 Adjunct Professor; Carlos Albizu University (formerly the Miami Institute of Psychology), Miami, Florida. Specialized in graduate-level courses in the areas of design/administration of human service programs, program evaluation, and supervision and consultation.

1/85-1/88 Adjunct Professor; St. Thomas of Villanueva University, Miami, Florida

PRESENTATIONS:

Experienced professional speaker and lecturer, including presentations at international, national and state conventions/conferences. Highlights include:

"Family Influences on the Incidence and Consequences of Teenage Pregnancy," Panelist, 92nd Annual Convention of the American Psychological Association, Toronto, Canada, August 1984

"Accountability of Treatment Providers to the EAP," Presenter, Annual Conference, South Florida Chapter of the Employee Assistance Professionals Association, Fort Lauderdale, Florida, March 1993

"Drug Courts vs. Traditional Treatment," Panelist, "Drug Courts: The Next Steps," National Institute of Justice Conference, Miami, Florida, December 1993

E. Carolina Montoya, Psy.D.

Page 4 - Resume

"Linking Drug Courts and Treatment Services: Planning and Implementing a Drug Court," Panelist, The Justice Management Institute Conference, Miami, Florida, December 1995

"Success in the World of Work," Panelist, Women's History Month at the University of Miami, Coral Gables, Florida, March 1996

"Triage for Drug Court Clients: Screening and Assessment/Building Community Courts," Panelist, National Association of Drug Court Professionals, 2nd Annual Training Conference, Washington, D.C., May 1996

"The Dually Diagnosed Client," Presenter, State of Florida, Department of Health and Rehabilitative Services, Miami, Florida, August 1996

"Juvenile Justice: A Time for Community Input, Response and Direction," Panelist, Metro-Miami Action Plan, 14th Annual Community Conference, Miami, Florida, September 1996

"Substance Abuse and Juveniles: The Impact of Substance Abuse on Crime," Panel Moderator, Metro-Dade County, Addiction Services Board Public Forum, Miami, Florida, April 1997

"Juvenile Delinquency/Youth at Risk," Panelist, Hispanic Family Conference, Miami, Florida, October 1997

"Cultural Approaches to Treatment," Panelist, National Training Association of Drug Court Professionals Conference, Washington, D.C., June 1998

"Hispanic Substance Abuse," Presenter, Hispanic Family Conference, Miami, Florida, October 1998

"Drug Courts: From Concept to Practice," Presenter, National Association of County Behavioral Health Directors, 1999 Annual Conference, St. Louis, Missouri, July 1999

"The Impact of Illegal Drugs and Substance Abuse on Agencies, Families and Communities" Panelist, The Institute for Social Justice Conference, Miami, Florida, October 2000

"Annual Conference of the American Society of Public Administrators" (ASPA), Panelist, Las Vegas, Nevada, November 2004

E. Carolina Montoya, Psy.D.

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“Issues in Correctional Healthcare,” Panelist, Correctional Accreditation Manager’s Association, 24th Annual Conference, Miami, Florida May 2011

“Understanding Mental Illness - Signs and Symptoms,” Trainer, Central Florida Crisis Intervention Team Training, Orlando, Florida, June 2011

“Mental Health Services in a Jail Environment,” Panelist, American Correctional Association’s 141st Congress of Correction, Kissimmee, Florida, August 2011

“Crisis Intervention Teams & Effective Management of Mentally Ill Offenders,” Panelist, American Correctional Association’s 2012 Winter Conference, Phoenix, Arizona, January 2012

“An In-Depth Look at Healthcare Performance-Based Standards, Expected Practices and Outcome Measures,” Presenter, American Correctional Association’s 2012 Winter Conference, Phoenix, Arizona, January 2012

“Drug Treatment Courts in Chile: From Pilot Program to Public Policy,” Invited Presenter, Gobierno de Chile, Santiago, Chile, October 2012

“International Drug Court Conference,” Invited Presenter, Organization of American States, Santiago, Chile, December 2012

“Suicide Prevention,” Presenter, American Correctional Association’s 2014 Winter Conference, Tampa, Florida, January 2014

“Mental Health Level System: Integrating Security and Treatment,” Presenter, American Correctional Association’s Congress of Correction, Salt Lake City, Utah, August 2014

“Assessment and Prevention of Suicide and Self-Injurious Behaviors: Correctional Best Practices,” Presenter, American Correctional Association’s 2015 Winter Conference, Long Beach, California, January 2015

“Self-Injurious Behavior: What Works, What Doesn’t Work,” Panelist, American Correctional Association’s 145th Congress of Correction, Indianapolis, Indiana, August 2015

“Restorative Justice Visioning Event,” Panelist, 2015 AIA Academy of Architecture for Justice Conference, Miami, Florida, November 2015

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“Assessment and Prevention of Suicide and Self-Injurious Behaviors,” Invited Speaker, Minnesota Department of Corrections, Minneapolis, Minnesota, December 2015

“Trauma-Informed Care: Bridging Psychological First Aid Into Corrections,” Panelist, American Correctional Association’s 146th Congress of Correction, Boston, Massachusetts, August 2016

“Leadership Styles – What does ‘Emotional Intelligence’ have to do with it?,” Presenter, Women Working in Corrections & Juvenile Justice Conference, Louisville, Kentucky, October 2016

“Suicide & Self-Injurious Behavior Prevention in a Corrections Setting,” Presenter, Minnesota Sheriff’s Association, St. Paul, Minnesota, March 2017

“A Code of Ethics in the 21st Century: The Impact of Social Media and Technology,” Panelist, American Correctional Association’s 147th Congress of Correction, St. Louis, Missouri, August 2017

“A Code of Ethics in the 21st Century: The Impact of Social Media and Technology,” Panelist, American Correctional Association’s 2018 Winter Conference, Orlando, Florida, January 2018

“Using Screening and Assessment to Accurately Identify People in Your Jail with Behavioral Health Treatment Needs,” Presenter, 2018 National Association of Counties (NACo) Annual Conference and Exposition, Nashville, Tennessee, July 2018

“A National Perspective on Treating Co-occurring Disorders: Struggles and Solutions,” National Commission on Correctional Health Care (NCCHC) Correctional Mental Health Conference, Los Angeles, California, July 2018

“Co-Occurring Disorders: Too Hard to Handle?,” Panelist, American Correctional Association’s 148th Congress of Correction, Minneapolis, Minnesota, August 2018

“Health Services and Corrections: Can’t we just get along?,” Panelist, American Correctional Association’s Winter Conference, New Orleans, Louisiana, January 2019

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ADDITIONAL QUALIFICATIONS:

Licensed as a Psychologist by the State of Florida (#PY0004015) since May 1986

Ten years of experience in research methodology in the areas of child development, adolescent pregnancy, and gerontology

Co-author of four research papers in the area of adolescent pregnancy and child development

Extensive training in forensic psychology in the areas of “competency to proceed” (stand trial) and “non-guilt by reason of insanity”

Invited Grant Reviewer, Federal SAMHSA 1993, 1994, 1996, 1997, 1998, and 2001

Appointed member of State of Florida Department of Children & Families, District 11, Miami-Dade County Substance Abuse and Mental Health (SAMH) Planning Council since 2008

Appointed member of Miami Dade College’s Addiction Studies Board, 2007-Present

Experienced grant manager for SAMHSA, DOJ, and State-funded initiatives

Harvard University, John F. Kennedy School of Government, “Driving Government Performance for Miami-Dade County Executives,” 2006

Consultant for American University’s U.S. Department of Justice/Bureau of Justice Assistance (BJA) “Adult Drug Court Site Specific Technical Assistance Program,” 2012-Present

Appointed member of various American Correctional Association’s committees: the Coalition of Healthcare Authorities (CCHA), Ethics Committee, Mental Health Committee, and Health Care Committee, 2011-Present

Appointed member of the National Institute of Corrections-sponsored Mental Health Network

Elected Delegate Assembly Member in Mental Health, American Correctional Association, 2014, 2016

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MEMBERSHIPS: American Psychological Association
Florida Psychological Association
American Correctional Association (ACA)

REFERENCES: Available upon request



LENGTH OF SERVICE

CGL since 2008

20 Years Other Firms

EDUCATION

Graduate Certificate of Applied Statistics,
University of South Carolina

Masters of Public Affairs with a
Concentration on Urban Planning, Western
Michigan University

Bachelor of Arts, Political Science,
Mathematics Minor, Kalamazoo College

PROFESSIONAL AFFILIATIONS AND CERTIFICATIONS

American Institute of Certified Planners

American Planning Association (APA)

American Correctional Association (ACA)

American Jail Association (AJA)

Chris Monsma, AICP

SENIOR ASSOCIATE, CGL

Mr. Monsma is a senior associate with CGL. His primary areas of expertise include the analysis, evaluation, application, and assessment of existing statistical and forecasting models and the development of demand estimation procedures for new models. Mr. Monsma is prolific in many statistical software applications, including Minitab, Forecast Pro, SAS, and SPSS. As a licensed planner, Mr. Monsma develops needs assessments, space programs and options development for projects ranging from courts, jails, prisons, juvenile detention facilities and law enforcement facilities. He has also developed multiple county wide facility master plans.

Prior to joining CGL, Mr. Monsma worked as a consultant for the University of South Carolina, College of Social Work. While at the University, he maintained the college's websites and provided technical support for all of the college's computers, including two student computer labs, and assisted in the maintenance of the servers.

RELEVANT PROJECTS

[Georgia Juvenile Justice Staffing Review](#)

[Hawaii Department of Public Safety Facility Maintenance Administration Plan](#)

[Maryland Department of Public Safety and Correctional Services Correctional System Master Plan](#)

[Massachusetts Division of Capital Asset Management Department of Corrections Master Plan](#)

[Massachusetts Division of Capital Asset Management, Middlesex House of Corrections Inmate Population Impact Study](#)

[Mexico Prison Services Sistema Penitenciario Federal Transition and Activation Program](#)

[Montana Department of Corrections Correctional Master Plan](#)

[Navajo Nation Department of Corrections Master Plan,
Navajo Nation Reservation, New Mexico](#)

[Ohio Department of Corrections and Rehabilitation Pickaway Correctional Institution Program](#)

[Ontario Ministry of Children and Youth Services - Youth Justice Realty Optimization Study](#)

[Ontario Ministry of Community Safety and Correctional Services Greater Toronto Area Women's Detention Facility Space Program and Plan](#)

[Ontario Ministry of Children and Youth Services Province-wide Juvenile Population Projections](#)

[Infrastructure Ontario Youth Probation Needs Assessment](#)

[Infrastructure Ontario Adult Detention Functional Programming and Master Planning for Four Facilities](#)



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August 12, 2019

To the Members of the Evaluation Committee:

The Maryland Department of Public Safety and Correctional Services (MDPSCS) has worked with CGL on numerous projects since 1980, ranging from system wide master planning to space programming for a variety of correctional facilities. CGL has also worked closely with MDPSCS staff on updating inmate population projections and developing female and juvenile space and operational programs. CGL is currently working with us on developing the project justification and functional requirements for a therapeutic treatment center in Baltimore.

The CGL team has been able to successfully take the state's mission, goals and values, study the current conditions, operations and staffing, and develop a comprehensive analysis, resulting in both operational and capital planning recommendations. CGL is also sensitive to the specific needs of each client and quite impressive in their breath of knowledge and expertise, and I would highly recommend them for any correctional assessment, planning or design project they undertake.

Please feel free to contact me by phone at (410) 585- 3035 or via email at Katherine.Dixon@maryland.gov if you wish to discuss the positive experience we have had working with CGL.

Sincerely,

Katherine Z. Dixon, AIA, LEED AP BD+C
Director, Division of Capital Construction and Facilities Maintenance
Maryland Department of Public Safety and Correctional Services



State of Alabama

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KAY IVEY
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JEFFERSON S. DUNN
COMMISSIONER

August 15, 2019

To whom it may concern:

I am writing this letter of reference in support of TMG's submission of a proposal to conduct an analysis of North Dakota DOCR facilities and services to support the transformation and enhancement of services for women and juvenile residents. The Moss Group has worked with the Alabama Department of Corrections over the last five years primarily focused on reform efforts to enhance women's services.

As the Deputy Commissioner of Women's Services in the Alabama Department of Corrections, I have worked closely with The Moss Group and have appreciated their expertise, support, and commitment to implement the department's vision for gender-responsive and trauma-informed care for the women offenders and staff in our care.

Their work with us has ranged from reviewing and developing policy and practices, providing multi-level leadership development, training staff on gender-responsive practice, and building capacity within the department to sustain reform efforts long term. Some significant examples include implementing a gender-responsive disciplinary policy that incorporated national guidance and best practice, training staff on gender-responsive operational practices, facilitating the development of ADOC's women's services strategic plan, and helping integrate a quality assurance process to measure and monitor key performance indicators in our facilities. Moreover, with TMG, we have been successful in implementing a gender-responsive classification tool, implementing a case management model, and adding eight new programs into the female facilities that are evidence-based and gender-specific.

In addition to providing subject matter expertise and on-the-ground support, TMG has become a trusted partner in our department. I highly recommend TMG as a partner to work with toward transformation in your system.

I can be reached by phone at (334) 353-9989 or via email at Wendy.Williams@doc.alabama.gov if you wish to discuss Alabama's experience working with TMG.

Sincerely,

Wendy D. Williams, Ed.D.
Deputy Commissioner



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

August 16, 2019

Reference Letter for The Moss Group, Inc.

To whom it may concern:

I am writing this letter of reference in support of the Moss Group Inc.'s (TMG's) submission of a proposal to conduct an analysis of North Dakota DOCR facilities and services to support the transformation and enhancement of services for women and juvenile residents while streamlining resource use to ultimately meet the department mission.

As the Secretary of the Pennsylvania Department of Corrections, system transformation has been a priority of my administration. Our department has partnered with TMG in a variety of initiatives including conducting assessments and implement recommendations, providing leadership coaching and development, and supporting system consolidation, to name a few. TMG's approach is consistently collaborative, flexible, and engaging. And the TMG model is unique in that it provides not only a clear analysis of themes and recommendations, but also a consistent focus on also operations, programs, leadership, and culture. After the analysis, TMG has provided valuable support in implementing new and enhanced practice with an approach designed for consistency and long-term sustainability.

The operational, programmatic, cultural, and organizational change subject matter expertise that TMG teams possess is only enhanced by the commitment of the company to hiring practitioner consultants providing a relatable and practical process. I highly recommend TMG as a partner to work with toward transformation in your system.

Please feel free to contact me by phone at 717-728-4109 or via email at dsahd@pa.gov should you require additional information on our positive working experience with TMG.

Sincerely,

A handwritten signature in black ink, appearing to read "John E. Wetzel".

John E. Wetzel
Secretary of Corrections

August 8, 2019

State of North Dakota
Department of Corrections and Rehabilitation
3100 Railroad Avenue
Bismarck, ND 58502-1898

RE: CGL Reference Letter

To the Members of the Evaluation Committee:

The San Diego County Sheriff's Department worked with CGL for over a decade. During that time, CGL developed a master plan for our detentions system and consulted extensively on the Las Colinas Women's Detention Facility project.

I worked very closely with Steve Carter and his staff on the women's facility project and cannot overstate how impressed I have been with the work they did for us in developing the architectural program, directing us through the request for proposal process, participating in the selection of a design build team and preparing the design and development criteria documents. They also supported our staff during construction and through the transition process for this 1,216-bed jail on 45 acres.

The experience they possess, as well as the professionalism and performance of the CGL team was invaluable to our department. The Las Colinas Women's Detention Facility has received international attention and numerous accolades, and that is in large part due to CGL's commitment to the shared vision. You would be well-served to retain their services for your project.

Please feel free to contact me by phone at (858) 694-2301 or via email Jody.Mays@sdcounty.ca.gov if you wish to discuss the positive experience we have had working with CGL.

Sincerely,



Jody Mays
Deputy Director, Asset Management
County of San Diego, Department of General Services



ODRC

STRATEGIC CAPITAL MASTER PLAN



OFCC
OHIO FACILITIES CONSTRUCTION COMMISSION



Project DRC-140064
Ohio Department of Rehabilitation and
Correction

FINAL REPORT
DECEMBER 2015

CGL
A Hunt Company

ACKNOWLEDGEMENTS

This study would not have been possible without the cooperation and assistance of the staffs of both the **Ohio Department of Rehabilitation and Correction** (ODRC), and the **Ohio Facilities Construction Commission** (OFCC). We are most appreciative of the excellent direction and support provided by –

Gary Mohr - Director, ODRC
Jenny Hildebrand - Chief, Bureau of Construction, Activation, Maintenance and Sustainability, ODRC
William J. Ramsey - Chief of Planning, OFCC

All individuals who participated in the study process are gratefully acknowledged for their integral efforts to help ensure the success of this master planning project.

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FACILITY ACRONYMS

Throughout this report, ODRC facilities are referenced by their ODRC-assigned acronyms. The list of acronyms is provided here for ease of identification if required. Also, throughout, the strategic capital master plan is referred to as the SCMP.

REGION	INSTITUTION	ACRONYM
NORTHWEST	Toledo Correctional Institution	ToCI
	Allen Oakwood Correctional Institution	AOCI
	Mansfield Correctional Institution	ManCI
	Richland Correctional Institution	RiCI
	North Central Correctional Complex	NCCC
	Marion Correctional Institution	MCI
	Ohio Reformatory for Women	ORW
	Dayton Correctional Institution	DCI
NORTHEAST	Lorain Correctional Institution	LorCI
	Grafton Correctional Institution	GCI
	Grafton Reintegration Center	GREC
	Northeast Reintegration Center	NERC
	Lake Erie Correctional Institution	LaeCI
	Trumbull Correctional Institution	TCI
	Ohio State Prison	OSP
SOUTHWEST	Lebanon Correctional Institution	LeCI
	Warren Correctional Institution	WCI
	London Correctional Institution	LoCI
	Madison Correctional Institution	MaCI
	Ross Correctional Institution	RCI
	Chillicothe Correctional Institution	CCI
SOUTHEAST	Franklin Medical Center - Zone A	FMC-A
	Franklin Medical Center - Zone B	FMC-B
	Pickaway Correctional Institution	PCI
	Correctional Reception Center	CRC
	Southern Ohio Correctional Facility	SOCF
	Southeastern Correctional Institution	SCC-L
	Hocking Correctional Facility	SCC-H
	Belmont Correctional Institution	BeCI
	Noble Correctional Institution	NCI

EXECUTIVE SUMMARY

Similar to most populous states, Ohio has experienced unexpected changes in the prison population over the last decade from record highs in 2005 to record lows in 2015. Most of this can be attributed to changes in state and local policies, but some of the change can be attributed to the downturn in the economy that impacted funding for local law enforcement and prosecutorial agencies. Also, but less statistically certain at this time, there has been an apparent shift in public policies that historically required longer prison sentences for crimes that are best addressed through alternative sanctions.

The timing of this Strategic Capital Master Plan (SCMP) occurs at the beginning of a national reassessment of the cost of reoffending (which has historically exceeded 35%) and the questionable benefits from incarceration of low level and mentally ill offenders. All capital plans are driven by choices that government makes based on the evidence available and the validity of the existing infrastructure.

The Ohio Department of Rehabilitation and Correction (ODRC) has an infrastructure that is now, on average, 30 years old. While the facilities can remain viable for decades to come, the year-on-year crowding of well-designed prisons at rates above 135% coupled with preventative maintenance delays due to funding priorities now requires a significant investment in the infrastructure.

This plan, initiated by the Ohio of Facilities Construction Commission (OFCC), is a part of a periodic comprehensive assessment of the State's infrastructure to define the capital needs and priorities. To define the need for the ODRC, the assessment was divided into two basic deliverables: 1) a determination of the capital required to fund deferred maintenance (completed by regionally-based consultants) and 2) a strategic capital master plan driven by ODRC's operational needs and an ODRC-developed vision for the future.

The report that follows is an estimate of the capital investment that will be required to accomplish an eight-point vision of reducing the costly levels of crowding and reducing the high social and economic costs of reoffending. During the determination of need that involved visits to all institutions and numerous workshops and meetings with system managers, several key variables arose that, if addressed comprehensively, could aid the ODRC in reducing crowding while also reducing recidivism. The sum of both of these is a more efficient, safe, and effective correctional system.

Population Changes

In FY 2014, 20,120 new commitments arrived at one of the three reception centers, including 8,300 with a sentence of 12 months or less. The average daily census during the same time period was 50,601. A profile and a plan for their anticipated time of incarceration is a major outcome of the reception process. The result of this analytically-based classification process was that approximately 37,000 (73%) of the 50,600 inmates were classified as Level 1 or 2 (suitable for dormitory assignment).

Over 8,000 inmates are currently in ODRC facilities that have sentences of 12 months or less. In virtually every instance, these "12-and-under" inmates are classified low risk, but have significant needs related to literacy, job skills, and, too often, mental illness or chemical dependency. These short-stay inmates require staff resources similar to inmates

sentenced for considerably longer periods and occupy a bed that could be better used for inmates with longer sentences. In short, this low risk “12-and-under” category contributes significantly to the levels of crowding, especially in Level 1 and 2 facilities. Most importantly, this category receives very little programming that would influence their propensity to reoffend; in other words, during their short period of confinement, they learn how to become more sophisticated criminals.

The number of Level 3-5 inmates that require a cell assignment (single or double-occupied) by policy because their security classification has stabilized at approximately 27% of the 50,600 daily census, which is projected to grow to 53,500 by 2025. If more of Level 1 and 2 inmates could be re-assigned to dormitory units and/or placed in alternative facilities, the current number of cells could meet the projected need.

Similar to the “12-and-under-” category, this high percentage of low risk profiled, “dorm-eligible” inmates is contributing to the extreme crowding that exists in the largest majority of the State’s 30 institutions (including the Franklin Medical Center). At least 72 dormitory housing unit conversions will be necessary to correct the extremely high crowding levels in dormitory housing units. This requires re-examining the best placement for the 5-8,000 inmates with sentences less than 12 months and the housing/reintegration needs of the 37,000 inmates with a Level 1 or 2 security classification.

Community Corrections

The foundation of the SCMP is developing an alternative plan for the 8,300 prisoners that on an average day are in an ODRC-operated institution. Providing a more effective plan to manage this population must be comprehensive enough to engender the support of the criminal justice component managers in the local communities.

Many aspects of the SCMP depend upon the gradual removal of those inmates with sentences of less than 12 months from being assigned to one of the three reception centers or one of the ODRC traditional institutions. To assure local sentencing judges, prosecutors, probation case managers, and the community that every convicted offender is properly classified and their risk and needs quantified, regional reception centers for offenders receiving a sentence of 12 months or less are proposed. These short-term evaluation processing (STEP) centers should be located in each of the four regions and operated by ODRC staff with significant involvement from local stakeholders.

In addition to space for the traditional ODRC classification and assessment process, these STEP centers should also include short-term accommodations for up to 200 male and female offenders. With a significant expansion of community corrections beds and other non-incarceration alternatives that should be available at the local level, the length of confinement in the orientation housing at a regional STEP should be less than two weeks.

The regional STEP's should be developed and operated by ODRC staff to assure a continuity in the risk and needs assessment process. However, the eventual 5,000 additional community-based residential bedspaces would be provided through grants from State capital funding included in each of the next several capital biennia.

While the use of alternative placements has existed for many years in Ohio, the SCMP recommends an expansion of the number of alternative bedspaces by at least 6,000 over the 10 year plan. The cost for this important effort is not included in the SCMP since a combination of the public, non-profit, and for-profit sectors would be engaged to provide the funding through a per diem contract as is the current method.

Currently, the State has 4,294 community based correctional facility (CBCF) and halfway house (HWH) beds in 52 facilities. To fully realize the goal of reintegration, construction of 6,000 beds in new CBCF's or Halfway houses over 10 years will provide a staff-secure alternative for local communities to a traditional ODRC prison. These new bedspaces will significantly relieve the crowding throughout the system and when combined with the existing 4,294 bedspaces will provide an inventory of over 10,000 bedspaces that offer a better opportunity for reducing the rate of reoffending.

Aging Inmates

While the entire prison population is projected (by ODRC) to increase by approximately 3,000 prisoners by 2025, the elderly (over 50) population is anticipated to increase by approximately 3,300. This increase is not so much a factor of an increase in new admissions of 50 and over years of age, but a reflection of the problems of mandatory minimums sentencing where inmates are required to serve longer sentences without an option of early release. Unless abolished or modified, the projected 40% increase in the elderly population will occur.

Based on these projections, by 2025, 21% of the total bedspaces in the existing institutions will be occupied by an inmate classified as geriatric. The great majority of the geriatric inmates are classified Level 1 or 2 which typically means a double-bunked dormitory housing assignment, raising the risk of injury ascending and descending from the upper bunk. If a 64-bed living unit is considered as a maximum size for elderly inmates with physical or visual impairments, approximately 180 existing living units would need to be re-purposed.

The SCMP recommends that the existing practice of integrating the able-bodied elderly population into existing institutions continue, but that at least one facility is renovated to manage the elderly population that is experiencing extreme difficulties meeting the activities of daily living (ADL's) on their own. The physical and service environment of such a facility would be similar to an assisted living facility with all levels of care from assistance to hospice.

Mentally Ill Inmates	<p>Using current ODRC data, meeting the needs of the severely mentally ill (SMI) population will require separate housing for approximately 4,200 inmates, or less than one percent of the system population. Most state systems find that between 2-4 percent of the population fall into this category of being seriously ill enough as to require separate housing. Currently, within the ODRC system, 771 beds for inmates with severe mental health issues exist in seven institutions.</p> <p>For capital planning purposes, the issue is how many of the SMI inmates should be housed in specialized facilities as opposed to those that can be safely managed in existing, dedicated housing units. The SCMP recommends the construction of 1,060 new SMI bedspaces; the continued use of the existing 771 dedicated bedspaces; and the designation of 2,400 existing bedspaces as RTU beds. This combination of steps would bring the total number of separate SMI beds to approximately 4,200 as noted above.</p> <p>Based on the construction of 1,060 new specialized beds and the continued use of 771 existing beds that have been designated for inmates with severe mental illness issues, the challenge will be to designate approximately 2,400 additional bedspaces within existing facilities for SMI inmates. One option is to designate up to 200 beds in 12 facilities as RTU's and staff them accordingly, along with expanding programming space at the dayrooms of these re-purposed living units. Another option is to double the number of new SMI bedspaces.</p>
Medically Needful Inmates	<p>According to data from ODRC medical staff, 323 bedspaces are currently used for inmates with chronic care (Level 3 and 4) needs in 17 institutions, of which 56 are located at the Franklin Medical Center (FMC). This implies that approximately 270 seriously ill inmates are located in the infirmaries at 16 other institutions with the required specialized staff spread across the State.</p> <p>Based on the experience in several other States (e.g., Iowa, North Carolina, California), the concentration of staff and medical beds in centralized and/or regional purpose-built facilities improves the level of care. ODRC has recognized this evidenced by the decade's long operation of the FMC.</p> <p>The SCMP builds on this history and recommends the concentration of Level 3 and 4 bedspaces at FMC for a total of 360 new or substantially renovated medical beds. When combined with the existing 323 designated beds in the 16 other institutions, the ODRC would have approximately 680 separate medical bedspaces, or 1.2% of the projected population.</p>
Rehabilitation and Reintegration	<p>Most of the 30 ODRC facilities were designed since 1980 and as accredited ACA facilities, contain program space that was adequate for the original design population. The challenge now is that the</p>

average daily census in these facilities exceeds (often by a factor of two) the original design capacity upon which the program space was based. If, as recommended in this SCMP, the population is reduced by 5,000 or more inmates with sentences less than 12 months, the “crowding rating” will decline from 137% to less than 125% which could reduce some of the demand for additional program and treatment space.

In the examination of program and treatment space needs through site visits and the visioning workshops, seven types of spaces were suggested. These prototype building components can be added to existing institutions, resulting in over 250 new projects representing approximately 585,000 additional square feet. These prototypes will increase the availability of program and treatment programs across all ODRC institutions.

This level of expansion would improve existing treatment services and accommodate new types of technology-based programs that should benefit reintegration through better and more skills sets in spaces specifically designed for such. In addition to these projects that would increase access to treatment services, Ohio Penal Industries (OPI) as an enterprise-based service would be encouraged to add to these projects new space for inmate employment.

Capital Plan

The thrust of the SCMP is to manage the future needs without new prisons. This does not imply that replacing existing bedspaces that are inappropriate-for-purpose; have exceeded their useful life; or do not exist within the system should not be constructed. Based on the vision for corrections and reintegration provided by the ODRC and the review of all existing institutions, improvements were recommended for each existing institution.

The capital needs involve expansions to the building components of the existing institutions as well as providing new space through the incorporation of one or more prototype components. As this is a 10-year capital needs plan, the improvements and prototype expansions were recommended over five capital biennia to meet the needs of a population that is projected to reach 53,500 by 2025.

The capital needs for improvements over the next five biennia exceeds \$1.4 billion and includes the estimated cost to construct new prototype additions and/or renovate the various institutions. These costs also include percentage factors for site work, soft costs such as FF&E and fees, as well as a design and construction contingency.

Although the total estimate is as accurate indication of the total cost to meet the projected need in view of the vision of ODRC to reduce recidivism and offer better opportunities for reintegration, the manner in which the State funds the first two biennia will establish the basis for success.

The overarching improvement that would yield the greatest system impact would be the funding of the community corrections program that offers the opportunity to reduce the prison population by 6,000 or more bedspaces as quickly as possible through a contracting mechanism that currently exists. The capital cost for this, including four new regional reception centers, is estimated at \$103.9 million.

In addition to this investment in a program that could yield the greatest reduction in prison population and better prepare inmates for a successful reintegration into their communities, other priority projects in several institutions would bring the total capital needs by 2020 to \$1.5 billion including approximately \$58 million in essential deferred maintenance projects.

Any substantial capital expenditure to upgrade and expand existing structures must consider if replacing the asset would be more cost beneficial. An analysis of replacement value for each prison was undertaken as a part of the SCMP with the result that the total replacement cost would exceed \$5.6 billion, while the cost to upgrade existing prisons would be approximately \$1.5 billion over 10 years. Only three facilities out of the 30 have improvement cost that are approximately the same as the estimated replacement cost.

While the SCMP examined the capital need for 10 years, the implementation plan focused on the first three biennia. As shown below, the immediate funding need is for \$391.5 million. If the “12-and-under” program succeeds, the remainder of the SCMP-identified need can be significantly reduced.

REGION	ESTIMATED 3-BIENNIA CAPITAL COST
■ STEP Facilities	\$ 23,520,000
■ Community Corrections Facilities	N/A
■ Renovations	\$ 55,763,484
■ Existing Conditions	\$ 58,633,820
■ New Prototypes	\$ 253,608,216
TOTALS	\$ 391,525,520

Conclusion

During the decade of the 1980's, Ohio invested heavily in the infrastructure in a manner that yielded safe and effective prisons for a population of 30-35,000 inmates. These same prisons now incarcerate over 50,000 inmates with virtually no expansion of the infrastructure. The existing 150% average crowding rate and reductions in funding preventive maintenance needs is gradually destroying the infrastructure. While a choice to reduce the prison population by 5,000 or more inmates serving sentences of 12 months or less would greatly relieve the burden of crowding, a significant investment remains necessary to meet the needs of an aging and increasingly more mentally ill population.

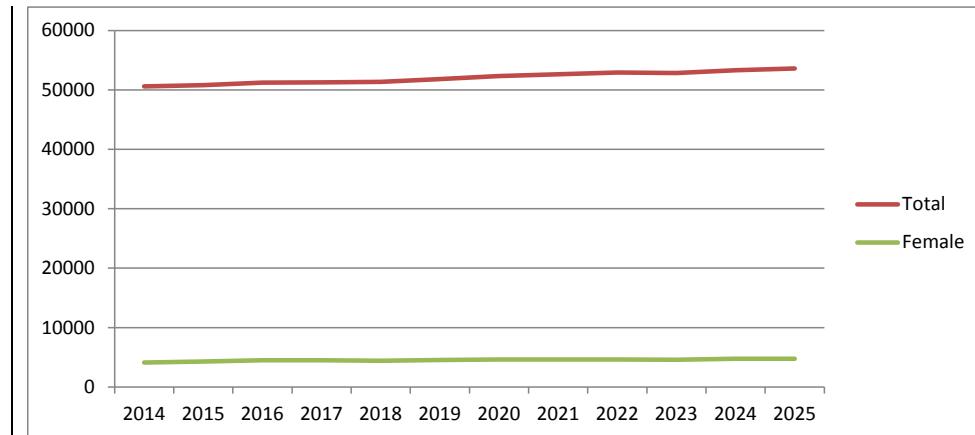
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The Evidence Basis

POPULATION PROJECTIONS

This first section of the Correctional Facilities Master Plan presents a basis of supporting evidence for the development of a plan spanning 10 years to meet the capacity needs for the ODRC system of prisons and community correctional facilities. The ODRC Research Division's prison capacity need projection to 2023 was used to indicate what "prison system bed capacity need" could be under a 'status quo' future outlook that would exclude trend shifts in sentencing law, policy, or practice. Figure 1-1 depicts the Research Division's resulting 2023 prison population of 52,340 inmates, but with a two-year trend extension to consider the full ten-year master planning term to 2025. The extrapolation added 1,246 inmates to the Research Division's 2023 result of 52,340 inmates for a 2025 total of 53,586 prison inmates.

Figure 1-1
Ohio DRC Inmate
Population
Projections



Sources: ODRC Research Division to 2023 with a 2-year extrapolation to 2025 by CGL, November 2014.

Table 1-1 below details the Division's projection by gender from 2014 to 2023, which was based on the following key assumptions and caveats for several independent variables including:

- The projections are based on no more diversions, no "Smart Ohio," nor Probation Reform Impact.
- They account for a 3% decrease in intakes in calendar year 2014 and then remain flat after 2014.
- Intake levels for the entire forecast period remain constant at 2014 levels (no further expansion of community beds assumed, does not incorporate any impact from Smart Ohio, etc.)
- The female to male ratio remains constant at about 85 percent male, 15 percent female, with no further increase among female populations relative to males.
- The recidivism rate remains at current record low levels for the projection.
- There is no increase in underlying crime rate or expansion of the heroin problem.
- No pending legislation incorporated, but a modest expansion in future years of placement onto transitional control is incorporated.
- No expansion of risk reduction or judicial release at 80% of sentence from current levels.

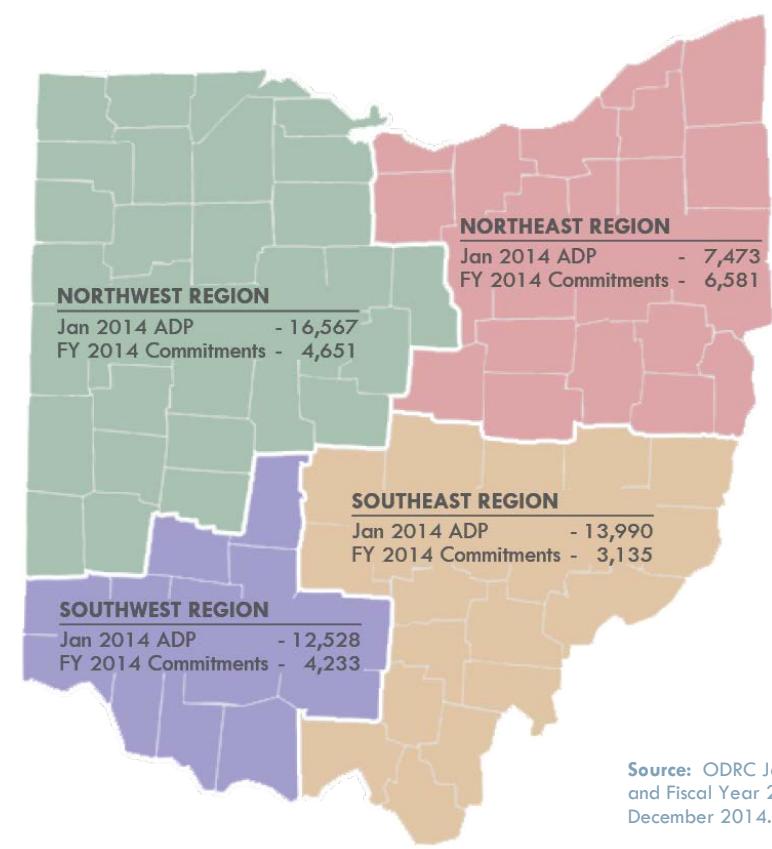
The current allocation of inmates in the ODRC system is illustrated in Figure 1-2. The regional breakup of the population consisting of the current (January 2014) population is the top figure. The Northwest Region has the most inmates currently, at 16,567 and the Northeast has the fewest inmates at 7,473. The total number of inmates in the system in January 2014 was 50,558.

Table 1-1
Ohio DRC Research Division Inmate Population Projections by Gender

TOTAL		FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Projected	2014	50,174	50,290	50,283	50,475	50,533	50,550	50,565	50,531	50,691	50,572	50,407	50,372
Actual (end of month weekly)		50,440	50,639	50,599	50,420	50,601	50,544	50,597	50,624	-	-	-	-
Difference		(266)	(349)	(316)	55	(68)	6	(32)	(93)	-	-	-	-
	2015	50,392	50,451	50,551	50,697	50,794	50,835	50,840	50,810	50,919	50,913	50,937	50,930
	2016	51,029	50,997	51,063	51,207	51,237	51,275	51,294	51,228	51,326	51,161	51,122	51,011
	2017	51,055	51,043	51,121	51,287	51,261	51,323	51,315	51,206	51,408	51,306	51,193	51,043
	2018	51,083	51,069	51,206	51,342	51,350	51,395	51,489	51,436	51,644	51,515	51,386	51,329
	2019	51,411	51,581	51,592	51,716	51,808	51,877	51,912	51,934	52,070	51,968	51,899	51,831
	2020	51,907	52,076	52,163	52,322	52,315	52,356	52,404	52,320	52,476	52,311	52,238	52,162
	2021	52,177	52,309	52,385	52,582	52,607	52,610	52,698	52,653	52,757	52,604	52,575	52,546
	2022	52,545	52,623	52,702	52,904	52,923	53,039	53,101	52,868	52,917	52,726	52,644	52,569
	2023	52,562	52,620	52,664	52,890	52,844	52,852	52,776	52,710	52,794	52,508	52,431	52,340
FEMALES													
Projected	2014	4,209	4,164	4,136	4,158	4,148	4,153	4,137	4,128	4,152	4,157	4,133	4,125
Actual (end of month weekly)		3,971	4,002	4,018	3,998	4,092	4,109	4,161	4,106	-	-	-	-
Difference		238	162	118	160	56	44	(24)	22	-	-	-	-
	2015	4,175	4,209	4,229	4,263	4,294	4,312	4,333	4,335	4,357	4,364	4,365	4,381
	2016	4,421	4,409	4,425	4,463	4,475	4,483	4,478	4,482	4,487	4,471	4,451	4,447
	2017	4,466	4,458	4,481	4,489	4,508	4,515	4,503	4,458	4,498	4,483	4,454	4,430
	2018	4,441	4,367	4,393	4,431	4,412	4,421	4,444	4,443	4,474	4,453	4,439	4,433
	2019	4,468	4,470	4,484	4,516	4,545	4,553	4,562	4,550	4,568	4,547	4,546	4,578
	2020	4,583	4,599	4,583	4,607	4,609	4,603	4,595	4,595	4,620	4,583	4,584	4,567
	2021	4,581	4,582	4,596	4,647	4,633	4,630	4,630	4,622	4,643	4,609	4,613	4,591
	2022	4,603	4,589	4,590	4,609	4,607	4,620	4,630	4,613	4,625	4,570	4,567	4,549
	2023	4,552	4,550	4,553	4,574	4,587	4,581	4,585	4,568	4,585	4,587	4,560	4,508

Source: ODRC, October 2014. No More Diversions; no Smart Ohio or Probation Reform Impact; 3% Decrease Intake CY 2014 then flat

Figure 1-2
ODRC Prison Regions January 2014 Inmate Population and Fiscal Year 2014 Commitments



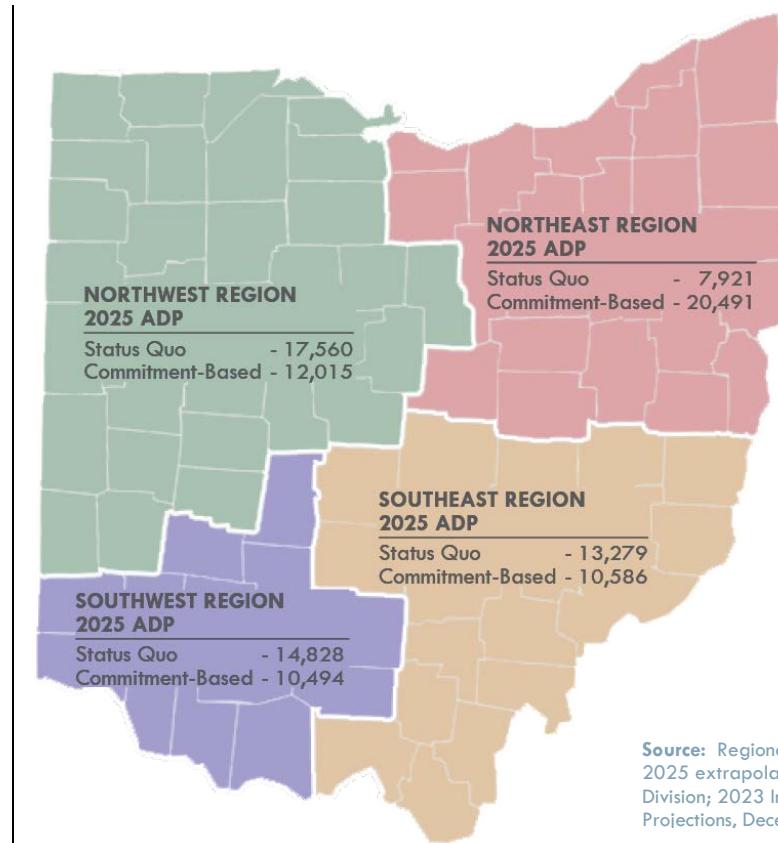
The bottom number in Figure 1-2 shows the number of commitments to the ODRC system in Fiscal Year 2014, which totaled 20,116. The regional numbers of commitments shows the majority of inmates coming into the system come from the Northeast with 6,581. This contrasts with the number of inmates housed in the Northeast (the top figure), showing the imbalances of the current system. For re-entry purposes, it would benefit from having beds near the region of commitment for the offender, which is currently not the case.

The two-year extrapolation in the SCMP from the Research Division's 2023 base projection was done without any alteration to its internal trend line in order to give a possible outlook for prison capacity needed to the year 2025. Figure 1-3 below depicts how the "status quo" projection, to include the two-year extrapolation, would be distributed by the State's four Prison Regions. There are two separate projections illustrated in Figure 1-3. The top figure, the status quo projection, breakdowns the projected inmate population using current percentages of inmates from the four ODRC regions based on institution census data from January 2014. The status quo projection keeps the largest number of inmates in the Northwest region with 17,560 inmates. The Northeast will continue to have the fewest inmates at 7,921.

The second projection in Figure 1-3 is based on the region of commitment. The populations are assigned to the region by the county of commitment into the system. If the system were aligned with the commitment data, the Northeast region would have 20,491 inmates in 2025 while the Southwest Region would have the fewest inmates with 10,494.

Figure 1-3
ODRC Prison
Regions 2025
'Status Quo' Inmate
Population
Projection

(53,586 Total
Inmates Statewide)



Status Quo Custody Level Prevalence

Table 1-2 gives a breakdown of the ODRC total population as of November 17, 2014 using the agency's six classification levels. Notably 72.5% of the total population is in L1 or L2 custody classification, the lowest levels equating to a need for minimum custody. For males the ratio is 72.5%, but 88.4% of all female inmates are in these two lowest levels with only a marginal need for any assignment higher than Level 3 (four are L4 and three are death row).

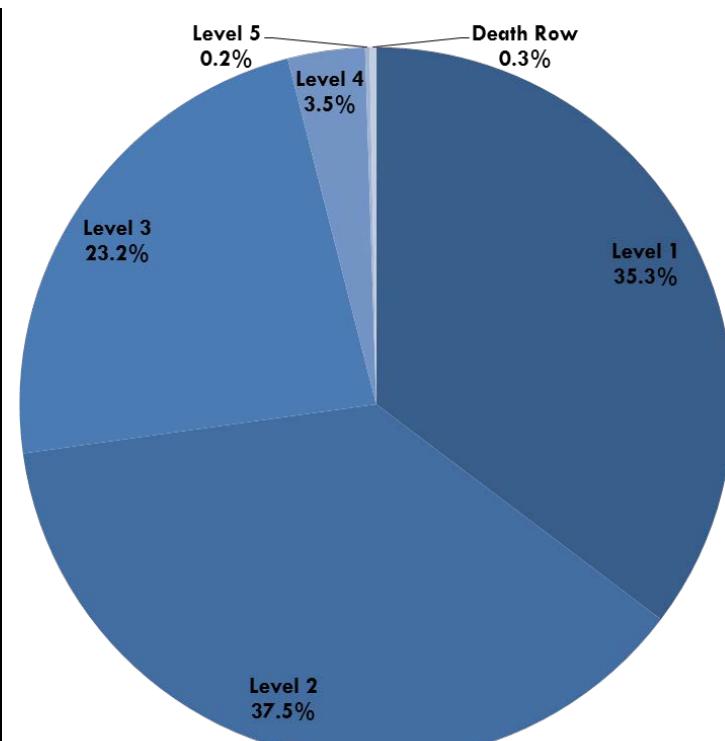
Table 1-2
Current ODRC
Population by
Custody Level

CUSTODY LEVEL	CURRENT LEVELS - 11/17/2014		
	MALES	FEMALES	TOTAL ADP
Level 1	15,819	2,127	17,946
Level 2	17,489	1,533	19,022
Level 3	11,449	505	11,954
Level 4	1,782	4	1,786
Level 5	115	-	115
Death Row	140	3	143
TOTAL	46,794	4,172	50,966

Source: ODRC October 2014. Bedspace Projections are from ODRC; Custody Levels from ODRC Monthly Fact Sheets; 11/17/14 data from Population Count Sheets.

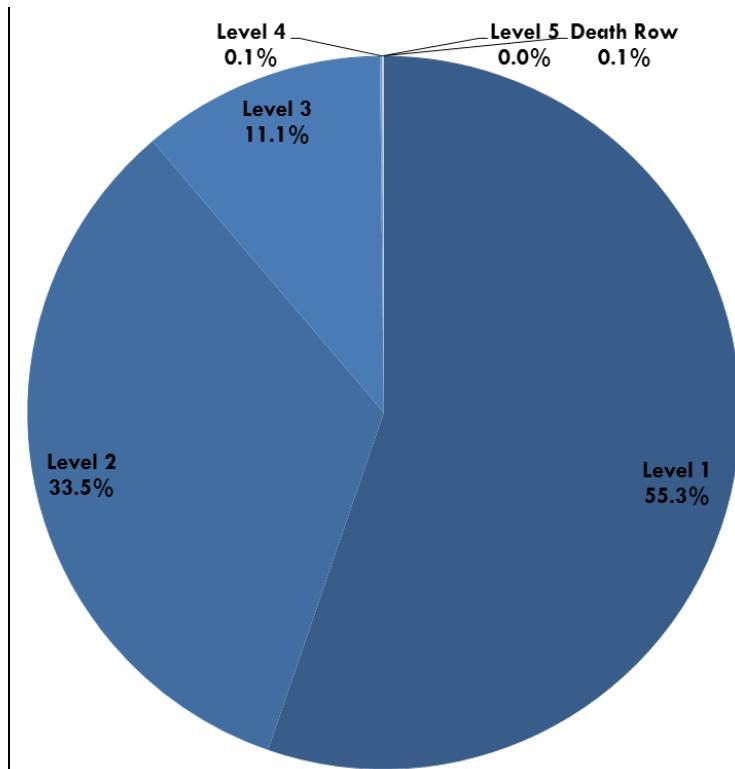
Figures 1-4 and 1-5 depict the large concentration of the total prison population and female inmates respectively in the two lowest custody categories versus Level 3 and above.

Figure 1-4
Ohio DRC Total
Population by
Custody Level



Source: Ohio DRC Monthly Fact Sheets

Figure 1-5
Ohio DRC Female
Population by
Custody Level



Source: Ohio DRC Monthly Fact Sheets

Status Quo Custody Growth by 2025

Table 1-3 gives the 2025 population projection by custody level, which indicates that the Level 1 and Level 2 custody categories would grow to 34,803 male inmates and 4,208 females following the 'status quo' trend of the recent ODRC 8-year projection extrapolated by two years to 2025.

Table 1-3
Status Quo Projected
2025 ODRC
Population by
Custody Level

CUSTODY LEVEL	STATEWIDE 2025 PROJECTIONS		
	MALES	FEMALES	TOTAL POPULATION
Level 1	16,296	2,620	18,916
Level 2	18,507	1,588	20,095
Level 3	11,907	525	12,432
Level 4	1,870	5	1,876
Level 5	107	-	107
Death Row	158	3	161
TOTAL	48,846	4,741	53,587

Source: ODRC October 2014. Bedspace Projections are from ODRC; Custody levels from ODRC Monthly Fact Sheets

This growing large pool of inmates needing minimum custody could be studied for the potential to transfer a substantial number of non-violent inmates without a crime against persons to community custody. The 2025 projection for the total of males and females in this group is 39,011 or approximately 5.5% more than the 2014 count. Within that group inmates sentenced to 12 months or less could be an additional 'criteria filter' to consider for community-based supervision instead of prison incarceration.

An Alternative Future

Rather than accepting 'status quo continued' a set of alternative future scenarios were developed for master planning consideration, which could improve not only prison facilities, but instead the total correctional system with an 'expanded focus' on community custody.

From the results of several focus group visioning sessions with numerous ODRC representatives at the beginning of the project, a series of offender subgroup estimates and projections were developed to respond to a consensus set of "8" systemic deficiencies and vital correctional functional needs. A variety of the Research Division's historic data; recent year's systemic trends; and internal applied research results were also analyzed to give an objective assessment and an order of magnitude estimate of potential impact benefits. Each of the subgroup estimates and projections were needed to help objectively identify and quantify: (1) the range of different kinds of facility capacities needed; (2) effective inmate supervision alternatives; and (3) support service potentials for addressing each of the eight priority vision topics of:

1. Female inmates all-custody levels conditions improvements
2. Inmates with acute or chronic healthcare or mental health needs
3. System-wide lack of enough inmate program and treatment capacity
4. Inmate reception activity and programming needs
5. Restrictive housing improvements
6. Overuse of dormitories and their crowding
7. Expanding the use of community corrections
8. Special needs such as geriatrics and hospice care

The ODRC Research Division's most recent population projections as extrapolated and the use of their internal system-wide data tabulations became the primary statistical source for the assessment and resulting planning strategy recommendations. This data source also provided tabulations of record for the distribution of prison inmates in the ODRC's four Prison Regions and community corrections inmates over the ODRC's 18 Service Areas used for organizing community based correctional facilities and services.

Planning to meet the capacity needs by these four prison regions and 18 community custody service areas follows the organizational management of the ODRC's prison system and its community-based corrections network. Table 1-4 shows the CBCF and Halfway House bed capacities for each service area in 2014.

The following Figure 1-6 map shows the ODRC's 18 CBCF Service Areas that range from one county to ten adjacent counties with the total count of Community Based Correctional Facility beds and Half Way House beds in each Service Area.

Table 1-4
ODRC CBCF Service Areas

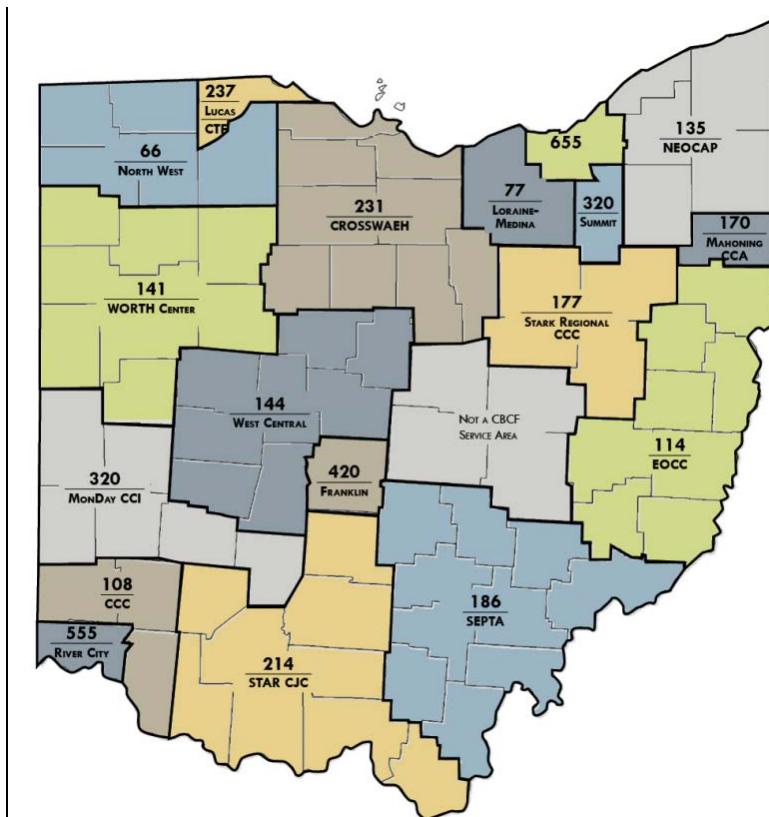
SERVICE AREA	CBCF BEDS	HWH BEDS
1 CCC	108	-
2 CROSSWAEH	89	142
3 Cuyahoga	215	440
4 EOCC	114	-
5 Franklin	215	205
6 Lorain-Medina	77	-
7 Lucas CTF	140	97
8 Mahoning CCA	70	100
9 MonDay CCI	220	100
10 NEOCAP	135	-
11 North West	66	-
12 River City	215	340
13 SEPTA	112	74
14 STAR CJC	150	64
15 Stark Regional CCC	130	47
16 Summit	185	135
17 West Central	144	-
18 WORTH Center	98	43
TOTAL CAPACITIES	2,483	1,787

Source: ODRC Bureau of Community Sanctions, December 2014.

Note: Licking, Knox, Coshocton, Montgomery are not a CBCF service area, but Licking has 24 HWH beds not included above.

Figure 1-6
ODRC Community Based Correctional Facilities Service Areas

(With FY 14 Count of CBCF and Halfway House Beds)



Source: ODRC Bureau of Community Sanctions, December 2014.

Note: Presents the combined total FY 2014 bedcounts of ODRC community-based correctional facilities (CBCF) and halfway houses based on the CBCF service area in which they are operated

SPECIAL NEEDS CATEGORIES

The ODRC Research Division's 2023 population projections and inmate commitment counts for FY2014 are the primary bases for estimating the various subpopulations in the following subsections. These regional and subgroup projections were developed to provide an objective quantitative planning basis for addressing the eight Priority Vision Topics noted previously. The ODRC population projections were extended to 2025 to support a full 10-year master planning term and for space planning within each special needs category. In Table 1-5, three special needs populations are examined including: (1) geriatric inmates, (2) mentally ill inmates, and (3) inmates requiring Class 3 and Class 4 medical attention.

Geriatric Capacity Need

Appropriate accessible accommodation of older inmates is one of the growing needs in the ODRC prison system. In addition to having accessible design conditions suitable for the frail and disabled, the living units for geriatric inmates need to avoid safety and security disadvantages that can easily arise with age related vulnerabilities and frailties. The lack of accessible housing is most pronounced in the system's older facilities and general population prisons that were not designed for substantial numbers of older inmates.

The projection of the 50 and over geriatric inmate population summarized in Table 1-5 has and will continue to have substantial growth over the next 10 years. For example, in 2006 the geriatric group was 11.4% of the total prison population, whereas by 2014 it had grown to 16.1% exceeding a 41% growth rate over eight years for a 5.2% annual average rate of growth. Across that 8-year span there were minor fluctuations of less than 1% up or down each year between male and female ratios, but on average males remained at 95% of the geriatric population and females 5%. The ratios of inmates by gender 50 and over from a snapshot in January 2014 by prison region were used to allocate the 2025 geriatric projection from the Research Division's total projection by the four prison regions. The projection for 11,425 geriatric inmates is 40% higher than the 8,151 count for 2014.

Table 1-5
 Status Quo 2025
 Projections by ODRC
 Region – Inmate
 Geriatric, Mental
 Health and Medical
 Populations

REGION	2025 TOTAL ADP	GERIATRIC POPULATION (50+)	MH POPULATION (COMMITMENT BASED)	MEDICAL POPULATION (CLASS 3-4)
Northwest	12,015	2,549	1,018	33
Northeast	20,491	4,845	1,471	12
Southwest	10,494	1,951	802	63
Southeast	10,586	2,080	959	246
TOTAL	53,587	11,425	4,251	354

Source: ODRC October 2014. Bedspace Projections are from ODRC, extended to 2025 by CGL Companies; Design Occupant Load Ratings from ODRC. Design Occupancy rated capacity figures calculated by the square foot divided by 100.

Notes:

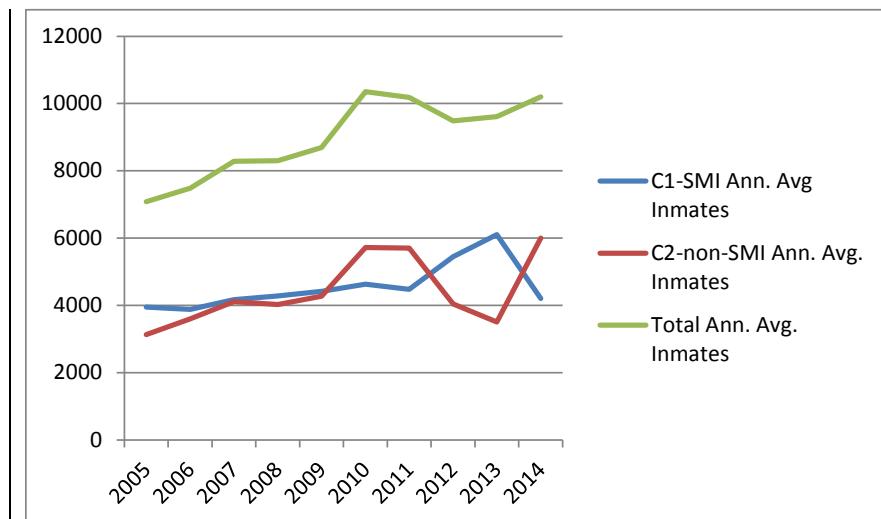
- 1) Projection based on No More Diversions; no Smart Ohio or Probation Reform Impact; 3% Decrease Intake CY 2014 then flat
- 2) Medical Beds are Class 3 (FREQUENT INTENSIVE CARE) and Class 4 (CONSTANT SKILLED CARE)
- 3) Mental Health Population is based on those diagnosed as SMI (Seriously Mental Ill)
- 4) From 2006-14, Geriatric Prison Population increased 52.5%, compared with 2.1% increase of the population under the age of 50
- 5) MH Beds (Prison Based) based on SMI data from October 2014 by ODRC facility
- 6) MH Pop (Commitment Based) based on SMI data from February 2014 cross tabs on county of commitment

Mentally III Capacity Need

In the ODRC prison system the commitment of new inmates includes an intake assessment and classification process that confirms mental disorders or illness and their associated acuity and chronicity levels. In August 2014 the Bureau of Mental Health Services reported a total mental health caseload of 9,581 inmates of which 3,684 (38.4%) were classified as C1-Seriously Mentally Ill (SMI); and the remaining 5,893 were classified as C-2 non-seriously mentally ill.

Historically, from 2005 through calendar year 2014, the Bureau of Behavioral Health Services data shows essentially upward growth in its total inmate average annual caseload as shown in Figure 1-7. While there were some fluctuations in C1 and C2 inmate caseload averages, including a decline from 2010 to 2012, the 9-year span had a 44% growth at an average rate of 5% per year. As noted in the table footnote some definitional changes between different administrations caused some of the fluctuations. As of January 2015 the Bureau estimated that the calendar year 2014 average monthly caseload was 10,198 compared to 7,084 in 2005.

Figure 1-7
Annual Average
Mentally III Inmate
Caseload



Source: ODRC Bureau of Behavioral Health Services, January 2015.

Note: Definitional changes for C1-SMI under different administrations have caused some of the notable fluctuations between 2010 and 2014.

From the FY14 total of 20,120 inmates committed to prison a total of 1,389 were classified with SMI, of which 1,013 were male and 376 were female (27% of all SMI's). The 27% ratio of females with SMI is noteworthy since females constitute only 5% of the total prison population, which reflects a higher prevalence of mental illness among female inmates. Approximately 5.8% of the 17,302 male commitments in FY14 were classified with SMI compared to a 13.3% SMI prevalence rate among the 2,218 female commitments.

For SMI inmates the Franklin Medical Center and Residential Treatment Units (RTU's) at five other prisons are used as dedicated housing for those inmates who need the highest levels of care and custody to include temporary or long-term separation from the general population. As with the Geriatric projection by region, the count of inmates classified with SMI from a system-wide snapshot on August 4, 2014 by county and prison region was used to allocate the 2025 projected number of SMI inmates as shown in Table 1-5. The SMI population is distributed to the ODRC

prison region where the inmate was committed to the system, not where the inmate is currently housed.

The same counts by gender were also used for estimating the male and female capacity needs. As shown in Table 1-5, the SMI population reaches 4,251 inmates by 2025 compared to the August 2014 count of 3,684 resulting in a 10-year 15% growth rate. That compares to a smaller 6% growth rate for C1-SMI inmates over the last nine years shown in Figure 1-7 above. The C2 non-SMI inmates grew by 91% those last nine years since 2005.

Medical Bed Capacity Needs

Prison inmates with a medical need are classified in four categories used by the ODRC. By ODRC policy all Level 1 and Level 2 inmates are routinely served at all institutions and are not in need of a dedicated medical bed, but may have periodic clinic visits. For the FY14 ADP of 50,601 inmates the average counts by medical level of care needed were:

- Level 1 = Periodic Non-Chronic Care: 31,150 ADP (61.6%)
- Level 2 = Routine Follow-up Care: 19,073 ADP (37.7%)
- Level 3 = Frequent Intensive Care: 278 ADP (.6%)
- Level 4 = Constant Skilled Care: 43 ADP (.1%)

Inmates with Levels 3 or 4 medical classifications needing “frequent intensive” or “constant skilled care” are the population who need a dedicated medical bed for observation, care or recuperation. As shown above that number for FY14 was an average daily population of 278 + 43 = 321 using dedicated medical beds compared to the 2025 projected need of 354 inmates in Table 1-5. Table 1-6 below summarizes a recent count of L3 and L4 inmates; existing L3 and L4 medical dedicated beds; and the projected 2025 total of L3 and L4 capacity need by region.

Table 1-6
 L3 and L4 Medical Population and Projected Capacity Need by Region

REGION	OCTOBER 2014 INMATE COUNT				JANUARY 2015 BED COUNT		2025 L3 AND L4 INMATE PROJECTION
	LEVEL 3	LEVEL 4	TOTALS	PERCENT	L3 BEDS	L4 BEDS	
Northwest	25	3	28	9%	31	-	33
Northeast	5	-	5	2%	2	2	12
Southwest	5	-	5	2%	8	1	63
Southeast	221	4	225	71%	218	5	246
Franklin/FMC	20	36	56	18%	22	34	
TOTAL	276	43	319	100%	281	42	354

Source: ODRC Chief RN, inmate count 10-9-14 and bed count 1-12-15.

Short Sentenced Inmates

The ODRC system has a large number of inmates (16,737 in FY14) housed in secure prison facilities who are non-violent and have a sentence of 12 months or less. This population is recommended to be considered for a new classification status that would place them in community custody rather than prison custody. Doing so would free up valuable bed space for those inmates with longer sentences and a need for secure incarceration, which would include all inmates sentenced for a crime of violence, other crimes against persons and other higher level crimes.

The 2025 Alternative Future

The data on short sentenced inmates comes from two different angles. First there is a system census from January 2014 that shows the number of inmates with 12-month or less remaining on their sentence. Second, there is commitment data to the system which shows the number of inmates that have a sentence of 12 months or less. The first cohort includes inmates with longer sentences that are within 12 months of sentence exhaustion. The second cohort shows only those with short sentences of 12 months or less. Table 1-7 shows the 2025 projection of the sentenced population with 12-month or less remaining on their sentence, by gender and region.

Table 1-7
Status Quo 2025
Projections by ODRC
Region - Sentenced
Inmates with 12
Months or Less
Remaining on their
Sentence by Gender
and Region

REGION	2025 TOTAL ADP	MALES	FEMALES	TOTAL
Northwest	12,015	4,889	585	5,474
Northeast	20,491	2,385	220	2,605
Southwest	10,494	3,424	463	3,887
Southeast	10,586	4,198	572	4,771
TOTAL	53,587	14,896	1,841	16,737

Source: ODRC October 2014. Bedspace Projections are from ODRC; extended to 2025 by CGL Companies.

The status quo projections for 2025 show that with ‘business as usual’ that approximately 16,737 inmates or 31.2% of the total projected inmate population would be inmates with a sentence of 12 months or less remaining. Based on historic data 89% would be male inmates and 11% females. On a regional basis using system census data from January 2014, the inmates with 12 months or less remaining on their sentence the Northwest and Southeast regions have the highest concentrations of inmates with 12 months or less remaining on their sentence at 46% and 45% respectively. The Southwest is lower at 37% and the Northeast the least with only 13% of its total projected ADP.

Considering Custody Prevalence

For the second cohort of data (those that were sentenced to 12 months or less in the fiscal year 2014), commitments by county was analyzed. In examining custody level assignments for short sentenced inmates, Table 1-8 documents that the majority of these inmates tend to have a minimum custody classification that shows a 51% system-wide average and a regional range from 45% in the Southwest to 59% in the Northeast.

Table 1-8
Short Sentenced
Population Custody
Levels - FY14

SHORT-SENTENCED	MINIMUM	MEDIUM	HIGH	MAXIMUM
% of Systemwide Population	51%	38%	11%	0.2%
% SHORT-SENTENCED WITHIN TOTAL REGIONAL POPULATIONS				
Northwest	46%	42%	11%	0.2%
Northeast	59%	31%	10%	0.2%
Southwest	45%	44%	11%	0.3%
Southeast	49%	40%	11%	0.2%

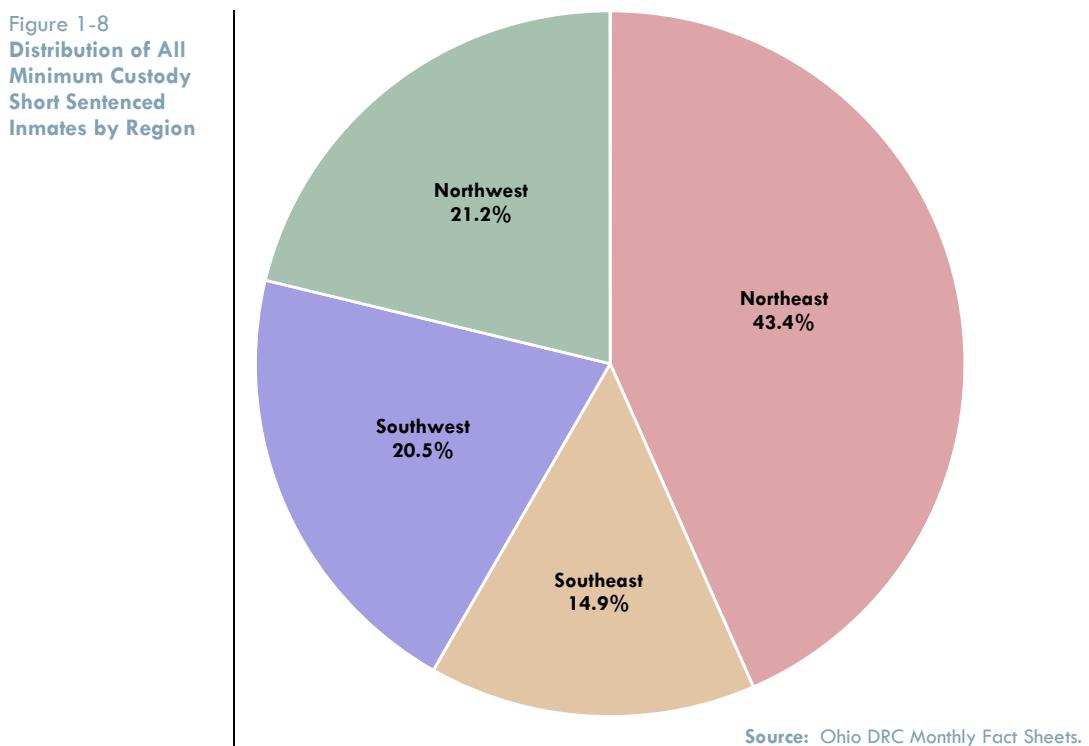
Source: ODRC, December 2014.

The prevalence of short sentenced inmates in Minimum Custody compared to all other short sentenced inmates in higher custody levels within the total ODRC system and within each of the four Prison Regions is shown below. Again, this points out that when considering custody classification all four regions have most short sentenced inmates in minimum custody at time of

commitment. This particular sub-population cohort should be the most frequent source of inmates to be evaluated for eligibility for a shift to community custody following any necessary State law change needed to permit such a shift coupled with objective classification assessment results.



Figure 1-8 shows the distribution of all Minimum Custody short sentenced inmates in each of the four regions.



This Statewide 51% index could be used to derive the estimate of a target number from the projected 16,737 inmates likely to have a high degree of eligibility for transfer from prison to community custody after assessment and classification. Using that measure would indicate that up to approximately 8,500 inmates of the 2025 projection may be found eligible for community custody. However, to account for other classification evaluation factors and findings besides custody assignment, it is assumed that approximately 40% of the 8,500 inmate estimate would not be eligible for community custody leaving 60% or approximately 5,000 inmates likely to be qualified and available.

Table 1-9 provides an allocation of 5,000 inmates to community custody using the Department's 18 CBCF Service Areas. The assignments by Service Area and gender were made based on FY14 ADP records for CBCF inmates from the ODRC Bureau of Community Sanctions.

Table 1-9
**Community
 Correction Needs by
 CBCF Service Areas**

CBCF SERVICE AREA	MALES	FEMALES	TOTAL
MonDay	432	87	519
CCC	296	60	356
COSHOCTON	11	2	13
CROSSWAEH	206	42	248
Cuyahoga	690	140	830
EOCC	87	19	106
Franklin	256	52	308
KNOX	8	2	10
LICKING	46	9	55
Lorain-Medina	138	28	166
Lucas	87	17	104
Mahoning	93	19	112
MUSKINGUM	34	7	41
NEOCAP	230	47	277
NORTHWEST	101	22	123
River City	427	87	514
SEPTA	129	27	156
STAR	247	50	297
Stark	151	32	183
Summit	166	34	200
West Central	213	44	257
WORTH	101	23	124
	1	-	1
GRAND TOTAL	4,150	850	5,000

Source: Allocations by CGL, December 2014.

Depending on the results of classification assessments and the willingness of the Legislature to change the ‘rules’ to allow a much broader use of community custody, many more than 5,000 out of a pool of over 16,000 inmates could be so shifted by 2025. In any case this would constitute the pursuit of a new “alternative future” for corrections in Ohio rather than continuing the ‘status quo’ of higher reliance on prison incarceration.

SYSTEM CAPACITY

The supply of bed capacity in all ODRC prisons and prison camps totals 37,004 as of January 2015 as shown in Table 1-10. This count comes from a tabulation provided by ODRC entitled “Design Occupant Load Ratings,” plus some facility capacity updates resulting from CGL’s recent site visits.

Excluding the 2,026 beds in prison camps, the prison bed count is 34,978 as shown. Table 1-10 gives a side-by-side comparison of the distribution of: design capacity prison and camp beds by the four Prison Regions; the inmate population counts on November 17, 2014; and the design capacity bed shortfall resulting from the 50,774 inmate count. As noted under the camp column of Bed Shortfall the Southwest had 127 unused beds instead of a negative shortfall for the November inmate count.

Table 1-10
Current Design Capacities, Inmate Counts, and Capacity Shortfalls

REGION	DESIGN CAPACITIES			INMATE COUNT 11/17/14			BED SHORTFALL		
	PRISON DESIGN TOTAL	CAMP DESIGN TOTAL	COMBINED DESIGN TOTAL	PRISON INMATES	CAMP INMATES	TOTAL INMATES	PRISON SHORTFALL	CAMP SHORTFALL	TOTAL SHORTFALL
Northwest	11,242	697	11,939	15,716	835	16,551	(4,474)	(138)	(4,612)
Northeast	4,548	630	5,178	6,771	1,180	7,951	(2,223)	(550)	(2,773)
Southwest	9,926	313	10,239	13,110	186	13,296	(3,184)	127	(3,057)
Southeast	9,262	386	9,648	12,499	477	12,976	(3,237)	(91)	(3,328)
TOTALS	34,978	2,026	37,004	48,096	2,678	50,774	(13,118)	(652)	(13,770)

Source: ODRC Design Occupant Load Ratings, Population Count Sheet, November 2014; Updated by CGL, January, 2015.

Note: Updated capacities include Hocking, NCCTF, and Oakwood which are not included in the population count.

Total System Shortfall Prevalence

In Table 1-10 the inmate count for the entire State system, including all prisons and camps, shows a bed design capacity shortfall index of 37% over the design capacity (ratio of shortfall count ÷ design capacity) for the November 2014 census. As in most states the ODRC is required to accommodate inmates over 100% of the design capacity for at least a limited time before declaring an 'emergency condition.' However, sustaining operations at a 37% shortfall index year round could be detrimental in many ways. In large part this level of crowding is due to the high reliance on dormitory housing where beds were readily added well above their original design capacity. Crowding levels in dormitories observed during the consultant's on-site visits were quite apparent in numerous facilities.

Compared to the system-wide 37% crowding index, the shortfalls by region resulted in a very high index for the Northeast Region, but similar at 30% to 39% levels for the other 3:



Special Needs Shortfall

Table 1-11 summarizes the 2025 projected capacity need by region for inmates classified for mental illness as C-1-SMI, and those with Level 3 or 4 medical classifications; the 2015 bed count dedicated for medical and mental health; and the bed capacity shortfall that results by 2025.

Table 1-11
Medical and Mental Health Dedicated Bed Shortfall

REGION	2025 CAPACITY NEED		2015 DEDICATED BEDS CAPACITY		BED SHORTFALL	
	C1-SMI	MED L3 AND L4	MENTAL HEALTH	MEDICAL	MENTAL HEALTH	MEDICAL
Northwest	1,018	33	362	31	(656)	(2)
Northeast	1,471	12	60	4	(1,411)	(8)
Southwest	959	246	198	279	(761)	33
Southeast	802	63	104	9	(698)	(54)
TOTALS	4,250	354	724	323	(3,526)	(31)

Source: ODRC, January 2014, and 2025 projections by CGL, December 2025.

The 2015 mental health dedicated bed capacities are in five RTU housing units; four ITP units; nine dementia units; and one IDDD unit. The medical beds are used for medical Levels 3 and 4 only and are located in 17 of the ODRC prisons. Out of all 17 facilities Pickaway and FMC have

265 of the 323 medical beds available. The recent January 2015 bed count of beds available for both the mental health and medical classifications are shown with the resulting shortfall counts that would be needed to accommodate the 2025 projected populations.

Statewide the 3,526-bed shortfall index of 77% for C1-SMI inmates is quite high, but that would assume that all inmates with a C1-SMI level of “serious mental illness” should have a dedicated bed available in a designated mental health housing unit. Currently the 724 mental health dedicated beds are located at the seven following facilities:

- AOCI/Allen-Oakwood.....151 RTU/ 62 ITP/ 32 Dementia/ 45 IDDD
- CRC/Central Reception.....119 RTU
- CCI/Chillicothe.....36 ITP
- ORW72 RTU
- NEPRC60 ITP
- SOCF79 RTU
- WCI/Warren.....47 RTU/ 68 ITP

Geriatic Inmate Capacity

The capacity for geriatric inmates are not included in Table 1-11 since the designated housing units in the ODRC's four primary facilities used for geriatric inmates were not originally designed for geriatric general and accessibility conditions and standards. Currently the four primary institutions used for geriatric inmates include Belmont, Grafton, Hocking and Noble, all of which are concentrated in two of the four prison regions. The current total design capacity of those four institutions is 4,989 beds and does not include any camp beds. Table 1-12 compares the geriatric inmate 2025 projection to the current capacity of the four geriatric-focused facilities.

Table 1-12
2025 Geriatric
Inmate Projection
and Current
Capacity Usage

REGION	2025 GERIATRIC INMATES ADP	4 GERIATRIC FOCUSED FACILITIES BED CAPACITY
Northwest	2,549	--
Northeast	4,845	1,430
Southwest	1,951	--
Southeast	2,080	3,559
TOTALS	11,425	4,989

*Source: ODRC Design Occupant Load Ratings and inmate projections by CGL,
December 2014.*

The 50 and over inmate population is clearly expected to continue to grow substantially in the next 10 years even as the ‘war baby boom’ finally begins to show a decline from its highest rates of post WWII growth. The gap shown in Table 1-12 is certainly a wide one for the capacity needed by 2025 versus the number of beds used today. It does appear that some priority will need to be given to determining how the ODRC can feasibly accommodate that population. Moreover the design and location of prison housing for older more vulnerable inmates need conditions that are suitable from an accessibility standpoint as well as being supportive of their relative vulnerability for safety, security and regional proximity to family.

2

The Strategic Initiatives

As would be expected, many factors influence the need for change in a prison system. From a capital investment perspective, some of the changes are external to the system and the State in general. Modifications in building codes, energy regulations, product specifications and availability impact all building types, including prisons. However, some changes directly impact prisons. For example, the development of and compliance with the physical plant standards of the American Correctional Association (ACA) was one of the most significant change agents. Another was the American with Disabilities Act (ADA), and more recently, the Prison Rape Elimination Act (PREA). All of these examples (and more) were implemented outside the direct influence and control of the ODRC. This section, however, addresses changes that are specific to Ohio and individually, or collectively, have a direct and quantifiable impact on the SCMP.

DRIVERS OF ODRC CHANGE

Historically, corrections has been a tradition-bound service of government and relies on an institutional inertia (rules, regulations, attitudes, and practices) to deliver safe and secure environments. Any shift away from the routine and recognized, whether operational or functional, disrupts long established practices. Yet, change is inevitable and a capital plan must attempt to determine first what is trending that may actually occur; how emerging trends might impact the capital (infrastructural) needs; and what are reasonable and affordable responses. In the simplest of terms, these changes might be organized in the following broad categories:

1. **Public Attitudes.** Opinions about the care and custody of prisoners of the general public often find their way into mandates through political influence, public referendum, or simply group pressure. The over-riding concern is public safety from dangerous criminals, intoxicated drivers, and sexual predators. Public attitudes regarding prisons can change on the basis of a single event or a prolonged frustration about habitual criminal activities.

Most of the time, public attitudes tend to result in more and increasingly punitive institutions. At the timeframe of this SCMP, public attitudes towards any increases in taxes to fund the additional bedspaces or the staff to manage the facilities are unfavorable. But, over time, a trend to actually do something to reduce reoffending has become more apparent. While the implication of this potential shift remains unclear, the capital needs of ODRC could be significantly altered if the shift in public attitudes places greater emphasis on treatment and alternatives to traditional incarceration.

2. **Legislative Actions.** Usually public opinions regarding public safety ultimately influence legislation and executive actions. While a change in emphasis (e.g., determinant vs. indeterminate sentencing) may require years to directly impact prison systems, when they do, the impact is usually very significant. The “three-strikes” legislation that many states implemented did as much to impact the rapid rise in prison population as any one other single piece of legislation. In Ohio, the legislation requiring the ODRC to house inmates with 12 months or less sentences contributes more than 8,000 new prisoners to the system each year.

Predicting changes in legislative priorities that impact prison needs is challenging, but without a doubt is the single greatest contributor to changes in prison admissions, releases, and length of confinement. In Ohio, as with most states, for decades the crime rate (reported crime per 100,000 citizens) has steadily declined while the prison population

(until recently) has steadily risen. This condition is a direct result of laws being enacted that required longer prison sentences for more crimes. The increase in the ODRC population is almost exclusively due to the enactment of legislation and not increases in the State population of the crime rate.

3. Prison Management. In Ohio, similar to a majority of states, the prison director is appointed by the Governor, who, as an elected constitutional officer, has a responsibility to a broad constituency to make certain the prison system meets the basic constitutional minimums and is safe for the staff, inmates, and the community. As an appointee of the Governor, the prison director must guarantee the safety of all; meet the constitutional minimum standards of care; and prepare more than 95% of the inmates for ultimate return to the community.

By measurement standards of the ACA, the prisons in the ODRC are safe, secure, and meet what would be defined as acceptable minimums for the level of care and treatment. Opinions will always differ on emphasis and priorities, but the ODRC, as an accredited system, is recognized as operating safe and secure institutions. One of the most challenging tasks remaining for the Director is providing for the efficient and effective delivery of services and programs that prepare the inmate for reintegration in the community following release.

To initiate this study of capital needs, the Director outlined a vision for the ODRC that gave emphasis and priority to eight specific topics, summarized as follows:

1. **Women:** An examination of the unique programming, medical, mental health, functional, and spatial needs of women.
2. **Mental Health:** An examination of the clinical, functional, and spatial needs of the acute and chronic mental health population.
3. **Segregation:** A review of current practices and the operational and spatial implications of modifying the current approach to segregation.
4. **Programming and Treatment:** An examination of the operational and spatial implications of a broad range of academic, vocational, industry, counseling, spiritual, and creative leisure programs.
5. **Reception and Evaluation:** An examination of the policies, practices, and functional needs of Reception and the unique spatial requirements.
6. **Special Accommodations:** An examination of the range of housing types commensurate with Department classification, security, and supervision policies. A special focus will be on appropriate use of dormitories.
7. **Community Corrections:** An examination of the unique requirements of an expanded reintegration program along with reentry to define the guiding operational and spatial principles for expansion.
8. **Special Needs:** A broad examination of the programming, functional, and spatial requirements of a diverse definition of special needs inmates such as: geriatric, end-stage hospice, memory impaired, medical care, chronically ill, protective custody, among others.

The successful articulation of plans to meet inmate and staff needs in these eight categories will assure that the management of the prison system offers a balance between security, services, and

treatment. Each category has a capital implication and will require establishing priorities at the legislative, executive, and ODRC levels.

Obviously, the overarching driver of change is the availability of adequate resources. The identification of required capital resources is the focus of this study, to extend the life cycle of the existing infrastructure as well as to replace or create new infrastructure. But the need for adequate personnel to meet the vision as outlined in the previous paragraphs is not assumed or minimized. Since a large part of the plan that will be presented is based on meeting special needs of a growing number of inmates, the staffing dynamic may change to provide additional types of specialized staff.

In the following pages, five key decisions regarding the operation of the system are discussed that will drive change in the system and all of which have capital implications. These include:

1. A reduction in the number of inmates in traditional prisons.
2. An expansion in the use of community corrections alternatives.
3. A reform of the reception and release of inmates.
4. A transformation in the delivery of special needs services.
5. A change in the living environment for low custody inmates.

A general plan of action is discussed for each of these decision areas, leading to a discussion in Section 3 of the spatial requirements and in Section 4, the capital implications.

Reduce the Number of Inmates

As was noted in previous paragraphs, two of the three major drivers that impact the numbers of prisoners are beyond the direct control of ODRC. Local criminal convictions, community attitudes, and legislative responses to criminal activity drive the number of admissions and releases to the system. ODRC has some flexibility to assign qualified inmates to early release programs, but those powers are limited and subject to being overridden by judicial and/or legislative actions. For the most part, ODRC has no control over how many inmates will be held in the State's institutions on any given day.

The ability to reduce the 137% crowding ratio in the system is influence by only two decisions: 1) build more bedspaces or 2) reduce the number of inmates. The first option was removed from consideration at the initial visioning workshop where the ODRC stated that while new specialized bedspaces could be a part of the SCMP, the creation of bedspaces through the construction of new prisons was not an option. This leaves the option of reducing the number of inmates that will be held in the State's existing 27 institutions through alternative programs.

Therefore, any decisions that would reduce the current crowding levels to something closer to 120-125% will require involvement from local law enforcement agencies, prosecutorial and defense agencies, the judiciary, and probation agencies. Assuming a consensus among this diverse group of stakeholders is possible, the specific inmate reduction alternatives may have to be codified through legislative and executive branch action. This requirement is not unique to Ohio.

In Ohio, a defendant may be sentenced to ODRC for 12 months or less if the local judiciary believes this is the appropriate sanction. In 2014, over 8,000 inmates entered the State prison system with such a sentence. In addition, taking the snapshot of an average day, over 17,000

inmates have less than a year to serve on their sentence, or 34% of the total population. If a reduction of the number of prisoners in the 27 existing institutions is feasible, the exploration of alternatives should begin with this particular cohort.

Reducing the number of prisoners begins with reducing the rate of reoffending. Based on a study completed by ODRC in the mid-2000's, the ODRC has a 25-30% reoffending rate. Any opportunity to change this rate, according to the in-house study, had to be introduced at the time of sentencing rather than wait until the ODRC reception process. Since over 8,000 inmates receive sentences of 12 months less a day each year, addressing a more effective reintegration process and institutional assignment for these offenders could have a major impact on the current levels of crowding and reduction in recidivism.

The profile of the inmate that is codified through the admission and reception process is critical in the determination of the number and type of beds that the system must provide. In FY 2014, 20,120 new commitments arrived at one of the three reception centers, including 8,300 with a sentence of 12 months or less. The average daily census during the same time period was 50,601.

A profile and a plan for their anticipated time of incarceration is a major outcome of the reception process. The result of this analytically-based classification process was that approximately 37,000 (73%) of the 50,600 inmates were classified as Level 1 or 2 (suitable for dormitory assignment). Similar to the "less than 12" category, this high percentage of low risk profiled, "dorm-eligible" inmates is contributing to the extreme crowding that exists in the largest majority of the State's 27 institutions.

Therefore, reducing the precarious levels of crowding (some institutions exceed 150% of ODRC capacity definitions) means reducing the number of prisoners. The candidate group for consideration of alternative placement is the approximately 17,000 offenders that have less than 12 months remaining of their sentence to serve. Of this number, approximately 50% were sentenced to serve one year or less.

As a way of beginning a dialogue regarding the need to incarcerate defendants with minor offenses and sentences of 12 months or less, the SCMP recommends that a target be established to remove 5,000 of the over 8,000 inmates from incarceration into one of the 27 traditional institutions. These low risk offenders would also be diverted from the traditional reception process and into one that is specifically designed to meet the needs of inmates whose sanction is best served through an alternative to prison. The alternatives could range from secure community-based residential facilities to half-way houses to day reporting centers to intensive supervision using electronic monitoring.

Once the process, programs, and facilities have been developed for the initial 5,000, the next step should be to evaluate the eligibility of diverting a higher percentage of the 17,000 inmates with 12 months or less remaining to serve. Not all of these inmates are candidates for release as some are "maxing-out" but remain too much of a risk to be released. However, on any day, 37,000 Level 1 and 2 inmates (generally considered low risk) are incarcerated in an ODRC facility. A safe assumption would be that a reasonably high percentage of the 17,000 inmates with 12 months or less remaining to serve are candidates for alternative placement.

Reducing the number of prisoners will require extensive dialogue with the various components of the criminal justice system, and ultimately legislation that defines the conditions for alternative placement and the profile of potential candidates.

Expand Community Corrections

In other sections of this report, conceptual options that improve housing capacity, offer better access to health care, increase the number of inmates receiving reintegration support inside the existing prisons are discussed. Including these options are necessary to improve the conditions of confinement; the safety of staff and inmates; and create an environment that is conducive to rehabilitation.

At the same time that recommendations are offered to improve the existing 27 institutions, a strategy for and enhancement to community corrections is pivotal to implementing the recommendations to improve institutional care. In Section 1, the capacity of ODRC institutions was defined as 37,004 (including camp beds), versus an inmate count of 50,774 in November 2014. Therefore, to achieve a system that is based on the ODRC-defined capacity, either bedspaces must be created for 13,000 more inmates; alternative sanctions created that would safely remove these inmates from the 27 existing institutions; or some level of crowding must continue.

During the development of the SCMP various levels of crowding were discussed with a general consensus reached that at a 25% crowding level across the system, existing facilities could operate more effectively and efficiently. Achieving such a goal means the ODRC “official capacity” would be 46,255, or a reduction of approximately 4,000 inmates through non-institutional alternatives.

The Potential for the Twelve and Under Population

To meet such a capacity goal and to ensure that convicted offenders are contained at levels consistent with their risk to re-offend, consideration should be given to an alternative approach for managing the defendants sentenced to 12 months or less. As noted earlier, in 2014 the number of new commitments with a sentence of 12 months or less was 8,303 of the total 20,116 new commitments.

The profile of the “12 and under” cohort is one largely comprised of drug and property related convictions. While Transition Control guidelines and other legislation offer some flexibility for the courts and ODRC to place the “12s” in community correctional centers at different points in their conviction/incarceration cycle, many of the 27 prisons continue to house a significant number of those serving 12 months or less.

If the robust community corrections network already in place in Ohio increased bed capacity and a new process was developed for reception and placement for short-stay commitments, ODRC could place more low risk “12’s” in non-residential community programs. Clearly, not all inmates with these short sentences would be candidates for a non-custodial placement, so those short-stay defendants requiring a more secure placement could be assigned to newly created residential-based community facilities. This option would reduce crowding in existing prisons intended for higher risk offenders and improve the chances for more rehabilitation programs in the prisons, community corrections, and half-way house facilities.

Within the State, the 12 months and under population is not concentrated in one region, although as seen below, the preponderance of commitments are from the Northeast region (Cleveland Metro Area). The 2014 commitment data indicated the following intake by regions for inmates sentenced to 12 months or less:

- **Northeast:** 3,143 (2,698 men and 445 women)
- **Northwest:** 1,938 (1,574 men and 364 women)
- **Southeast:** 1,291 (1,033 men and 258 women)
- **Southwest:** 1,932 (1,593 men and 339 women)

The average time served for these low risk offenders is 120-180 days, meaning the average number incarcerated in one of the 27 ODRC institutions daily is 3,000-4,500 inmates. Presented another way, the inmates serving 12 months or less “turn over” approximately three times during a year. This has implications for facility planning but also for the design and delivery of programs that would prepare the offender for a successful reintegration into their committing community.

Currently, the decision regarding the assignment of a short-stay offender is made during the reception process at one of three facilities in the State. Too often, due to the lack of a bedspace, these offenders will remain at CRC, LorCI, or ORW for most or all of their time of incarceration. Little, if any, release preparation is completed during this time. As the State considers expanding the supply of community-based bedspaces, consideration should also be given to separating the reception and classification process from that of inmates with longer sentences. This will be addressed later in the report.

Organization of Ohio Community Corrections

On December 17, 2014, 4,294 individuals were in Community Based Correctional Centers (CBCFs) and Halfway Houses (HWHs). These offenders were sentenced to those facilities by local courts; assigned by ODRC through Transition Control; or placed by Probation for technical or criminal violations of their conditions for release. With the first CBCF established in 1978, Ohio's community corrections network now includes 18 CBCFs and 33 HWHs. These facilities are primarily operated by experienced not-for-profit organizations who offer evidence based programming to generate desired outcomes and exercise business acumen to effectively manage costs.

The community corrections program in Ohio is nationally recognized for program sophistication and scale of operations. At 51 existing CBCFs/HWHs, Ohio far exceeds the next closest state, Colorado, with 32 facilities in total.

Also unlike many other states, Ohio systematically reviews CBCF/HWH performance and offers support to the non-profit providers in improving operations and practices. An example of the assistance is 2011 Council of State Governments publication on Justice Reinvestment in Ohio that offered two specific recommendations that relate to recommendations of the SCMP, including:

1. Hold offenders accountable in meaningful ways, and
2. Make smarter, more effective use of community corrections programs.

These two recommendations focus on increasing sanctions for more serious offenses; making use of evidence based sentencing and programming to ensure the right level of confinement; and using a common assessment tool to determine risk of reoffending. By all counts ODRC has adopted these recommendations and the programming in the CBCFs reflects the suggested improvements. Both the providers and ODRC staff constantly seek opportunities to improve services and both noted that services for residential inmates and those in aftercare, following release, could be better coordinated.

Although the specific number of inmates on waitlists for a CBCF/HWH assignment could not be defined, CBCF and HWH providers, as well as ODRC staff, offered that these facilities operate at a high level of occupancy. Waitlists for beds often take several weeks for eligible offenders that are classified appropriate for a CBCF or HWH assignment.

In addition to a CBCF or HWH facility, if parolees are unable to find housing upon release, temporary quarters are offered in a Community Residential Center which, while providing a safe place to live, do not provide a stove for cooking or internet access for job searches. Expanding this critical aftercare service will be essential to improving reintegration opportunities.

The property and buildings housing the community-based facilities are typically provided by the county and funded through capital grants by the State. When a new facility is needed a government owned property is located. OFCC manages the construction or repurposing process in consultation with ODRC and community providers.

Local parole and probation staff manage electronic monitoring, aftercare programming, day reporting centers and county-funded reentry centers that establish the critical non-residential links from conviction to community. Each of the continuum of care services can demonstrate positive outcomes, but with the exception of electronic monitoring, most of the current aftercare services are not connected to programs offered in the residential centers.

As earlier noted, Ohio has one of the more advanced community-based programs in the nation and has the programmatic infrastructure to grow the services and facilities. The foundation of the SCMP is the reduction of crowding by shifting the housing of eligible, low risk, short-stay inmates back to local communities to which they will soon return regardless. By intervening earlier in the intake process (through the implementation of a completely new approach for inmates with short sentences) and the expansion of the supply of CBCF/HWH beds, the State can significantly and safely reduce current crowding levels in the 27 existing institutions.

Legislation and Executive Orders Impacting Community Corrections Decisions

Ohio has a substantial amount of legislation supporting community corrections such that if all criminal justice system stakeholders agreed to the recommendations in this SCMP, the crowding in the 27 institutions could be lowered using the existing legislation. With few exceptions the courts determine whether a convicted low risk felon will go to an alternative community-based alternative or be remanded to prison through sentencing or judicial veto. The ODRC is involved in the determination of placement, but can only make the decision for those eligible for transition control sentenced to two or more years or those eligible for early release due to earned credit.

A summary of key legislative bills that provide ODRC with the framework for the use of community-based alternatives are summarized as follows.

HB 1000 – 1981 – Established funding and operational guidelines for CBCFs for low level felony offenders. The result has been the use of prison beds for more violent offenders. The 2002 report looks at successful completion/release as the relevant metric and touts a net savings of \$34,694,147 for using CBCFs instead of prisons.

HB 510 – 2002 – Requires Auditor of State to audit Community Based Correctional Facilities

HB 113 – 2008 - Requires a report on the 13 recommendations set forth by ODRC and DYS which encourage community and faith partnerships, the bill also discourages endorsements. A Memorandum of Understanding was developed to provide training for partners.

Transition Control – 2009 - Requires the sentencing judge's approval for release of appropriate inmates to a halfway house for up to 180 days to complete their sentence. This action replaced the furlough program. In 2010, a judicial veto prohibited 46% of the eligible population from participating in the Transitional Control program.

HB 86 – 2011 Comprehensive Sentencing Reform Bill - Revised the criteria for judicial release and established the requirement for GPS monitoring for post-release control when the early release was based on earning 60 or more days of credit. HB 86 also authorized the release of certain inmates who have served 85% of their sentence and allows sentencing to community residential centers for misdemeanants not exceeding 30 days. The bill requires the development of an implementation plan for the Second Chance Act-Reentry and to specify that the Justice Reinvestment Initiative study results be considered in the bill.

Administrative Rules 5120 – 2012 – Established licensing requirements for CBCFs and HWHs.

As the concept of reducing crowding and inmate numbers in the 27 major institutions is developed, the State may seek additional legislation to expand the effectiveness of the program. Without question, a greater use of the community corrections alternative is a most significant aspect of achieving the reintegration vision of ODRC. Ohio is fortunate to have a legislative basis in place to achieve a greater use of this more effective alternative for a significant number of inmates.

Recommendation for Community Corrections

Consistent with the State's desire to reduce prison overcrowding, minimize risk of reoffending, improve prison medical and programming access, and apply an appropriate level of resources to manage the risk of reoffending, the SCMP recommends an approach that is simple in structure, but demanding in implementation. Using 8,300 inmates sentenced to 12 or fewer months in prison in FY 14 as a starting point, the following steps are recommended:

1. Establish four new reception centers (Short Term Evaluation Process - STEP) to receive, classify, and assign inmates arriving from local courts that have sentences of 12 months or less. A new STEP center would be located in each of the four regions and could be adjacent to an existing institution for staff efficiency. The current numbers of short sentenced inmates by region was identified in an earlier paragraph in this section.
2. Risk assessments, medical exams, mental health assessments, education and vocation assessments, orientation, and re-entry planning would be conducted in the 15-30 day stay in the STEP center.

3. Based on the risk assessment and staff observations during this period, inmates would be assigned to a community corrections residential facility or post release control with electronic monitoring. Some inmates could be assigned to one of the existing prisons.
4. Initially, develop 5,000 new community corrections beds which are needed to ensure that those eligible for community corrections residential programming can be accommodated. These are in addition to the approximately 4,000 beds that are currently available in CBCFs and HWHs. The new beds are the foundation for reducing crowding and meeting the vision of a system that reduces reoffending.
5. Offer detox management and various forms of aftercare programming in the new CBCFs and HWHs with a separate entrance to allow classroom and treatment access without providing access to the residential area for non-residential clients. Both residential and non-residential clients can share classroom space and access to evidence based programming.
6. Continue to implement evidence based programs in terms of risk level appropriate dosages, treatment, education, workforce development, parenting and vocation skill training.

The benefits related to implementing this plan include assuring that bed space is available for those who commit serious and violent offenses; improved access to medical and mental health treatment inside the prisons; increased access to rehabilitation units; reduced operating costs for low risk offenders; avoidance of the negative impact of housing low and high risk offenders together; a reduction of time spent in reception centers while expediting access to programming; and a greater opportunity to reduce recidivism. Courts and local boards will have access to the information obtained while in the STEP to demonstrate the rationale for placement. Increase cost for programming will be contained by serving both residential and non-residential community corrections clients in the same programs.

Implementation

Implementation is the most critical, and perhaps the most complex aspect of this recommendation. Stakeholders must be educated and convinced that this is an effective way of reducing the prison population without placing undue risk to the community. Agreement to the community-based alternative for the short sentenced offenders must be reached by key stakeholders. The ODRC must be given the authority to assign short sentenced offenders to the STEP center immediately upon sentencing.

Based on origination of incoming population and community corrections bed needs, a schedule for facility building/repurposing must be developed. Because the ability to complete many of the other recommendations is dependent upon a reduced prison population, the schedule must be aggressive with a minimum of 50% of the new beds available by the end of the next biennium and the remainder available by the end of the next two year cycle.

Potential roadblocks include stakeholder disagreement; an insufficient number of county facilities or land available in the geographic areas needed; the ability of the not for profit community to scale up in the time frames needed; and the absence of specific guidelines that are approved by all stakeholders that would support this alternative to the traditional incarceration.

Efforts will be required to broaden the capabilities of the private-non-profit sector to assume a greater role in the reintegration initiative through the creation of partnerships with local stakeholders to accept “ownership” of the new process. Various funding approaches to providing capital and operating grants to qualified providers must be developed and explained to stakeholders. County officials must understand the initiative and be seen as potential partners with ODRC for the implementation process.

Stakeholder Education and Agreement

ODRC has experienced successes in developing and implementing effective release strategies, such as HB 86, in conjunction with the courts and legislators. An agreement between a coalition of relevant stakeholders who have the ability to influence others in the education and commitment process, should be developed through a clear set of advantages of implementation as well penalties for non-action. A building strategy that includes ODRC, OFCC, local counties, and the eligible non-profit providers will be necessary to initiate the four regional STEP centers and the additional CBCFs and Halfway House facilities.

During the time when a search for government-owned properties is underway, the financial capacity of the potential providers (operations and construction/development) should be assessed through a Request for Qualifications (RFQ) that would provide the ODRC and OFCC with assurances that capacity to implement this multi-million dollar program exists on a regional basis. The State would need to clarify the methods of funding and contracting; the retirement of capital debt; and the per diem arrangements to providers.

New providers may be needed in areas that either do not have community based facilities and programs today or where the providers in those areas don't have the capacity to grow. Starting with the RFQ, a list of approved existing and potentially new providers for specific geographic areas would provide the basis for determining if the proposed plan can be accomplished exclusively through the non-profit sector, or whether the public sector should assume a role of sponsor and operator.

If additional providers have to be recruited the OFCC/ODRC implementation team should include someone responsible for interviewing and assessing the credibility of potential partners using guidelines for provider training already in place. Training and provider community corrections “community” integration will need to be addressed for those new to the process. Given the number of facilities already in operation, ODRC should not have to develop basic CBCF, Halfway House or post release control operational guidelines. However, a review should be done to fine tune any requirements impacted by scale.

Overall, increasing the number or beds available through the Ohio community corrections system coupled with STEP facilities and direct placement in community based facilities will reduce the prison population and allow other prison system changes to occur more efficiently.

Reform Reception and Release

The ODRC utilizes a centralized intake and admission process that commences with a risk and needs assessment as an inmate enters the system. Every decision regarding an inmate's institutional and program placement begins at intake with the completion of this process.

At completion, the inmate receives a designated custody classification, a program and treatment plan for the period of incarceration, and an initial facility assignment. Within the ODRC this process occurs at three institutions: the Correctional Reception Center (CRC), Lorain Correctional Institution (LorCI), and the Ohio Reformatory for Women (ORW). On an annual basis, more than 20,000 new inmates are processed through one of these three facilities.

The CRC was specifically designed for the reception process while spaces within LorCI or ORW have been modified to accommodate the processing requirements.

A prisoner intake process (both procedures and assessment tools) that will facilitate and expedite appropriate custody, housing, and programming decisions is essential to any prison system. The outcomes of assessment decisions must be based on the most reliable and valid assessment tools available to the field. For each admission, a systematic and highly structured intake process is required to determine (among other things) the prisoner's custody level, his/her medical and mental health needs, and appropriate assignment to in-prison programs and/or services. These processes are in place in the ODRC at all three designated intake facilities.

The level of county intake drove the original designation to set catchment areas for each of the designated reception centers. The lack of beds for placement drives the backlog of inmates at reception units and is a function of the levels of crowding throughout the rest of the system. The reception process at CRC requires 30-45 days to complete while at LorCI the process requires 14-20 days. As noted, movement from the units is stagnant and idle time in reception is a problem for offender management.

Some critical reception data that drove the recommendations of the SCMP includes:

- Female intake - 274 monthly/2,600 annually;
- 50-60% of population at CRC have completed the intake process and were waiting for assignment;
- 8,014 YTD processed at CRC;
- 5,200 YTD processed at Lorain;
- Highest percent of assessments are being assigned to Level 1 and 2;
- Estimated 25% of all intake are probation violators;
- Juveniles charged as adults (21) are housed in a 34 bed unit at CRC.

Despite the presence of the required processes, the reception and intake protocols at CRC, Lorain, and ORW need to be re-engineered. The present process takes over three months from the completion of reception steps to initiate an assignment to a permanent facility. The existing reception facilities are not designed to manage and program inmates for this length of time.

Data indicates that only 1/3 of the population in reception facilities are actively involved in the reception process. Most of the inmates in reception are awaiting a facility placement with some spending up to 1/3 of their incarceration waiting for a bed with no access to programming or reentry services. As a result the reception facilities are filled primarily with low level, short term drug offenders who require program involvement and treatment services that are not sufficiently available at the intake units.

Recommendations

The reception and assessment process should be re-engineered so that inmates are quickly processed and placed in the appropriate facility and enrolled in available and accessible recommended programming. In effect, there should be three distinct components of the reception process: 1) one for general custody inmates; 2) another for females that recognizes the unique gender differences especially related to risk assignment; and 3) as noted in the previous section, one for short-stay inmates. A case could also be made to provide a juvenile-specific assessment instrument for youth sentenced as adults.

CRC. The existing spaces for completion of the intake process are totally inadequate to manage the present levels of intake. While a dedicated reception component exists at CRC, the functional space is inadequate to perform the required processes. The “linear” process includes fingerprint and ID activities, medical and mental health examinations, dental examination, intake classification interviews, orientation, and property control requirements.

STEP. In the discussion of proposed expansion of community corrections, a key element of the expansion was based on the gradual removal of inmates with sentences of less than 12 months from being assigned to one of the three reception centers and one of the ODRC traditional institutions. As noted, 25% of all intakes involve probation violators. To assure local sentencing judges, prosecutors, probation case managers, and the community that every convicted offender is properly classified and their risk and needs quantified, regional reception centers for offenders receiving a sentence of 12 months or less are proposed. These short-term evaluation processing (STEP) centers should be located in each of the four regions and operated by ODRC staff with significant involvement from local stakeholders.

In addition to space for the traditional ODRC classification and assessment process, these STEP centers should also include short-term accommodations for up to 200 male and female offenders. With a significant expansion of community corrections beds and other non-incarceration alternatives that should be available at the local level, the length of confinement in the orientation housing at a regional STEP should be less than two weeks.

LorCI. If LorCI remains a reception center, the building currently used for reception processing should be expanded and modified to provide additional space for the activities and to improve the flow. With an adoption of the regional-based STEP centers, the need for LorCI as a reception location should be re-evaluated.

ORW/FMC. The processing of women at ORW is one of the least effective and most crowded as the process was “assigned” to an existing institution rather than design a facility based on a gender-specific process. While the spaces to complete the linear process of assessment (as reflected at CRC) are non-existent at ORW, the most critical problem is the level of crowding in the living units housing women either going through assessment or waiting a permanent assignment following completion.

Although not designed as a reception center, the SCMP recommends careful study be given to shifting the assessment and orientation for women from ORW to Zone B of the FMC. Program space exists at FMC that could be modified for the “stations” of the process. Most importantly, since Zone B is based on cells rather than dormitories (as ORW), women completing the process

could be accommodated in cells as is the case for men at CRC and LorCI. The existing dormitories at ORW could be re-purposed for much needed Level 1 and 2 beds.

The efficient use of the existing facility and staff resources is based on confidence in the assessment and classification process. ODRC can improve the process at CRC and LorCI with a relatively small capital expenditure if the regional STEP center program that would remove more than 8,000 of the annual 20,000 admissions is adopted, much of the pressure would be removed from CRC. In all likelihood, the need for LorCI to be used as a processing center could be eliminated. By shifting the processing of women to Zone B/FMC, greater gender equity can be achieved.

Transform Special Needs Delivery

ODRC, like so many state correctional systems, is largely being defined by the numbers of inmates that have special needs. Some arrive at reception with these needs and maintain them during their entire time of incarceration. Others develop medical and mental health issues while incarcerated. No simple definition exists for this category of inmate as the definitions change and adjust to the profile of the prisoners. Some categories, however, are obvious such as mentally ill, chronically ill, geriatric, terminally ill, disabled, pregnant, incorrigible, vulnerable, and other categories that arise in prison systems. However, most of the special needs inmates can be classified into one (or more) of the following four categories:

1. Chronic illnesses that can include temporary acute episodes.
2. Mental health issues that range from crisis to chemically managed care.
3. Infirmity to include temporary and permanent physical disabilities, aging, and decline in skills associated with the activities of daily living.
4. Behavioral issues ranging from temporary to long-term segregation.

Facility inspections revealed conditions for inmates with special needs that should be improved on a system-wide basis with a greater focus upon creating an ethos for managing the special need as effectively as possible with targeted treatment programs and assignment to treatment supportive environments. Particular attention is needed to housing unit design, mobility/accessibility features, proximity to vital support services and facility location where needed services could be delivered with more efficiency and greater effectiveness.

Chronically Ill

In Section 1 of this report, the FY 2014 average daily population of ODRC was disaggregated according to medical needs with the following outcome:

• Level 1 = Periodic Non-Chronic Care:	31,150 ADP (61.6%)
• Level 2 = Routine Follow-up Care:	19,073 ADP (37.7%)
• Level 3 = Frequent Intensive Care:	278 ADP (.6%)
• Level 4 = Constant Skilled Care:	43 ADP (.1%)

Clearly, by this data, inmates confined in the ODRC are, by and large, healthy since in other systems (California, for example), statistical analyses have determined that as many as 3.5-4.0% of the population have illnesses serious enough as to require separation from the general population and constant care. Based on the data above, ODRC has less than one percent that

meet this definition of illness. One reason for the very low percentage of seriously ill inmates could be that over 17,000 inmates on a given day have less than a year to serve and over 8,000 of that number were sentenced to serve less than a year.

The need for improvements in the health care area is two-fold. The first are the medical clinics and infirmaries in all of the 27 institutions. While the total number of inmates reported as requiring chronic or acute care is low, the spaces for infirmaries, clinics, and pharmacies has been stretched well beyond the original anticipated utilization. The second is a skilled nursing capability, such as the FMC, which is intended for use by the one percent of the population that is currently housed at FMC or in contracted community hospital beds.

The space for clinic and infirmary functions on many campuses is inadequate to accommodate current utilization and operations. Pharmacy layouts support an outmoded operation where blister packs are not utilized. Although a few pharmacies have undergone renovation, in many cases the undersized pill distribution room is separate from the room where the blister packs are stored. Generally speaking, pill call lacks adequate queuing space. Insulin call is typically held at a make-shift table set up in the waiting area with a lack of queuing space.

Most facilities do not have enough offices to accommodate the various medical professionals. Some facilities lack the number of exam rooms to meet the current crowded facilities. From a quantity standpoint, most infirmary beds are well maintained. The challenge staff experience with infirmary beds is having enough individual infirmary cells to provide proper separation (segregation vs. general pop vs. contagious) because the majority of infirmary beds are in a "ward" setting.

To improve medical services, two distinct capital programs are recommended. The first is a prototype clinic/infirmary to be added to 11 existing facilities and a smaller version at the Ross Correctional Institution which in some instances can be an addition to an existing medical component and in others will be a replacement (e.g., ORW). A concept idea is shown in Section 3 of this report.

The inmates medically classified as Level 3 and 4 (most severe) comprise 321 inmates and are currently housed in infirmaries in several institutions. Medical staff within ODRC indicated that 323 Level 3 and 4 bedspaces are available in 16 institutions with 56 bedspaces located at the Franklin Medical Center (FMC).

With the continued aging of the population and the potential removal of many inmates with sentences less than 12 months from the traditional institutions, the population that remains will be more serious offenders with longer stays and, thus, an increased demand for medical services. The SCMP is based on raising the number of specially designed and operated medical bedspaces to between one and two percent of the projected ADP (53,500) or approximately 680 Level 3 and 4 bedspaces.

As could be expected, the current concentration of Level 3 and 4 chronically ill inmates are in the ODRC Southeast Region since this is the location of FMC. Due to the constant challenge of maintaining a skilled medical team available on a 24/7 basis and the on-going relationship with the Ohio State University Hospital, the SCMP recommends that the Columbus Metropolitan Area remain the location for concentrating the 360 Level 3 and 4 medical beds by creating 120 beds

at FMC through remodeling and constructing 240 new chronic/acute care beds at the FMC campus.

In summary, the improvement plan for medical involves expansions or replacement of 11.5 infirmaries across the 27 institutions to serve the needs of the entire prison population and the development of 360 new and renovated beds at FMC for the more serious medical patients. Combined with existing medical bedspaces in 16 institutions and the FMC, the total beds for chronically ill inmates would reach 680.

Inmates with Mental Health Issues

The need for expanded capacity for mentally ill inmates was clear, not only for those requiring separation from general population either temporarily or long-term, but also for observation and assessment when crisis intervention is an immediate need.

The Bureau of Mental Health Services within ODRC reported that in August 2014, the mental health caseload was 9,581 inmates of which 38.4% (3,684) were designated C1-Seriously Mentally Ill (SMI). Based on a trend analysis; these approximately 3,700 seriously mentally ill inmates are expected to increase in number to 4,250 by 2025. Of note is a concern by the Bureau that the number of severely mentally ill inmates may be under-reported by as much as 50%, which would mean that the real need for separate SMI beds may actually approach 8,100.

The SCMP acknowledges this concern and suggests that the capital plan incorporate as much flexibility for increasing the number of specially designated (created) beds beyond 4,250 as feasible. Based on discussions with staff, a determination was made that of the 4,200 inmates with SMI classifications, approximately 25% should be accommodated in new facilities through constructing specialized healing centers in seven existing facilities. These new “healing centers” of 160 beds each should be integrated within existing ODRC facilities and located where more than one prison is served within a 50-mile radius.

The SCMP recommends the construction of 1,060 new SMI bedspaces (seven new Healing Centers); the continued use of the existing 771 dedicated bedspaces for mentally ill; and the designation of 2,400 existing bedspaces as RTU beds. This combination of steps would bring the total number of separate SMI beds to approximately 4,200 as noted above. Should the total mental health bedspace need reach approximately 8,100; the remaining 4,000 inmates (8,100-4,200) would be treated through counseling programs and appropriate medications.

Treatment of Infirmitiy Needs

Geriatric. The number of inmates 50 years and older (geriatric by accepted prison definition) is expected to reach 11,425 within the next 10 years, or an increase of 3,300 inmates. Based on the average size of ODRC’s existing prisons, the State could fill six facilities with inmates that meet the definition of being geriatric. The current practice, and one recommended for retention, is to integrate older inmates into existing age-diverse prisons, but to be increasingly aware of the special requirements for accessibility and noise reduction.

Older inmates with infirmities, disabilities and limited mobility all too often are housed in units where their access to daily routines, program activities, and healthcare are difficult. The

accessibility problems typically involved horizontal movement, but in some Level 1 and 2 housing units based on dormitory configurations, accessibility can require vertical challenges.

The optimum solution for older inmates is single or multi-person rooms where the beds are on the floor rather than stacked. The great majority of older inmates have a doctor's orders not to be placed in a bunk bed. The capital challenge for ODRC is that most older inmates have a security classification of Level 1 or 2 which essentially means they are assigned to dormitory living units, which does not afford the privacy that is a preferred condition.

Another factor to be considered in addressing the physical plant issues for the older inmates is the maximum size for a living unit. While specific data was not available, by observation and practice in assisted living facilities, the elderly are best served in smaller groups. While difficult to achieve in a crowded prison system, the ODRC should consider the implementation of a policy that limits the size of a housing unit that is essentially designated for older inmates to no more than 64. Using this as a guide, throughout the system, 180 living units would need to be especially equipped for older inmates. This will impact door/cell widths, shower/toilet design, signage, natural light, acoustics, floor coverings, and a number of other design elements.

Although the ODRC may continue a policy of "mainstreaming" older inmates in general custody, age-diverse living units, a need will remain for some specialized, dedicated living units and even facilities for the most infirmed of the older population. Estimates suggest that 5 to 10% of the older population will require the specialized, extended care type of accommodation. Within the 27 institutions, for various reasons, the Pickaway Correctional Institution (PCI) represents the best facility to upgrade to meet this specialized mission. Prior to making a decision for a substantial upgrade at this aging institution, however, the State should conduct a benefit-cost analysis as to the feasibility of replacing, rather than upgrading, PCI.

Hospice Care. Inmates who have reached an end of life state need a "hospice care" environment where daily support needs are immediately adjacent to the sleeping areas. Visitation by relatives for inmates with special needs can also be a challenge when the only option is the large and often distant general population visiting room.

Access to 24/7 health care professionals, as well as trained social workers, is critical to choosing locations for this special environment. To minimize the burden on families and increase opportunities for access, at a minimum, a hospice care suite would be located in a facility in each of the four regions. The suite should be located away from typical living units. Locations within the institution will vary based on the existing configuration, but special suites near visitation or clinics are a basis for beginning to assess possible locations. These suites should be self-contained, secure, and include accessible toilet facilities. A separate waiting area for family members adjacent to the inmate room should be provided.

Expand Programs and Services

Reduction of inmate idleness and providing access to programs and services that assist in preparing the inmate for the ultimate reintegration in the community is a change driver. Since most of ODRC's prisons were constructed in an era and under leadership that valued education, vocational training, contact with families, work experience, and wellness, space for these functions currently exists in many institutions. The problem is the level of crowding across the system and reductions in program staffing has reduced access to these programs and services. Taken with the other change drivers and recommendations for improvement in the SCMP, several specific programs and services that would assist the ODRC in meeting reintegration goals were identified.

Within ODRC, a variety of programming occurs. In virtually all instances, space is required to offer the programs and services. The SCMP has recommended expansions of housing units; additions to existing program buildings; and in some instances, a new multipurpose building that would incorporate spaces for all of the programs and services noted below. A few of these have been highlighted in the paragraphs that follow.

REDUCE IDLENESS	TREATMENT/ RECOVERY	EDUCATION	SKILL BUILDING
Unit based programs Meaningful activities Pro-social Guided structure Religious Recreation - Arts - Music - Bands - Horseshoes - Basketball - Softball Community Service	Substance abuse Mental health Cognitive behavior Sex offender Anger management	Library GED Career vocational Video	Prison Industries Farms Life Skills Community Service

Mothers and Babies

Ohio is a state that recognizes the benefits (with minimal risks) of permitting women who have babies while incarcerated to keep the babies with them in prison. The present location of a designated environment where mothers with babies can bond in more normal nursery-like conditions with a peaceful atmosphere is a converted living unit at ORW. In effect, a wing of the building that houses reception women has been assigned and configured for mothers with babies.

Although the ODRC is to be congratulated for identifying and modifying a space for this program, the location within the reception and orientation living units is not ideal. While the number of women with babies is difficult to predict, based on past experience, the number of 36 has been chosen as a target. Earlier, a recommendation was made to relocate the women's reception function to Zone B of the FMC. As a part of this plan the building currently housing reception housing and the mothers and babies program would be vacated. While the mothers and babies program could be expanded into this building, the arrangement is more suited for additional treatment programs, such as expanding RTU capabilities at ORW.

The SCMP recommends that a special cluster of cottages be constructed for the women that qualify for the mothers and babies program. In effect, this treatment “village” would represent independent living with all services from food to laundry to education being available at the mothers and babies “village”. The women could be responsible for their own meals preparation and laundry, much as would be the requirements in their communities. The sleeping rooms should be private with an attached crèche for the babies and a separate attached toilet with a tub/shower combination.

While the need for this type of program is across all regions, the optimal location for the women that qualify would be at ORW. Consideration could also be given to locating the “village” outside the main perimeter fence.

Visitation

With the crowding in existing institutions that ODRC has experienced for two decades, many visitation areas originally designed to meet the design capacity of the institutions are now inadequate such that visiting schedules have to be curtailed to meet available space and staffing. Access to approved family visitors and friends is critical to maintaining the ties to the community and providing support for the reintegration process.

As noted earlier, at the time of the original design for most of the institutions, adequate space was provided for visitation, but with crowding the space has become insufficient. The visitation centers tend to be located near the main entrance to the campuses and are often a part of another building with purposes not related to visitation, but critical to the operations.

While the ODRC values visitation as essential for maintaining good order and preparing the inmates for reintegration in the community upon release, the need for actual facility expansion to accommodate additional visiting was not seen as a priority in the SCMP. The highest priority is the reduction in the inmate population through an expansion of the community corrections program and in doing so; reduce the population in existing institutions and the demands placed on visitation space. Offering more visitation days during the week, or, the expanding the hours of visitation could help alleviate visitation challenges.

Over time, the ODRC should continue to explore tele-visiting options to supplement face-time visits. More systems are using this approach to increase the visual contact inmates can have with family members. This relatively low cost approach is not a substitute for face-to-face visits, but can strengthen the important link between inmates and families. This method requires fewer staff to manage while increasing contact opportunities.

Treatment and Programs

Generally speaking, recreational, education, vocational, and OPI spaces are adequate in the majority of institutions. However, the lack of treatment, program, and unit program space exists in most institutions. Providing increased access to and opportunities for treatment programs was one of the major goals that drove the SCMP. The ODRC's commitment to programming and treatment is evident and the desire to provide more is strong.

An obstacle to expanding programming opportunities is the lack of space. Again, part of this deficiency can be attributed to the 135-150% crowding levels. Implementation of the inmate

reduction plan will improve access since the demand for the space by more inmates will also be reduced. The focus of new any space should be on expanded provisions for treatment/recovery, mental health, religious, and unit based programs.

In the SCMP, a program building prototype was suggested for eight existing facilities and a partial one in another. The prototype building includes a variety of classrooms, meeting, and counseling spaces and offices.

Another prototype is part of expanding access to treatment programs and services. To improve the focus on rehabilitation and reintegration, “life labs” that include group classroom kitchen settings where inmates can enroll in a class to learn about nutrition, budgets, and cooking are proposed to be added to 18 institutions. The Life-Labs will be concentrated in facilities mainly housing Level 1 and 2 inmates since these inmates will be close to release or may be candidates for intensive reintegration activities in preparation for a re-assignment to another facility or camp.

Alter the Living Environment

Housing is the “form-giver” of a correctional institution from both a functional design and operations perspective. Regardless of the number of treatment programs and services provided, the inmates will spend 60-70% of their time incarcerated in a housing unit. Table 2-1 provides an assessment of the current numbers of bedspaces by type.

The information in Table 2-1 highlights the level of crowding that exists across the system; 138% overall. Many of the institutions that have a 150% or greater crowding rate are Level 1 and 2 facilities that are defined predominantly by dormitory housing units. Subtracting the 23,542 dormitory beds from the November 17, 2014 census, the result is that every cell was double occupied, or some were triple-bunked to provide enough beds for the system need. Since this is not likely the case, an assumption has been made that 3,500 inmates were in segregation, infirmary/hospital, or in CBCF or HWH beds.

Projections of future bedspace needs by 2025 were set at 53,586 inmates. Based on the criteria for assigning bedspaces by security level, 14,575 inmates will require cells (security Levels 3-5 and death row) and 39,011 could be assigned a dormitory beds for Levels 1 and 2 inmates as shown in Table 2-2.

Comparing the results of Table 2-1 (current supply) to Table 2-2 (projected demand), based on the ODRC definition of design capacity, the system is short 16,582 (53,586-37,004). Some of this shortfall can be absorbed through existing CBCF/HWH beds (4,200) and some through the creation of at least 4,000 new CBCF/HWH beds. This alone could reduce the shortfall to approximately 8,000 beds.

At this time, ODRC has 13,462 cells against a projected need of 14,575. Based on a plan to create additional special needs capacity for mentally ill and chronic medical patients, some of the shortfall of beds in cells will be reduced. Also, additional restrictive and segregation housing units that include programming space should allow existing segregation units to be converted to levels 3-5 cells.

Table 2-1
Current Disaggregation of Beds by Type and Location

#	Institution	11/17/2014	Design Capacity			% Crowded
		Population	Dorm Beds	Cell Beds	Total	
1	Toledo Correctional Institution	1,092	-	1,000	1,000	109%
2	Allen Oakwood Correctional Institution	1,503	584	358	942	160%
3	Oakwood Correctional Institution		-	208	208	0%
4	Marion Correctional Institution	2,565	1,205	450	1,655	155%
5	North Central Correctional Complex	2,695	1,450	60	1,510	178%
6	Richland Correctional Institution	2,623	1,795	60	1,855	141%
7	Mansfield Correctional Institution	2,619	1,212	260	1,472	178%
8	Lorain Correctional Institution	1,653	-	750	750	220%
9	Grafton Reintegration Center (formally NCCTF)	730	250	-	250	292%
10	Ohio State Penitentiary	454	128	376	504	90%
	OSP Camp	-	-	-	-	-
11	Trumbull Correctional Institution	1,521	252	512	764	199%
12	Grafton Correctional Institution	1,246	429	751	1,180	106%
13	Ross Correctional Institution	2,191	1,000	124	1,124	195%
14	Chillicothe Correctional Institution	2,731	2,273	554	2,827	97%
15	Madison Correctional Institution	2,594	1,004	496	1,500	173%
16	London Correctional Institution	2,271	1,688	185	1,873	121%
17	Warren Correctional Institution	1,387	-	1,102	1,102	126%
18	Lebanon Correctional Institution	2,122	313	1,500	1,813	117%
19	Belmont Correctional Institution	2,705	1,688	167	1,855	146%
20	Noble Correctional Institution	2,483	1,825	60	1,885	132%
21	Southeastern Correctional Complex	2,063	1,125	-	1,125	183%
22	Southeastern Correctional Complex (Hocking)	400	205	-	205	195%
23	Pickaway Correctional Institution	2,131	1,161	167	1,328	160%
24	Correctional Reception Center	1,788	-	896	896	200%
25	Southern Ohio Correctional Facility	1,239	-	1,600	1,600	77%
26	Franklin Medical Center	567	-	669	669	85%
	FMC Transfer	-	-	85	85	
27	Ohio Reformatory for Women	2,544	2,575	222	2,797	91%
28	Dayton Correctional Institution	910	-	500	500	182%
29	Northeast Reintegration Center	596	-	350	350	170%
30	Lake Erie Correctional Institution	1,751	1,380	-	1,380	127%
		51,174	23,542	13,462	37,004	
	Totals	51,174			37,004	138%

Source: ODRC; December 2014

Table 2-2
Projection of Beds by Type

Security Level	Male	Female	Total	Subtotals
Level 1 (Predominantly dormitories)	16,296	2,620	18,916	L1,L2
Level 2 (Predominantly dormitories)	18,507	1,588	20,095	39,011
Level 3 (Predominantly cells)	11,907	525	12,432	
Level 4 (Predominantly cells)	1,870	5	1,875	L3, L4, L5, DR
Level 5 (Predominantly cells)	107	-	107	
Death Row (Cells)	158	3	161	
Total	48,845	4,741	53,586	14,575

Source: ODRC Projections; November 2014

Dormitory Conversions and New Dormitories

A critical need is to improve the dormitory living conditions and reduce the very high levels of crowding. The SCMP recommends the phased conversion of all dormitory living units to a cubicle-type configuration where inmates will have a higher degree of personal space and privacy.

As noted, by 2025, inmates that qualify for assignment to Level 1 and 2 will comprise approximately 75% of Ohio's prison population with the majority housed in open dormitories. In general, crowding is prevalent in all existing dormitory settings. The newer Level 1 and 2 facilities utilize a "prototype dormitory" that was designed to accommodate 64-80 inmates, but typically hold 90-100. Other campuses where older, linear style prisons operate as Level 1 and 2 facilities typically have a variation of a prototype dorm (e.g. Marion), and/or have dedicated dormitories integral to the linear layout (e.g. London). The level of crowding in the dormitories varied throughout the system.

The sleeping areas in some dorms integrated systems furniture panels to provide a degree of privacy and separation between bunks or clusters of bunks (e.g. Marion; London). Other, did not. In some cases dorms had bunks spaced approximately 3 feet apart, barrack style.

In a number of institutions, using the ACA Standards for fixture counts as a reference for best practices, some dormitories reach a rate of crowding of 200%. When bunks are arranged barrack style, very limited personal space is available for an inmate. The existing ODRC dormitory prototype typically offers two dayroom spaces to support two sleeping areas. One dayroom is typically reserved for passive activities. The original prototype design includes a room for "programs", but, in many cases this room is utilized for other uses (e.g. dorm for inmates caring for dogs), or, is scheduled for recovery/treatment programs when the campus lacks dedicated space for recovery/treatment programs. Existing dormitories, whether prototype or other, lack adequate program space to use for its designated therapeutic community programs, meaningful activities, or guided structure activities.

Adding program space to each dormitory in order to support "therapeutic communities" and expand opportunities for inmates to engage in meaningful activities is a stated priority. For existing dorms, whether prototype or within a singular linear structure, the SCMP recommends a "unit program" prototype to add to existing dormitory units. In some cases, based on site and other existing condition constraints, the prototype is situated for two dorms to share. All new dormitories incorporate additional program and treatment space.

Evidence shows that stress levels rise in crowded conditions, especially if the arrangement is a barrack configuration with a complete lack of personal space. The ODRC representatives expressed concerns with the overcrowded conditions and lack of privacy offered to inmates in the existing dorms.

The SCMP suggests an alternative bed configuration for the dormitory sleeping areas where beds are arranged in 4-bunk (8-bed) clusters. Each cluster is separated from the adjacent cluster by a partial height partition. The bunks within each cluster are accommodated in alcoves that open to a shared open area that contains a table for eight. In addition to a bunk(s) each alcove contains space for locker/shelves to accommodate an inmate's personal items. This arrangement provides

inmates with semi-private spaces. When introduced into existing dormitory footprint, the cluster layout reduces the number of inmates living in each dorm, thereby addressing the overcrowding.

Restrictive Housing

The use of high-security, restrictive housing units, also known as segregation units, by prison systems to manage dangerous or problematic offenders has received increased scrutiny in recent years. Virtually all state correctional systems, as well as most large local jail systems, use these units as a disciplinary tool and as a means to manage offenders who may need to be kept separate from general institutional populations. These units are typically characterized by very limited out-of-cell time and reduced access to privileges such as phone calls, visits, and personal property.

Removal of disruptive and violent inmates from the general population and their placement in separate housing units has been a common practice in prison systems since their inception. In the United States, placement of inmates in solitary confinement has been documented as early as the 1800s, when administrators believed that silent contemplation led to reform.

Although the use and management of segregated housing has changed, the practice of separating and isolating inmates using special cells or facilities has continued. The modern use of segregation and solitary confinement within specialized units and facilities began to emerge in the 1970s, as prison populations began to rise, spurring a series of highly publicized riots, prison violence, and increased prison crowding. The rationale at that time was that segregating the most disruptive inmates for extensive periods of time under extreme forms of security would serve both to deter and to incapacitate highly disruptive behavior.

By incapacitating disruptive inmates, centralized and specialized segregation units would allow the vast majority of inmates who were conforming to the prison systems rules and regulations to carry out their daily routines of work, recreation, and program participation without the fear of violence or intimidation by more aggressive inmates. The practice also allowed the other prisons to avoid lengthy lockdowns and major disturbances.

Three factors that influenced the rise of segregated housing deserve further attention: (1) the significant increases in state and federal prison populations, (2) the attending increased crowding, and (3) the increased presence of organized street and prison gangs.

To be accurate, in most jurisdictions, the proportion of segregated inmates is relatively small. The last national survey that was conducted in 2002, found that, on average, five percent of the state prison population was assigned to some form of administrative or disciplinary segregation status. That same survey found significant variation among the states with a range of 1%-16%.

The majority of the existing segregation housing unit cells are double bunked, but were designed for single occupancy. A few segregation units have showers in each cell. With the exception of an older “telephone pole” style facility, the most common layout for segregation housing is a single story model with three, double loaded, linear housing areas that all branched off a single shared support area. The shared support area contains a control room, a space to tray food, an office, an interview room, a small indoor and a small “outdoor” recreation room, and some storage space. All segregation units lacked space to host group program/treatment sessions.

A podular, remote supervision segregation unit, with a mezzanine exists in several institutions. A large cage in the “dayroom” space serves as indoor recreation. Staff expressed concerns with escorting segregation inmates in units that have a second level mezzanine. Similar to the linear prototype, the podular model also lacked any program space to hold group program/treatment sessions.

In 2011 the ODRC determined that the level of violence in the facilities was indicative of a climate that did not address the basic needs of safety and security. Inmates could not successfully learn pro-social values and achieve personal wellness until stability and order were established. When violence is controlled and order is maintained, ODRC staff can then effectively deliver all services in any facility.

The ODRC implemented several strategies to reduce violence, establish stability and decrease recidivism. Two of the major strategies were the implementation of the 3-Tier System and the Back-2-Basics approach to violence reduction. Included in this new approach was a restricting of the operational and program philosophy of the restricted housing units.

The ODRC 3-Tier system of designation of housing options divided the system into facilities focused on Control, General Population, and Reintegration. Within each tier are multiple privilege levels. The 3-Tier system has significantly changed the manner in which inmates are housed and the operational conditions of the facilities within the system. Table 2-3 below summarizes the data on the population by the different privilege levels in June 2014 – the population in Level 4 and 5 are considered the restricted population:

Table 2-3
ODRC Prisoner Population by Security Level – June 16, 2014

Security Level	Prisoners	%
Other/Medical	715	1.4%
Out to Court	599	1.2%
Special Assignment Subtotal	1,314	2.6%
1	17,856	35.5%
2	18,732	37.3%
3A	8,352	16.6%
3B	2,025	4.0%
General Pop. Subtotal	46,965	93.5%
4A	774	1.5%
4AT	210	0.4%
4B	737	1.5%
5A	61	0.1%
5B	56	0.1%
Death Row	138	0.3%
Restricted Pop. Subtotal	1,976	3.9%
TOTAL	50,255	100.0%

Source: ODRC Design Occupant Load Ratings, Population Count Sheet, November 2014; Updated by CGL, January, 2015.

The tiered system was designed to reduce violence and critical incidents within the ODRC and implement a more rational approach to the use of restricted housing within the system. The elements of the ODRC restricted housing system is as follows:

Disciplinary Control (DC): Disciplinary Control is a form of administrative isolation for an inmate who has been found guilty of a rule violation by the Rules Infraction Board (RIB), pursuant to rule 5120-9-08 of the Administrative Code. An RIB panel may impose up to fifteen days in disciplinary control for a single violation or series of violations arising out of a single event.

An RIB panel may impose consecutive penalties of up to fifteen days for two or more unrelated violations, not to exceed a total of thirty days. An RIB panel may impose an additional fifteen days in disciplinary control if the panel determines that an inmate violated a rule while placed in disciplinary control. No combination of offenses shall require an inmate to continuously serve more than thirty days in disciplinary control.

Local Control (LC): Local Control is defined in Ohio Administrative Rule 5120-9-13.1 as a program placement for inmates if the Managing Officer determines after a RIB hearing that one of the following applies:

- The inmate has demonstrated a chronic inability to adjust to the general population, or
- The inmate's presence in the general population is likely to seriously disrupt the orderly operation of the institution.

By rule placement in local control is not to exceed 180 days unless the prior written approval of the Director or designee has been obtained. In addition local control status is to be reviewed monthly by the Managing Officer, at which time the Managing Officer may decide to continue local control placement, release the inmate to general population, or recommend a security review and/or institutional transfer which would result in a release from local control following the transfer.

Program requirements for local control are minimal but ODRC has plans to expand programs tied to the behavioral security status of offenders. While group activities are limited; congregate recreational activities are being considered as an incentive for positive behavior. Sub-levels of local control exist to establish progressions. All facilities have a local control component, with the exception of OSP.

Security Control (SC): Security Control is a form of administrative isolation that is used to house an inmate when one or more of the following exists:

- Placement is needed to facilitate an investigation prior to the issuance of a conduct report or other administrative action or criminal prosecution;
- Pending a hearing before the rules infraction board (RIB);
- Pending transfer to another institution;
- When the inmate poses a threat or danger to himself or others, to institutional property, or to the security of the institution; and/or,
- When the inmate poses a threat of disruption to the orderly operation of the institution or;
- The inmate's security level is incompatible with the security level of the general population.
- As a temporary housing assignment for inmates to facilitate an inmate's appearance in judicial or administrative proceedings.

The implementation of this structure has significant implications for the physical plant structures in which these restricted housing units operate. The program and operational requirements that accompany each of the three types of control units impact the facility structures and requirements of the units in which these programs are housed. A clear example of this change in program requirements is noted in the departmental policy 53-CLS-02, Privilege Levels, which established expanded privileges for the control unit programs. The implications of these modifications include the following:

- Need to expand recreational space adjacent to the unit supplementing and in some cases replacing the existing single person recreation pods with group recreational pods;
- Need to have accessible treatment and interview rooms within the control units;
- Expanded access to program space that would permit implementation of the required transition programming;
- Adequate facilities for the treatment of those with mental health issues who are confined to the control units;
- Facilities and units that accommodate a program and operational model that is more closely related to the residential treatment model and the physical plant structures required of such a program model.

Data obtained on the ODRC restricted population indicates about 4% of the total population is in some form of restricted population. At the time of this review the population of the various elements of restricted housing was as follows:

DISCIPLINARY CONTROL	LOCAL CONTROL	SECURITY CONTROL	TOTAL
459 1.3%	683 1.4%	1,090 2.0%	2,232

The review of the existing special housing units indicate that the existing units have insufficient program and support space to support the revised mission and approach employed in the control units. The absence of space to support the revised program requirements including group and treatment options indicate that modification of the existing units must occur in order to provide for the programmatic needs of the units. This includes the development of program and support space immediately adjacent to existing control units. Space required in these units includes group recreational areas, treatment rooms, interview rooms, etc.

ODRC's goal is to reduce the use of segregation where inmates are confined in cells for 23 hours a day. One strategy is to introduce the use of restrictive housing where inmates are restricted to their housing unit, but, instead of confining an inmate to his/her cell for 23 hours a day, the inmate would have access to the dayroom during "daylight" hours. For Level 1 and 2 facilities, an inmate in restrictive custody would not have yard privileges.

Consistent with this need, the SCMP recommends a prototype for a restricted housing unit that contains the physical structure and spaces that are consistent with the requirements of the revised three levels of control. The proposed prototype is similar to the single story, 3- winged, double loaded linear model already used around the system. The prototype accounts for double occupancy cells, a shower in each cell, and group program/treatment rooms.

One of ODRC's stated priorities is to provide program/treatment services for inmates assigned to segregation. The SCMP explored methods for delivering programs/treatment to segregation inmates that included:

1. Inmates seated in individual counseling environments (security mesh opening on at least three sides) with an instructor/counselor in the same space as the inmate.
2. Instructors in a separate room and inmates in another with one way glass. Instructor/counselor would communicate with inmates via video conference technology.

3. Instructors/counselors in the same room as inmates. Inmates would sit in restraint chairs arranged in a classroom configuration. The chair preferred by ODRC is anchored to the floor but is able to pivot allowing the configuration to change to a “circle”.

ODRC expressed a preference for the third option in group rooms that can accommodate 4 - 6 inmates at a time. Using the 3rd option as the operational basis, a prototype was recommended for adding program/treatment rooms to existing segregation housing units, and, incorporated program/treatment group rooms into the new segregation housing prototype.

Reintegration and Outside Worker Housing

Throughout the existing system, in Level 1 and 2 institutions, housing units are designated for reintegration programs for inmates preparing for release. Although inmates in the reintegration program have access to classes that prepare them for life on the outside, the living environment is within a typical dorm, no different than the rest of the campus. The SCMP recommends a reintegration housing model that mirrors what an inmate will experience after release with the following guiding principles:

- Reintegration inmates live in cottage located “outside the fence”;
- Cottages are residential type with bedrooms, living room, dining room, program space and a kitchen;
- Inmates participate in culinary/nutrition classes where they plan their meals, manage their meal budget, and cook their own meals;
- Family visits occur at the cottages where they dine together; and
- Families participate in classes together (e.g. family participates in a recovery classes together so family members can prepare for their role in an inmate’s return to home).

Potential security risks are posed by outside workers that could also perform work inside an institution must be managed through appropriate screening. These risks are manageable in light of the benefits associated with preparing soon-to-be-released inmates for reintegration in the community.

BROAD IMPLICATIONS FOR CHANGE

This section has addressed the five broad areas where change is not only possible, but essential if the State is committed to a reduction in the cost of reoffending (which nationally is estimated to exceed \$250,000 per offense). If 37% of the ODRC releases continue to return, then the State can anticipate spending \$4.6 billion per year in total social costs. Ohio has an opportunity to dramatically alter this economically disastrous picture with little risk to the community by boldly re-writing the conditions by which defendants with sentences of less than one year receive a community-based sanction rather than prison. This one act alone could divert as many as 8,300 annually from prison and into a residential-based program that offers a much greater opportunity to avoid spending the \$250,000 recidivism cost.

The State also has a unique opportunity to comprehensively address the growing needs for mental health treatment services. At this time, the ODRC reports 19% of the inmates have a

mental health diagnosis (almost 10,000 inmates), and 3,700 of these are severely mentally ill. Many factors contribute to a SMI diagnosis and a crowded environment is one that can be addressed with a capital plan. While the cost of care will continue to increase, reducing the number of institutionalized inmates through an expansion of the community corrections program will certainly begin a process of "right-sizing" ODRC's institutional basis. The creation of healing centers within at least seven existing institutions will aid in providing a higher level of care for the SMI inmates and more quickly transitioning these inmates into an out-patient status in a much less expensive setting.

The average of the ODRC population continues to rise due, in part, to the mandatory sentencing laws that remain in force. Each year of aging in prison above 50 adds 5 to 10% to the annual cost of incarcerating that inmate. Caring for the medically needful population is the most costly component of a system. From the data available, ODRC is very fortunate that less than one percent is ill enough as to require separation from the general population in a skilled nursing or assisted living type of setting. In other states, this percentage is from 2 to 5% of the population.

Regardless of the numbers at this time, the prison population is aging fast. By 2025, 21.5% of the prison population will have celebrated their 50th birthday, and it is after this milestone in prison terms that costs increase exponentially. The impact of an aging system is not recognized in a single year, but gradually increases as the need for more expensive services increases. The capital requirements also grow as accessibility issues mount. The great majority of existing ODRC facilities were constructed before the full impact of ADA requirements were imposed on prisons.

If Churchill was correct in suggesting that "to see the soul of a community, look into her prisons", then Ohio has the right to be proud from the 1980's through the 1990's with the addition of many new prisons that were designed for a humane care and treatment of a population that was half the current size. But then building stopped while the number of inmates with prison sentences grew at an astounding rate.

Through sometimes heroic efforts on the part of all staff, the system remains safe and the capital estate manageable, but as will be shown in Section 4, the cost of deferred maintenance is now virtually equal to the total capital expenditure for prisons in the 1980/90's. This cannot be ignored. The implications for doing so risks not only increasing replacement cost, but also increasing the danger to staff and inmates.

The following two sections address conceptual ideas for improving the system and the capital impact of meeting the stated goals of ODRC.

3

The Capital Improvement Requirements for Change

METHODOLOGY FOR DEFINING NEED

The long-term strategic capital plan involved a participatory process, working closely with ODRC staff and other stakeholders to define the current situation and future needs. Two primary methods of information gathering formed the basis of the needs assessment process:

- Visioning Workshops – During September, eight visioning workshops were held to fully understand the key programmatic operations critical to ODRC's mission. The goal of these workshops was to ascertain with specificity and clarity, the operational philosophy and correctional management required for eight key facets of the prison system: 1) women, 2) mental health, 3) segregation, 4) programming and treatment, 5) reception and evaluation, 6) special accommodations, 7) community corrections, and 8) special needs.
- Site Visits – A tour was conducted of each facility in the ODRC system to assess current conditions from an operational perspective; and to gain an understanding of the extent to which each facility's design supports the existing operational policies as well as stated future policy goals. In addition, the site tours illustrated building components that were not sufficiently addressing the current and future operational procedures and objectives.

Through a coordinated effort to synthesize the valuable information gathered from the workshops and site visits, a set of preliminary recommendations were presented to ODRC, identifying where needs were found for additional housing and/or program space. Based on an interactive review of the information proposed for consideration, the capital improvement plan is focused around a series of recommendations through the development and allocation of a variety of prototype components that, if adopted, will serve to ensure that the physical environment of facilities across the system can safely, effectively, and consistently support ODRC's mission over the next ten years.

Section 3 elucidates a methodology for developing the prototypes, identifies the components of each prototype, describes the proposed allocation of prototypes throughout ODRC facilities, defines the capital costs associated with the recommended prototypes, and defines the capital improvement plan. The diagrammatic models presented in this section of the report illustrate the typical qualities of building the prototypes, which are intended to serve two specific purposes:

1. Address the programmatic recommendations ascertained through workshops and feedback from ODRC; and
2. Distribute on an as-needed basis depending on the conditions found at each facility.

The prototypes aim to provide much-needed program and treatment spaces to facilities that will reduce inmate idleness, improve treatment and recovery services, and expand educational and skill-building opportunities to help inmates who are about to re-enter the community.

The following eight prototype categories were identified as being required for development in order to achieve the ODRC mission.

- Housing
- Special Needs Housing
- Women Housing
- Community Corrections
- Medical Treatment Spaces
- Program Spaces
- Reception
- STEP Facilities

From this list, the recommended prototypes specifically address the housing, programs, treatment, reception, and community corrections aspects of the entire Ohio prison system.

The development of inmate services – such as food service, laundry, and administrative spaces – was not in the purview of the capital improvement plan.

In light of the recent renovation of juvenile housing at Correctional Reception Center (CRC), no juvenile prototypes were developed as a part of this study. The renovation at CRC sufficiently addresses the current and projected housing and programmatic requirements for juvenile inmates for the planning horizon. If additional housing or program spaces are required for juveniles in the future, they should follow the criteria described below. The crucial difference for juvenile housing and program spaces is to provide sight and sound separation with other inmate populations.

The formulation and allocation of the prototypes at a facility complies with the following:

- Safety and Security – To ensure the safety and welfare of staff, visitors, and inmates by operating facilities in a secure, humane environment which meets professional standards and constitutional requirements.
- Programs and Treatment – To reduce the rate of re-incarceration by providing offenders with the opportunity for self-improvement through educational and therapeutic programs within the housing unit and at the campus level to successfully return inmates to the community.
- Reduce Overcrowding – To ameliorate crowding at each housing unit and on the campus level by providing sufficient housing, programs, and services for the inmate population.
- Address Future Requirements – To meet the future correction and rehabilitation needs of the State of Ohio through the year 2025.
- Fiscal Responsibility – To manage fiscal responsibility by means of effective planning and resource management.

IDENTIFICATION OF PROTOTYPE COMPONENTS

This section defines the important components and spatial considerations for the eight prototype categories. Each prototype is factored to include the specific programmatic need as well as the support space required to satisfy the function.

Programmatic Need

The prototypical diagrams were prepared based upon a clear understanding of the programmatic needs for each particular type, or category. Although a full spatial program was not called for under this capital planning effort; the information gathered during the workshops and tours, combined with an extensive knowledge of best practices for housing, programs, medical, and community correction facilities, provided a reliable basis on which to develop the prototypes components.

Working closely with ODRC departmental leaders, a list of spaces required to perform the designated function was compiled. All recommended functions, from specialized housing to program buildings, require a particular set of spaces. For example, the Hospice Housing Unit has a unique set of program, consultation, and storage spaces in order to properly care for inmates nearing end-of-life stages.

Once a list of required spaces was defined, approximate square footage based on best practices was then be applied to each space. In addition to the size, the quantity of particular spaces was also factored. By combining the type and quantity of spaces, an approximate net square footage was calculated for each prototype. A circulation factor was then added, and in the case of prototypes that are a stand-alone building, a building grossing factor for primary circulation, support, mechanical spaces, and exterior wall thicknesses was applied. These steps produced an approximate total square footage for each recommended prototype.

Development of Diagrams

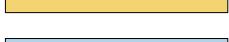
Prototypes are diagrammatic in nature, identifying key program elements, circulation, and adjacencies. Some of the prototypes are similar in layout to buildings on existing ODRC campuses that are still effective models. The majority of the prototypes, however, propose new ways of organizing programs, housing inmates, and incorporating today's best practices within normative environmental settings.

All prototypes have been developed to accommodate the proper quantity of spaces, satisfy recommended adjacencies, establish proper flow of inmate movement, and maintain sightlines from officer stations.

The diagrams presented in this section indicate housing, support, administration, services, and circulation. A few prototypes, such as community corrections, have a variety of functions within the building. Designating the different departments by colors represents a potential arrangement of spaces to optimize efficiency and efficacy of the building. Other spaces, such as the infirmary, only indicate the medical spaces and circulation. These diagrams approximately show the quantity and size of spaces required for a particular prototype.

Figure 3-1 provides a legend for all prototype diagrams presented in this section.

Figure 3-1
Departmental Color
Legend

	PUBLIC ENTRY / LOBBY
	ADMINISTRATION
	SECURITY / CENTRAL CONTROL
	INMATE HOUSING - DAYROOM
	INMATE HOUSING – CELL
	INMATE HOUSING - CIRCULATION
	INMATE HOUSING - OUTDOOR RECREATION
	INMATE HOUSING - SUPPORT
	MENTAL HEALTH - PROGRAM ACTIVITY
	MENTAL HEALTH - CIRCULATION
	INTAKE
	INMATE RECORDS / PROPERTY
	INMATE PROGRAMS
	INMATE PROGRAMS - CIRCULATION
	FOOD SERVICE
	DINING
	MEDICAL - CLINIC STAFF SUPPORT
	MEDICAL - CLINIC
	MEDICAL - INFIRMARY
	MEDICAL - CIRCULATION
	MECHANICAL

In the following pages, the recommended prototypes are presented by category and organized to identify:

- A description of the category
- Primary design goals addressed
- Critical spatial relationships or adjacencies
- Specific prototype components
- Spatial diagrams

Category A – Housing Prototypes

The approach to new or replacement prototype housing begins with the idea of creating normative living environments for all. These environments are based on industry accepted standards for square footage per inmate/resident, fixture ratios, departmental and building grossing, and environments designed to cue positive behavior.

Living units are generally organized around group spaces or dayrooms to maximize access to daylight, by either direct or borrowed daylight. Individuals are afforded varying degrees of privacy within small group clusters and alcoves, or individually by reducing double-bunking in some celled housing, based on population and classification without compromising supervision.

Housing unit-based inmate programming and support is provided for all new housing, with program additions to existing housing units lacking the necessary space to function as intended. All new housing unit prototypes are single level, eliminating mezzanines. New celled housing units have front plumbing chase access from dayrooms or corridors.

The primary design goals for recommended housing units are:

- To create a safe and secure housing unit environment that facilitates ODRC's ability to effectively manage inmates
- To provide flexible housing units to accommodate different populations based on changing/future needs
- To maximize daylight into the dayrooms
- To utilize the benefit of a “normative environment” by providing a flexible range of classification based housing types

The housing unit prototypes are:

A1 – Cadre Housing Unit is located outside of the fence to eliminate coercion by fellow inmates. These housing units have four-bed inmates rooms with access to administrative and program spaces ideally suited for inmate workers.

A2 – Dry Dorm Housing Unit is a new dorm prototype for Level 1 and Level 2 inmates. Alcoves are created by low partitions walls and contain four single beds, four lockers, and a table with seating for four.

A3 – Restrictive Housing Unit offers prisons housing Level 1 and Level 2 inmates the opportunity to manage populations in single cells. The cells contain a single bed, desk, and toilet. This housing unit is more controlled than a dormitory unit; however, inmates have free movement within the unit. If desired, the housing unit can be subdivided with clear security glazing to further manage the population. An officer should have clear and unobstructed view into each area.

A4 – Segregation Housing Unit is the disciplinary control housing unit for prisons housing Level 3, Level 4, and Level 5 inmates. Following the prototypical segregation housing unit found on several ODRC facilities; this housing unit features three wings of single cells along a double loaded corridor. Each single cell contains a bed, toilet, and shower. Indoor and outdoor recreation is provided at the end of each corridor. All program and administration space is located in the center of the housing unit.

A5 – Dorm Conversion to Cubicle is a renovation prototype to an existing dormitory housing unit. This renovation provides alcoves for sleeping and personal space for the inmates. Alcoves are created by low partitions walls and contain four double bunk beds, eight lockers, and a table with seating for eight. This renovation should only be used for Level 1 and Level 2 inmates, and does not affect the existing plumbing fixtures, program rooms, and support spaces.

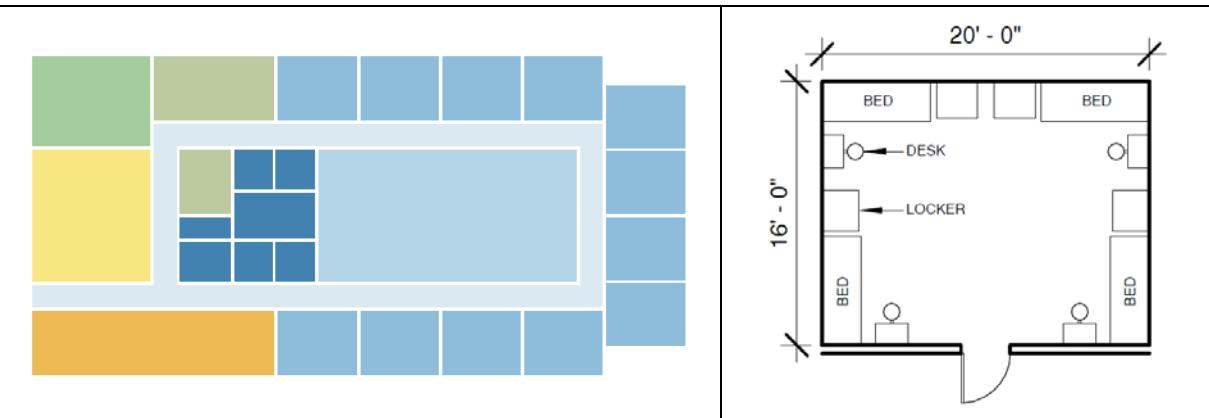
A6 – Single Bed Alcove Housing Unit is a variation on the dorm housing unit. Instead of creating multiple bed alcoves, this dorm housing unit has individual inmate alcoves. The alcove includes a bed, locker, shelf, and desk. All toilet and shower facilities are centralized for the unit.

A7 – Independent Living Support Building is designed for inmates who are preparing to be released back to the community. The goal of this prototype is to provide adequate space for educational programs and resources to help inmates reintegrate into society. These spaces are designed for independent living to allow the inmate to prepare their own meals, work within a budget, and develop other critical life skills. The level of construction is similar to an apartment building with durable materials.

Illustrations and summary descriptions for each Housing Prototype (A1-A7) are presented in the following pages.

HOUSING PROTOTYPES

A1 - Cadre Village Prototype



PROTOTYPE KEY FEATURES

Construction Type C/D (Minimum Detention or Institutional Commercial)
 Outside perimeter fence
 Daylight accessible to all working / living spaces
 48 Beds

PROGRAM ELEMENTS

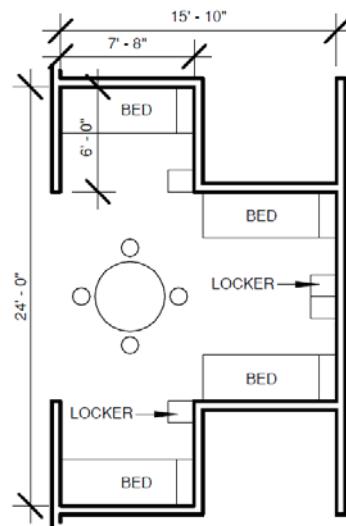
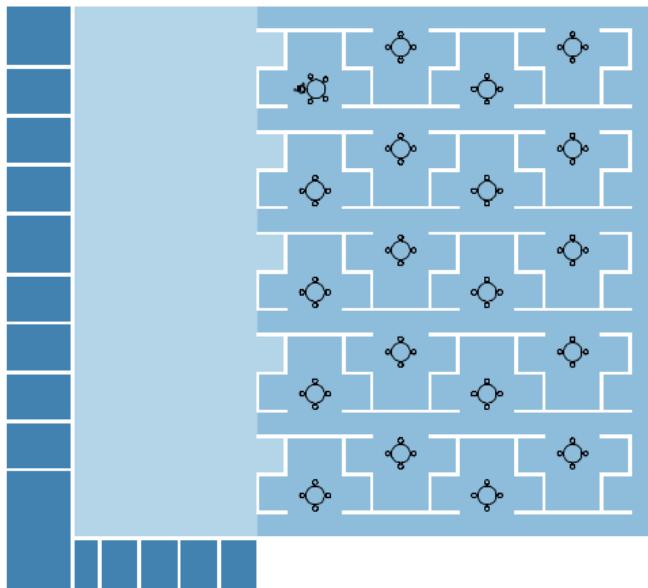
Administrative Area
 Food Service and Dining Area
 4-Bed Rooms
 Toilets / Showers
 Leisure Time Room
 Inmate Programs (Multi-Purpose Room, Interview Room)

PROTOTYPE SIZE

18,000 GSF

HOUSING PROTOTYPES

A2 – 80-Bed Dry Dorm



PROTOTYPE KEY FEATURES

Construction Type C (Minimum Detention)
Inside perimeter fence
Low partition walls and group seating for groups of 4 beds
80 Beds

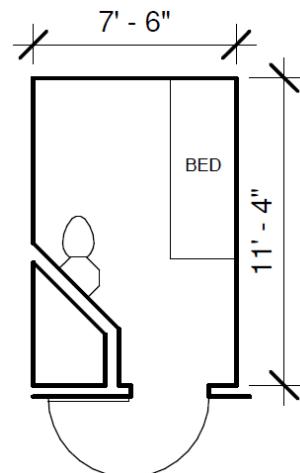
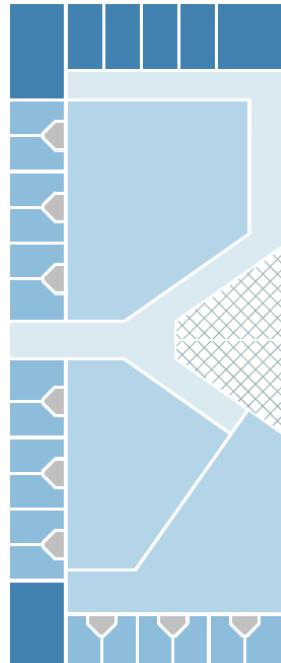
PROGRAM ELEMENTS

- Officer Station, Locker Room
- 4-Bed Alcoves
- Toilets / Showers
- Dayroom
- Inmate Programs (Multi-Purpose Room, Interview Room)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Staff Offices (Sergeant, Unit Manager, Case Manager)

PROTOTYPE SIZE

- 12,000 GSF

HOUSING PROTOTYPES

A3 – Restrictive Housing Unit

PROTOTYPE KEY FEATURES

- Construction Type A (Maximum Detention)
- Inside of perimeter fence
- Direct daylight to cells
- Front chase access
- 36 Beds

PROGRAM ELEMENTS

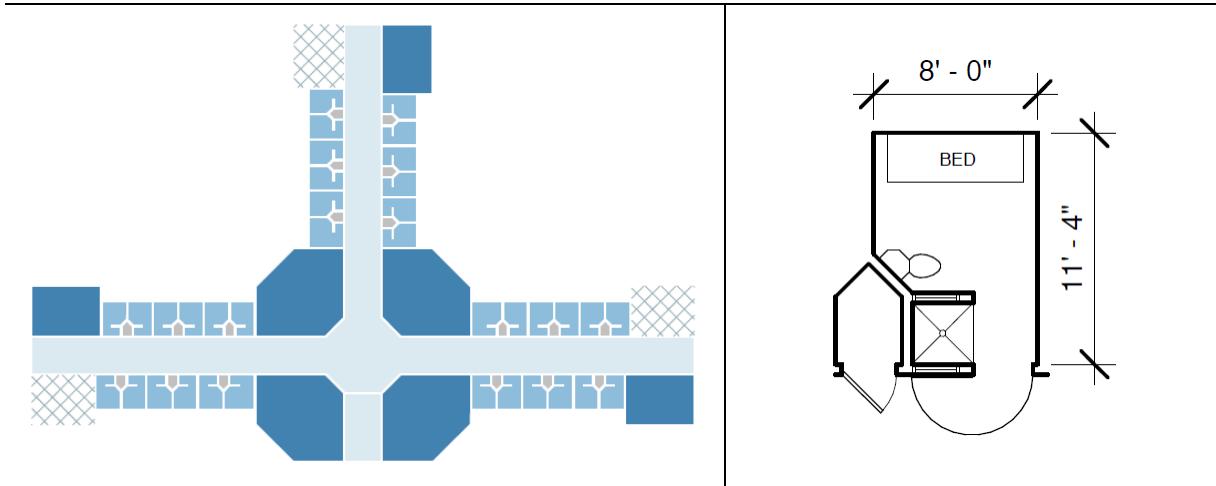
- Control Room, Officer Station, Locker Room
- Single Cell with combination unit
- Indoor Recreation / Dayroom
- Outdoor Recreation
- Inmate Programs (Multi-Purpose Room, Interview Room)
- Medical Triage Room
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Staff Offices (Sergeant, Unit Manager, Case Manager)

PROTOTYPE SIZE

- 12,000 GSF

HOUSING PROTOTYPES

A4 – Segregation Housing Unit



PROTOTYPE KEY FEATURES

- Construction Type A (Maximum Detention)
- Single Level
- 12 Cells each wing (36 total)
- Inside perimeter fence
- Direct daylight to cells

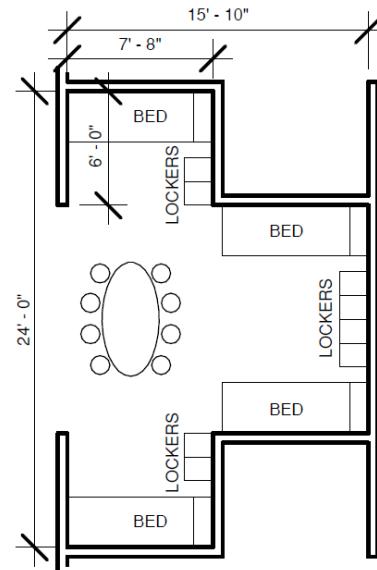
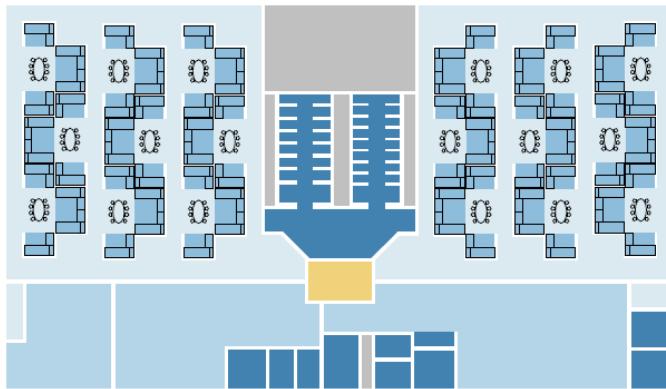
PROGRAM ELEMENTS

- Control Room, Officer Station, Locker Room
- Single Cell with combination unit and shower
- Indoor Recreation / Dayroom
- Outdoor Recreation
- Inmate Programs (Multi-Purpose Room, Interview Room)
- Medical Triage Room
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Staff Offices (Sergeant, Unit Manager, Case Manager)

PROTOTYPE SIZE

- 15,750 GSF

HOUSING PROTOTYPES

A5 – Dorm Conversion to Cubicle

PROTOTYPE KEY FEATURES

- Construction Type C (Minimum Detention)
- Inside of perimeter fence
- Low partition walls and group seating added for groups of 8 beds
- Typically reduced from 256 to 144 beds (double-bunked)
- 1:9 plumbing fixture count

PROGRAM ELEMENTS

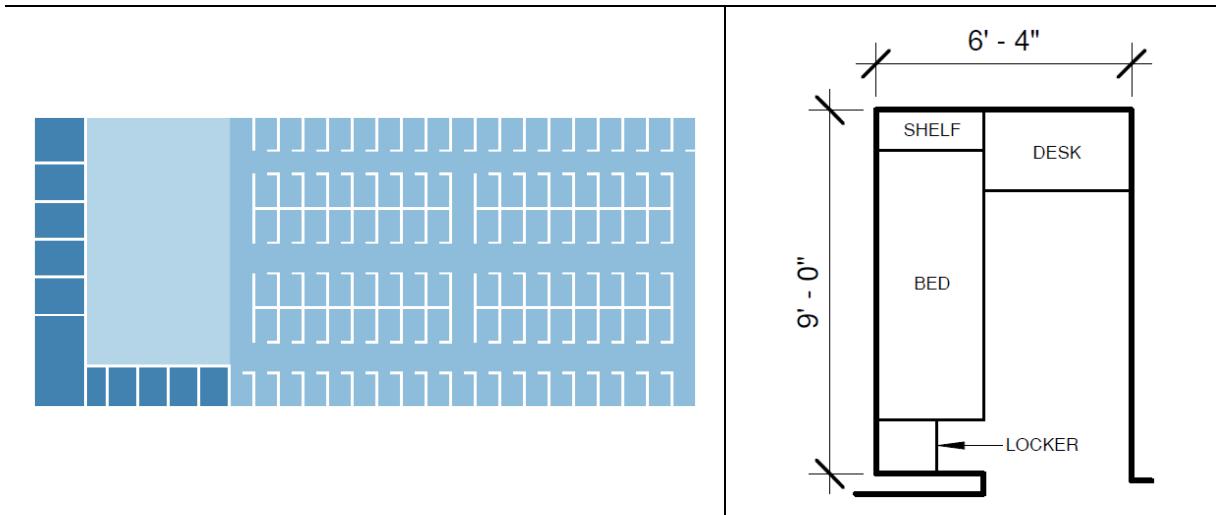
- Officer Station
- Showers
- Dayroom
- Inmate Programs (2 Multi-Purpose Room, Interview Room)
- Medical Triage Room
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Staff Offices (Sergeant, Unit Manager, Case Manager)

PROTOTYPE SIZE

- 18,500 GSF (Typical, but varies by facility)

HOUSING PROTOTYPES

A6 – Single Bed Alcove Housing Unit



PROTOTYPE KEY FEATURES

- Construction Type C (Minimum Detention)
- Inside perimeter fence
- Each alcove has a bed, locker, desk and shelf
- 100 Beds

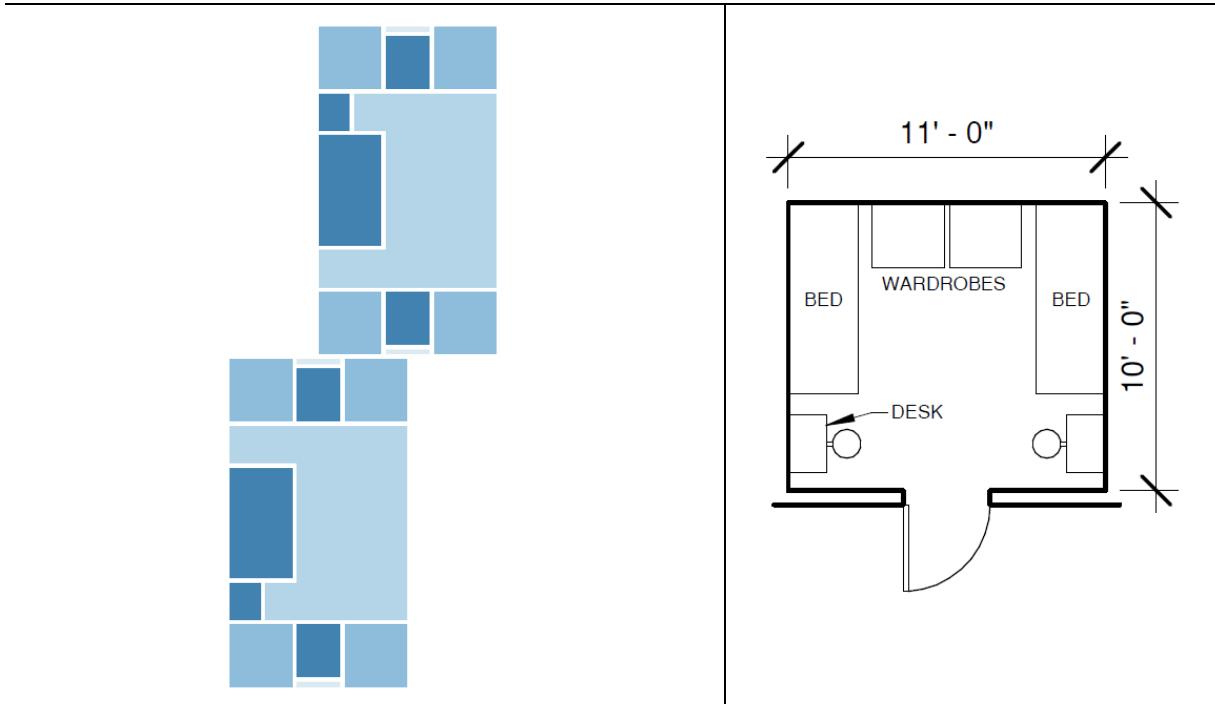
PROGRAM ELEMENTS

- Officer Station, Locker Room
- 1-Bed Alcoves
- Toilets / Showers
- Dayroom
- Inmate Programs (Multi-Purpose Room, Interview Room)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Staff Offices (Sergeant, Unit Manager, Case Manager)

PROTOTYPE SIZE

- 15,000 GSF

HOUSING PROTOTYPES

A7 – Independent Living Support Building

PROTOTYPE KEY FEATURES

- Construction Type D (Institutional Commercial)
- Inside or outside perimeter fence
- Attached to Cadre / Re-Entry / Reintegration Housing Units
- 64 Beds

PROGRAM ELEMENTS

- Sleeping Rooms
- Toilets / Showers
- Leisure Time / Living Room
- Unit Kitchen
- Dining Room
- Inmate Programs (Multi-Purpose Room, Interview Room)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Case Manager's Office

PROTOTYPE SIZE

- 23,400 GSF

Category B – Special Needs Housing Prototypes

The recommended prototypes also include a multitude of new purpose-built mental health, recovery and specialized medical housing facilities. Providing access to an abundance of natural daylight, directly or borrowed, is again central to the organization and orientation of spaces. All special needs housing prototypes provide a unique opportunity to provide holistic care and dignity for the inmate with medical or mental health needs.

The special needs housing units, for recovery, treatment, and mental health, offer an independent living environment to support inmates requiring more programs and social services. Additional program spaces are provided for group and individual counseling at the housing unit level.

The geriatric, chronic care, and hospice housing units are part of a continuum of care for the inmates. Beginning with assisted living to skilled nursing care, these three specialized units offer a unique housing option for facilities.

The healing centers are specifically designated for severely mentally ill inmates. These facilities have more stringent requirements and regulations to follow for their operation and the design. By isolating inmates with crisis, acute, and/or chronic mental illness, skilled nursing care can sufficiently and more effectively manage them without disrupting the general population.

Where specified in the housing unit, the nurses' station should have the ability to observe the entire housing unit without impeding the officer's view. Program and support spaces should be located together and as close to the housing unit entrance as possible.

The primary design goals for recommended special needs housing prototypes are:

- To create a safe and secure housing unit environment that facilitates ODRC's ability to effectively manage inmates with special needs
- To provide flexible housing units to accommodate different populations and treatment options
- To maximize daylight into the dayrooms
- To utilize the benefit of a "normative environment" by providing a flexible range of classification based housing types
- To de-centralize the program and treatment options for special needs inmates
- To provide sufficient skilled nursing care at the housing unit level

The special needs housing unit prototypes are:

B1 – Recovery and RTU Special Needs Housing provides single cells for inmates requiring specific recovery or intensive treatment. In addition to the typical multipurpose and interview room, a second multipurpose room allows for increased group programming at the housing unit level.

B2 – Mental Health Special Needs Housing is similar to Prototype B1 and includes single cells, dayroom, and outdoor recreation. The difference is instead of a second multipurpose room, these units have an additional interview room for more individualized counseling with the inmates.

B3 – Hospice Care Housing has been developed to provide necessary one-on-one care, a nurses' station, and individual inmate rooms large enough for families to visit with an inmate who has entered hospice care.

B4 – Geriatric Housing Unit is part of the continuum of care for older inmates with a chronic medical condition or mobility issues. Additional storage is provided for medical equipment and devices such as wheelchairs and canes. These units contain single cells on a single level.

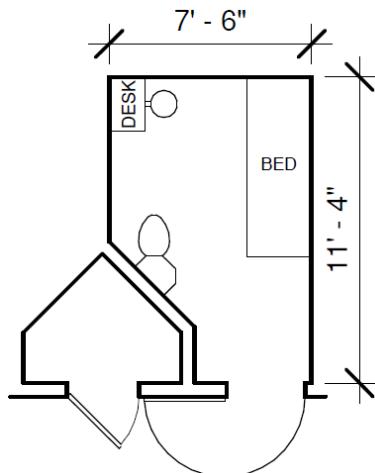
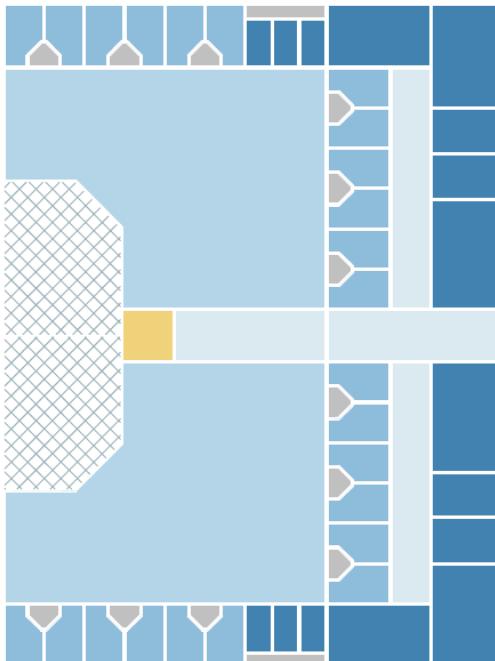
B5 – Chronic Care Housing is for inmates who have ongoing medical needs. An officer's station and nurse's station are provided. Medical equipment, clean linen, and soiled linen storage is provided in addition to the typical housing support spaces. All cells are single cells on a single level.

B6 – SMI Healing Center is a unique stand-alone facility combining housing, programs, and administrative support space for crisis, acute, and chronic mentally ill inmates. There are four double-loaded corridors with single cells and a dayroom located at the end of the hallway. An officer should have a clear line of sight to all doors and the hallway of the unit. Outdoor recreation is located in between the housing corridors. Program space is provided at the center of the facility and includes group, individual, and educational opportunities for the inmate. If desired, these facilities have an administration and visitation function within the building envelope to restrict movement or change in environment for the inmate.

Illustrations and summary descriptions for each Special Needs Housing prototype (B1-B6) are presented in the following pages.

SPECIAL NEEDS HOUSING PROTOTYPES

B1 – Special Needs – Recovery and RTU



PROTOTYPE KEY FEATURES

- Construction Type B or C (Medium Detention)
- Inside perimeter fence
- Direct daylight provided at cells
- 24 Beds

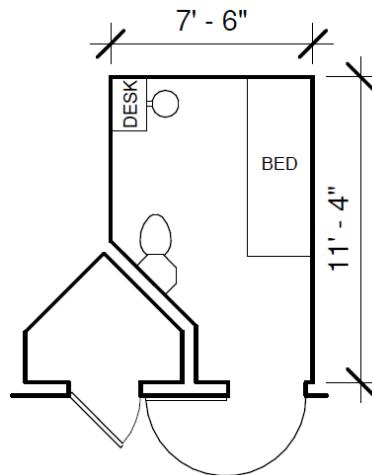
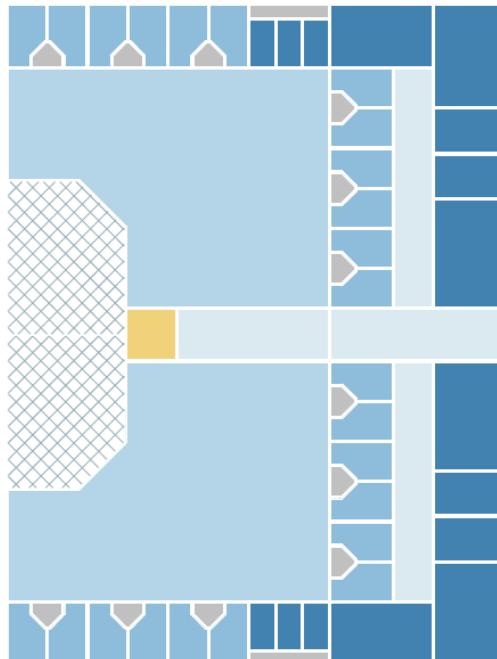
PROGRAM ELEMENTS

- Officer Station, Locker Room
- Single Cell with combination unit and desk
- Shower
- Dayroom
- Unit Kitchen
- Inmate Programs (2 Multi-Purpose Rooms, 1 Interview Room)
- Medical Triage Room
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Staff Offices (Sergeant, Unit Manager, Case Manager)

PROTOTYPE SIZE

- 12,700 GSF

SPECIAL NEEDS HOUSING PROTOTYPES

B2 – Special Needs Mental Health

PROTOTYPE KEY FEATURES

- Construction Type B or C (Medium Detention)
- Inside perimeter fence
- Direct daylight provided at cells
- 24 Beds

PROGRAM ELEMENTS

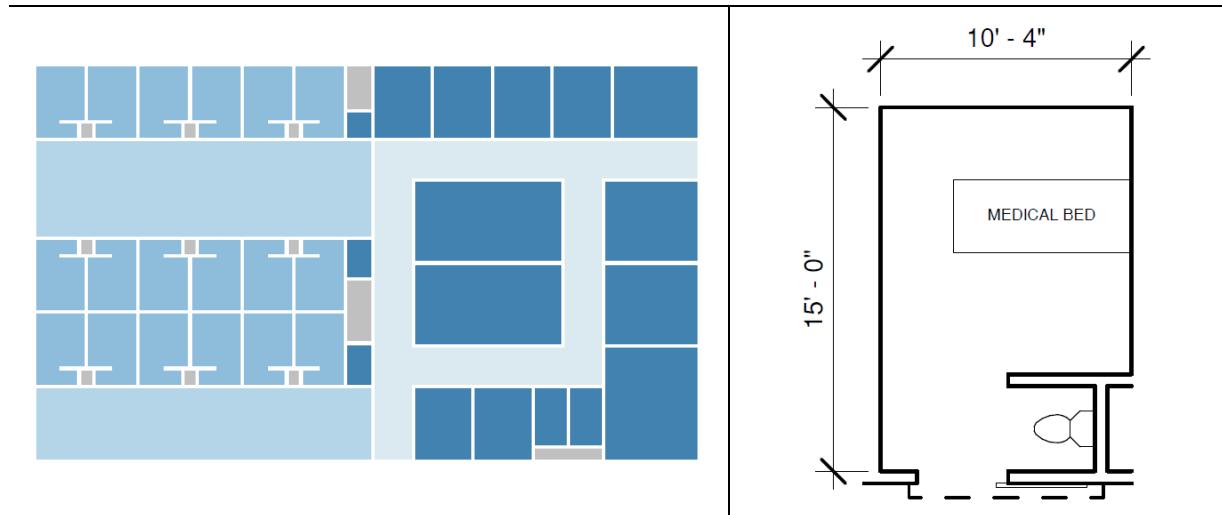
- Officer Station / Locker Room
- Single cell with combination unit and desk
- Showers
- Dayroom
- Inmate Programs (1 Multi-Purpose Room, 3 Interview Rooms)
- Medical Triage Room
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Staff Offices (Sergeant, Unit Manager, Case Manager)

PROTOTYPE SIZE

- 12,700 GSF

SPECIAL NEEDS HOUSING PROTOTYPES

B3 – Suite for Hospice Care



PROTOTYPE KEY FEATURES

- Construction Type C (Medium Detention)
- Inside perimeter fence
- Direct daylight provided at rooms
- 24 Beds

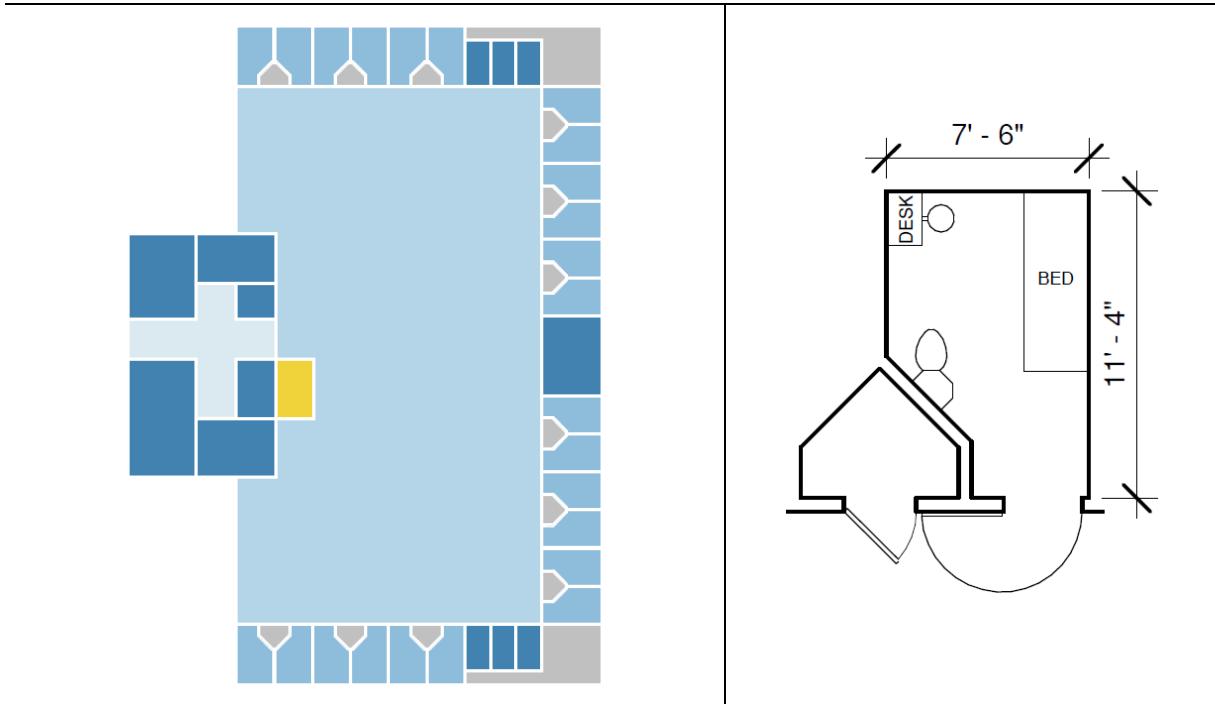
PROGRAM ELEMENTS

- Officer Station, Locker Room
- Single Room with separate ADA combination unit and desk
- Shower
- Dayrooms (Active, Quiet)
- Counseling, Therapy and Classrooms
- Inmate Programs (2 Multi-Purpose Rooms, Interview Room)
- Medical Triage Room & Nurse Station
- Pantry / Beverage Station
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Staff Offices (Sergeant, Unit Manager, Case Manager)

PROTOTYPE SIZE

- 7,200 GSF

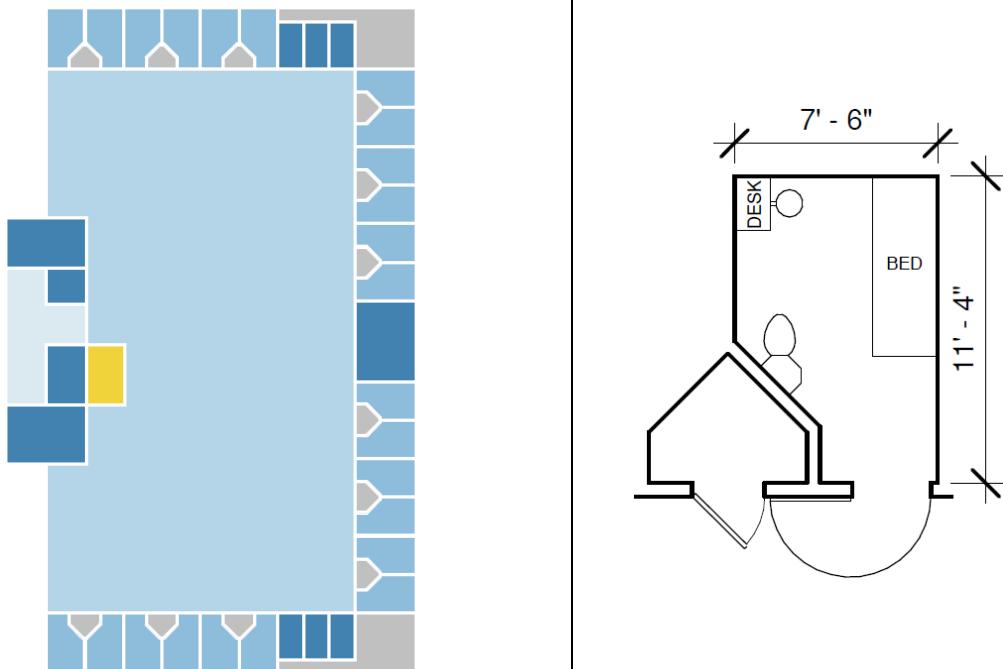
SPECIAL NEEDS HOUSING PROTOTYPES

B4 – Geriatric Housing Unit

PROTOTYPE KEY FEATURES	<ul style="list-style-type: none"> • Construction Type B (Medium Detention) • Inside perimeter fence • Direct daylight provided at cells • ADA compliant • 24 Beds
PROGRAM ELEMENTS	<ul style="list-style-type: none"> • Officer Station / Locker Room • Single cell with combination unit and desk • Showers • Dayroom • Consultation / Family Rooms • Inmate Programs (Multi-Purpose Room, 2 Interview Rooms) • Medical Triage Room • Quiet Room • Nurse's Station • Equipment Storage • Clean and Soiled Linen • Services (Janitor Closet, Storage, Washer/Dryer, Utility) • Staff Offices (Sergeant, Unit Manager, Case Manager)
PROTOTYPE SIZE	<ul style="list-style-type: none"> • 5,280 GSF

SPECIAL NEEDS HOUSING PROTOTYPES

B5 – Chronic Care Housing Unit



PROTOTYPE KEY FEATURES

- Construction Type B or C (Medium Detention)
- Inside perimeter fence
- Direct daylight provided at cells
- ADA compliant
- 24 Beds

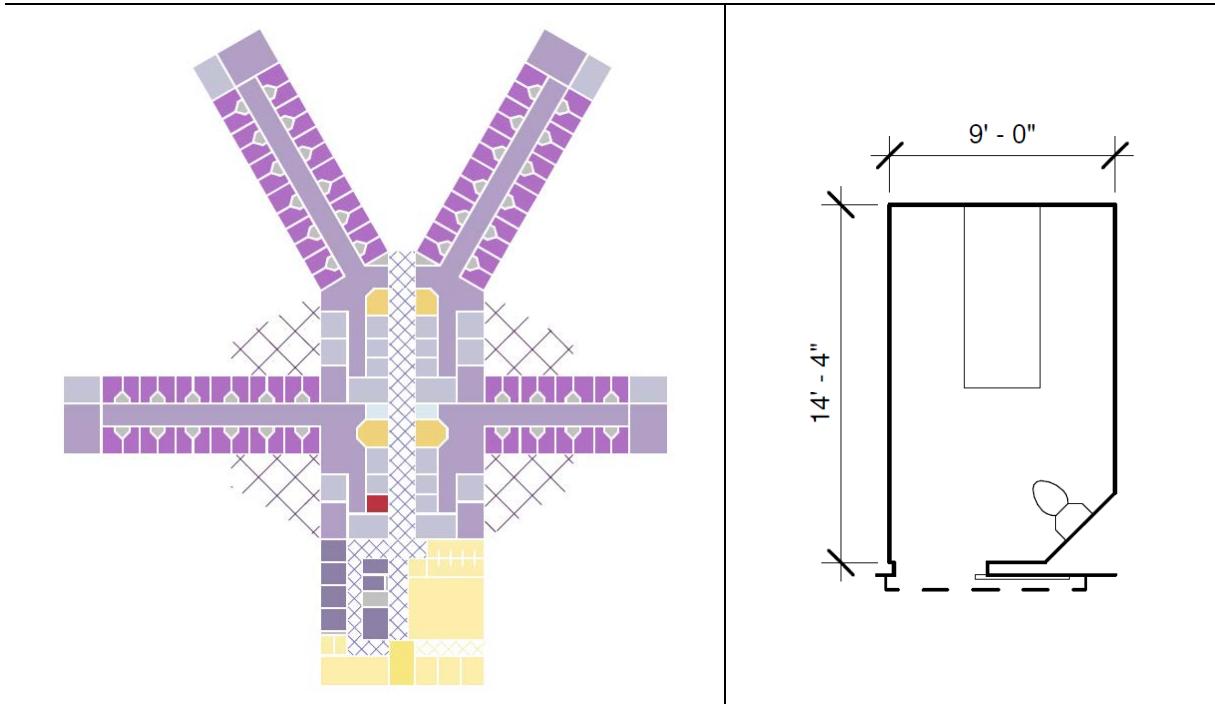
PROGRAM ELEMENTS

- Officer Station / Locker Room
- Single cell with combination unit and desk
- Showers
- Dayroom
- Inmate Programs (Multi-Purpose Room, 2 Interview Rooms)
- Nurse's Station
- Equipment Storage
- Clean and Soiled Linen
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)

PROTOTYPE SIZE

- 7,200 GSF

SPECIAL NEEDS HOUSING PROTOTYPES

B6 – SMI Healing Center

PROTOTYPE KEY FEATURES

- Construction Type B (Medium Detention)
- Inside perimeter fence
- Windows at cells
- 160 Beds

PROGRAM ELEMENTS

- Officer Station
- Single Cell with ADA combination unit and desk
- Shower
- Dayrooms (Active, Quiet)
- Assessment / Transition Housing
- Intermediate Care
- Acute Care
- Long Term Chronic Care
- Family Visit Center
- Inmate Programs
- Medical Triage Room & Nurse Station
- Pantry / Beverage Station
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Staff Offices (Sergeant, Unit Manager, Case Manager)

PROTOTYPE SIZE

- 55,620 GSF

Category C – Women Housing Prototypes

Housing female inmates follows the requirements established in the previous housing and special needs housing. There is one major distinction for women's housing: all new recommended female cells and dormitory housing should be single-bunked on the flat. Therefore, the dorm conversions have been slightly modified in this section.

In addition to the housing units provided in Prototype Category A, the provision of a mothers and babies cottage is recommended for incarcerated women who have given birth during their sentence. These units grant bonding time between mother and child. Each individual room contains a bed, crib, desk, a changing table/dresser, and a closet. A bathroom with a shower is shared for every two rooms.

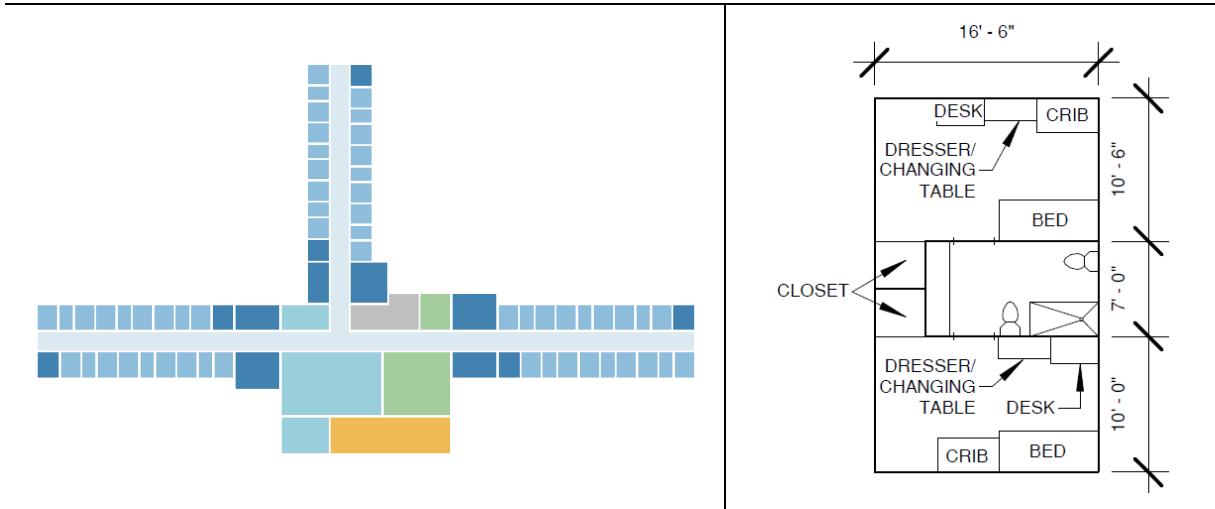
The rooms are in groups of twelve, each with their own living area and unit kitchen for preparation of formula for the baby at any time of day or night. A full unit has three, 12-room groups. There is an associate room for group activities for mothers and their babies, a triage room, a family visit room, dining, programs (group and individual counseling), and staff support offices.

The primary design goals for the recommended women housing prototypes are:

- To create a safe and secure housing unit environment that facilitates ODRC's ability to effectively manage female inmates
- To provide flexible housing units to accommodate different populations based on changing/future needs.
- To maximize daylight into the dayrooms
- To utilize the benefit of a "normative environment"
- To provide family life centers in the mothers and babies cottages with laundry, kitchen and daycare located within the unit

Illustrations and summary descriptions for Women Housing prototypes (C1-C2) are provided in the following pages.

WOMEN HOUSING PROTOTYPES

C1 – Mothers and Babies Cottage

PROTOTYPE KEY FEATURES

- Construction Type D (Institutional Commercial)
- Inside perimeter fence
- 24 Beds

PROGRAM ELEMENTS

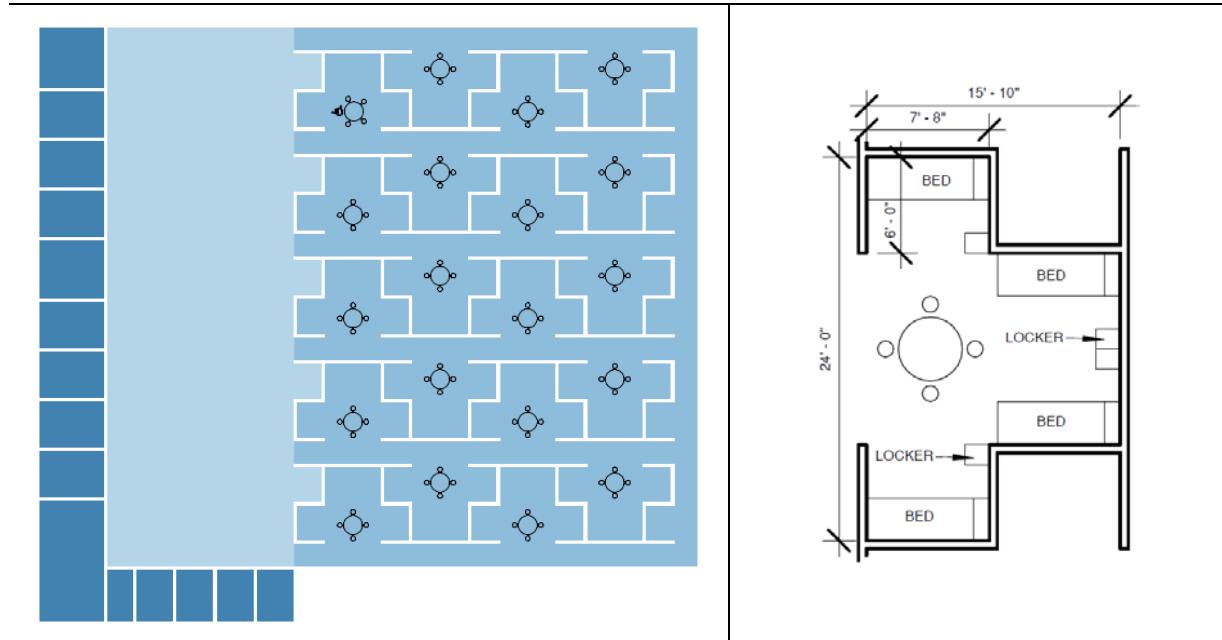
- Sleeping Rooms, each with nursery, changing table, chair and bathroom
- Leisure Time / Living Room
- Unit Kitchen
- Associate Room (Group Activity Room)
- Dining Room
- Medical Triage Room
- Visitation Room
- Inmate Programs (Multi-Purpose Room, Interview Room)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Staff Offices (Sergeant, Unit Manager, Case Manager)
- Outdoor Recreation Area

PROTOTYPE SIZE

- 12,000 DGSF

WOMEN HOUSING PROTOTYPES

C2 – 4-Bed Alcove Dorm



PROTOTYPE KEY FEATURES

- Construction Type C (Minimum Detention)
- Inside perimeter fence
- 80 Beds

PROGRAM ELEMENTS

- Officer Station, Locker Room
- 4-Bed Alcoves
- Toilets / Showers
- Dayroom
- Inmate Programs (Multi-Purpose Room, 2 Interview Rooms)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Staff Offices (Sergeant, Unit Manager, Case Manager)

PROTOTYPE SIZE

- 14,000 GSF

Category D – Community Corrections Prototypes

A series of community corrections prototypes was developed to accommodate a variety room types, facility occupants, and program requirements. Central to the community corrections prototypes is the ability to provide flexibility and opportunity for a normative environment. All facilities shall be constructed with commercial grade materials that are durable and easy to maintain.

The primary design goals for recommended Community Corrections Prototypes are:

- To create a safe and secure housing environment that facilitates ODRC's ability to effectively manage inmates sentenced to community corrections
- To provide flexible facilities in terms of housing and program opportunities and amount of rooms/beds available
- To maximize daylight into the rooms and program spaces
- To utilize the benefit of a “normative environment” by providing durable, commercial finishes

D1/D2/D3 – Community Based Corrections Facility (CBCF) prototype has a 40-bed, 100-bed, and 200-bed option. The variety of scales provides flexibility for ODRC depending upon the location, staff, and number of sentenced inmates in a given region. All CBCF's are within a secure perimeter fence and are the most secure facility within community corrections. Each CBCF will have an intake, administration, food service, and programs. A medical suite with a detox bed shall also be provided. These facilities require a significant amount of programming.

D4/D5/D6/D7 – Halfway House is for individuals who are diverted from the prison system, as well as probation violators and inmates leaving prison who need a step-down experience prior to release. A 20-bed, 40-bed, 105-bed, 200-bed option was prepared with a mix of two-bed and three-bed rooms. Inmate programs include a leisure room, quiet room, multipurpose room, interview room, and classrooms. The amount of program space is dependent upon the size of the facility.

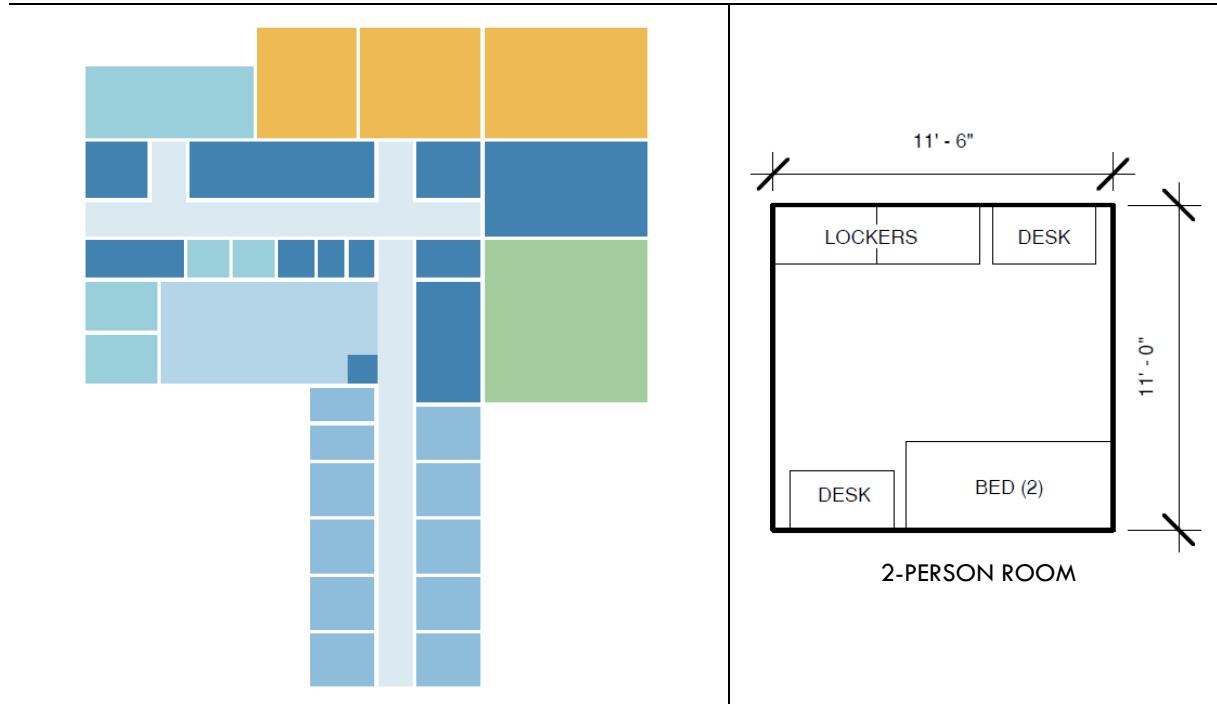
D8 – Community Residential Center (CRC) serves as temporary housing for people who are released from prison and do not have housing accommodations at the time of release. A minimum of program support or case manager offices are provided for these facilities. Designed and constructed similar to apartments, each unit has four individual rooms with a shared living, dining, and kitchen area. The units can be clustered together as required by the site conditions.

D9 – Day Reporting is intended for people released from prison who require intensive services such as substance abuse treatment, mental health treatment, educational and/or employment services, and family reintegration services. Administrative and program spaces, such as classrooms, are located near the entrance with the rooms and small program and support spaces located along a double-loaded corridor are an ideal arrangement.

Illustrations and summary descriptions for each Community Corrections Prototype (D1-D9) are presented in the following pages.

COMMUNITY CORRECTIONS PROTOTYPES

D1 – 40-Bed CBCF



PROTOTYPE KEY FEATURES

- Construction Type C (Minimum Detention)
- 40 Beds
- Within secure perimeter fence
- More secure than halfway house

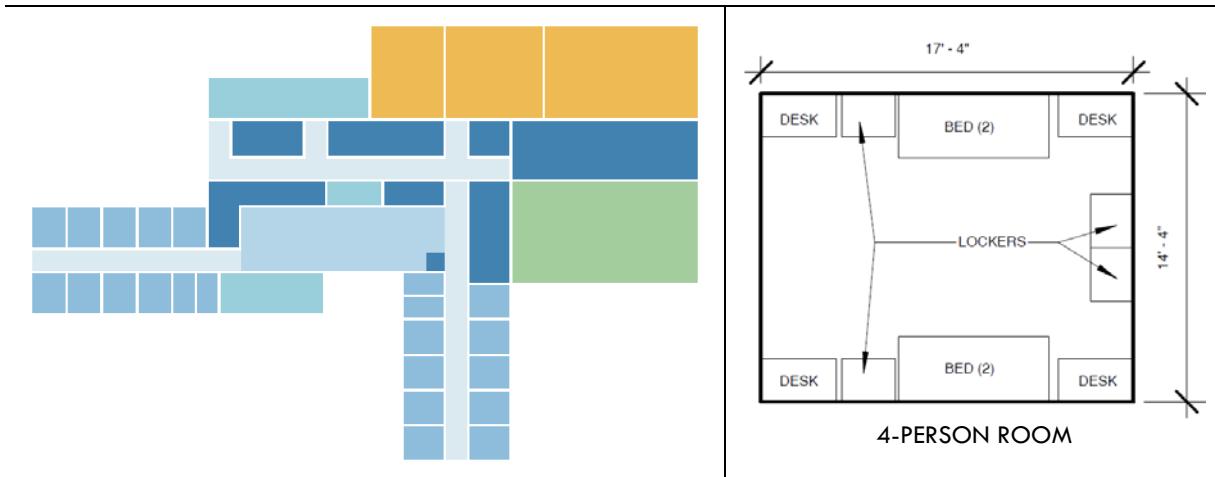
PROGRAM ELEMENTS

- Administration Area
- Intake Area
- Medical Suite (includes Detox Bed)
- Food Service and Dining Area
- Mix of 2 and 4-Bed Rooms (refer to prototype D2 for 4-person room layout)
- Shared Toilets / Showers
- Leisure Time Room
- Quiet Room
- Inmate Programs (Multi-Purpose Room, Interview Room, Classrooms)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)

PROTOTYPE SIZE

- 16,000 GSF

COMMUNITY CORRECTIONS PROTOTYPES

D2 – 80-Bed CBCF

PROTOTYPE KEY FEATURES

- Construction Type C (Minimum Detention)
- 80 Beds
- Within secure perimeter fence
- More secure than halfway house

PROGRAM ELEMENTS

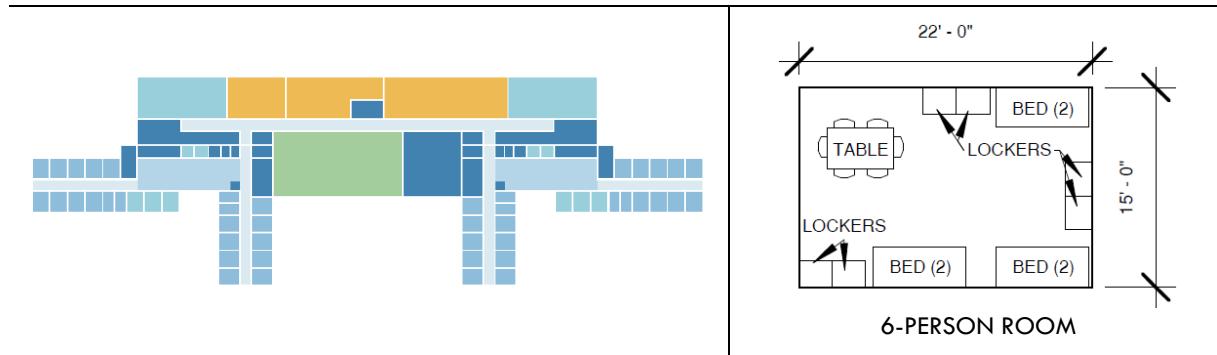
- Administration Area
- Intake Area
- Medical Suite (includes Detox Bed)
- Food Service and Dining Area
- Mix of 2 and 4-Bed Rooms (refer to prototype D2 for 4-person room layout)
- Shared Toilets / Showers
- Leisure Time Room
- Quiet Room
- Inmate Programs (Multi-Purpose Room, Interview Room)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)

PROTOTYPE SIZE

- 30,000 GSF

COMMUNITY CORRECTIONS PROTOTYPES

D3 – 200-Bed CBCF



PROTOTYPE KEY FEATURES

- Construction Type C (Minimum Detention)
- 200 Beds
- Within secure perimeter fence
- More secure than halfway house

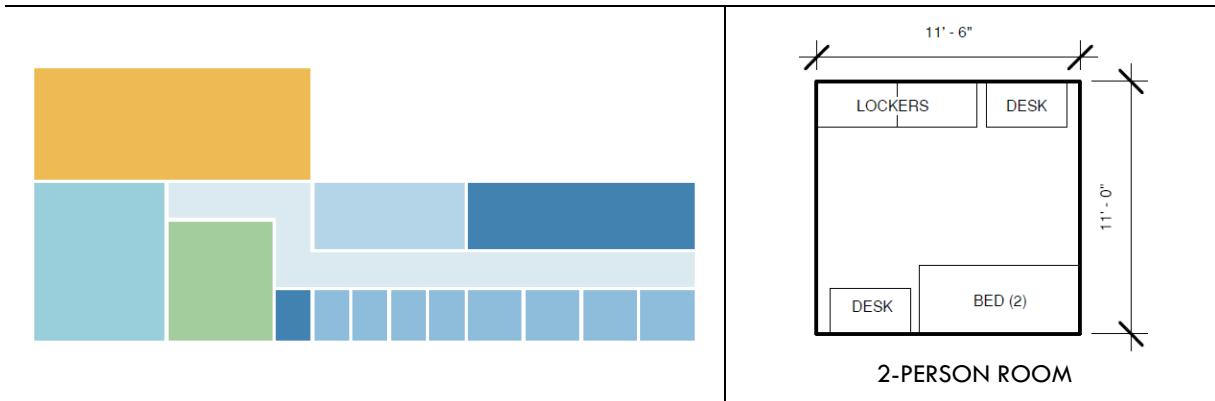
PROGRAM ELEMENTS

- Administration Area
- Intake Area
- Medical Suite (Includes Detox Bed)
- Food Service and Dining Area
- Mix of 4 & 6-Bed Rooms (refer to prototype D2 for 4-person layout)
- Shared Toilets / Showers
- Leisure Time Room
- Quiet Room
- Inmate Programs (Multi-Purpose Room, Interview Room, Classrooms, Computer Lab)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)

PROTOTYPE SIZE

- 70,000 GSF

COMMUNITY CORRECTIONS PROTOTYPES

D4 – 20-Bed Halfway House

PROTOTYPE KEY FEATURES

- Construction Type D (Institutional Commercial)
- Urban / Rural prototypes
- 20 Beds

PROGRAM ELEMENTS

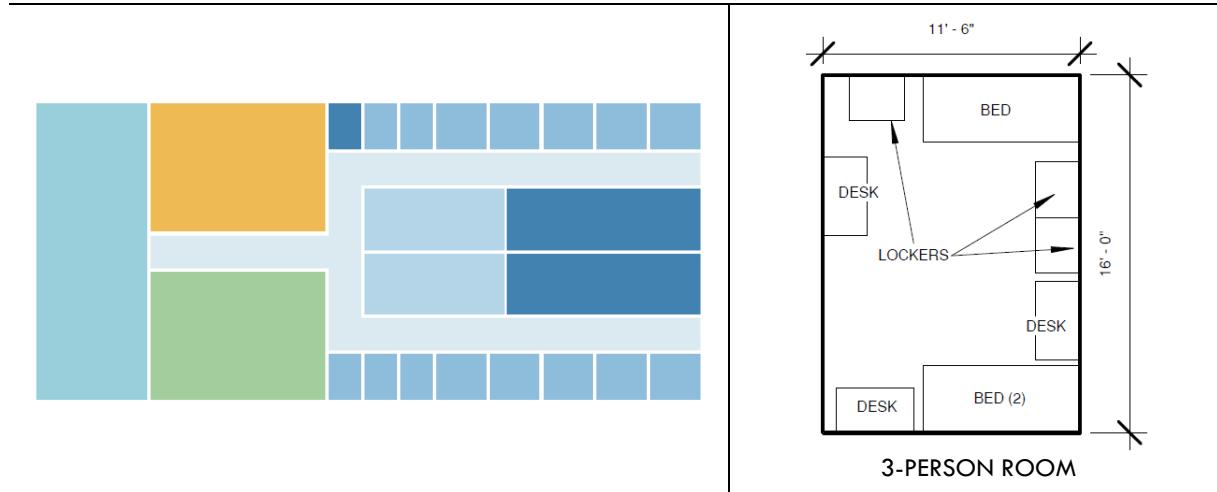
- Administration Area
- Medical Suite (Includes Detox Bed)
- Food Service and Dining Area
- Mix of 2 & 3-Bed Rooms (refer to prototype D5 for 3-person layout)
- Shared Toilets / Showers
- Leisure Time Room
- Quiet Room
- Inmate Programs (Multi-Purpose Room, Interview Room, Classrooms)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)

PROTOTYPE SIZE

- 8,000 GSF

COMMUNITY CORRECTIONS PROTOTYPES

D5 – 40-Bed Halfway House



PROTOTYPE KEY FEATURES

- Construction Type D (Institutional Commercial)
- Urban / Rural prototypes
- 40 Beds

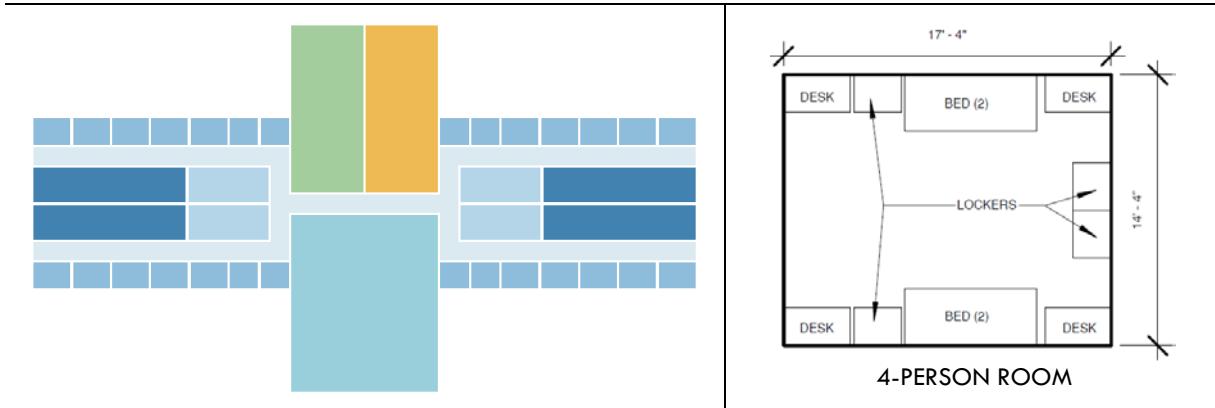
PROGRAM ELEMENTS

- Administration Area
- Medical Suite (Includes Detox Bed)
- Food Service and Dining Area
- Mix of 2 & 3-Bed Rooms (refer to prototype D4 for 2-person layout)
- Shared Toilets / Showers
- Leisure Time Room
- Quiet Room
- Inmate Programs (Multi-Purpose Room, Interview Room, Classrooms)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)

PROTOTYPE SIZE

- 15,000 GSF

COMMUNITY CORRECTIONS PROTOTYPES

D6 – 80-Bed Halfway House

PROTOTYPE KEY FEATURES

- Construction Type D (Institutional Commercial)
- Urban / Rural prototypes
- 80 Beds

PROGRAM ELEMENTS

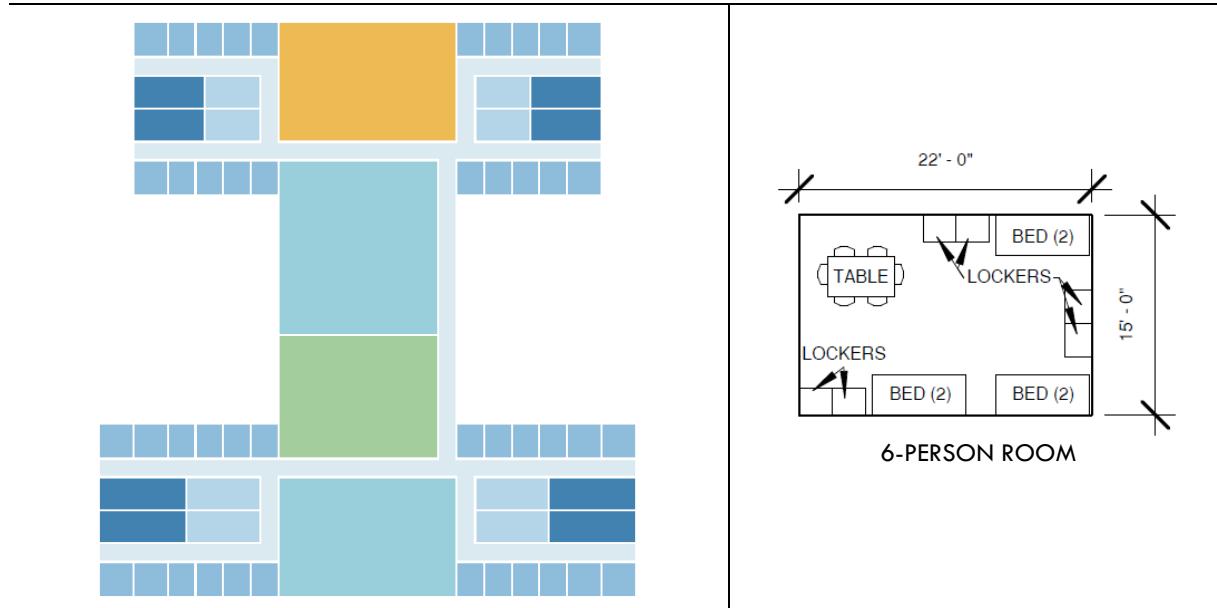
- Administration Area
- Medical Suite (Includes Detox Bed)
- Food Service and Dining Area
- Mix of 3 & 4-Bed Rooms (refer to prototype D5 for 3-person layout)
- Shared Toilets / Showers
- Leisure Time Room
- Quiet Room
- Inmate Programs (Multi-Purpose Room, Interview Room, Classrooms)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)

PROTOTYPE SIZE

- 28,000 GSF

COMMUNITY CORRECTIONS PROTOTYPES

D7 – 200-Bed Halfway House



PROTOTYPE KEY FEATURES

- Construction Type D (Institutional Commercial)
- Urban / Rural prototypes
- 200 Beds

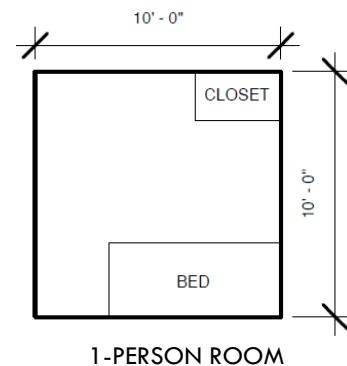
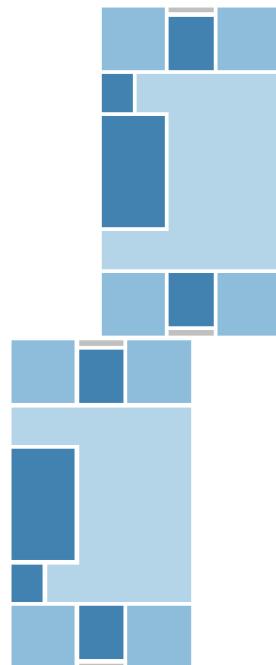
PROGRAM ELEMENTS

- Administration Area
- Medical Suite (Includes Detox Bed)
- Food Service and Dining Area
- Mix of 4 & 6-Bed Rooms (refer to prototype D6 for 4-person layout)
- Shared Toilets / Showers
- Leisure Time Room
- Quiet Room
- Inmate Programs (Multi-Purpose Room, Interview Room, Classrooms, Computer Lab)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)

PROTOTYPE SIZE

- 70,000 GSF

COMMUNITY CORRECTIONS PROTOTYPES

D8 – Community Residential Center

PROTOTYPE KEY FEATURES

- Construction Type D (Institutional Commercial)
- Urban / Rural prototypes
- 8 Beds (2 zones)

PROGRAM ELEMENTS

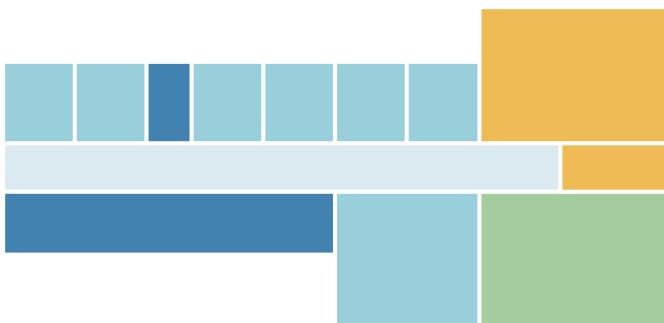
- Residential/Apartment-like in nature
- 4 People in each Living zone (2 zones)
- 1 Kitchen per zone
- 2 Restrooms per zone
- 1 Living Room per zone
- 1 Washer/Dryer per zone

PROTOTYPE SIZE

- 3,600 GSF

COMMUNITY CORRECTIONS PROTOTYPES

D9 – Day Reporting



PROTOTYPE KEY FEATURES

- Construction Type D (Institutional Commercial)
- Urban / Rural prototypes
- 6 Programs Spaces (Serves 72 people one time)

PROGRAM ELEMENTS

- Administration Area
- Food Service and Vending Area
- Inmate Programs
- 4 Classrooms (12 occupants each)
- 2 Multipurpose Rooms (12 occupants each)
- Services (Janitor Closet, Storage, Utility)

PROTOTYPE SIZE

- 7,200 GSF

Category E – Medical Treatment Space Prototypes

All campuses visited during the facility tours had a medical clinic on site. However, some clinics were undersized for the population or were not designed properly for staff to provide care for inmates efficiently, effectively, and safely.

The primary design goals for recommended community corrections are:

- To create a safe and secure medical facility for inmates to receive care during incarceration
- To maximize clear sightlines
- To separate the inmate treatment areas from the administrative functions of the infirmary and clinic
- To maintain a healthy and uncontaminated environment by segregating the flow of clean and soiled equipment, treatment, linen, and food into separate paths

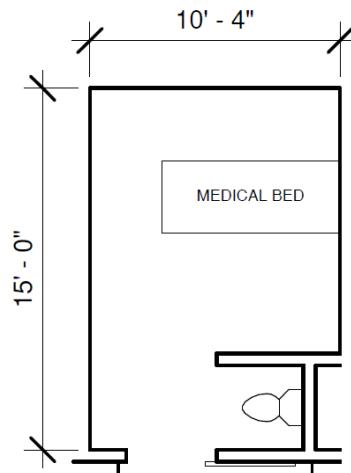
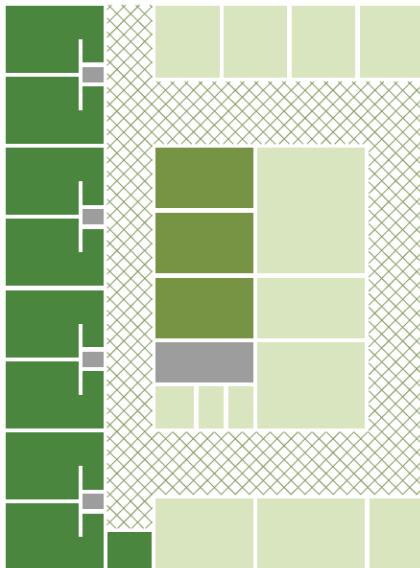
E1/E2 – In-Patient Acute Care Housing is provided by cells (E1) and an eight-bed ward (E2). All beds within the acute care infirmary are hospital beds. All cells and their door widths are sized to accommodate the larger sized bed; and wards carry a larger square foot per occupant to accommodate the hospital bed. The officer station and the nurse's station have a clear view of the sleeping area, and visual access to the treatment, program, and support spaces as well. Two negative pressure isolation rooms are provided in the in-patient acute care cell housing. Provision is made for a window located in each cell, and for sufficient glazing in the wards. A multipurpose room and interview room are also provided. The acute care infirmary should be directly adjacent to an existing or new clinic.

E3 – Infirmary furnishes medical care for inmates with non-life-threatening illness or injury. This prototype is not considered a specialized medical facility. The E3 infirmary contains four exam rooms, an x-ray room, a dental suite, a pharmacy with associated pill pass, and administration (staff, doctors, nurses, and records). The nurse's station should be centrally located to view and accommodate inmates in the exam rooms

Illustrations and summary descriptions for each medical treatment prototype (E1-E3) are presented in the following pages.

MEDICAL TREATMENT PROTOTYPES

E1 – In-Patient Acute Care Housing



PROTOTYPE KEY FEATURES

- Construction Type B (Medium Detention)
- Inside perimeter fence
- Windows provided at all cells
- 8 Beds

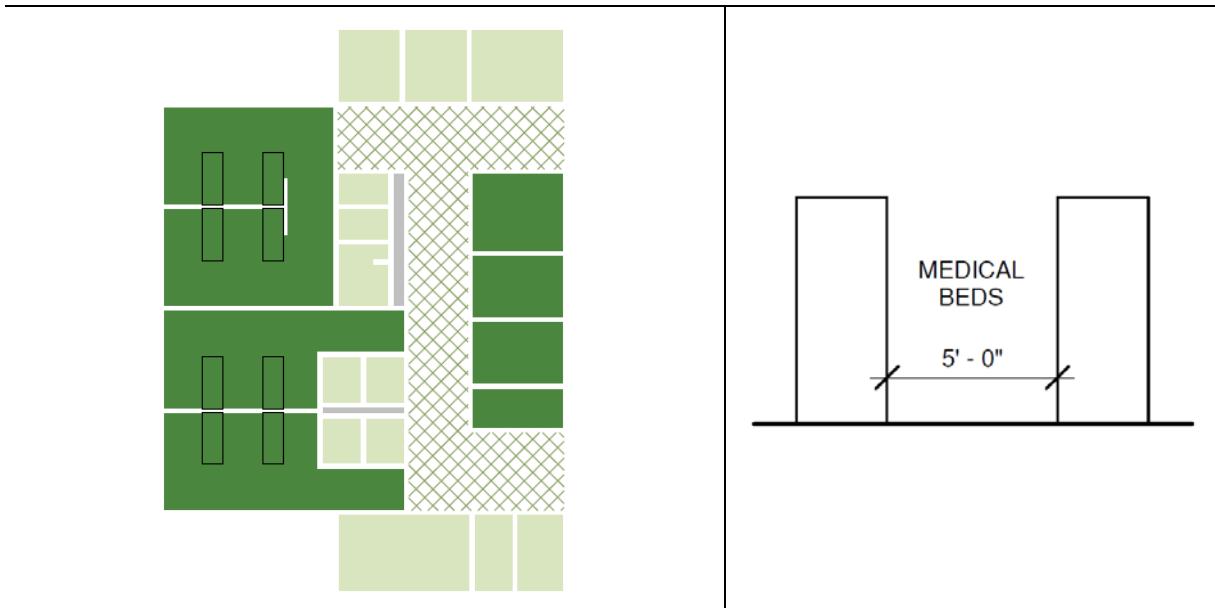
PROGRAM ELEMENTS

- Patient Rooms
- Negative Pressure Isolation Rooms
- Clean and Soiled Linen
- Medical Waste
- Nurses Station
- Officer Station
- Showers
- Equipment Storage
- Inmate Programs (2 Multi-Purpose Room, Interview Room)
- Services (Janitor Closet, Storage, Washer/Dryer, Utility)

PROTOTYPE SIZE

- 3,200 GSF

MEDICAL TREATMENT PROTOTYPES

E2 – In-Patient Acute Care Housing

PROTOTYPE KEY FEATURES

- Construction Type B (Medium Detention)
- Inside perimeter fence
- Windows provided at wards
- 8 Beds

PROGRAM ELEMENTS

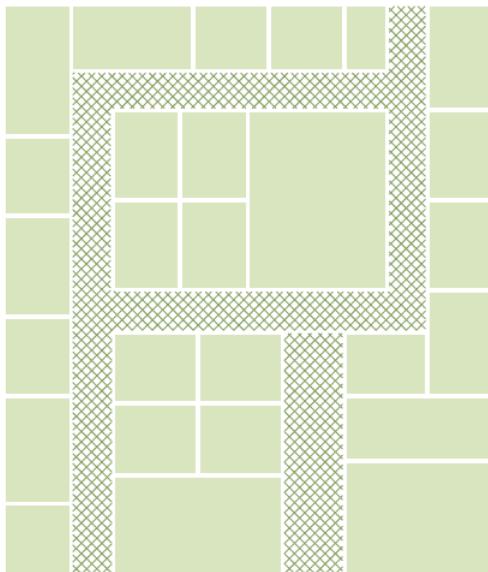
- Patient Beds in a Ward
- Clean and Soiled Linen
- Medical Waste
- Nurse's Station
- Officer Station
- Showers
- Equipment Storage
- Inmate Programs (Interview Room)
- Services (Janitor Closet, Storage, Utility)

PROTOTYPE SIZE

- 3,200 GSF

MEDICAL TREATMENT PROTOTYPES

E3 – Clinic/Infirmary



PROTOTYPE KEY FEATURES

- Construction Type B (Medium Detention)
- Inside perimeter fence

PROGRAM ELEMENTS

- Officer Station
- Nurse's Station
- Waiting
- (4) Exam Rooms
- X-Ray Room
- Dental Suite (Exam, Records, Prep, Office, Equipment)
- Pharmacy
- Pill Pass
- Doctor's and Contract Doctor's Office
- Health Services Administrator
- Staff Offices
- Restrooms
- Records

PROTOTYPE SIZE

- 6,800 GSF

Category F – Program Space Prototypes

ODRC facilities have centralized educational and program spaces for inmates. Several programs, such as recovery, religion, and mental health, often vie for the same program space creating scheduling conflicts.

New central program buildings, life labs, housing unit-based programs additions, and outdoor pavilions provide new learning and educational settings for inmates and staff. New treatment based prototypes are sized for managing care based on the specific medical, mental health, or recovery programmatic needs of the populations.

Primary design goals for program spaces include:

- To ensure safe, secure and normative environment for inmates to receive educational and therapy programs at the housing unit and campus level
- To provide flexible spaces accommodating a variety of functions – from educational to group counseling – over the next 10-15 years
- To accommodate housing unit based programs creating a therapeutic community

F1 – Programs Building creates a stand-alone program facility on an existing campus to provide a multitude of instructional, therapeutic, and treatment spaces. This building has a variety of room sizes to maximize flexibility of offerings for, and participation with, inmates. Individual counseling space, a group therapy room, and a large multipurpose room are accommodated in this prototype. A small waiting area for inmates to congregate before a program begins is also provided. An officer station is located near the entrance with offices and general services such as restrooms, storage, and utility spaces.

F2 – Housing Unit Based Program adds program and support spaces at the housing unit level for general population housing. This prototype provides one interview space, three offices for the Sergeant, Unit Manager, and Case Manager, and one group multipurpose room. The offices could be used for individual counseling rooms, if needed.

F3 – Segregation Unit Programs are program spaces specifically designed for existing segregation housing units that currently do not have sufficient program and administrative spaces at the housing unit level. Due to restricted movement for inmates within disciplinary control, programs at the housing unit level are more critical for these housing units. The basic programmatic components are the same as Prototype F2, (interview, multipurpose room, staff offices), with the addition of the medical triage room. In the multipurpose room, anchored restraint chairs with a pivot option allow for a flexible use of the space either as a classroom or group therapy room.

F4 – Life Labs are program spaces for Level 1 and Level 2 inmates. Six classrooms with unit kitchens and group tables are flanked in the center with offices, program spaces, and services located at one or both ends of the building.

F5 – Mental Health Treatment & Programs Building is designed to house a variety of educational, programs, treatment, dining, and visit areas for inmates who are severely mentally ill. Combining this program building with mental health housing creates a therapeutic community with all housing, programs, and services collocated to minimize inmate movement for this special

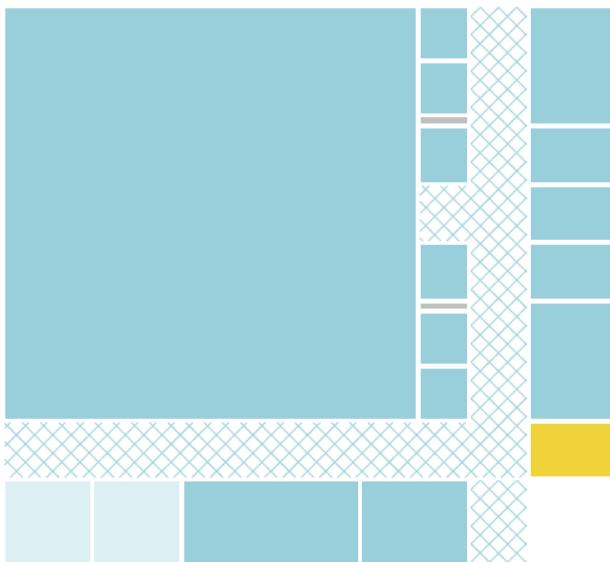
needs population. Classrooms, program rooms, and services are located around the two larger spaces, exercise room and inmate dining/servery.

F6 – Outdoor Education Pavilion provides program and educational opportunities in an outdoor covered pavilion. These are provided for facilities of all levels. Depending on the site conditions, the pavilion could have permanent seating in the open area or under a covered structure. Instructional classes or therapeutic programs could be provided at these spaces.

F7 – Recreation Building adds indoor recreation gymnasiums to alleviate overcrowding in existing facilities, particularly during the winter when these facilities are heavily used due to inclement weather. Staff offices, multipurpose program rooms, support space and an officer's station are included in this prototype for flexibility.

Illustrations and summary descriptions for each Program Space Prototypes (F1-F7) are presented in the following pages.

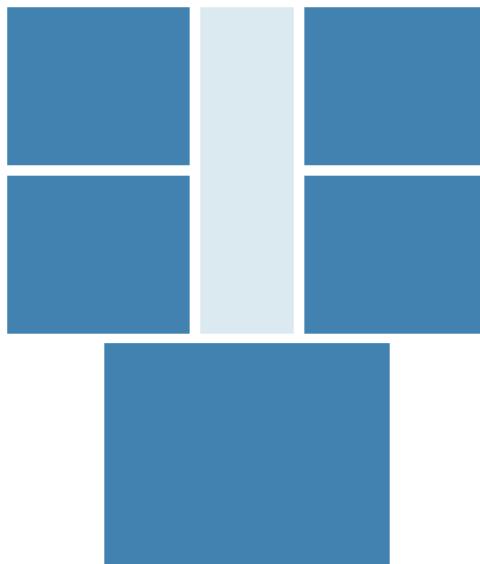
PROGRAM SPACE PROTOTYPES

F1 – Programs Building

PROTOTYPE KEY FEATURES	<ul style="list-style-type: none"> • Construction Type C/D (Minimum Detention or Institutional Commercial) • Inside or outside of perimeter fence
PROGRAM ELEMENTS	<ul style="list-style-type: none"> • Officer Station • Waiting • Large Multi-Purpose Room • Multi-Purpose Rooms • Individual Program Rooms • Staff Offices • Restrooms • Services (Janitor Closet, Storage, Washer/Dryer, Utility)
PROTOTYPE SIZE	<ul style="list-style-type: none"> • 9,500 GSF

PROGRAM SPACE PROTOTYPES

F2 – Housing Unit Based Program



PROTOTYPE KEY FEATURES

- Construction Type C/D (Minimum Detention or Institutional Commercial)
- Inside perimeter fence

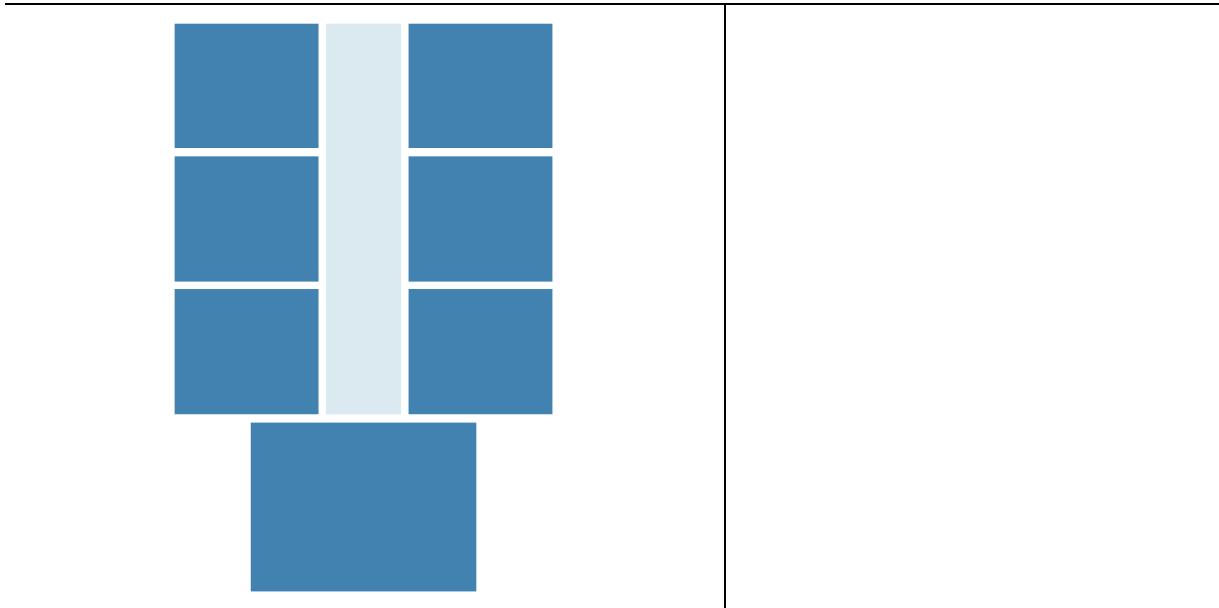
PROGRAM ELEMENTS

- Interview Room
- Multi-Purpose Room
- Staff Offices (Sergeant, Unit Manager, Case Manager)

PROTOTYPE SIZE

- 1,000 GSF

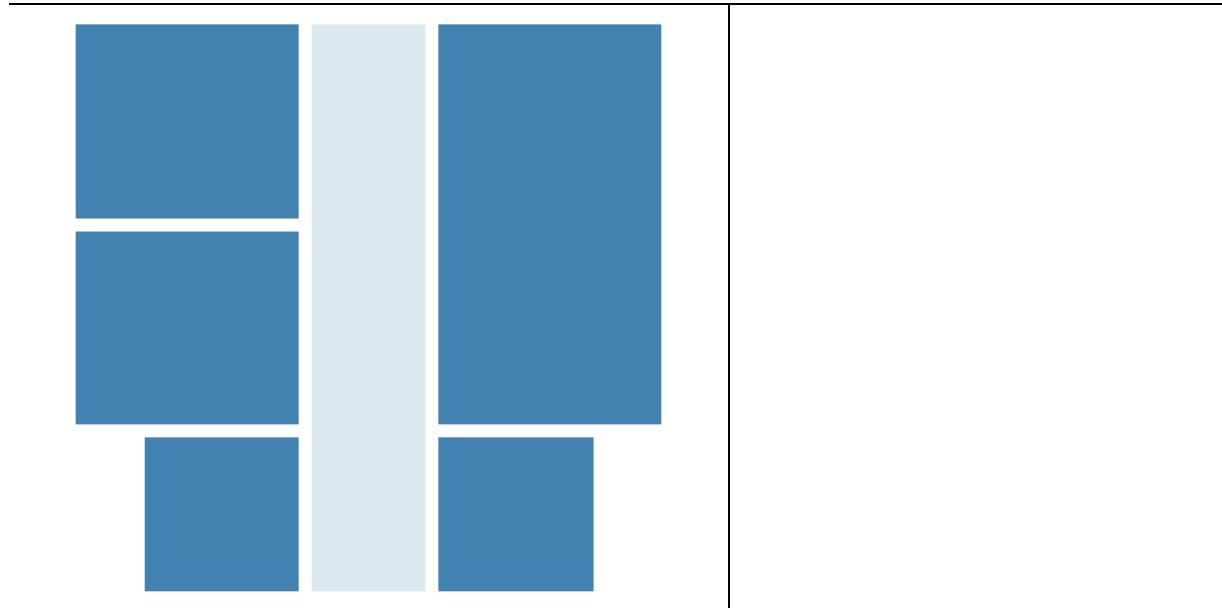
PROGRAM SPACE PROTOTYPES

F3 – Segregation Unit Programs

PROTOTYPE KEY FEATURES	<ul style="list-style-type: none"> • Construction Type A (Maximum Detention) • Inside perimeter fence
PROGRAM ELEMENTS	<ul style="list-style-type: none"> • Interview Room • Multi-Purpose Room • Medical Triage Room • Staff Offices (Sergeant, Unit Manager, Case Manager)
PROTOTYPE SIZE	<ul style="list-style-type: none"> • 1,500 GSF

PROGRAM SPACE PROTOTYPES

F3 – Segregation Unit Programs



PROTOTYPE KEY FEATURES

- Construction Type A (Maximum Detention)
- Inside perimeter fence

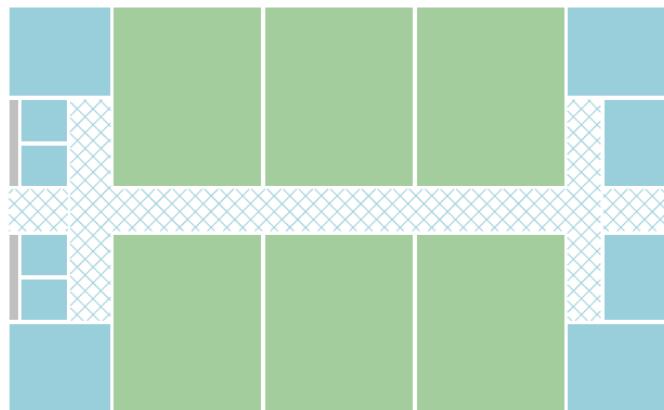
PROGRAM ELEMENTS

- (2) Interview Room / 1-on-1 Room
- (2) Small Group Rooms
- (1) Large Group Room

PROTOTYPE SIZE

- 1,000 GSF

PROGRAM SPACE PROTOTYPES

F4 – Life Labs for Level 1 & 2 Inmates

PROTOTYPE KEY FEATURES

- Construction Type C/D (Minimum Detention or Institutional Commercial)
- Inside or Outside of perimeter fence

PROGRAM ELEMENTS

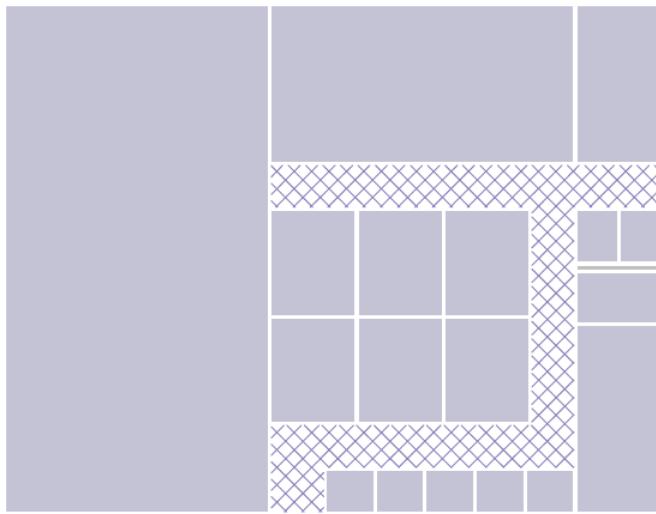
- (6) Classrooms each with Unit Kitchen and tables
- Multi-Purpose Room
- Administrative Offices
- Restrooms
- Services (Janitor Closet, Storage, Utility)

PROTOTYPE SIZE

- 4,000 GSF

PROGRAM SPACE PROTOTYPES

F5 – Mental Health Treatment & Program



PROTOTYPE KEY FEATURES

- Construction Type B (Medium Detention)
- Inside perimeter fence

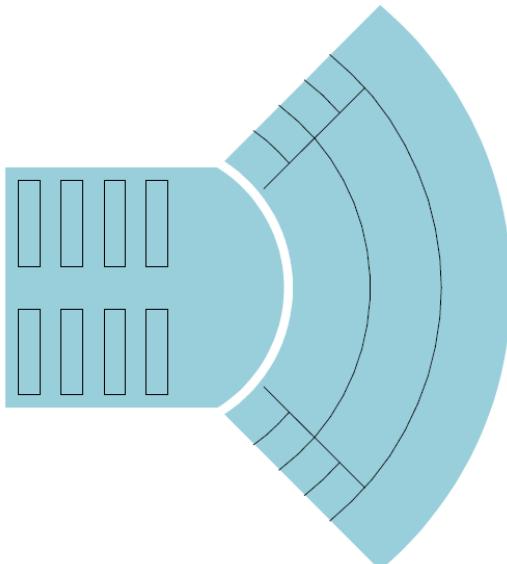
PROGRAM ELEMENTS

- Mental Health Visiting Area
- Inmate Dining and Servery
- Medical Triage Room
- Education Offices
- Multi-Purpose Rooms
- Classrooms (Music Therapy, Arts & Crafts, Computer Learning)
- Exercise Room & Gymnasium
- Restrooms
- Services (Janitor Closet, Storage, Utility)

PROTOTYPE SIZE

- 12,800 GSF

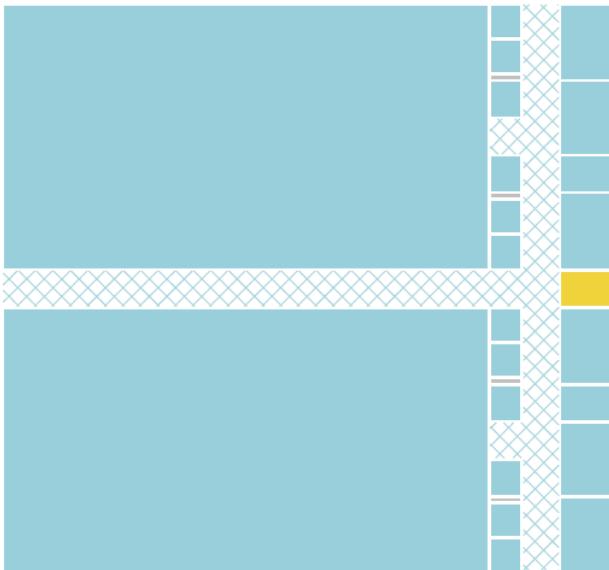
PROGRAM SPACE PROTOTYPES

F6 – Outdoor Education Pavilion

PROTOTYPE KEY FEATURES	<ul style="list-style-type: none">• Construction Type E (Commercial Construction)• Inside or outside perimeter fence
PROGRAM ELEMENTS	<ul style="list-style-type: none">• Covered seating area• Outdoor seating area
PROTOTYPE SIZE	<ul style="list-style-type: none">• 500 GSF

PROGRAM SPACE PROTOTYPES

F7 – Recreation Building



PROTOTYPE KEY FEATURES	<ul style="list-style-type: none">• Construction Type D (Institutional Commercial)• Inside or outside of perimeter fence
PROGRAM ELEMENTS	<ul style="list-style-type: none">• (2) Gyms• Officer Station• Officer Restroom• Inmate Restrooms• Passive Recreation Rooms• Multi-Purpose Rooms• Individual Program Rooms• Staff Offices• Services (Janitor Closet, Storage, Washer/Dryer, Utility)
PROTOTYPE SIZE	<ul style="list-style-type: none">• 12,100 GSF

Category G – Reception Prototype

ODRC has two male reception facilities – Lorain (LorCI) in the northeast region and Corrections Reception Center (CRC) in the southeast; and one female reception facility at ORW. The intake area at CRC is undersized for the volume of inmates being processed daily. As a result, the assessment process takes longer than necessary to issue assignments of individuals to appropriate institutions.

The expanded intake/reception facility approximates a size and spatial relationship for a more efficient and effective layout for the processing area. A large vehicular sallyport is provided to accommodate the typical quantity and size of inmate transportation vehicles. An inmate waiting area should be adjacent to the sallyport with group and individual holding cells surrounding the open space. Processing and assessment cubicles are adjacent to the inmate waiting area. Additional medical triage and mental health assessment offices are also provided. Inmate storage, records and administrative offices are located in a separate area of intake.

(Recommendations regarding the female reception center are discussed separately in Section 4.)

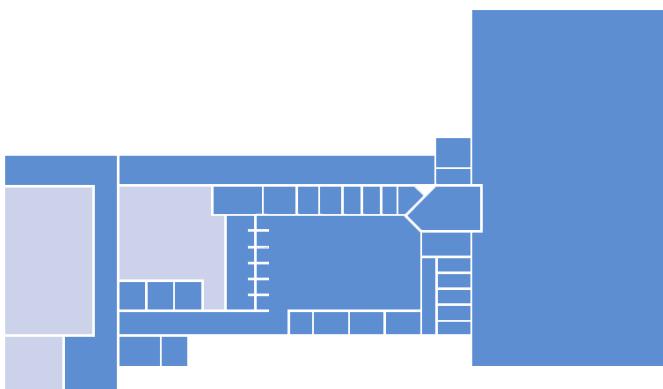
Primary design goals for the Reception Prototype include:

- To create a safe and secure reception that facilitates ODRC's ability to effectively manage inmates through processing and assessment
- To reduce overcrowding at the reception facilities
- To reduce processing wait times with an efficient design

An illustration and summary description for the Reception Prototype (G1) is presented in the following page.

RECEPTION PROTOTYPE

G1 – New Expanded Intake / Reception



PROTOTYPE KEY FEATURES

- Construction Type C (Minimum Detention)
- Inside perimeter fence
- Expanded medical and mental health assessment and orientation

PROGRAM ELEMENTS

- Vehicular Sallyport (covered, unenclosed)
- Reception / Transfer Area
- Intake Processing (Holding, Booking, Interview, Medical / Mental Health Screening, Office, Toilets)
- Control Room
- Inmate Records
- Inmate Property
- Inmate Issue Storage

PROTOTYPE SIZE

- 23,000 GSF

Category H – STEP Facilities

A new reception facility prototype is recommended in order to reduce the crowding at the three existing reception facilities. The Short Term Evaluation Processing (STEP) centers offer assessment solely for inmates with sentences of less than 12 months. Instead of processing all inmates through one of the three current ODRC receptions centers, a portion of inmates meeting stringent sentencing requirements would be processed through a STEP facility. This mitigates the crowding at the existing reception centers while also providing an efficient design for a customized assessment process for inmates sentenced with 12 months or less.

The STEP Prototype is a stand-alone facility housing male and female inmates sentenced less than 12 months. The design includes both sight and sound separation for male housing from the female housing. A mix of two-bed, four-bed, and six-bed rooms are provided. All administration, intake, programs, and support spaces should be located in the center of the facility. Administration and visitation are adjacent to the facility's front entrance. Visitation accommodates a minimum of 40 inmates at one time.

Food services and the intake area are located toward the back of the facility, in an area appropriate for a loading dock and vehicular sallyport. This facility is within a secure perimeter fence.

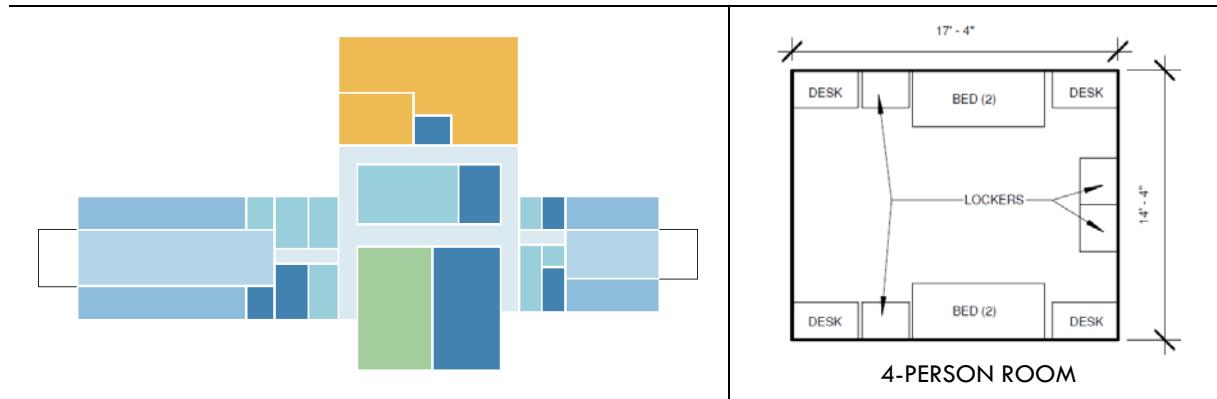
The primary design goals for a STEP Facility are:

- To create a safe and secure housing unit environment that facilitates ODRC's ability to effectively manage inmates
- To provide flexible program spaces to accommodate different educational and support services
- To maximize daylight into the dayrooms
- To utilize the benefit of a "normative environment" in the housing, program spaces, and visitation

An illustration and summary description for the STEP Facility Prototype (H1) is presented in the following page.

STEP PROTOTYPE

H1 – Step Facility



PROTOTYPE KEY FEATURES

- Construction Type B (Medium Detention)
- 120 Beds
- Secure Intake Facility for those with a <12 month sentence
- Within secure perimeter fence
- Sleeping areas separated into Male (96-beds) and Female (24-beds)

PROGRAM ELEMENTS

- Administration Area
- Visitation
- Intake Area
- Medical Suite
- Food Service and Dining Area
- Mix of 2, 4 & 6-Bed Rooms (4-person shown above)
- Per Male/Female Sides
 - Shared Toilets / Showers
 - Dayroom
 - Quiet Room
 - Inmate Programs (Multi-Purpose Room, Interview Room)
 - Services (Janitor Closet, Storage, Washer/Dryer, Utility)
- Inmate Programs - Shared Classrooms

PROTOTYPE SIZE

- 46,000 GSF

MATRIX OF NEED BY TYPE AND REGION

Using the prototype components defined in the previous section, the proposed allocation of these prototypes is based on enhancing the existing facilities in order to operate according to the ODRC mission. The recommendation to add any prototype to a facility was made to achieve the best and most efficient use of the buildings to support operations. All recommendations factored in the inmate classification level, the site constraints or land availability, and the prototypes that would make the most impact for improving the operations.

The capital plan does not propose any new prison facilities, but rather proposes a number of solutions to meet ODRC's capacity and/or operational needs by allocating the use of specific prototypes for specific facilities. Purpose-built prototypes, such as the SMI healing centers and STEP facilities are specialized buildings that will provide cost-effective and efficient services for inmates. Currently, special needs inmates are spread throughout the system and the three receptions centers are overcrowded which puts a strain on budgets and staffing.

This section does not address deferred maintenance issues. A separate contract was issued by OFCC to tour existing facilities and assess the architectural, structural and physical plant components. A summary of the first biennium recommendations is provided in the Appendix to the SCMP.

Within each prototype category proposed, the key factors for selecting the prototype and the implications of our recommendations are identified in the following subsections.

Housing Prototypes

Dorm Housing

The basis for any dorm conversion starts with an assessment of the level of crowding. When a housing unit, particularly a dormitory housing unit is overcrowded, the amount of personal space per inmate is compromised, increasing stress levels and tension. Converting an existing dormitory into alcoves lowers the population overall and creates personal space for the inmates.

Figure 3-2 shows the facilities where dorm housing conversions are recommended.

In Figure 3-3, the current allocation of dormitory and cell housing of ODRC facilities is illustrated in comparison to the distribution of these bed types that would result based on the recommended dorm conversions.

The North Central Correctional Complex currently is privately-operated and, as a result, not all of the dormitory housing on the campus is proposed for conversion to alcoves in an effort to maintain the existing population. The Noble Correctional Institution, for Level 1 and Level 2 inmates, is predominantly dormitory housing and is operating at design capacity. Therefore, no dorm conversions are recommended for this facility.

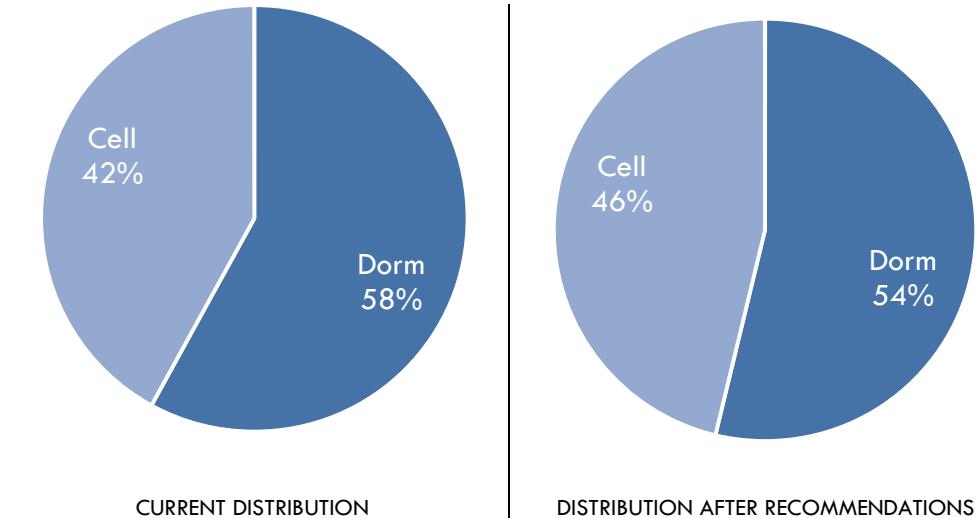
Figure 3-2
Recommended Dorm
Conversions

NORTHWEST	NORTHEAST	SOUTHWEST	SOUTHEAST
ToCI	LorCI	LeCI	FMC-A/B
AOCI	GCI	WCI	PCI
ManCI	GREC	LoCI	CRC
RiCI	NERC	MaCI	SOCF
NCCC	LaeCI	RCI	SCC-L
MCI	TCI	CCI	SCC-H
ORW	OSP		BeCI
DCI			NCI

Facilities Impacted

- Marion Correctional Institution
- North Central Correctional Complex
- Ohio Reformatory for Women
- Richland Correctional Institution
- Mansfield Correctional Institution (at the camp)
- Grafton Correctional Institution
- Grafton Reintegration Center
- Trumbull Correctional Institution (at the camp)
- Chillicothe Correctional Institution
- Madison Correctional Institution
- Belmont Correctional Institution
- Southeastern Correctional Complex
- Southeastern Correctional Complex at Hocking
- Pickaway Correctional Institution

Figure 3-3
ODRC Allocations of
Dorm and Cell
Housing



Disciplinary Control Housing

Some of the existing ODRC facilities have segregation housing that was built on a prototypical model within the last 20 years. Figure 3-4 illustrates the locations where existing segregation units satisfactorily meet ODRC's required conditions and components for disciplinary control housing.

Figure 3-4
Existing
Segregation Housing
Recommended to
Remain

NORTHWEST	NORTHEAST	SOUTHWEST	SOUTHEAST
ToCI	LorCI	LeCI	FMC-A/B
AOCI	GCI	WCI	PCI
ManCI	GREC	LoCI	CRC
RiCI	NERC	MaCI	SOCF
NCCC	LaeCI	RCI	SCC-L
MCI	TCI	CCI	SCC-H
ORW	OSP		BeCI
DCI			NCI

Facilities Impacted

- Richland Correctional Institution
- Lorain Correctional Institution
- Northeast Reintegration Center
- London Correctional Institution
- Noble Correctional Institution
- Pickaway Correctional Institution

Prototypes were configured for two types of disciplinary management housing. Restrictive housing has been designed for the Level 1 and Level 2 populations and segregation housing is for the remaining population. Development of the prototypes included consideration of the conditions and amount of program space available in the existing segregation housing.

Disciplinary control housing should be on one level, instead of multiple tiers.

Figures 3-5 and 3-6 illustrate the locations where new disciplinary management housing prototypes are recommended.

Figure 3-5
Proposed Restrictive
Housing Prototypes

NORTHWEST	NORTHEAST	SOUTHWEST	SOUTHEAST
ToCI	LorCI	LeCI	FMC-A/B
AOCI	GCI	WCI	PCI
ManCI	GREC	LoCI	CRC
RiCI	NERC	MaCI	SOCF
NCCC	LaeCI	RCI	SCC-L
MCI	TCI	CCI	SCC-H
ORW	OSP		BeCI
DCI			NCI

Facilities Impacted

- Allen Oakwood Correctional Institution
- Marion Correctional Institution
- North Central Correctional Institution
- Grafton Correctional Institution
- Belmont Correctional Institution
- Southeastern Correctional Complex

Figure 3-6
Proposed
Segregation Housing
Prototypes

NORTHWEST	NORTHEAST	SOUTHWEST	SOUTHEAST
ToCI	LorCI	LeCI	FMC-A/B
AOCI	GCI	WCI	PCI
ManCI	GREC	LoCI	CRC
RiCI	NERC	MaCI	SOCF
NCCC	LaeCI	RCI	SCC-L
MCI	TCI	CCI	SCC-H
ORW	OSP		BeCI
DCI			NCI

Facilities Impacted

- Toledo Correctional Institution
- Mansfield Correctional Institution
- Dayton Correctional Institution
- Trumbull Correctional Institution
- Ross Correctional Institution
- Madison Correctional Institution
- Warren Correctional Institution
- Lebanon Correctional Institution
- Correctional Reception Center

The proposed allocation of restrictive and segregation housing provides for an additional 744 beds, and an increased capacity for more effective disciplinary management of the inmate population. Disciplinary housing is used sparingly, and is not as a permanent housing assignment for inmates. The programmatic components and design of these prototypes allow for an efficient delivery of programs and services to inmates while under this level of supervision.

Any existing segregation housing that is no longer required on a facility has been recommended for renovation to become housing for the special needs mental health population.

Several of the facilities do not require segregation or disciplinary housing due to the nature of the operational mission. The existing disciplinary housing at the Ohio Reformatory for Women sufficiently manages the population requiring these services. Ohio State Penitentiary and Southern Ohio Correctional Institution are facilities with Level 4 and Level 5 inmates. Additional segregation housing for these two facilities is not recommended for this capital plan. Disciplinary housing is not required at Southeastern Correctional Institution at Hocking and Franklin Medical Center due to the size and the operational mission of these two facilities.

Integration and Re-entry

While important to the SCMP, the cadre village and independent living prototypes satisfy a programmatic opportunity for ODRC but are not deemed as a high priority in context of the entire capital plan. The proposed recommendations are intended to balance the operational priorities with the most efficient and cost effective use of the prototypes. While the cadre village and independent living prototypes have important roles moving forward, they did not address the overcrowding or programmatic deficiencies at the existing facilities.

Figure 3-7 identifies locations where use of cadre village and independent living prototypes is recommended.

Figure 3-7
Recommended
Cadre Village and
Reintegration
Housing Prototypes

NORTHWEST	NORTHEAST	SOUTHWEST	SOUTHEAST
ToCI	LorCI	LeCI	FMC-A/B
AOCI	GCI	WCI	PCI
ManCI	GREC	LoCI	CRC
RiCI	NERC	MaCI	SOCF
NCCC	LaeCI	RCI	SCC-L
MCI	TCI	CCI	SCC-H
ORW	OSP		BeCI
DCI			NCI

Facilities Impacted

- Lorain Correctional Institution
- Grafton Correctional Institution
- Grafton Reintegration Center
- Southeastern Correctional Institution at Hocking
- Franklin Medical Center

Special Needs Housing - Mental Health

The inmate population with a mental health diagnosis is approximately 10,000, but ODRC mental health staff suggests the number may actually be higher. Of this combined amount, only ten percent, or 2,100 inmates, have a condition of mental illness requiring additional treatment and separation from the general population.

Seven purpose-built SMI Healing Centers are proposed to be provided throughout existing ODRC facilities to accommodate the specialized needs for 1,000 crisis and acute mentally ill inmates. For the remaining 1,100 inmates diagnosed with some form of mental illness, separation from the general population with a focus on programs and treatment is preferred although a specialized hospital-type setting is not required.

Prototypes B1 and B2 were developed for recovery and mental health housing units. These models provide for additional program space, either an additional multipurpose room or individual counseling room, at the housing unit level. The primary goal of these prototypes is to provide a therapeutic community to as many ODRC facilities as possible. In addition to existing residential treatment units (RTUs) and intensive treatment programs (ITP), the allocation of 21 recovery and mental health prototypes is recommended. The resulting level of special needs capability would provide for a step down unit or therapeutic housing for the majority of ODRC institutions.

The proposed allocation of seven SMI Healing Centers as well as the mental health housing prototypes (existing and proposed) would provide some form of mental health housing for 21 institutions. Dedicated mental health housing was not recommended for the remaining nine institutions due to site constraints or the facility's operational mission. For example, a mental health housing unit was not recommended for Ohio State Penitentiary since all of the beds are in

single cells with a defined operation for Level 4 and Level 5 inmates. In facilities where a new restrictive or segregation unit is proposed, the mental health housing needs should be achieved through the renovation of existing segregation housing whenever feasible. In those cases, the renovation would consist of removing a few cells to provide sufficient program space, and any adjustments required to match the prototype components and adjacencies described in the identification of prototypical components.

Table 3-1 shows the current and proposed mental health housing options for all ODRC facilities.

Table 3-1
Mental Health Options

REGION	PRISON	EXISTING				ADDITIONAL PROPOSED				COMBINED TOTAL
		RTU	ITP	DEMENIA	DISABILITY	RTU	MH	SMI	SMI-CRISIS	
Northwest	Toledo Correctional Institution						48			48
	Allen Oakwood Correctional Institution	151	62	32	45			160		450
	Oakwood Correctional Institution					24				24
	Marion Correctional Institution									0
	North Central Correctional Complex					48				48
	Ohio Reformatory for Women	72					100			172
	Richland Correctional Institution									0
	Mansfield Correctional Institution					96	160			256
Northeast	Dayton Correctional Institution					24				24
	Lake Erie Correctional Institution (Privately-Operated)									0
	Lorain Correctional Institution									0
	Grafton Reintegration Center (formally NCCTF)									0
	Ohio State Penitentiary									0
	Trumbull Correctional Institution					24				24
	Northeast Reintegration Center		60							60
Southwest	Grafton Correctional Institution						160			160
	Ross Correctional Institution					24				24
	Chillicothe Correctional Institution		36							36
	Madison Correctional Institution					24				24
	London Correctional Institution						160			160
	Warren Correctional Institution	68	47			48				163
Southeast	Lebanon Correctional Institution						72			72
	Belmont Correctional Institution									0
	Noble Correctional Institution									0
	Southeastern Correctional Complex					24				24
	Southeastern Correctional Complex (Hocking)									0
	Pickaway Correctional Institution						160			160
	Correctional Reception Center	119					48			167
FMC	Southern Ohio Correctional Facility	79								79
	Franklin Medical Center							100		100
	TOTALS BY TYPE	489	205	32	45	72	432	900	100	2,275
	TOTALS IN SUBGROUPS					771		504	1,000	

Source: CGL, April 2015.

Special Needs Housing - Continuum of Care

The Special Needs Housing for the Continuum of Care includes geriatric housing, chronic care housing, and hospice care. These facilities are similar to assisted living and skill nursing living care for long-term care, chronically ill, disabled, or elderly inmates. Currently, geriatric housing is located at Marion Correctional Institution, Richland Correctional Institution, Grafton Correctional Institution, and Belmont Correctional Institution. All housing currently serving a continuum of care regimen should remain unchanged.

Further recommendations to meet continuum care needs within ODRC including using Pickaway Correctional Institute (PCI) as a predominantly geriatric care facility. With the Frazier Medical Building, the second largest medical clinic within ODRC, PCI is an ideal location for providing care for inmates requiring ongoing assistance with activities of daily living. Located in the Southeastern Region, this facility balances the geriatric population since three of the four existing facilities (Marion, Richland, and Grafton) are all located in the Northeast and Northwest regions.

No additional allocations of these prototypes at the remaining ODRC facilities are recommended at this time.

SMI Healing Centers

The proposed SMI Healing Centers provide for sub-acute care, longer term treatment beds, for inmates who require separation from general population with special programming and treatment. A minimal amount of acute or crisis care beds for short-term crisis care are included in a dedicated housing wing of the SMI Healing Center. A majority of acute and crisis care beds have been recommended for the specialized medical facility at FMC.

The approach for distributing the SMI Healing Centers incorporates the centers on existing facilities, with the goal to provide a regional approach having at least one SMI Healing Centers in each region. The SMI Healing Centers are proposed to be located near urban centers as much as possible to attract highly skilled nursing staff. Since the SMI Healing Centers are located on existing facility sites, a variety of inmate classification levels should be accommodated through their distribution.

Table 3-2 illustrates the recommended locations for SMI Healing Centers:

Table 3-2
Recommended SMI
Healing Center
Locations

REGION	PRISON	PROPOSED NUMBER OF SMI BEDS	
		HEALING CENTERS	CRISIS CENTERS
Northwest	Allen Oakwood Correctional Institution	160	
Northwest	Ohio Reformatory for Women	100	
Northwest	Mansfield Correctional Institution	160	
Northeast	Grafton Correctional Institution	160	
Southwest	London Correctional Institution	160	
Southeast	Pickaway Correctional Institution	160	
	Franklin Medical Center		100
	TOTALS	900	100

Source: CGL, April 2015..

Women

The three women's facilities are Dayton Correctional Institute (DCI), Ohio Reformatory for Women (ORW), and Northeast Reintegration Center (NERC). Most of the approximately 4,200 incarcerated women in Ohio are predominantly being housed in double bunk cells due to the existing housing conditions. Even though 90 percent of the females are within the Level 1 and Level 2 population and suitable for dormitory housing, only 70 percent of the available beds in the three current women's facilities are dormitories. DCI and NERC only have cell housing available on their entire campus.

In addition, a significant level of crowding exists at all three women facilities. As shown in Table 3-3, the women's facilities have to operate at higher than recommended levels in order to accommodate the current female incarceration rates.

Table 3-3
Current Operating Capacity for Women

REGION	PRISON	CURRENT POPULATION	OPERATING CAPACITY
Northwest	Ohio Reformatory for Women	2,544	100%
Northwest	Dayton Correctional Institution	910	182%
Northeast	Northeast Reintegration Center	596	170%
TOTALS		4,050	150%

Source: CGL, April 2015.

The SCMP seeks to improve the conditions for women at all three existing facilities. The only proposed change in function for an existing facility is to convert Franklin Medical Center (FMC) Zone B to female reception. In addition, reopening the camp at OSP offers a further opportunity to add additional housing for female inmates. Improving the conditions at the women's facilities is accomplished by a combination of actions, including:

1. Dormitory conversions;
2. Reduction of population in cells housing to single cell occupancy where possible;
3. Providing mothers and babies cottages; and
4. Providing necessary programs buildings to support the operations in a cost effective manner.

Dormitory Conversions

A reduction in the incarcerated women's population is proposed contingent upon the ability to divert 850 Level 1 female inmates who have sentences of less than 12 months to community correction facilities. Table 3-4 shows that with 18 percent of the projected 2025 female population eligible for community corrections, the implementation of recommended changes and/or additions proposed in this master plan, the operating capacity for women facilities can be reduced to 110 percent.

Table 3-4
2025 Proposed Operating Capacity for Women

REGION	PRISON	PROPOSED POPULATION	OPERATING CAPACITY
Northwest	Ohio Reformatory for Women	2,255	110%
Northwest	Dayton Correctional Institution	665	125%
Northeast	Northeast Reintegration Center	450	125%
Northeast	Camp at Ohio State Penitentiary	128	100%
	Franklin Medical Center	296	100%
	Community Corrections	850	100%
TOTALS		4,644	110%

Source: CGL, April 2015.

Mothers and Babies Cottages

The mothers and babies prototype assembles three 12-bed cottages adjacent to a central multipurpose area for living, dining, programs, and administration. A full 36-bed prototype is recommended for the Ohio Reformatory for Women. At Dayton Correctional Institution and Northeast Reintegration Center, a single 12-bed cottage with a smaller sized multipurpose area is recommended. Using the one-third-sized prototype is more appropriate for the smaller institution, yet can accommodate this specialized housing on a regional level.

Community Corrections

The SCMP recommends the construction of 14, 200-bed and two, 100-bed community corrections prototypes in the first two funding cycles. This emphasizes the importance of community corrections in the overall capital planning process. A recommended budgetary amount has been calculated as a part of the master plan, proposing that ODRC incorporate the suggested funds into the total fiscal budget to allow flexibility to later determine the most cost effective and appropriate allocation of the community corrections prototypes given the service area location, population served, and proposed site.

Medical

The recommendations for the medical prototypes in this section are for clinics and ambulatory care provided routinely to the general population at existing facilities. Recommendations for sub-acute and acute (short-term crisis) care are addressed in Section 4.

Medical prototypes were allocated for facilities based on the size, layout, proper sightlines, and adequate separation of programs such as tele-med to ensure privacy. For those facilities that do not have the capability to house infirm inmates in single cells or ward, the allocation of one of the two medical housing prototypes is recommended.

Medical prototypes are based on a certain number of infirmary beds and exam rooms for the clinic. If a facility requires more (or less) beds or rooms than provided for in the base prototype model based on population size, the designation of the prototype is adjusted (increased or decreased) to satisfy the need for the specific facility. In some cases, such as Lebanon Correctional Institution, the infirmary cells or wards are underutilized due to location and ability to efficiently staff. In this case, an infirmary housing prototype is recommended, along with renovation of the current infirmary housing to provide additional clinic space.

Implementation of the recommendations proposed in the category would ensure that all ODRC facilities will have sufficient clinical care and infirmary housing given their projected population size by 2025. Table 3-5 provides a summary of the recommended allocations of the medical prototypes.

Table 3-5
Recommended
Medical Prototypes

FACILITY	E1 - IN-PATIENT CHRONIC CARE HOUSING - CELLS	E2 - IN-PATIENT CHRONIC CARE HOUSING - WARD	E3 - CLINIC
Allen Oakwood Correctional Institution	0	0	1
Marion Correctional Institution	0.5	1	1
Ohio Reformatory for Women	0.5	1	1
Richland Correctional Institution	0	0	1
Mansfield Correctional Institution	0	0	1
Northeast Reintegration Center	0.5	0	2
Grafton Correctional Institution	1	1	1
Ross Correctional Institution	0	0	0.5
Chillicothe Correctional Institution	0.5	0.5	1
Lebanon Correctional Institution	1	0	0
Southeastern Correctional Complex	0.5	0	1
Pickaway Correctional Institution	0	1	1

Source: CGL, April 2015.

Programs

The proposed allocation and distribution of programs space directly relates to the alignment and operational mission established in the workshops. Recommendations in this area are based on the existing conditions and the amount of program space required to meet the desired levels of service identified for inmate programs as stated in Section 2. The recommended usages of programs prototypes are based on a combination of factors for each facility, including: to alleviate scheduling challenges; to increase program opportunities for inmates; to provide proper sizes and adjacencies for offices and program rooms; and to improve the safety for inmates and staff with clear sightlines.

Reception and STEP Facilities

The only reception prototype recommendation is proposed for the Correctional Reception Center (CRC). Currently, intake is undersized to efficiently process 80 inmates daily. Allocating the reception prototype at this facility will increase capacity in the loading area, assessment rooms, and holding area to help expedite the intake process at CRC.

The proposed allocation of STEP facilities suggests a total of four, to include one in each region. The STEP facility prototype is configured to contain the number of beds required to sufficiently address the regional population.

RECOMMENDATIONS

The Northwest Region

The Northwest Region has the most ODRC facilities and largest inmate population of any region, representing 32.6 percent of the total inmate population. Figure 3.8 provides a brief snapshot of the current operating capacity of the Northwest Region.

Figure 3-8
Northwest Region –
Design Capacity and
Operating Capacity



As illustrated in Figure 3-9, an appropriate blend of dormitory beds and cells exist for the population. However, with a higher than preferred operating capacity, the use of dorm conversions is proposed throughout the region to reduce existing overcrowded conditions.

As would be expected, the combination of the most inmates and highest level of crowding suggests that the greatest number of prototype components should be constructed in the Northwest Region as shown in Table 3-6.

Figure 3-9
Northwest Region –
Population by Level
and Bed Types

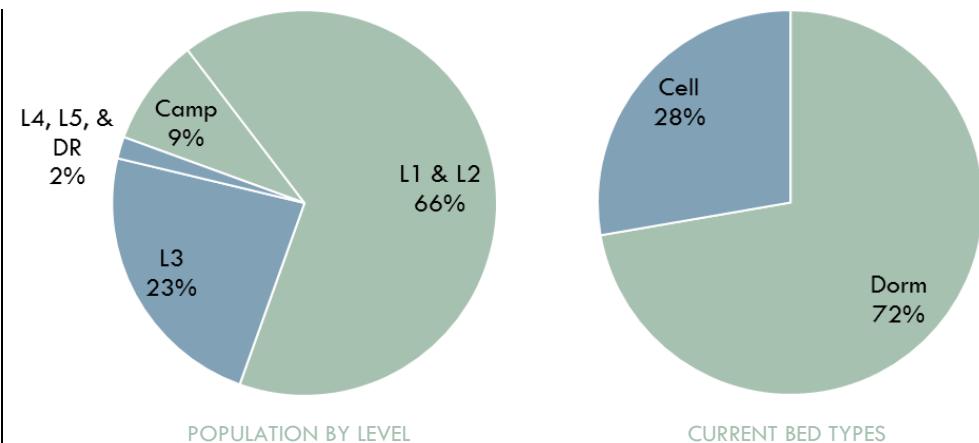


Table 3-6
Northwest Region –
Summary of
Recommended
Prototypes

Category	Total	Prototype	Quantity
Housing	45	A1 Cadre Village Prototype	-
		A2 4-Person Dry Room Dorm Alcoves	2
		A3 Restrictive Housing Unit	3
		A4 Segregation Housing Unit	4
		A5 Dorm Conversion Cubicle	36
		A6 1-Bed Alcove Prototype	-
		A7 Independent Living Prototype	-
Special Needs Housing	13	B1 Special Needs Inmates - Recovery	1
		B2 Special Needs Inmates - Mental Health	9
		B3 Hospice Care	-
		B4 Geriatric Housing	-
		B5 Chronic Care Infirmary	-
		B6 SMI Healing Center	3
Women's Housing	6	C1 Mothers and Babies Cottage	1
		C2 Cubicle Dorm Conversion	5
Community Corrections	-	Not in Capital Request	
Medical Programs	8	E1 In-Patient Acute Care - Cells	1
		E2 In-Patient Acute Care - Cells	2
		E3 Clinic / Infirmary	5
Programs and Treatment	65	F1 Programs Building	2
		F2 Housing Unit-based Program	44
		F3 Segregation Housing Unit Program	1
		F4 Life Lab	5
		F5 Mental Health Program	2
		F6 Outdoor Pavilion	10
		F7 Indoor Recreation	1
Reception	-	G1 Expansion of Existing Facilities	-
STEP Facility	1	H1 Regional Reception for Short Sentences	1

Source: CGL, April 2015.

The number of housing prototypes recommended for the Northwest Region exceeds that of any other region. Dorm conversions predominantly comprise the proposed allocation of prototypes, with a total of 36 conversions recommended. Marion, ORW, and Richland have a significant level of overcrowded dormitory housing. In addition to a reduction in population within the dorm buildings, two new four-person alcove dorms are recommended at Allen Oakwood.

Recommendations for the Northwest Region also include three restrictive housing prototypes for facilities with Level 1 and Level 2 inmates, and four segregation housing prototypes for facilities with Level 3, Level 4, and Level 5 inmates.

Housing prototype recommendations for this Region are presented in Table 3-7.

Table 3-7
Northwest Region –
Housing Prototypes

PRISON	CADRE VILLAGE PROTOTYPE	4-PERSON DRY ROOM DORM ALCOVES	RESTRICTIVE PROTOTYPE	SEGREGATION HOUSING UNIT PROTOTYPE	DORM CONVERSION TO CUBICLE	1-BED ALCOVE PROTOTYPE	INDEPENDENT LIVING PROTOTYPE
	A1	A2	A3	A4	A5	A6	A7
Toledo Correctional Institution	0	0	0	1	0	0	0
Allen Oakwood Correctional Institution	0	2	1	0	0	0	0
Oakwood Correctional Institution	0	0	0	0	0	0	0
Marion Correctional Institution	0	0	1	0	13	0	0
North Central Correctional Complex	0	0	1	0	2	0	0
Ohio Reformatory for Women	0	0	0	0	10	0	0
Richland Correctional Institution	0	0	0	0	10	0	0
Mansfield Correctional Institution	0	0	0	2	1	0	0
Dayton Correctional Institution	0	0	0	1	0	0	0
TOTAL	0	2	3	4	36	0	0

Source: CGL, April 2015.

To meet the special needs housing requirements in the sizeable Northwest Region, a total of 420 SMI Healing Center beds are recommended. Taking into consideration that two of the three women's facilities are located in this region, a proposed 100-bed female SMI Facility at ORW is included in this allocation to provide mental health services for all female inmates diagnosed with an acute or chronic mental illness requiring specialized treatment and separation from the general population. Two 160-bed SMI Healing Centers are recommended – one for Allen Oakwood Correctional Institution (Level 1 and Level 2), and one for Mansfield Correctional Institution (Level 3). At Allen Oakwood, the abandoned facility is a potential location for the SMI Healing Center. This would require demolition of existing structures and a new fence line to accommodate the purpose-built prototype.

Ten recovery and mental health housing units are proposed to be located throughout the region for chronic mentally ill inmates. Marion and Richland will be the only two facilities without a dedicated mental health housing unit in the Northwest Region.

The recommended special needs housing prototypes are presented in Table 3-8.

Table 3-8
 Northwest Region –
 Special Needs
 Housing Prototypes

PRISON	SPECIAL NEEDS INMATES - RECOVERY	SPECIAL NEEDS INMATES - MENTAL HEALTH	SUITE FOR HOSPICE CARE	GERIATRIC HOUSING UNIT	CHRONIC CARE INFIRMARY HOUSING UNIT	SMI HEALING CENTERS
	B1	B2	B3	B4	B5	B6
Toledo Correctional Institution	0	2	0	0	0	0
Allen Oakwood Correctional Institution	0	0	0	0	0	1
Oakwood Correctional Institution	1	0	0	0	0	0
Marion Correctional Institution	0	0	0	0	0	0
North Central Correctional Complex	0	2	0	0	0	0
Ohio Reformatory for Women	0	0	0	0	0	0.6
Richland Correctional Institution	0	0	0	0	0	0
Mansfield Correctional Institution	0	4	0	0	0	1
Dayton Correctional Institution	0	1	0	0	0	0
TOTAL	1	9	0	0	0	2.6

Source: CGL, April 2015.

Recommendations for new medical beds are proposed for Marion and ORW, with a medical clinic prototype proposed for:

- Allen Oakwood
- Marion
- Richland
- Mansfield

Table 3-9 shows the medical prototype recommendations for the Northwest Region.

Table 3-9
 Northwest Region –
 Medical Prototypes

PRISON	IN-PATIENT CHRONIC CARE HOUSING CELLS	IN-PATIENT CHRONIC CARE HOUSING WARD	CLINIC/ INFIRMARY
	E1	E2	E3
Toledo Correctional Institution	0	0	0
Allen Oakwood Correctional Institution	0	0	1
Oakwood Correctional Institution	0	0	0
Marion Correctional Institution	0.5	1	1
North Central Correctional Complex	0	0	0
Ohio Reformatory for Women	0.5	1	1
Richland Correctional Institution	0	0	1
Mansfield Correctional Institution	0	0	1
Dayton Correctional Institution	0	0	0
TOTAL	1	2	5

Source: CGL, April 2015.

A total of 65 **Program Prototypes** are recommended for the Northwest Region. Over 40 existing housing units are proposed to receive program space additions at the housing unit level to provide additional services and staff offices. A program building with a large multipurpose room, several group and individual counseling rooms, and offices are recommended for North Central Correctional Complex and Mansfield Correctional Institution.

Recommendations for all facilities with Level 1 and Level 2 inmates include a life lab prototype dedicated to teaching life skills such as cooking, cleaning, and budgeting. An outdoor recreation pavilion for educational and program services is also recommended for all facilities. An indoor recreation gymnasium is proposed for Toledo Correctional Institution to ease scheduling conflicts and provide safe, secure indoor recreation time during inclement weather.

Recommended programs prototypes are presented in Table 3-10.

Table 3-10
Northwest Region –
Programs Prototypes

PRISON	PROGRAMS BUILDING	HOUSING UNIT- BASED PROGRAMS	SEGREGATION	UNIT-BASED PROGRAMS	LIFE LABS	MENTAL HEALTH TREATMENT & PROGRAMS	OUTDOOR EDUCATION	PAVILION	INDOOR RECREATION
	F1	F2	F3	F4	F5	F6	F7		
Toledo Correctional Institution	0	3	0	0	0	1	1		
Allen Oakwood Correctional Institution	0	1	0	0	0	1	0		
Oakwood Correctional Institution	0	0	0	0	0.5	1	0		
Marion Correctional Institution	0	9	0	1.33	0	1	0		
North Central Correctional Complex	1	11	0	1	1	1	0		
Ohio Reformatory for Women	0	8	1	1	0	1	0		
Richland Correctional Institution	0	0	0	0	0.5	1	0		
Mansfield Correctional Institution	0.5	8	0	0.33	0	2	0		
Dayton Correctional Institution	0	4	0	1	0	1	0		
TOTAL	2	44	1	5	2	10	1		

Source: CGL, April 2015.

The only reception prototype for this region is a STEP facility to assess and classify inmates with a sentence of less than 12 months.

The Northeast Region

The Northeast Region has the fewest number of inmates and ODRC facilities. One of the facilities, Lake Erie Correctional Institution, is no longer owned or operated by ODRC; therefore, no prototypes have been recommended for this facility. Of the remaining five facilities, Lorain is the reception facility for the north and Northeast Reintegration Center is a women's facility. Level 1 and Level 2 inmates are housed at Grafton; Level 3 at Trumbull; and Level 4 and Level 5 inmates at Ohio State Penitentiary. Currently, the region has an operating capacity of 153 percent. Figures 3-10 and 3-11 illustrate this operational summary.

Figure 3-10
Northeast Region –
Design Capacity and
Operating Capacity



The Northeast Region has a relatively high percentage of cells (69 percent), but only 39% of the inmates have a classification that requires a cell. Based on ODRC policy, this indicates that many Level 1 and Level 2 inmates are actually held in cells (GCI) rather than dormitories. Strategically, if more cells are needed, GCI may be a facility to address that need.

Figure 3-11
Northeast Region –
Population by Level
and Bed Types

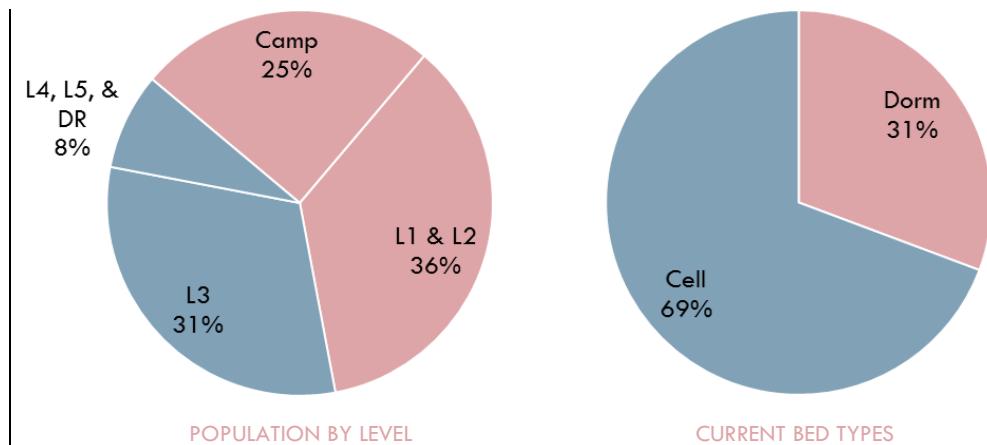


Table 3-11 summarizes the overall prototype recommendations for the Northeast Region:

Table 3-11
Northeast Region –
Summary of
Recommended
Prototypes

Category	Total	Prototype	Quantity
Housing	12	A1 Cadre Village Prototype A2 4-Person Dry Room Dorm Alcoves A3 Restrictive Housing Unit A4 Segregation Housing Unit A5 Dorm Conversion Cubicle A6 1-Bed Alcove Prototype A7 Independent Living Prototype	2 1 1 1 6 - 1
Special Needs Housing	2	B1 Special Needs Inmates - Recovery B2 Special Needs Inmates - Mental Health B3 Hospice Care B4 Geriatric Housing B5 Chronic Care Infirmary B6 SMI Healing Center	- 1 - - - 1
Women's Housing	-	C1 Mothers and Babies Cottage C2 Cubicle Dorm Conversion	- -
Community Corrections	-	Not in Capital Request	
Medical Programs	6	E1 In-Patient Acute Care - Cells E2 In-Patient Acute Care - Cells E3 Clinic / Infirmary	2 1 3
Programs and Treatment	42.5	F1 Programs Building F2 Housing Unit-based Program F3 Segregation Housing Unit Program F4 Life Lab F5 Mental Health Program F6 Outdoor Pavilion F7 Indoor Recreation	3 28 1 3 1 5 1.5
Reception	-	G1 Expansion of Existing Facilities	-
STEP Facility	1	H1 Regional Reception for Short Sentences	1

Source: CGL, April 2015.

Not surprisingly, there are minimal prototype recommendations compared to the other three regions due to the lower quantity of inmates housed in this region. Two cadre housing prototypes are proposed for Lorain and Grafton to house inmate workers for the facility, and one independent living prototype is suggested for Grafton Reintegration Center. For the camp at Trumbull, dorm conversions are recommended along with one new dormitory prototype. The dorm conversions are proposed for the Grafton Complex (correctional institution and reintegration center).

Only one of each of the restrictive and segregation housing prototypes is recommended due to the sufficient amount of disciplinary control housing already existing throughout the region.

Recommended housing prototypes for the Northeast Region are presented in Table 3-12.

Table 3-12
Northeast Region –
Housing Prototypes

PRISON	CADRE VILLAGE PROTOTYPE		4-PERSON DRY ROOM DORM ALCOVES		RESTRICTIVE HOUSING UNIT PROTOTYPE		SEGREGATION HOUSING UNIT		DORM CONVERSION TO CUBICLE		1-BED ALCOVE PROTOTYPE		INDEPENDENT LIVING PROTOTYPE	
	A1	A2	A3	A4	A5	A6	A7							
<i>Lake Erie Correctional Institution (Privately-Operated)</i>	0	0	0	0	0	0	0							
<i>Lorain Correctional Institution</i>	1	0	0	0	0	0	0							
<i>Ohio State Penitentiary</i>	0	0	0	0	0	0	0							
<i>Trumbull Correctional Institution</i>	0	1	0	1	2	0	0							
<i>Northeast Reintegration Center</i>	0	0	0	0	0	0	0							
<i>Grafton Correctional Institution</i>	1	0	1	0	1	0	0							
<i>Grafton Reintegration Center</i>	0	0	0	0	3	0	1							
TOTAL	2	1	1	1	6	0	1							

Source: CGL, April 2015.

One mental health housing unit is recommended at Trumbull and the SMI Healing Center at Grafton. Even though this is a small number of recommended special needs housing beds, the therapeutic community needs of the three main general population facilities will be met. The reception center at Lorain is sufficient for the assessment and medical/mental health screening required for the intake process. Any inmate with medical or mental health needs should be transferred to an appropriate facility for treatment. Dedicated mental health housing is not recommended for OSP.

Table 3-13 shows the recommended prototypes for special needs housing in the Northeast.

Table 3-13
Northeast Region –
Special Needs
Housing Prototypes

PRISON	SPECIAL NEEDS		INMATES - RECOVERY		SPECIAL NEEDS		INMATES - MENTAL HEALTH		SUITE FOR HOSPICE CARE		GERIATRIC HOUSING UNIT		CHRONIC CARE INPATIENT HOUSING UNIT		SMI HEALING CENTERS	
	B1	B2	B3	B4	B5	B6										
<i>Lake Erie Correctional Institution (Privately-Operated)</i>	0	0	0	0	0	0										
<i>Lorain Correctional Institution</i>	0	0	0	0	0	0										
<i>Ohio State Penitentiary</i>	0	0	0	0	0	0										
<i>Trumbull Correctional Institution</i>	0	1	0	0	0	0										
<i>Northeast Reintegration Center</i>	0	0	0	0	0	0										
<i>Grafton Correctional Institution</i>	0	0	0	0	0	0									1	
<i>Grafton Reintegration Center</i>	0	0	0	0	0	0									0	0
TOTAL	0	1	0	0	0	1										1

Source: CGL, April 2015.

A 12-person mothers and babies cottage is recommended for the Northeast Reintegration Center women's facility.

Table 3-14 shows additional infirmary beds and a medical prototype proposed for the Northeast Reintegration Center and Grafton Correctional Institution.

Table 3-14
 Northeast Region –
 Medical Prototypes

PRISON	IN-PATIENT CHRONIC CARE HOUSING CELLS			IN-PATIENT CHRONIC CARE HOUSING WARD			CLINIC/ INFIRMARY
	E1	E2	E3				
Lake Erie Correctional Institution (Privately-Operated)	0	0	0				
Lorain Correctional Institution	0	0	0				
Ohio State Penitentiary	0	0	0				
Trumbull Correctional Institution	0	0	0				
Northeast Reintegration Center	0.5	0	2				
Grafton Correctional Institution	1	1	1				
Grafton Reintegration Center	0	0	0				
TOTAL	2	1	3				

Source: CGL, April 2015.

A total of 29 housing-based program spaces are recommended to be added to existing housing units, including one for a segregation unit at Lorain. This allocation of prototype space provides group and individual counseling rooms, as well as staff offices within existing housing units, to provide ongoing and sufficient programs without having to move inmates to decentralized program areas.

In addition to the housing-based programs, a programs building with a variety of multipurpose rooms and offices is recommended for Trumbull and for the Northeast Reintegration Center. A mental health programs building is recommended adjacent to the existing therapeutic housing unit at Northeast Reintegration Center.

All facilities with Level 1 and Level 2 inmates will receive a life lab prototype dedicated to teaching life skills such as cooking, cleaning, and budgeting. An outdoor recreation pavilion is proposed for educational and program services for all facilities except OSP.

An indoor recreation gymnasium is proposed for Northeast Reintegration Center and Grafton to ease scheduling conflicts and provide safe, secure indoor recreation time during inclement weather.

Program prototype recommendations are summarized in Table 3-15.

Table 3-15
Northeast Region –
Programs Prototypes

PRISON	PROGRAMS BUILDING	HOUSING UNIT- BASED PROGRAMS	SEGREGATION UNIT-BASED PROGRAMS	LIFE LABS	MENTAL HEALTH TREATMENT & PROGRAMS	OUTDOOR EDUCATION PAVILLION	INDOOR RECREATION
	F1	F2	F3	F4	F5	F6	F7
<i>Lake Erie Correctional Institution (Privately-Operated)</i>	0	0	0	0	0	0	0
<i>Lorain Correctional Institution</i>	0	12	1	1	0	1	0
<i>Ohio State Penitentiary</i>	0	0	0	0	0	0	0
<i>Trumbull Correctional Institution</i>	1	8	0	0	0	1	0
<i>Northeast Reintegration Center</i>	1	8	0	1	1	1	0.5
<i>Grafton Correctional Institution</i>	0	0	0	1	0	1	0
<i>Grafton Reintegration Center</i>	0	0	0	0	0	1	1
TOTAL	2	28	1	3	1	5	2

Source: CGL, April 2015.

The only reception prototype recommended for this region is a STEP facility to assess and classify inmates with a sentence of less than 12 months.

The Southwest Region

The Southwest Region currently has 13,296 inmates with an operating capacity of 130 percent. Of the six facilities in this region, half serve Level 1 and Level 2 inmates and the other half serve Level 3 and Level 4 inmates. There are no reception centers, women's facilities, or facilities for Level 5 inmates in this region.

Chillicothe and Madison are two pivot facilities described in more detail in Section 4. Recommendations for the Southwest Region include Chillicothe Correctional Institution to fully house Level 1 and Level 2 inmates. This would require death row inmates to be relocated to another facility. To achieve this, one housing unit at Ross is proposed to be converted for Death Row inmates; however, ultimately this represents a policy-level decision for ODRC.

The operational mission at Madison Correctional Institution has evolved through the years. Currently, Madison is solely for Level 1 and Level 2 inmates. Converting Zone A, currently single cells, to house Level 3 inmates would alleviate the overcrowding and improve the operating capacity for Level 3 facilities throughout the state, and particularly in the Southwest Region having three facilities with cells.

The operational scenario of the Southwest Region is summarized in Figures 3-12 and 3-13.

Figure 3-12
Southwest Region –
Design Capacity and
Operating Capacity

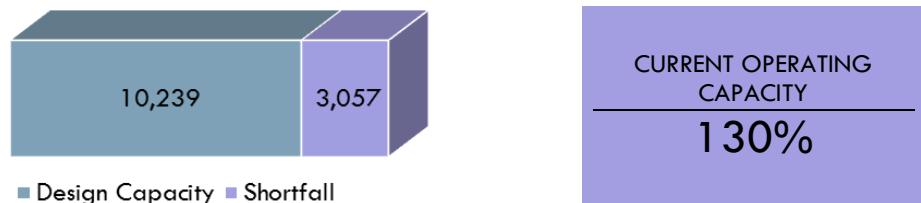


Figure 3-13
Southwest Region –
Population by Level
and Bed Types

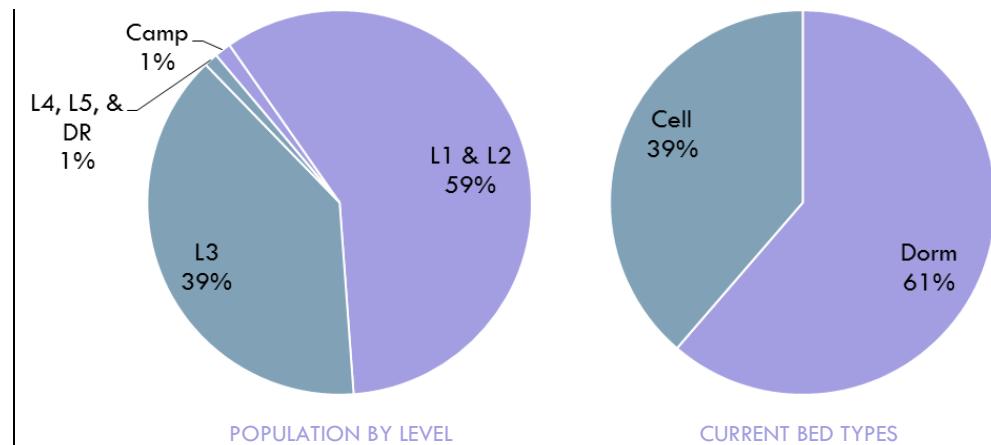


Table 3-16 presents a summary of the prototypes recommended for the Southwest Region.

Table 3-16
Southwest Region –
Summary of
Recommended
Prototypes

Category	Total	Prototype	Quantity
Housing	19	A1 Cadre Village Prototype	-
		A2 4-Person Dry Room Dorm Alcoves	-
		A3 Restrictive Housing Unit	-
		A4 Segregation Housing Unit	4
		A5 Dorm Conversion Cubicle	15
		A6 1-Bed Alcove Prototype	-
		A7 Independent Living Prototype	-
Special Needs Housing	7	B1 Special Needs Inmates - Recovery	1
		B2 Special Needs Inmates - Mental Health	6
		B3 Hospice Care	-
		B4 Geriatric Housing	-
		B5 Chronic Care Infirmary	-
		B6 SMI Healing Center	1
Women's Housing	-	C1 Mothers and Babies Cottage	-
		C2 Cubicle Dorm Conversion	-
Community Corrections	-	Not in Capital Request	
Medical Programs	5	E1 In-Patient Acute Care - Cells	2
		E2 In-Patient Acute Care - Cells	1
		E3 Clinic / Infirmary	2
Programs and Treatment	78	F1 Programs Building	1
		F2 Housing Unit-based Program	58
		F3 Segregation Housing Unit Program	5
		F4 Life Lab	4
		F5 Mental Health Program	2
		F6 Outdoor Pavilion	7
		F7 Indoor Recreation	1
Reception	-	G1 Expansion of Existing Facilities	-
STEP Facility	1	H1 Regional Reception for Short Sentences	1

Source: CGL, April 2015.

Four segregation housing unit prototypes are recommended in the Southwest. No Restrictive Housing prototypes are recommended because existing housing units at Chillicothe, Madison, and London have sufficient housing and programmatic components for Level 1 and Level 2 inmates requiring disciplinary control.

Fifteen dorm conversions are recommended for the existing dormitory housing at Chillicothe and Madison. This will provide personal space within a dormitory environment which has been shown to reduce tension and stress in inmates.

Recommended housing prototypes for the Southwest Region are shown in Table 3-17.

Table 3-17
Southwest Region –
Housing Prototypes

PRISON	CADRE VILLAGE PROTOTYPE	4-PERSON DRY ROOM DORM ALCOVES	RESTRICTIVE HOUSING UNIT PROTOTYPE	SEGREGATION HOUSING UNIT	DORM CONVERSION TO CUBICLE	1-BED ALCOVE PROTOTYPE	INDEPENDENT LIVING PROTOTYPE
	A1	A2	A3	A4	A5	A6	A7
Ross Correctional Institution	0	0	0	1	0	0	0
Chillicothe Correctional Institution	0	0	0	0	9	0	0
Madison Correctional Institution	0	0	0	1	6	0	0
London Correctional Institution	0	0	0	0	0	0	0
Warren Correctional Institution	0	0	0	1	0	0	0
Lebanon Correctional Institution	0	0	0	1	0	0	0
TOTAL	0	0	0	4	15	0	0

Source: CGL, April 2015.

Seven mental health housing units are recommended to be constructed or renovated, to provide additional services to mentally ill inmates requiring separation from the general population. The recommended SMI Healing Center is proposed at London Correctional Institution. With the existing and proposed mental health housing unit prototypes, all facilities in Southwest region would have adequate therapeutic housing. Table 3-18 presents the recommended special needs housing prototypes for the Southwest Region.

Table 3-18
Southwest Region –
Special Needs
Housing Prototypes

PRISON	SPECIAL NEEDS	INMATES - RECOVERY	SPECIAL NEEDS	INMATES - MENTAL HEALTH	SUITE FOR HOSPICE CARE	GERIATRIC HOUSING UNIT	CHRONIC CARE INFIRMARY HOUSING UNIT	SMI HEALING CENTERS
	B1	B2	B3	B4	B5	B6		
Ross Correctional Institution	0	1	0	0	0	0	0	0
Chillicothe Correctional Institution	0	0	0	0	0	0	0	0
Madison Correctional Institution	1	0	0	0	0	0	0	0
London Correctional Institution	0	0	0	0	0	0	0	1
Warren Correctional Institution	0	2	0	0	0	0	0	0
Lebanon Correctional Institution	0	3	0	0	0	0	0	0
TOTAL	1	6	0	0	0	0	0	1

Source: CGL, April 2015.

New medical beds are proposed for Chillicothe and Lebanon, with a medical clinic prototype for Ross and Chillicothe. This will improve the infirmary and clinic needs to adequately serve the Region's inmate population. Medical prototype recommendations for the Southwest region are listed in Table 3-19.

Table 3-19
Southwest Region –
Medical Prototypes

PRISON	IN-PATIENT CHRONIC CARE HOUSING CELLS	IN-PATIENT CHRONIC CARE HOUSING WARD	CLINIC/ INFIRMARY
	E1	E2	E3
Ross Correctional Institution	0	0	0.5
Chillicothe Correctional Institution	0.5	0.5	1
Madison Correctional Institution	0	0	0
London Correctional Institution	0	0	0
Warren Correctional Institution	0	0	0
Lebanon Correctional Institution	1	0	0

Source: CGL, April 2015.

A total of 58 housing-based program spaces are recommended to be added to existing general population housing units, and five segregation housing-based programs are recommended. This allocation of prototypes includes group and individual counseling rooms and staff offices within existing housing units to provide ongoing and sufficient programs without having to move inmates to a decentralized program area.

In addition to the housing-based programs, a programs building with a variety of multipurpose rooms and offices is recommended for Chillicothe. A mental health programs building is also recommended to be located adjacent to the existing therapeutic housing unit at Ross and Warren Correctional Facility.

All facilities with Level 1 and Level 2 inmates should have a life lab prototype dedicated to teaching life skills such as cooking, cleaning, and budgeting. An outdoor recreation pavilion for educational and program services is recommended for all facilities. An indoor recreation gymnasium is proposed for Lebanon Correctional Institution to ease scheduling conflicts and provide safe, secure indoor recreation time during inclement weather.

The programs prototypes recommended for the Southwest Region are shown in Table 3-20.

Table 3-20
Southwest Region –
Programs Prototypes

PRISON	PROGRAMS BUILDING	HOUSING UNIT- BASED PROGRAMS	SEGREGATION UNIT-BASED PROGRAMS	LIFE LABS	MENTAL HEALTH TREATMENT & PROGRAMS	OUTDOOR EDUCATION PAVILION	INDOOR RECREATION
	F1	F2	F3	F4	F5	F6	F7
Ross Correctional Institution	0	8	1	0.33	1	2	0
Chillicothe Correctional Institution	1	18	0	1	0	1	0
Madison Correctional Institution	0	8	0	1	0	2	0
London Correctional Institution	0	14	1	1	0	1	0
Warren Correctional Institution	0	0	0	0	1	1	0
Lebanon Correctional Institution	0	10	3	1	0	0	1
TOTAL	1	58	5	4	2	7	1

Source: CGL, April 2015.

The only reception prototype recommended for this region is a STEP facility to assess and classify inmates with a sentence of less than 12 months.

The Southeast Region

The Southeast Region currently has 12,409 inmates with an operating capacity of 140 percent. The Correctional Reception Center is the main reception for inmates sentenced in the southern half of the state, and is located in this region. Southern Ohio Correctional Facility, which is the only ODRC facility housing Level 3, Level 4, and Level 5 inmates, is also located in this region. The remaining five facilities in the Southeast region predominantly house Level 1 and Level 2 inmates.

Pickaway Correctional Institution should become a geriatric campus for inmates over 50 with chronic medical issues. A total of 240 purpose-built beds for geriatric inmates at Pickaway is proposed. Additional details regarding the recommendations for Pickaway are described in Section 4 under The Pivot Facilities. The Frazier Medical Center, which is the second largest ODRC medical facility, is a valuable resource to aid the older population.

Figures 3-14 and 3-15 illustrate the operational summary of the Southeast Region.

Figure 3-14
Southeast Region –
Design Capacity and
Operating Capacity



CURRENT OPERATING
CAPACITY
140%

Figure 3-15
Southeast Region –
Population by Level
and Bed Types

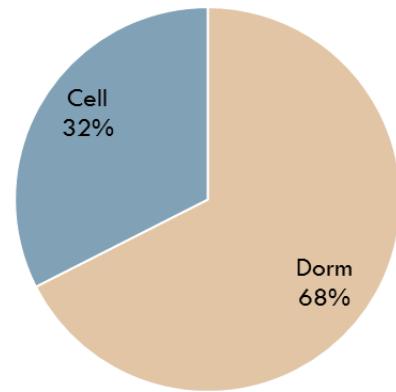
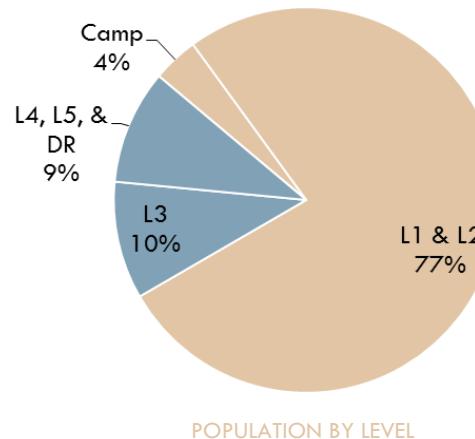


Table 3-21 summarizes the prototypes recommended for the Southeast Region.

Table 3-21
Southeast Region
-Summary of
Recommended
Prototypes

Category	Total	Prototype	Quantity
Housing	20	A1 Cadre Village Prototype	-
		A2 4-Person Dry Room Dorm Alcoves	1
		A3 Restrictive Housing Unit	2
		A4 Segregation Housing Unit	1
		A5 Dorm Conversion Cubicle	15
		A6 1-Bed Alcove Prototype	-
		A7 Independent Living Prototype	1
Special Needs Housing	14	B1 Special Needs Inmates - Recovery	1
		B2 Special Needs Inmates - Mental Health	2
		B3 Hospice Care	-
		B4 Geriatric Housing	10
		B5 Chronic Care Infirmary	-
		B6 SMI Healing Center	1
Women's Housing	-	C1 Mothers and Babies Cottage	-
		C2 Cubicle Dorm Conversion	-
Community Corrections	-	Not in Capital Request	-
Medical Programs	4	E1 In-Patient Acute Care - Cells	1
		E2 In-Patient Acute Care - Cells	1
		E3 Clinic / Infirmary	2
Programs and Treatment	65	F1 Programs Building	2
		F2 Housing Unit-based Program	51
		F3 Segregation Housing Unit Program	1
		F4 Life Lab	5
		F5 Mental Health Program	-
		F6 Outdoor Pavilion	6
		F7 Indoor Recreation	-
Reception	1	G1 Expansion of Existing Facilities	1
STEP Facility	1	H1 Regional Reception for Short Sentences	1

Source: CGL, April 2015.

Fifteen dorm conversions are recommended for the existing dormitory housing at Belmont, Southeastern, Hocking, and Pickaway. One new 80-bed alcove dormitory unit is recommended for Belmont. This will provide personal space within a dormitory environment which has been shown to reduce tension and stress in inmates. Converting the existing dormitory housing at Noble is not recommended because this would reduce the capacity below the design capacity for the facility.

Two restrictive housing units are recommended for Belmont and Southeastern Correctional Complex, and one segregation housing unit prototype is proposed for the Correctional Reception Center.

No cadre housing is recommended for this region. An independent living prototype is recommended for Southeastern Correctional Complex at Hocking. The abandoned warden's house should be renovated to become reintegration housing for inmates preparing to re-enter the community within six months.

Table 3-22 shows the recommended housing prototypes for the Southeast Region.

Table 3-22
Southeast Region –
Housing Prototypes

PRISON	CADRE VILLAGE PROTOTYPE	4-PERSON DRY ROOM DORM ALCOVES	RESTRICTIVE HOUSING UNIT PROTOTYPE	SEGREGATION HOUSING UNIT	DORM CONVERSION TO CUBICLE	1-BED ALCOVE PROTOTYPE	INDEPENDENT LIVING PROTOTYPE
	A1	A2	A3	A4	A5	A6	A7
Belmont Correctional Institution	0	1	1	0	2	0	0
Noble Correctional Institution	0	0	0	0	0	0	0
Southeastern Correctional Complex	0	0	1	0	6	0	0
Southeastern Correctional Complex (Hocking)	0	0	0	0	3	0	1
Pickaway Correctional Institution	0	0	0	0	4	0	0
Correctional Reception Center	0	0	0	1	0	0	0
Southern Ohio Correctional Facility	0	0	0	0	0	0	0
TOTAL	0	1	2	1	15	0	1

Source: CGL, April 2015.

Three mental health housing units should be constructed or renovated to provide additional services to mentally ill inmates requiring separation from the general population. This is recommended for Southeastern and the Correctional Reception Center. The recommended SMI Healing Center is proposed for Pickaway. If sufficient space is not available on the direct Pickaway campus, a portion of the abandoned Orient facility could be used for the Healing Center. This would require a new alignment with the existing fence.

With the existing mental health housing at CRC and Southern Ohio Correctional Facility and the proposed mental health housing unit prototypes, only three facilities within the Southeast will not have therapeutic housing.

Table 3-23 shows the recommendations for special needs housing in the Southeast Region.

Table 3-23
Southeast Region –
Special Needs
Housing Prototypes

PRISON	SPECIAL NEEDS INMATES - RECOVERY	SPECIAL NEEDS INMATES - MENTAL HEALTH	SUITE FOR HOSPICE CARE	GERIATRIC HOUSING UNIT	CHRONIC CARE INFIRMARY HOUSING UNIT	SMI HEALING CENTERS
	B1	B2	B3	B4	B5	B6
Belmont Correctional Institution	0	0	0	0	0	0
Noble Correctional Institution	0	0	0	0	0	0
Southeastern Correctional Complex	1	0	0	0	0	0
Southeastern Correctional Complex (Hocking)	0	0	0	0	0	0
Pickaway Correctional Institution	0	0	0	10	0	1
Correctional Reception Center	0	2	0	0	0	0
Southern Ohio Correctional Facility	0	0	0	0	0	0
TOTAL	1	2	0	10	0	1

Source: CGL, April 2015.

New medical beds are proposed for Southeastern and Pickaway, with a medical clinic prototype to provide additional clinic support for Pickaway. These changes, listed in Table 3-24, will improve the infirmary and clinic needs to adequately serve the inmate population in the Southeast.

Table 3-24
Southeast Region – Medical Prototypes

PRISON	IN-PATIENT CHRONIC CARE HOUSING CELLS	IN-PATIENT CHRONIC CARE HOUSING WARD	CLINIC/ INFIRMARY
	E1	E2	
Belmont Correctional Institution	0	0	0
Noble Correctional Institution	0	0	0
Southeastern Correctional Complex	0.5	0	1
<i>Southeastern Correctional Complex (Hocking)</i>	0	0	0
Pickaway Correctional Institution	0	1	1
Correctional Reception Center	0	0	0
Southern Ohio Correctional Facility	0	0	0
TOTAL	1	1	2

Source: CGL, April 2015.

A total of 52 housing-based program spaces are recommended to be added to existing housing units, which includes one segregation housing-based program at the current segregation housing at Noble. This provides group and individual counseling rooms and staff offices within existing housing units to provide ongoing and sufficient programs without having to move inmates to a decentralized program area.

In addition to the housing-based programs, a programs building with a variety of multipurpose rooms and offices for Southeastern and Pickaway is recommended.

All facilities with Level 1 and Level 2 inmates should receive a life lab prototype dedicated to teaching life skills such as cooking, cleaning, and budgeting. An outdoor recreation pavilion for educational and program services is proposed for all facilities except Southern Ohio Correctional Facility.

Programs prototype recommendations for the Southeast Region are shown in Table 3-25.

Table 3-25
Southeast Region – Programs Prototypes

PRISON	PROGRAMS BUILDING	HOUSING UNIT- BASED PROGRAMS	SEGREGATION UNIT-BASED PROGRAMS	LIFE LABS	MENTAL HEALTH TREATMENT & PROGRAMS	OUTDOOR EDUCATION PAVILION	INDOOR RECREATION
	F1	F2	F3	F4	F5	F6	F7
Belmont Correctional Institution	0	16	0	1	0	1	0
Noble Correctional Institution	0	10	1	1	0	1	0
Southeastern Correctional Complex	1	7	0	1	0	1	0
<i>Southeastern Correctional Complex (Hocking)</i>	0	0	0	0	0	1	0
Pickaway Correctional Institution	1	4	0	1	0	1	0
Correctional Reception Center	0	14	0	1	0	1	0
Southern Ohio Correctional Facility	0	0	0	0	0	0	0
TOTAL	2	51	1	5	0	6	0

Source: CGL, April 2015.

A reception prototype is recommended at the Correctional Reception Center to improve the intake flow and assessment process. In addition, a STEP facility should be built in this region to assess and classify inmates with a sentence of less than 12 months.

Conclusion

According to the ODRC design capacity in June 2014 and adjusted using information gathered during the site visits, there are 23,542 dormitory beds (64 percent) and 13,462 cells (36 percent) design capacity within the ODRC system. Given the inmate population at the onset of this study, the overall system is operating at 137 percent of its design capacity.

ODRC should seek to reduce the existing shortfall, at a minimum to reach an operating capacity of not more than 125 percent. The prototype recommendations proposed in Section 3 propose to add more specialized cells; and reduce the dormitory population through dorm conversions, and diverting 5,000 inmates who have 12 months or less remaining on their sentence into community corrections. Implementation of the capital plan, would result in a slightly lower level of dormitory housing, and provided a much needed increase in the quantity of cells throughout the system.

Figures 3-16 and 3-17 graphically illustrate these operational scenarios.

Figure 3-16
ODRC Current –
Design Capacity and
Operating Capacity

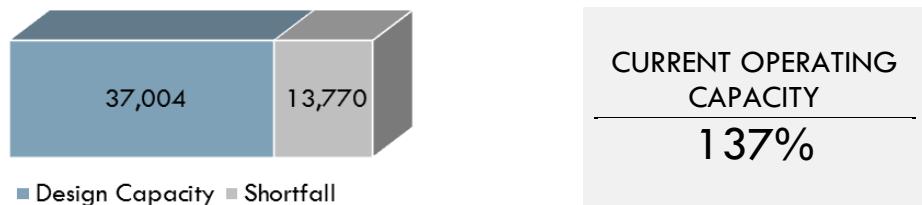


Figure 3-17
ODRC Current and
Proposed Allocation
of Dorms and Cells

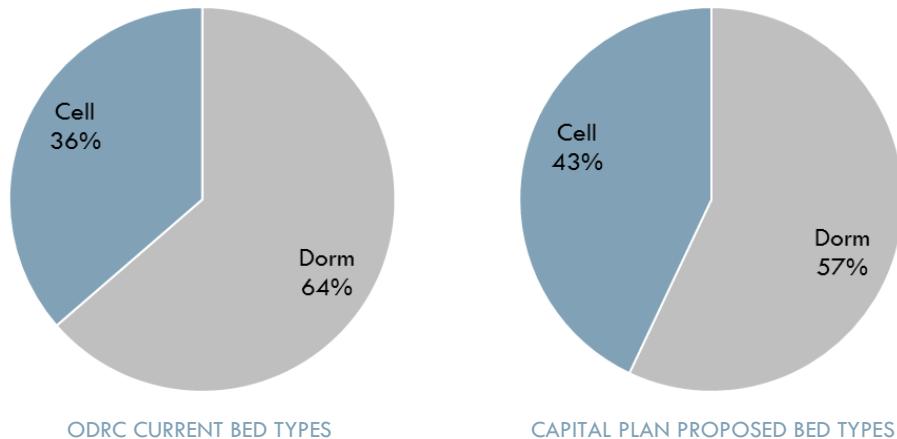


Figure 3-18 illustrates the resulting total operating capacity of the ODRC on the basis of all proposed recommendations of the Master Plan being implemented.

Figure 3-18
ODRC Proposed –
Design Capacity and
Operating Capacity

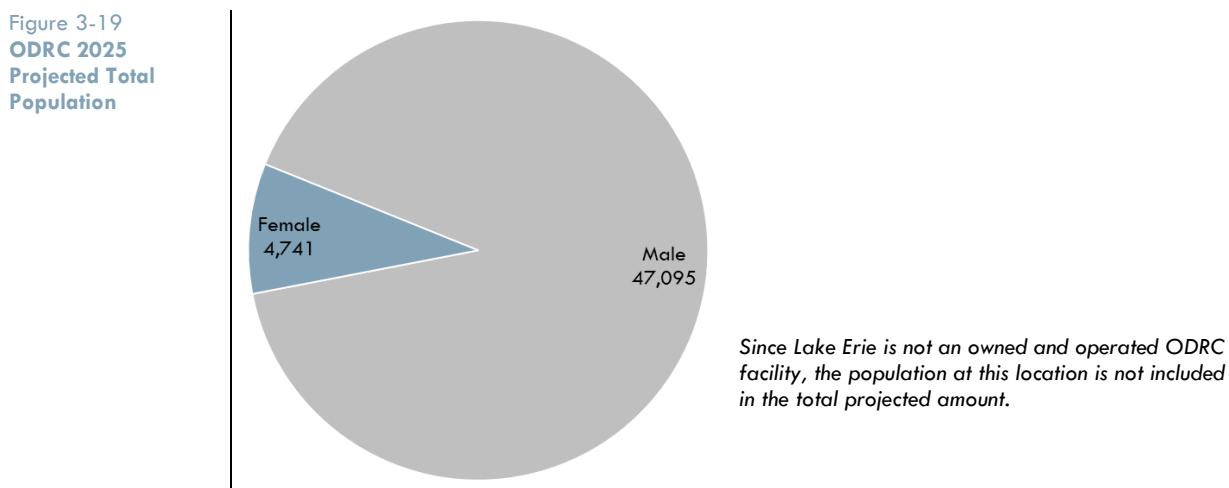


In order to understand the operating capacity, a number of factors should be considered in the various prisoner population categories. For example as noted earlier, the female population is predominantly Level 1 and Level 2; however the current bed type distributions for women has more cells than this population group requires due to the existing bed configurations. This type of information provided a basis for calculating adjusted operating capacities for both female and male facilities in light of classification levels and plan recommendations.

Other factors considered in reviewing the proposed operating capacity of the capital plan not accounted for in the prototype distributions mentioned in this section are as follows:

1. Over time, divert at least 5,000 Level 1 inmates with less than a 12 month sentence to community corrections
2. A portion of Level 1 and Level 2 inmates who will be processed through the proposed STEP facilities reducing the population processing at Lorain or Correctional Reception Center
3. Constructing an additional 2,000 dorm beds throughout Ohio

Figure 3-19 illustrates the 2025 projected male and female inmate population breakdown:



Of the total 4,741 female inmate population, 850 Level 1 female inmates with less than a 12 months sentence should be relocated to community corrections. Combined with the proposed allocation of female housing achieved in the capital plan recommendations, this would result in the operating capacity for women's housing across ODRC to be at an acceptable level of 107 percent of design capacity.

Table 3-26 summarizes the 2025 projected female population and recommended design capacity with the proposed prototypes included.

Table 3-26
ODRC Projected
2025 Female
Population and Bed
Type Distribution
Based on Plan
Recommendations

FEMALE POPULATION			
Facility	Dorm	Cell	Total
Ohio Reformatory for Women	1,793	442	2,235
Dayton Correctional Institution	-	534	534
Northeast Reintegration Center	-	362	362
Ohio State Penitentiary (Camp)	128	-	128
FMC Zone B Female Reception	-	296	296
Franklin Medical Center + C1 Prototype	-	86	86
Total Existing Beds	1,921	1,720	3,641
Proposed Additional Beds	928	124	1,052
New Dormitory Beds	928	-	928
New SMI Beds	-	100	100
New Mothers and Babies Beds	-	24	24
TOTAL	2,849	1,844	4,693
OPERATING CAPACITY			101%

Source: CGL, April 2015.

A more close examination of the larger male inmate population by levels is important to ensure that an acceptable operating capacity is being achieved for each classification grouping. Table 3-27 elucidates the 2025 projected male population and recommended design capacities by type with the proposed prototypes included.

The prototype recommendations are based on meeting the needs of the facility populations, as identified in Table 3-27. The proposed allocations of prototypes presented in Section 3 would accomplish the following at a minimum:

- Relieve and/or reduce overcrowding across all ODRC facilities;
- Address appropriate programmatic needs for the facility populations by level; and
- Provide specific special needs beds to accommodate the variety of inmates housed within ODRC facilities who should be separated from the general population.

Upon implementation of the recommendations proposed in the capital plan, ODRC's operating capacity for all population levels would be within recommended levels for the safe and secure operation of its facilities.

Table 3-27
ODRC Projected
2025 Male
Population and Bed
Type Distribution
Based on Plan
Recommendations

MALE POPULATION				
2025 Projected Population				47,095
Inmates with sentence of less than 12 months				4,150
STEP Facility (Capacity Number ^{r*})				384
Total Population for existing ODRC Facilities				42,561
	Camp, Level 1 & 2	Level 3	Level 4, 5 & DR	Total
Adjusted 2025 Projected Population	27,985	12,432	2,144	42,561
ODRC FACILITIES CAPACITIES w/PROPOSED PLAN RECOMMENDATIONS				
Northwest	7,582	2,104	268	9,954
Toledo Correctional Institution	240	584	268	1,092
Allen Oakwood Correctional Complex	1,042	232	-	1,274
Marion Correctional Institution	2,112	-	-	2,112
North Central Correctional Complex	2,396	-	-	2,396
Ohio Reformatory for Women	-	-	-	-
Richland Correctional Institution	1,540	-	-	1,540
Mansfield Correctional Institution	252	1,288	-	1,540
Dayton Correctional Institution	-	-	-	-
Northeast	2,099	2,006	376	4,481
Lorain Correctional Institution	48	1,274	-	1,322
Ohio State Penitentiary	-	-	376	376
Trumbull Correctional Institution	340	732	-	1,072
Northeast Reintegration Center	-	-	-	-
Grafton Correctional Institution + Reintegration	1,711	-	-	1,711
Southwest	4,618	4,452	-	9,070
Ross Correctional Institution	-	1,060	-	1,060
Chillicothe Correctional Institution	1,768	-	-	1,768
Madison Correctional Institution	504	620	-	1,124
London Correctional Institution	2,033	-	-	2,033
Warren Correctional Institution	-	1,112	-	1,112
Lebanon Correctional Institution	313	1,660	-	1,973
Southeast	6,576	820	1,600	8,996
Belmont Correctional Institution	1,786	-	-	1,786
Noble Correctional Institution	1,885	-	-	1,885
Southeastern Correctional Complex	1,600	-	-	1,600
Southeastern Correctional Complex (Hocking)	217	-	-	217
Pickaway Correctional Institution	960	-	-	960
Correctional Reception Center	128	820	-	948
Southern Ohio Correctional Facility	-	-	1,600	1,600
Medical Center	218	170	8	396
Franklin Medical Center	218	170	8	396
Proposed Additional Beds	6,692	1,224	-	7,916
Proposed Additional Level 1 & 2 Dorm Beds	2,192	-	-	2,192
Proposed Additional Medical Beds (FMC)	-	324	-	324
Proposed Additional SMI Beds	-	900	-	900
Proposed Additional Community Corrections Beds	4,500	-	-	4,500
TOTAL	27,785	10,776	2,252	40,813
OPERATING CAPACITY	101%	115%	95%	104%

Source: CGL, April 2015.

The information presented over the last several pages forms the basis of defining capital cost needs. As with any strategic plan, changes will occur that require a re-examination of priorities, but this information combined with the cost methodology will provide a basis for the level of capital investment required.

METHODOLOGY OF COST

Master plan cost estimates are based on a set of assumptions derived from an in-depth understanding of the correctional building type and the current market. The intent of this section is to outline the assumptions and model used to derive the total capital costs of the recommendations through 2025. These estimates must be re-evaluated regularly as market conditions change and should be used for planning purposes only.

The cost estimate is based on preliminary study of the prototypes and proposed concepts for specialized facilities, such as medical, mental health, short sentenced reception. At this stage, specific building programs, specifications, and site conditions are not yet known, therefore the capital costs must include a “best estimate” in order to understand the order of magnitude of cost associated with the needs. With an estimated cost defined for the recommendations, priorities can be generated. The priorities were assembled into 2-year phases to align with the State’s biennium calendar.

The capital cost is composed of two (2) components, ‘hard costs’ and ‘soft costs’. Hard costs should be thought of as costs paid to the general contractor and soft costs are State costs in addition to the costs allocated to the general contractor. No escalation has been applied to the capital costs prepared for the Master Plan.

Project costs are determined as follows:

The **hard costs** are inclusive of both the direct work and indirect costs. The direct work costs are typically calculated by gross square footage and the associated construction level. Indirect costs include general conditions, fees, insurances, permits, bonds and Division 1 Estimating Contingencies.

The **soft costs** are based on percentages of the hard costs and include sitework, consultant fees and an owner’s contingency. Due to the preliminary stage, the contingency is established at a higher percentage.

The following percentages were used to calculate the project costs for the ODRC facilities:

- Sitework: 15% of Facility Subtotal
- Soft Cost: 25% of Facility Subtotal
- Contingency: 20% of Facility Subtotal

Costs for working within the operating secure prison facility have been accommodated in the General Conditions of the Cost Estimate.

As listed above, the direct work costs depend on two factors, the square footage and the construction level. The square footage is based on the specific programmatic requirements for each prototype.

Square Footage

The programmatic components were developed through a series of workshops and employing best practices for housing, programs, medical and community corrections.

Within each prototype, each space required is defined in terms of Net Square Feet (NSF). The total prototype NSF is multiplied by a Circulation Factor which includes the local circulation required as well as the internal wall partitions. The circulation factor depends on the unique layout and program requirements of each prototype. This subtotal is then multiplied by a Building Grossing Factor which accounts for primary circulation, support, mechanical spaces and exterior wall thicknesses. All of the prototypes are stand-alone buildings or additions to existing structures requiring a building gross factor. (Only Dorm Conversions have a separate cost per square foot that does not include a circulation or Building Gross Factor.)

The resulting Total Gross Square Feet (GSF) represents the overall size of the prototype.

Construction Levels

This total GSF is then multiplied by the level of construction required for the prototype. A series of construction levels were established.

Level A – Maximum Detention

- Fully grouted CMU (security walls)
- Security windows
- Security hollow metal doors and frames throughout
- Security glazing
- Security ceiling

Level B – Medium Detention

- Fully grouted CMU
- security hollow metal at entry and at cells
- security windows
- commercial hollow metal doors and frames for program rooms, janitor closets, etc.
- security glazing throughout
- security ceiling

Level C – Minimum Detention

- CMU at exterior walls
- commercial grade aluminum windows with security glazing
- CMU to 9'-4" with Metal Studs and abuse resistant drywall above
- security hollow metal doors (perimeter doors) and frames
- Commercial hollow metal doors (interior) and frames
- security glazing
- ACT and Security Ceiling

Level D – Institutional Commercial

- CMU and/or metal studs + abuse resistant drywall, brick
- commercial hollow metal or wood doors
- commercial grade aluminum windows with security glazing
- ACT

Level E – Commercial

- Metal studs + abuse resistant drywall
- commercial hollow metal doors
- aluminum windows with security glazing
- ACT

As a cost was developed for each construction level, consideration was given to whether the prototype was located within or outside the secure perimeter. For Level E construction type, this type of building has the potential to be located both within and outside the fence; therefore, two separate costs per square foot were developed. The increase cost within the secure perimeter accounts for the additional security requirements during construction as well as electronic monitoring and detention grade doors at the perimeter of the building.

Construction levels are estimated as shown in Table 3-28.

Table 3-28
Cost Estimates
per SF by
Construction
Level

LEVEL	USE	WITHIN THE SECURE PERIMETER	OUTSIDE THE SECURE PERIMETER
A	Segregation Housing	\$ 448 / SF	--
B	Level 3 Housing, Infirmary, Clinic	\$ 392 / SF	--
C	Dormitories, Programs Building	\$ 336 / SF	--
D	Dormitories, Cottages, Programs Buildings	--	\$ 200 / SF
E	Warehouse Building	\$ 140 / SF	\$ 125 / SF

Source: CGL and Miles McClellan, February 2015.

Notes:

- 1) All these unit prices are benchmarked to 1/1/15.
- 2) It is assumed that prevailing wages apply in all cases.
- 3) It is assumed that these projects are sales tax exempt.
- 4) It is assumed that Ohio Public Works bidding and contracting procedures will apply.

The construction estimate by level assumes the cells are fabricated by metal panels, concrete masonry unit (CMU) or pre-cast with detention furnishings by Chief, Norix or an approved equal manufacturer.

Prototype Cost by Construction Level

In Table 3-29, the prototype cost by appropriate construction level is shown. Construction Level E is not shown in the chart because no prototypes utilize this category. Construction Level E is used on an as needed basis in the individual Facility Assessment Costs. Later in Section 4, soft costs are added to these base construction estimates to provide an estimate of total capital need.

Table 3-29
Prototype Cost Matrix

FUNCTIONAL COMPONENT	SQ.FT.	CONSTRUCTION TYPE			
		TYPE A	TYPE B	TYPE C	TYPE D
A. Housing					
A1 Cadre Village prototype	18,000	N/A	N/A	\$ 6,048,000	\$ 3,600,000
A2 4- to 8- person dry room Dorm	12,000	N/A	\$ 4,704,000	\$ 4,032,000	\$ 2,400,000
A3 Restrictive Housing Unit Prototype	12,000	\$ 5,376,000	\$ 4,704,000	\$ 4,032,000	\$ 2,400,000
A4 Segregation Housing Unit Prototype	15,750	\$ 7,056,000	\$ 6,174,000	\$ 5,292,000	\$ 3,150,000
A5 Dorm Conversion to Cubicle	N/A	N/A	\$30/sf	N/A	N/A
A6 1 Bed Alcove	15,000	N/A	\$ 5,880,000	\$ 5,040,000	\$ 3,000,000
A7 Independent Living Support Building	23,400	N/A	\$ 9,172,800	\$ 7,862,400	\$ 4,680,000
B. Special Needs					
B1 Special Needs (Recovery and RTU) Units	12,700	N/A	\$ 4,978,400	\$ 4,267,200	N/A
B2 Special Needs (Mental Health) Units	12,700	N/A	\$ 4,978,400	\$ 4,267,200	N/A
B3 Suite for Hospice Care	7,200	N/A	\$ 2,822,400	\$ 2,419,200	N/A
B4 Geriatric Housing Unit	5,280	N/A	\$ 2,069,760	\$ 1,774,080	N/A
B5 Chronic Care Housing	7,200	N/A	\$ 2,822,400	\$ 2,419,200	N/A
B6 SMI Healing Centers	55,620	N/A	\$ 15,639,400	N/A	N/A
C. Women					
C1 Mothers and Babies Cottage	12,000	N/A	N/A	\$ 4,032,000	\$ 2,400,000
C2 Cubicles and/or dry rooms	14,000	N/A	N/A	\$ 3,990,000	\$ 2,800,000
D. Community Corrections					
D1 40-bed CBCF	16,000	N/A	N/A	\$ 5,376,000	\$ 3,200,000
D2 80-bed CBCF	30,000	N/A	N/A	\$ 10,080,000	\$ 6,000,000
D3 200-bed CBCF	70,000	N/A	N/A	\$ 23,520,000	\$ 14,000,000
D4 20-Bed Halfway House	8,000	N/A	N/A	\$ 2,688,000	\$ 1,600,000
D5 40-Bed Halfway House	15,000	N/A	N/A	\$ 5,040,000	\$ 3,000,000
D6 80-Bed Halfway House	28,000	N/A	N/A	\$ 7,980,000	\$ 5,600,000
D7 200-Bed Halfway House	70,000	N/A	N/A	\$ 23,520,000	\$ 14,000,000
D8 Community Residential Center	3,600	N/A	N/A	\$ 1,209,600	\$ 720,000
D9 Day Reporting	7,200	N/A	N/A	\$ 2,419,200	\$ 1,440,000
E. Medical					
E1 In-Patient Acute Care Housing	3,200	N/A	\$ 1,254,400	\$ 1,075,200	\$ 640,000
E2 In-Patient Acute Care Housing	3,200	N/A	\$ 1,254,400	\$ 1,075,200	\$ 640,000
E3 Clinic/Infirmary Plan	6,800	N/A	\$ 2,665,600	\$ 2,284,800	\$ 1,360,000
F. Programs and Treatment					
F1 Programs Building	9,500	N/A	\$ 3,724,000	\$ 3,192,000	\$ 1,900,000
F2 Housing Unit-based Program	1,000	N/A	\$ 392,000	\$ 336,000	\$ 200,000
F3 Segregation Housing Unit Programs	1,500	\$ 672,000	\$ 588,000	\$ 504,000	\$ 300,000
F4 Life Labs for Level 1 & 2 inmates	4,000	N/A	\$ 1,568,000	\$ 1,344,000	\$ 800,000
F5 Mental Health Treatment & Program	12,800	N/A	\$ 5,017,600	\$ 4,300,800	\$ 2,560,000
F6 Outdoor Education Pavilion	500	N/A	N/A	\$ 168,000	\$ 100,000
F7 Indoor Recreation Building	12,100	N/A	\$ 4,743,200	\$ 4,065,600	\$ 2,420,000
G. Reception					
G1 New Expanded Intake/Reception	23,000	N/A	\$ 9,016,000	\$ 7,728,000	\$ 4,600,000
H. Short-Term Entry Programs Facility					
H1 120 Bed STEP Facility	46,000	N/A	N/A	\$ 15,456,000	N/A

Source: CGL and Miles McClellan, February 2015.

Dorm Conversions

A dorm conversion prototype was developed that does not require additional square footage since the space already exists and the arrangement is unique to each facility. A cost per square foot can be applied to any size dorm. This includes the renovation of the dorm into 8-bed alcoves with lockers and a shared common table. Low partition walls divide the dorm space into the alcoves. The conversion arrangement does not include any renovation or addition of ductwork, lighting, plumbing or similar building-wide system upgrades. The dayrooms, offices, program space, toilets and showers remain as is. With dorm conversions, the population is anticipated to reduce by 56%, although this is dependent upon the configuration and size. Dorm conversions are \$30 per square foot.

STEP Facilities

The SCMP recommends the construction of four (4) Short Term Entry Program (STEP) Facilities to be operated by ODRC. These buildings act as a reception and assessment facility for those sentenced to 12 months or less. Each facility houses 120 inmates, both males and females. The intake and assessment area will be located in the center. Administrative and inmate services (such as food service and laundry) shall also be included.

Level C construction level is intended for these outside-the-fence facilities. Additional sitework is included in these facilities to account for the cost of the new security fence. The STEP Facility construction cost is calculated as follows:

120 inmates x 385 GSF/inmate x \$336/GSF.....	\$	15,456,000
Sitework – 15%		2,318,400
Soft cost – 25%.....		<u>3,864,000</u>
Subtotal	\$	21,638,400
Contingency – 20%.....		<u>3,091,200</u>
 STEP Facility Total.....	\$	24,729,600
Amount of STEP Facilities.....		<u>x 4</u>
Total STEP Capital Costs (in 2015 dollars)	\$	98,918,400

For Medical and Mental Health facilities refer to the Design Options section below.

Cost Factors

The prototype costs are for new construction. In some instances, the component requirements could be renovated or added to an existing structure. Percentage factors were applied to the cost per square foot depending on the amount of renovation required. These factors will actually vary widely depending on the area and scope of each renovation project and may very often have to do with the age of the facility being renovated, and whether or not the HVAC, Plumbing, and Electrical systems have been generally upgraded within the past 15 years. The 75% factor is a conservative estimate for all such projects taken together.

For 'additions' to existing facilities, a factor of 133% x the new construction cost should be used for all renovations over 10,000 GSF, and that 150% x the new construction cost be used for all projects less than 10,000 GSF.

$$\text{PROTOTYPE} \times \text{CONSTRUCTION LEVEL} \times \text{COST FACTOR} = \text{RENOVATION COST}$$

0.50 Renovation factor where removal and replacement of systems is not required

0.75 Renovation factor including removal and replacement of existing HVAC, plumbing, electrical systems

1.33 Addition over 10,000 square feet

1.50 Addition under 10,000 square feet

Specialty Cost Items

Demolition

In a few instances, demolition of vacant buildings will be required to provide an area for new prototypes.

The cost of demolition is a function of several factors:

- The type of construction – reinforced concrete, reinforced masonry, unreinforced masonry, structural steel, wood frame, etc.
- The amount of potential salvage value (steel, copper, Special architectural features, etc.)
- The location of the facility and distance to a disposal site
- Whether or not any of the demolished materials are to be ground up and recycled
- The size of the project – larger projects attract more bidders and bids are lower.

In the case of prison demolition, reinforced concrete or reinforced masonry are typically the basis materials involved. These materials have high demolition costs, and there is often a requirement for recycling in Public Work specifications.

The cost for demolition within the secure perimeter is estimated at \$12/SF.

Elevators

The need for elevators was recognized in various program buildings and medical facilities, and a cost of \$150,000 is suggested to add an elevator to an existing structure.

Security Fence

For some facilities, the existing fence will require relocation or new section. A cost per linear feet of \$225 was used for a secure double fence.

Medical Facility Design Options

A purpose-built medical facility is proposed to house Medical Class III and Class IV inmates. These facilities are a construction level B which includes fully grouted CMU, security hollow metal doors at entry and at cells and security glazing and ceilings. Commercial hollow metal doors and frames are provided for all program rooms and staff areas.

The infirmary rooms are single occupant, ADA accessible rooms with hospital beds. Each room should provide sufficient access with at least 3'-0" clear around the bed. An ADA combi-unit shall be provided in each room. A nurse station shall be located adjacent and within view of all inmate rooms.

A unit price \$50/GSF higher than the Construction Level B referenced in the chart above is suggested for medical facilities. The premium is intended to cover the very high costs associated with triage rooms, x-ray rooms and pharmacies.

The suggested Medical Facility cost per square feet is \$442/GSF.

Three options with associated costs are provided for review.

Option 1 renovates the existing North and South Tower at FMC, expands FMC by 120 beds and builds a new medical facility with 110 beds in the Northeast. This is the preferred option due to the utilization of existing space, ability to phase construction and most economical to execute.

MEDICAL FACILITIES DESIGN OPTION 1

Renovate existing 120 beds in North and South Tower at FMC 53,232 GSF x (\$442/GSF x 75%)	\$17,646,408
Renovate Transit Hub	--
New Transit Hub	--
Propose 120 new medical beds in expansion at FMC 120 inmates x 600 SF/inmate x \$442/GSF	\$31,800,000
Propose 110 new medical beds in expansion in the Northeast (Grafton or other available ODRC land) 110 inmates x 600 SF/inmate x \$442/SF	\$29,200,000
Reconfigure existing fence 1,000 LF x \$225/LF	\$225,000
Subtotal	\$78,871,408
FMC Sitework Premium – 10%	7,887,140
New Construction Sitework Premium – 15%	11,830,711
Soft cost – 25%	19,717,852
Subtotal	\$118,307,111
Contingency – 20%	23,661,422
TOTAL – OPTION 1	\$141,968,533

Option 2 proposes to demolish the North & South Tower as well as the first floor medical facility in order to construct a new medical facility for 350 inmates at FMC.

MEDICAL FACILITIES DESIGN OPTION 2

Demolish existing North and South Tower at FMC 60,000 SF @ \$12/sf	\$720,000
Demolish first floor medical clinic 56,900 SF @ \$12/sf	\$682,800
Propose a new medical facility for 350 beds 350 inmates x 600 SF/inmate x \$442/SF	\$92,800,000
Subtotal	\$94,202,800
Sitework – 15%	14,130,420
Soft cost – 25%	23,550,700
Subtotal	\$131,883,920
Contingency – 20%	26,376,784
TOTAL – OPTION 2	\$158,260,704

Option 3 renovates the existing North and South Tower at FMC and constructing a wing at each of the 6 SMI Healing Centers (described below) to house Medical Class III and IV inmates. A \$25/GSF premium is placed on the proposed new facilities due to the size of addition.

MEDICAL FACILITIES DESIGN OPTION 3

Renovate existing 120 beds in North and South Tower at FMC 53,232 GSF x (\$442/GSF x 75%)	\$17,646,408
Provide 40 bed wing at the six (6) SMI Healing Centers 40 inmates x 600 SF/inmate x \$466/SF x 6 SMI Centers	\$67,104,000
Subtotal	\$84,750,408
Sitework – 15%	16,950,082
Soft cost – 25%	21,187,602
Subtotal	\$122,888,092
Contingency – 20%	24,577,618
TOTAL – OPTION A3	\$147,465,710

After the completion of the draft Strategic Capital Master Plan, the State engaged a firm to develop more detail for expansion of the FMC. An independent cost estimate was prepared based on a more detailed development plan. In Section 4 of this report, the estimated capital needs use the updated costs and not the options above.

SMI Healing Centers Design Options

Severely Mentally Ill (SMI) Healing Centers are recommended to house and treat inmates with a chronic or acute severe mental illness. As a construction level B, these facilities include fully grouted CMU, security hollow metal doors at entry and at cells and security glazing and ceilings. Commercial hollow metal doors and frames are suggested for all program rooms and staff areas.

Up to four (4) housing wings within the unit are recommended to provide flexibility in housing and minimize disruptions among inmates. Significant program rooms, including group and individual counseling rooms and administration areas are supported within the unit. Inmate services such as education, visitation, and dining can be accommodated as required by the facility.

Following the completion of the Draft SCMP, a “block” program was developed for a hypothetical SMI with the result being a total space requirement of approximately 56,000 and an estimated construction cost per square foot of \$280 since these facilities will be located inside existing prisons and have access to existing infrastructure.

Two options with associated costs are provided for review.

Option 1 proposes a total of seven (7) SMI Healing Centers throughout the state. Locations were selected to include a proper mix of facilities based on regions, population levels, and potential available land. The seven centers include one (1) female facility and one (1) specialized crisis and acute inmates at Franklin Medical Center. Option 1 is preferred due to ability to serve a smaller population of inmates in facilities located throughout the state. Table 3-30 presents an estimate of the cost.

Table 3-30
Estimated Cost for SMI
Option 1 Approach

SMI DESIGN OPTION 1	
Five (5) 160 bed facilities	\$ 84,000,000
160 inmates x 350 GSF/inmate x \$300/GSF x 5 centers	
One (1) 100 bed female facility at ORW	\$ 10,500,000
100 inmates x 350 GSF/inmate x \$300/GSF	
One (1) 100 bed crisis and acute facility at Franklin Medical Center	\$ 12,250,000
100 Patients X 350 GSF/patient X \$350/GSF	
Subtotal Construction Cost	\$ 106,750,000
Sitework – 15%	\$ 16,012,500
Soft cost – 25%	\$ 26,687,500
Subtotal Project Cost	\$ 42,700,000
Contingency – 20%	\$ 29,890,000
TOTAL COST - OPTION 1	\$ 179,340,000

Source: CGL Companies; December 2015

Option 2 proposes only four SMI facilities to consolidate the mental health staff to minimal locations throughout Ohio. There is one (1) female facility and one (1) specialized crisis and acute inmates at Franklin Medical Center, each with 100 inmates. Two remaining facilities are proposed, one in the Northwest and one in the Southeast, to house 400 inmates each, as shown in Table 3-31.

Table 3-31
Estimated Cost for SMI
Option 2 Approach

SMI DESIGN OPTION 2	
Two (2) 400 bed facilities	\$ 84,000,000
400 patients x 350 GSF/patient x \$300/GSF x 2 centers	
One (1) 100 bed female facility at ORW	\$ 10,500,000
100 patients x 350 GSF/patient x \$300/GSF	
One (1) 100 bed crisis and acute facility at Franklin Medical Center	\$ 12,250,000
100 Patients X 350 GSF/patient X \$350/GSF	
Subtotal Construction Cost	\$ 106,750,000
Sitework – 15%	\$ 16,012,500
Soft cost – 25%	\$ 26,687,500
Subtotal Project Cost	\$ 42,700,000
Contingency – 20%	\$ 29,890,000
TOTAL COST - OPTION 1	\$ 179,340,000

Source: CGL Companies; December 2015

As is evident from the two tables, the cost is estimated to be the same or similar but the major difference would be concentrating specialized staff in two (Option 2) rather than five (Option 1) facility locations.

Pickaway Correctional Institution Design Options

In the Draft SCMP, a proposal was made to renovate or replace several buildings. These recommendations would allow the buildings to function as required for the programmatic needs and improve the circulation. Two basic options were developed that ranged in cost from \$42 to \$52 million, and with no new housing. However, the old World War II era dormitory housing is in very poor condition and should be demolished. A separate building assessment study completed by OFCC suggested that the total deferred maintenance need could exceed \$50 million and combined with renovation costs, the State could spend well in excess of \$150 million on what

could be better and more efficiently used if the newer PCI buildings were incorporated into a comprehensive development plan that included the existing PCI site and the adjoining, abandoned Orient Correctional Institution (OCI) site. A separate plan was developed that would provide 2,352 new bedspaces for geriatric and Level 1 and 2 inmates; a new camp using existing buildings for 320 inmates; continued use of existing restrictive housing for 120 inmates; and 520 beds in the Frasier Building and an upgrade of Dorm "B". The total beds under this plan for PCI/OCI would be 3,312.

More detail of the recommended development plan for PCI is available in a separate report but in Table 3-32, the estimated cost for the new construction is shown.

Table 3-32 Estimated Cost for New Beds at PCI	Space Desig.	Component		Total Square Feet	Total Cost
		Number of New Beds	2,352		
	1.000	FACILITY ADMINISTRATION		18,816	\$ 4,198,320
	2.000	SECURITY SERVICES		8,232	\$ 2,287,320
	3.000	PROGRAM SERVICES		88,200	\$ 18,774,840
	4.000	INMATE SERVICES		3,528	882,000
	5.000	MEDICAL SERVICES		17,640	\$ 4,551,120
	6.000	FOOD SERVICES		43,512	\$ 10,542,840
	7.000	FACILITY MAINTENANCE, MECHANICAL, & WAREHOUSE		35,280	\$ 7,020,720
		TOTAL SUPPORT CORE		215,208	\$ 48,257,160
	8.000	INMATE HOUSING	%	496,900	\$ 122,527,400
	8.100	Geriatric	1,168	50%	\$ 67,976,000
	8.200	General Population	1,024	44%	\$ 38,912,000
	9.000	SMI	160	6.8%	\$ 15,639,400
		TOTAL ESTIMATED BGSF	2,352	712,108	\$ 170,784,560
	9.000	OCI Demolition			\$ 13,700,000
	10.000	New Perimeter for Entire Campus			\$ 5,000,000
					\$ 189,484,560
	SITE DEVELOPMENT COSTS				
		Subtotal Site Development Costs			\$ 2,600,000
	FIXTURES, FURNISHINGS & EQUIPMENT and SPECIALTIES				
		Subtotal Fixtures, Furnishings & Equipment and Specialties Costs			\$ 18,786,302
	PROJECT FEES				
		Subtotal Project Fees			\$ 17,421,507
	PROJECT CONTINGENCIES				
		Subtotal Project Contingencies			\$ 11,414,618
		TOTAL PROJECT COSTS			\$ 50,222,427
		TOTAL ESTIMATED COSTS			\$ 239,706,987
		Source: CGL; December 9, 2015			1.29

Ohio Reformatory for Women

After completion of the first draft of the SCMP, the State asked for a more detailed assessment of development options for the ORW, similar to efforts at FMC and PCI as noted earlier. During the early visioning stages in the development of the SCMP, the ODRC asked that particular attention be afforded to approaches that would reduce crowding and improve services and

conditions for the female population. This began with an assessment of where women are currently incarcerated as shown in Table 3-33.

Table 3-32 Current Assignment of Female Bedspaces	LEVEL	ORW	FMC	DCI	NERC	TOTAL	%
	Level 1	1,367	75	296	389	2,127	51.0%
	Level 2	931	7	371	223	1,533	36.7%
	Level 3	262	2	241	-	505	12.1%
	Level 4	-	-	4	-	4	0.1%
	Level 5	-	-	-	-	-	0.0%
	Death Row	1	2	-	-	3	0.1%
TOTAL		2,561	86	913	612	4,172	100.0%
Source: ODRC November 2014							

The ORW will remain the primary women's facility in the State, followed by NERC and FMC. This capital plan recommends the relocation of the reception and orientation function from ORW to Zone B of the Franklin Medical Center as will be addressed in Section 4. In time with a full implementation of the "12 and under" program that diverts women with short sentences to alternative facilities and programs, the Dayton facility can revert to the original purpose as a men's prison. In Table 3-34, a summary of the proposed projects and associated costs for improving ORW is shown.

Table 3-33 Proposed Improvements for ORW	Improvement	Prototype Designation	Number of Beds	Estimated BGSF	Construction Cost/Unit	Total Cost
	New Construction					
	Visitation & Entry Building	F-7	-	9,000	\$ 3,528,000	\$ 5,927,040
	Life Lab Building	F-4	-	8,900	\$ 1,780,000	\$ 2,990,400
	Intake Processing Building	-	-	4,000	\$ 1,344,000	\$ 2,257,920
	Mothers and Babies Cottage	C-1	24	12,000	\$ 5,600,000	\$ 9,408,000
	Dormitory Buildings	C-2a	288	43,200	\$ 8,640,000	\$ 14,515,200
	Dormitory Buildings	C-2b	640	96,000	\$ 19,200,000	\$ 32,256,000
	SMI Healing Center	B-6	100	35,000	\$ 9,841,406	\$ 14,037,268
	Subtotal New Beds		1,052	208,100	\$ 49,933,406	\$ 81,391,828
	Dormitory Conversions					
	Meridian Housing Building	A-5	148	-	\$ 300,000	\$ 360,000
	Rogers Housing Building	A-5	208	-	\$ 742,500	\$ 891,000
	Shirley Housing Building	A-5	208	-	\$ 685,000	\$ 822,000
	Kennedy Housing Building	A-5	160	-	\$ 747,500	\$ 897,000
	Hale Housing Building	A-5	160	-	\$ 177,500	\$ 213,000
	Subtotal Converted Beds		884	-	\$ 2,652,500	\$ 3,183,000
	Building Expansions or Renovations					
	Harmon Building		-	20,000	\$ 5,040,000	\$ 7,560,000
	Subtotal Renovations				\$ 5,040,000	\$ 7,560,000
	Demolition					
	Washington Building		-	-	\$ -	\$ -
	Elizabeth Building		-	-	\$ -	\$ -
	Lincoln Building		175	-	\$ 153,600	\$ 192,000
	Subtotal Demolition		175	-	\$ 153,600	\$ 192,000
	TOTALS				\$ 57,779,506	\$ 92,326,828
Source: CGL; December 2015						

Deferred Maintenance

As noted, OFCC contracted with several teams to conduct an evaluation of the deferred maintenance needs of each institution. The total magnitude of need identified from these field surveys is in the hundreds of millions of dollars. More extensive work is being conducted by the OFCC and ODRC staff to assign priorities to the estimated need. This work will require on-going updates and coordination with any funding for SCMP recommended projects.

In the Section 4, the currently identified deferred maintenance cost for the first capital biennium will be discussed in the context of total capital need. At this stage, only the first funding cycle requirement of approximately \$58 million is shown in Table 3-34. More detail regarding future deferred maintenance funding requirements will be forthcoming as the entire capital need is clarified.

Table 3-34 Estimated 1 st Biennium Facility Assessment Cost by Region	FACILITY BY REGION		TOTALS - 1st Biennium
Northwest Region			
Toledo Correctional Institution	\$	-	
Allen Oakwood Correctional Institution	\$	200,238	
Oakwood Correctional Institution	\$	131,373	
Marion Correctional Institution	\$	3,494	
North Central Correctional Complex (Private Facility)	\$	-	
Ohio Reformatory for Women	\$	7,500,000	
Richland Correctional Institution	\$	3,300,713	
Mansfield Correctional Institution	\$	79,083	
Dayton Correctional Institution	\$	2,799	
Subtotal Northwest Region	\$	11,217,699	
Northeast Region			
Lake Erie Correctional Institution (Private Facility)	\$	-	
Lorain Correctional Institution	\$	821,238	
Ohio State Penitentiary	\$	5,044,551	
Trumbull Correctional Institution	\$	3,435,095	
Northeast Reintegration Center	\$	1,777,586	
Grafton Correctional Institution	\$	-	
Grafton Reintegration Center (formally NCCTF)	\$	-	
Subtotal Northeast Region	\$	11,078,469	
Southwest Region			
Ross Correctional Institution	\$	825,933	
Chillicothe Correctional Institution	\$	5,906,510	
Madison Correctional Institution	\$	1,500,000	
London Correctional Institution	\$	2,460,450	
Warren Correctional Institution	\$	130,652	
Lebanon Correctional Institution	\$	13,211	
Subtotal Southwest Region	\$	10,836,755	
Southeast Region			
Belmont Correctional Institution	\$	5,472,843	
Noble Correctional Institution	\$	31,440	
Southeastern Correctional Complex	\$	1,500,000	
Southeastern Correctional Complex (Hocking)	\$	300,000	
Pickaway Correctional Institution	\$	5,000,000	
Correctional Reception Center	\$	994,370	
Southern Ohio Correctional Facility	\$	11,789,331	
Subtotal Southeast Region	\$	25,087,984	
Medical Center			
Franklin Medical Center	\$	412,914	
Subtotal Medical Center	\$	412,914	
SUBTOTAL ASSESSMENT COSTS	\$	58,633,820	

Source: Assessment Costs-OFCC; April 2015

The construction level cost per square foot includes the hard costs associated with the construction of the prototypes including the mechanical, electrical, plumbing and life safety systems. All costs associated with deferred maintenance and/or building systems are not included in the construction cost per square foot. The cost associated with deferred maintenance was provided to OFCC in a separate contract. The recommended phased costs provided by OFCC are included in our Facility Adjustment Costs.

The cost estimation approach used in the SCMP was compiled on a facility adjustment cost sheet in order to align the recommendations with the prototype cost. The three sections associated with the development of the facility adjustment costs include:

- Prototype Recommendations
- Renovation Recommendations
- Maintenance or Building Assessment Recommendations

The subtotal of these three items represents the hard costs. The sitework (15 percent) and soft costs (25 percent) were added for a new subtotal. A 20 percent contingency factor is applied to provide the total facility adjustment cost in 2015 construction dollars. For interior renovations only, the 15 percent sitework was not included in the project costs. More information on the capital cost estimates using this methodology is presented in Section 4 and Appendix A.



Summary of the Strategic Capital Master Plan

The previous sections have documented why an additional investment in Ohio's prisons will be required even though the anticipated rate of growth in average daily population is expected to decline when compared to previous years. Due to serious national and state economic conditions, similar to many other states, Ohio has been required to manage the prison population in facilities that have reached a critical point of "either invest or replace". Either way, the capital implication is very significant. This final section addresses a strategy that meets the goal of no additional capacity through construction of new prisons, but outlines a capital need to re-focus portions of the system towards the desire to prepare inmates for release through programs and services that impact recidivism.

THE BASIS FOR CHANGE

Responding to disturbing increases in admissions from rural counties in Ohio and the consistently high rate of reoffending, the ODRC began a comprehensive assessment of how the correctional system could become more effective in reducing both of these trends while assuring public and staff safety. As with all effective and sustainable change, the plan must be grounded in at least three underpinning fundamentals:

1 – A Measurable Vision	<p>This planning process began with a clear vision statement from the Director for change in eight specific areas (women, medical/mental health, programs and treatment, reception, restrictive housing, dormitory crowding, community corrections, and special needs population). More detailed workshop sessions were held with staff representing these eight topics. The outcome of the interactive workshops became a platform for a capital plan that could improve the conditions of confinement.</p>
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The means and methods of implementing the vision and shifts in political priorities will change over time, but the vision of a system that stresses social and economic reintegration from the first to the last day of incarceration has formed a fundamentally defensible basis for a capital plan.

2 – A Quantifiable Evidence Basis	<p>For decades, the ODRC has relied upon empirical evidence to make operational, programmatic, and capital decisions. This practice remained in effect for the development of the Strategic Capital Master Plan (SCMP) especially in the forecast of future bedspace needs by custody, gender, and needs categories; the disaggregation of acuity levels for medically and mentally needful inmates; and the determination of sentencing practices on the length of confinement. Each recommended capital project response was based on a quantifiable data basis.</p>
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The specific steps to achieve the vision will change over time as the quantifiable variables respond to social, political, and economic fluctuations which are reason to continually monitor and update the key indicators.

3 – The Confluence Of Opportunities	For any plan to have a chance to succeed, a number of inter-related factors must align creating the condition for acceptance. Incarceration is a result of criminal activity that is traditionally characterized by a period of confinement as retribution to the victim and the community. In Ohio, the crime rate (criminal infractions per capita) has been falling for decades (as has that of the nation), especially in the State's largest cities. However, with the application of laws requiring sentencing behavior to be controlled by mandatory practices, much of the sentence discretion that once resided with the presiding judge is now in the hands of the prosecutor as a reflection of legislative fiat.
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The result has been an extension of the length of confinement which is the predominant variable impacting the number of required bedspaces. Evidence has been gathered nationally and in Ohio that indicates this decades-old belief has yielded crowded prisons, but has had little impact on the rate of reoffending. More than any other single factor, the economic recession served to emphasize that the State could not afford to continue the policies of crowding deteriorating institutions with little opportunity for access to rehabilitative programs and expect offenders to return to their communities and remain crime-free.

Accepting that policy-makers may not accept any lessening of punitive measures for habitual criminals is a viable expectation. However, they do expect that with limited financial resources, solutions must be developed that reduce the cost of incarceration and that of reoffending so that other spending priorities can be addressed. The most lasting changes in a system often result from times of economic distress because these changes tend to be a result of “best value for money” decisions that are sustainable regardless of economic fluctuations. The current time seems to reflect such an opportunity to focus on purpose-driven change for ODRC.

Foundation for Change

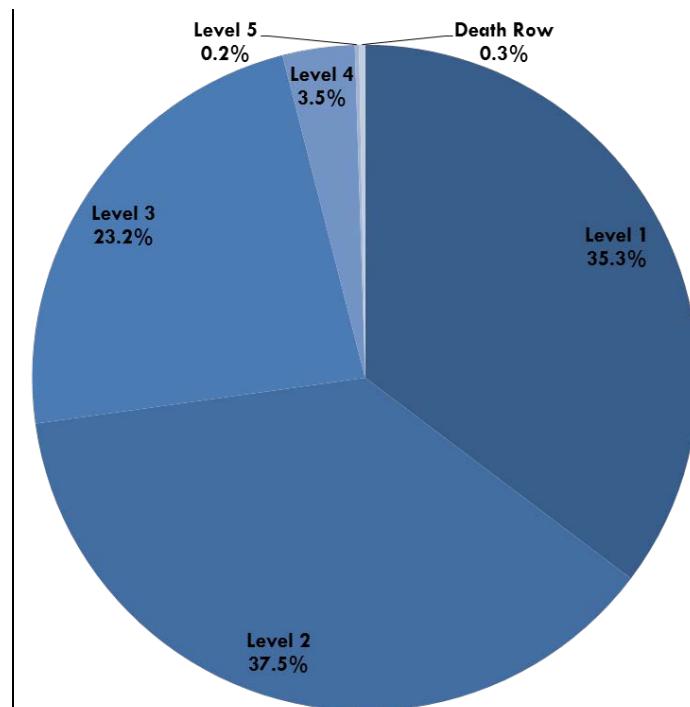
Any strategic plan begins with a desire to maximize the available resources and to base a recommendation for future investment on the sustainability of existing assets and practices. Several important factors have influenced the development of the SCMP, summarized as follows.

[Current Sentencing Practices](#). Simply improving existing prisons through expansions or substantial renovations will only extend the status quo and not initiate the type of change that has been articulated through the various visioning workshops. The consensus regarding reduction of the 25-30% reoffending rate was that opportunities for change had to be introduced at the time of sentencing rather than wait until the ODRC reception process. Since, as shown in a previous section, over 8,000 inmates receive sentences of 12 months less a day each year, addressing a more effective reintegration process and institutional assignment for these offenders could have a major impact on the current levels of crowding and reduction in recidivism.

[Inmate Custody Profile](#). The profile of the inmate that is codified through the admission and reception process is critical in the determination of the number and type of beds that the system must provide. In FY 2014, 20,120 new commitments arrived at one of the three reception centers, including 8,300 with a sentence of 12 months or less. The average daily census during the same time period was 50,601. A profile and a plan for their anticipated time of incarceration is a major outcome of the reception process. The result of this analytically-based classification process

was that approximately 37,000 (73%) of the 50,600 inmates were classified as Level 1 or 2 (suitable for dormitory assignment). Similar to the “less than 12” category, this high percentage of low risk profiled, “dorm-eligible” inmates is contributing to the extreme crowding that exists in the largest majority of the State’s 30 institutions. Figure 4.1 graphically illustrates the current distribution of inmates across the five custody levels in the system.

Figure 4.1
Current Distribution
by Custody Levels



Source: Ohio DRC Monthly Fact Sheet

Regional Management Structure. Since reintegration ultimately resides in the local community where services and support are available to an inmate on release, another important factor in the implementation of change in the system will be the regional management structure that was established several years ago. Historically, the location of institutions has been based on the ability to generate local acceptance for the location of the prison and was not based on a desired regional management structure. The regional structure attempted to achieve some measure of balance of the inmate population, but as shown in Table 4-1 this is a challenge since the institutions have been in place for decades.

Table 4-1
Distribution of
Inmate Counts and
Admissions by
Regions

REGION	INMATE COUNT	REGIONAL % OF TOTAL	ANNUAL ADMISSIONS	REGIONAL % OF TOTAL
Northwest	16,551	33%	4,651	23%
Northeast	7,951	16%	7,431	37%
Southwest	13,296	26%	4,243	21%
Southeast	12,976	26%	3,793	19%
TOTALS	50,774	100%	20,118	100%

Source: ODRC, December 2014

In the context of reintegration support services and the future allocation of community corrections facilities, the annual admissions data shown in Table 4-1 is most important and demonstrates one of the challenges of balancing the distribution of the inmate population. The Northeast has the

highest percentage of admissions, but the lowest percentage of the average daily inmate count. From a strategic planning perspective, if reintegration is the overarching goal, then additional capital and operational investment would be required in the Northeast. While an imbalance has been noted, this may not represent a capital challenge since no new prisons are recommended and the ODRC will continue to assign inmates to institutions that match their risk and needs profile. Where additional attention is needed, however, is the potential construction/identification of additional CBCF/HWH beds. In these decisions, the ODRC has an opportunity to improve the current bedspace imbalance.

Facility Assessments. Revisiting the principle that a strategic capital plan must begin with a comprehensive understanding of the asset base, this SCMP effort was paralleled by an OFCC/ODRC-initiated assessment of major deferred maintenance needs of all ODRC institutions. Having current data regarding the conditions of the existing facility infrastructure and the cost to return the facilities to reasonable standards of maintenance has significantly influenced the recommendations of the SCMP. These recommendations for expansion or renovation will be coordinated with the recommendations for facility upgrades arising from the Facility Assessments.

Although the total estimated deferred maintenance cost is approximately \$688 million, because the need for some of the maintenance upgrades will be impacted by which SCMP items are funded, only the first biennium's recommendations are shown in Table 4-2 by regions.

Table 4-2
Estimate of the Cost
to Upgrade Existing
Institutions

REGION	ESTIMATED FACILITY ASSESSMENT COST	2014 # OF INMATES	COST/ INMATE
Northwest	\$ 11,217,699	7,951	\$ 1,411
Northeast	\$ 11,078,469	16,551	\$ 669
Southwest	\$ 10,836,755	12,976	\$ 835
Southeast	\$ 25,087,984	13,296	\$ 1,887
Franklin/FMC	\$ 412,914	504	\$ 819
TOTALS	\$ 58,633,820	50,774	\$ 1,155

Source: OFCC and Assessment Consultants, January 2015

The result of the assessments suggests that the State has a potential deferred maintenance liability of an average \$1,155/inmate for the first biennium alone to just upgrade the existing prisons to a “reasonable” standard that satisfies life safety and industry-accepted operational benchmarks. The industry average cost per inmate is \$4-600 per year depending on the age and condition of the facility. This estimate does not include the estimated cost to actually improve the delivery of programs and services to provide a less crowded and safer environment for staff and inmates. That cost will be added to this baseline estimate. A dependable, safe, and code-compliant asset base is critical to meeting the operational requirements of the ODRC.

System Capacity. The capacity of institutions is often difficult to define. Historically, the original design was based on numbers provided by the ODRC and since the entire State is accredited by the American Correctional Association, the facilities should at least meet the Mandatory standards of the ACA. However, over time to address the pressures of increasing population without a concomitant increase in funding to maintain the original design capacity, ODRC (like all state systems) has re-defined “capacity” mostly based on what constitutes a manageable and safe institution. This definition is driven by housing unit configurations. For example, most single cells are double occupied and most dormitories are increased to achieve the maximum number of double or triple bunks that can be accommodated.

As “unscientific” as the methodology may be, virtually every State accepts a capacity definition that is based more on opinion than on metrics. This approach is often challenged through litigation on the basis of conditions of confinement using the US Constitution cites on cruel and inhumane treatment. Hardly a state has avoided intervention by either Federal or state courts to address the conditions of confinement based on levels of crowding. Ohio has been sued based largely on levels of crowding.

The ODRC has used a variety of measures and benchmarks to define the system capacity, including applying a generic space allocation per inmate to the physical dimensions of each housing unit. Based on a collection of methods, the ODRC established the system capacity for each facility. The aggregation of this data on a regional basis is shown in Table 4-3.

Table 4-3
Comparison of
Inmate Count to
Institutional
Capacity

REGION	INMATE COUNT	ODRC CAPACITY	% CROWDED
Northwest	16,551	11,939	139%
Northeast	7,951	5,178	154%
Southwest	13,296	10,239	130%
Southeast	12,976	9,648	134%
TOTALS	50,774	37,004	137%

Source: ODRC, December 2014

Earlier, this data was examined on a facility-by-facility basis and a recommendation was made for a capacity based on overall proposed mission within the system. However, Table 4-3 is beneficial to establish the foundation of capacity that currently exists so that the plan to achieve a lower percentage of crowding (e.g., 125%) can be formulated and the cost calculated.

Summary. These few fundamental issues in the aggregate form a critical foundation upon which to formulate a strategic plan to meet the vision of the ODRC, namely:

1. why inmates arrive at ODRC (sentencing practices);
2. what risk and needs do they bring with them;
3. what assignment to existing facilities offers the best opportunity for rehabilitation;
4. what unfunded deferred maintenance liability exists that could impede facility improvements; and
5. how capable is the existing infrastructure to accommodate the risk and need levels of the population?

To the extent possible, evidence drawn from current operations and benchmarked against national data was used to translate these basic fundamental pillars into options for configuring future capital needs to meet the vision of ODRC.

The “Trigger” Decisions

Before the SCMP can become a reality, certain very broad policy decisions are necessary. Based on the visioning workshops; the analysis of data; site visits to all institutions; and many interviews with ODRC and OFCC staff, three key policy decisions will be required to initiate the change that will meet system goals.

These decisions are so critical to the totality of the plan that without adoption the plan simply becomes a facility improvement roadmap but not a strategy for system wide improvement.

1. Low Risk Diversion Program

Over 8,000 inmates are currently in ODRC facilities that have sentences of 12 months or less. In virtually every instance, these “12-and-under” inmates are classified low risk, but have significant needs related to literacy, job skills, and, too often, mental illness or chemical dependency. These short-stay inmates require staff resources similar to inmates sentenced for considerably longer periods and occupy a bed that could be better used for inmates with longer sentences. In short, this low risk “12-and-under” category contributes significantly to the levels of crowding, especially in Level 1 and 2 facilities. Most importantly, this category receives very little programming that would influence their propensity to reoffend; in other words, during their short period of confinement, they learn how to become more sophisticated criminals.

The policy decision is whether to adopt a comprehensive plan that diverts these inmates from the traditional ODRC reception process and assignment into an ODRC institution by establishing a regional-based reception and assessment process followed by assignment to locally-based community based correctional facilities, halfway houses, or home based electronic monitoring. Such an approach is the foundation for a more restorative approach to altering the pattern of criminality that may be just forming through the commitment of minor criminal offenses.

The adoption of this low risk diversion plan cannot be fully accomplished without the approval of the Legislature with input from the local judiciary, prosecution, defense, law enforcement, and probation agencies. Based on the approach that will be addressed in this SCMP, inmates will still be sentenced to the care and custody of the ODRC for risk and needs assessment followed by a placement in a local community-based facility operated by the county or a non-profit organization with continued supervision through local probation services.

2. Specialized Medical and Mental Health Program

Over 40% of the ODRC inmates have a diagnosed medical or mental health condition that requires medication and/or regular counselling, some of which may be attributed to the high levels of crowding, especially in the Levels 1 and 2 facilities. On a daily basis in 2014, more than 4,000 inmates had a diagnosis of Severely Mentally Ill (SMI) that typically requires a housing assignment separate from the general population for the maintenance of good order. According to mental health staff, the number of inmates classified as SMI is very low and should be closer to 15% of the system population (7,500 inmates). At this time, 350 inmates are classified as Class 3 or 4 medically needful. These inmates require 24-hour skilled nursing attention for a wide range of medical issues from high-risk pregnancy to post-opt supervision to palliative care.

The policy question is whether to create separate accommodations for the inmates with severe mental health or medical issues. Doing so would permit a concentration of staff resources in facilities that are purpose-designed to meet appropriate standards of care. The adoption of this recommendation could be accomplished through a centralized or decentralized provision of new bedspaces and support services.

For the Class 3 and 4 medical inmates, the new accommodations could be through an expansion to the Franklin Medical Center (FMC); the establishment of regional medical centers of approximately 90 beds each; or the 25-40 bed expansions to selected existing institutions. Due to the specialized staffing requirements and facility standards to meet appropriate medical

criteria, the SCMP recommends a concentration of resources at the FMC through construction of a new 350-bed prison hospital or a similar size expansion to the existing FMC.

Based on discussions with staff, a determination was made that of the 4,200 inmates with SMI classifications, approximately 25% should be accommodated in new facilities through constructing specialized healing centers in seven existing facilities. These new “healing centers” should be integrated within existing ODRC facilities and located where more than one prison is served within a 50-mile radius.

3. Reduction of Dormitory Crowding

In many ways, this SCMP was requested because of the level of crowding that currently exists in dormitory housing units across the system. Since more than 70% of the ODRC population resides in dormitory housing units, the conditions of crowding in these Level 1 and 2 facilities contribute to the overall 137% crowding rate. In 10 of the 27 total facilities with mostly dormitory living units, the rate of crowding exceeds 150%. Even though inmates assigned to Levels 1 and 2 are classified as “low risk”, inmates that remain in these crowded units for extended periods of time contribute the most to the disciplinary control and SMI populations.

Resolving this acute crowding problem in dormitory units without constructing new prisons implies a reduction of inmates in the custody levels that occupy dormitory units. The cornerstone of the SCMP is the measured removal of the majority of inmates with sentences of less than 12 months. If adopted and implemented within a reasonable timeframe (e.g., two capital biennium), the result would be a reduction of the dormitory units’ crowding levels from over 150% to approximately 125% system-wide.

The problem to be addressed through the capital expenditure is the creation of a better individualized living environment with the reduction in the number of inmates occupying a dormitory living unit. The SCMP recommends that this be achieved by re-configuring these living units to incorporate clustered cubicles for 4-8 inmates that, in conjunction with a reduced population, will afford greater personal space and privacy. Concepts for this approach were presented in Section 3.

The SCMP is based on an adoption by the State of policies that will permit the accomplishment of:

1. The removal of at least 5-6,000 of the 8,300 low risk inmates from the institutional population and assignment of these inmates to local supervision;
2. A creation of specialized housing and support spaces for approximately 1,230 of the 4,500 projected inmates with high acuity medical and mental illness needs; and
3. The reduction of dormitory crowding levels from 150% to 125% and the creation of more personalized living spaces within which rehabilitation programs can be offered.

While these three broad decisions may not individually require changes in legislation, the “cornerstone” recommendation (removal of the “12-and-unders”) will require changes in current practices in all of the counties and the full cooperation of the judicial system.

The Pivot Facilities

Just as there are three critical policy initiatives that will drive the implementation of the SCMP, substantial changes in use of three existing prisons will establish a direction for the improvement across the system. Since these changes are so critical to accomplishing the vision that was articulated through many hours of workshop presentations, following the adoption of the SCMP, the funding requirements for these facilities should be addressed in the first three biennia.

Franklin Medical Center (FMC)

The FMC is, and should remain, the central medical facility for the ODRC, but within that context, a number of changes should be implemented. The medical function of the complex is located in Zone A and has the current capability of housing approximately 170 inmate patients in a variety of room types. In addition to the two floors of medical housing, Zone A also includes the clinics and support spaces. Zone A also includes 60 cadre beds for women working in the FMC and holding cells for inmates that are being transferred between ODRC institutions. This transfer function has nothing to do with the medical mission of FMC but as the FMC is centrally located along the State's interstate highway network, has served in this role since the opening of FMC.

At the present time, Zone B has no direct functional relationship with Zone A except that a high percentage of the cells are assigned to geriatric inmates who occasionally utilize the clinics in Zone A. Each Zone is currently secured through separate perimeter fences.

The first step in achieving the future best use of the FMC is to continue in the role as the predominant acute and crisis care medical facility in the system. The existing South Wing of Zone A (currently occupied by women with high risk pregnancies and women cadre workers) would be renovated to provide skilled nursing-type accommodations much like the North Wing at this time. The renovation of this space could provide up to 60 acute/crisis care beds, bringing the total to 120. An alternative to this approach could be the construction of a 200-240 bed new medical facility adjacent to the existing Zone A. To make this final determination of the most cost effective solution, additional evaluations will be necessary.

During the review of a Draft SCMP Report, the State engaged a consultant to review the FMC and provide options for maximizing the use. The report recommended the construction of 350 specialty medical beds and 20 SMI beds through expansion into the South Tower and the construction of a new tower.

The second step for FMC is to remove the existing transfer center located within Zone A and replace this with additional clinics, program, or administrative spaces. A new Transfer Center should be constructed on the FMC site but at a location where the daily bus transfer operations does not interfere with the mission of the medical component of the site.

A third recommended step would change the current mission of Zone B from geriatric housing to the reception center for women. This would dramatically improve the crowded condition in the reception housing at ORW and would co-locate women going through the reception and assessment process with the health care capabilities. Not only would women be housed in the Zone B cell-based housing units, but the program space that exists, and possibly expanded, would improve the current classification and placement process for women.

A final step, if found appropriate by further study, would be to enclose Zone A and B with a single appropriately designed perimeter fence. Exercising this component of the FMC general plan would require additional assessment as to the technical requirements to do so and the quantification of the benefits and costs.

A decision of the future of FMC is pivotal because the delivery of critical medical services; the transfer of inmates between institutions; and the efficiency of admitting women into the ODRC system are all influenced by this facility. In a manner of speaking, the functions provided at the proposed FMC Complex will influence the operation of every other institution in the system.

Ohio Reformatory for Women (ORW)

This vast campus dates back to 1916 for a correctional use, but was first used as a women's prison in the 1950's. Currently, ORW houses women in all classification levels, including death row, but the predominance of women are classified either Level 1 or 2. The ORW also includes the reception center for women (mentioned above as one of the most crowded housing facilities in the system) and a unique program for mothers that qualify to keep their babies with them following delivery. A full range of programs and services are provided on the 100+ acre campus.

The ORW should remain as the primary facility for women, although two additional re-purposed women's facilities exist in the system. The major functional change proposed for ORW, as noted above, is the recommendation to re-locate the reception process to Zone B of FMC. By doing so, not only would the reception, assessment, and orientation process be more efficient but the building currently housing reception women could be converted to a cubicle-based housing unit. This change would reduce the level of crowding in existing living units.

Replacement of bedspaces in the Washington, Elizabeth, and Lincoln buildings would result in 928 new Level 1&2 beds. Other important improvements include a new medical clinic and infirmary in conjunction with a 100-bed "Healing Center" for women classified as SMI. This would be supported by an expansion of the RTU bedspaces in order to affect a continuum of care model. New program space is proposed and, in particular, a new 24-bed purpose-built mothers and babies cottage.

The changes proposed for ORW are keys to improving services for women ranging from better health/mental health care to expanded services for mothers with babies. While NERC and Dayton Correctional Institution (DCI) are proposed to remain women's facilities, neither will offer the comprehensive services that will be available for women at ORW. Both NERC and DCI have limited space for expansion but ORW has ample space for both internal and external expansion. Therefore, the recommendations proposed for ORW are required to realign the capacity to comprehensively serve the needs of women offenders.

Pickaway Correctional Institution (PCI)

The PCI is an extensive collection of many structures, most of which are in serious need of repair. At the present time, most of the inmates are elderly and have a low-risk custody classification. Many of the structures are not in compliance with ADA standards. In essence, this facility remains in operation because of crowding that exists in the system which prohibits closing operable beds and because the economic benefit arising from the 450 staff and the \$43.4 million annual budget in the local community is significant. The cost to improve PCI, according to the independent

assessment, virtually exceeds the cost of replacing the facility. Regardless of which route the State takes, PCI has an important new role in the system.

One of the major areas of focus of this SCMP was to address the needs of the aging inmate population. At the present time, 8,157 inmates (16.1%) of the ODRC population are older than 50 years (a national benchmark in corrections for defining geriatric) and by 2025, this population is expected to increase to approximately 11,425 or 21.3% of the estimated 53,587 inmates. To understand the scale of this need and using the current average size of ODRC institutions, almost seven institutions would be required to accommodate the increasingly specialized needs of the ODRC geriatric population.

The recommendation of the SCMP is to construct a new 2,352-bed general population and geriatric-focused facility adjacent to the PCI on the site of the abandoned Orient Correctional Institution (OCI). Included with the additional new geriatric and general custody housing, the expanded PCI would become a location for a 160-bed SMI healing center for inmates with mental illnesses. Support spaces would be added to assure that a full range of work, education, and programmed activities are available. Adding the new beds to those that would remain at the existing PCI site, a total of 3,312 bedspaces would be provided. At least 320 of these beds would be designated as a "camp" for inmates that currently are assigned to Zone B at FMC.

By constructing an expanded PCI on the OCI site, the existing PCI could be converted to a camp and general custody facility by renovating the existing, reusable dormitories. The importance of this facility in the system is that PCI would become the centralized center for the full range of activities and services that are especially designed for the geriatric population. While other institutions will certainly include improved spaces and services for the geriatric inmates, PCI will be the "flagship" institution with this exclusive focus.

The SCMP addresses deferred maintenance and new capital improvements in all ODRC institutions, but not all influence broader policy changes as these three. Additionally, actions taken regarding these three pivot facilities will establish the capital funding priorities for the next several biennia.

A SUMMARY OF THE CAPITAL PLAN

This SCMP process began with the identification of eight topics for detailed consideration with the expectation that capital solutions appropriate to these topics would alter the delivery of rehabilitative and correctional services across the ODRC. The major focus of the SCMP was to identify the capital requirements to improve conditions and services represented by these eight topics. In the following paragraphs, a summary of the recommendations according to these topics is presented. Detailed information is available in the main body and appendices of this report.

1. Women

Without any changes through the diversion of women with sentences less than 12 months, the number of women in the system has been predicted to grow from 4,172 (2014) to 4,741 (2025), or approximately 600 inmates. In 2014, 1,404 women were admitted with a sentence of less than 12 months. Translated to an average daily population, if the recommended low risk diversion plan is adopted, over time approximately 400 women could be reduced from the projection of 4,741, or

equivalent to the census pre-2008. This would essentially mean that other than community corrections, mothers and babies, and special mental health beds, no new beds would be required for women.

However, in the development of a separate study for ORW needs, a recommendation was made to prepare for a replacement of several buildings that have long been used past their life expectancy resulting in the need for construction of 1,052 new beds that would include a 288-bed, 4-housing unit replacement for the demolition of Lincoln, Washington, and Elizabeth Buildings; a 640-bed independent living village; and a 100-bed SMI facility. Of these three major new additions to ORW, the 288-replacement beds and the 100 new SMI beds should proceed regardless of the implementation of a State-wide program to reduce the number of short-sentenced women through alternative placement programs.

Currently, the ORW has 2,507 bedspaces, including 175 in the Lincoln Building that is proposed for demolition. However, all of the dormitory buildings are crowded well beyond capacity. As part of the SCMP, a recommendation is made to significantly reduce the levels of crowding and achieve greater individual privacy by converting existing open dormitories to sleeping cubicles of 4 women. This would reduce, over time, the current 2,332 bedspaces (excluding the 175 beds in Lincoln) to 1,203. Constructing the additional 1,052 bedspaces would bring the proposed capacity of ORW to 2,255 bedspaces.

Another major change for women is a recommendation to re-designate Zone B at the FMC for the women's reception center. This would concentrate the classification and assessment process on a single campus that has single and double cell occupancy rather than the existing very crowded dormitories at ORW. Adequate space exists to accommodate the interview and medical screening functions associated with the classification and assessment process. The Zone B facility can also accommodate 417 inmates that should more than meet the reception needs and include bedspaces for women cadre. Women that qualify for the "12 and under" program should be processed in a regional STEP facility.

Three existing facilities should continue to form the core for programs and services dedicated to the female population: ORW, NERC; and DCI. Presently, these facilities accommodate 4,172 women but the design capacity is 3,647, thus the crowding rate is 114% which is below the system average of 137%. Of the three existing facilities Dayton (DCI) is the least appropriate for women simply because the facility was designed for men. The findings of this study suggests that should policy interventions occur over time that reduces the female population to approximately 3,200 then the need to continue using DCI for women could change.

To meet the needs for the female population, changes are recommended at each of the three existing facilities. These changes do add specialized bedspaces for mothers with babies and the severely mentally ill women. However, most of the proposed changes address deficits that exist in the services and programs areas. Table 4-4 summarizes the proposed prototype additions to the existing women's facilities.

Table 4-4
Summary of
Proposed
Capital
Projects for
Women
Facilities

TYPE	PROTOTYPE	ORW	NERC	DCI
A	Housing	10	-	1
A1	Cadre Village prototype	-	-	-
A2	4- person alcove Dorm (double bunk)	-	-	-
A4	Restrictive Housing Unit Prototype	-	-	-
A3	Segregation Housing Unit Prototype	-	-	1
A5	Dorm Conversion to Cubicle	10	-	-
A6	1-Bed Alcove	-	-	-
A7	Reintegration / Independent Living	-	-	-
B	Special Needs	2.6	-	1
B1	Special Needs Inmates Living Units	2	-	-
B2	Special Needs Inmates Living Units	-	-	1
B3	Suite for Hospice Care	-	-	-
B4	Geriatric Housing Unit	-	-	-
B5	Chronic Care Housing	-	-	-
B6	SMI Healing Center	0.6	-	-
C	Women	13	0.3	0.3
C1	Mothers and Babies Cottage	1	0.3	0.3
C2	4-bed alcove (single bunk housing units)	12	-	-
D	Community Corrections	1	1	1
D1	40-bed CBCF	-	-	-
D2	80-bed CBCF	1	1	1
D3	200-bed CBCF	-	-	-
D4	Halfway House	-	-	-
D5	Halfway House	-	-	-
D6	Halfway House	-	-	-
D7	Halfway House	-	-	-
D8	Community Residential Center	-	-	-
D9	Day Reporting	-	-	-
E	Medical	2.5	2.5	-
E1	In-Patient Acute Care Housing	0.5	0.5	-
E2	In-Patient Acute Care Housing	1	-	-
E3	Clinic/Infirmary Plan	1	2	-
F	Programs and Treatment	11	13	6
F1	Programs Building	-	1	-
F2	Housing Unit-based Program	8	8	4
F3	Segregation Housing Unit Programs	1	-	-
F4	Life Labs for Level 1 & 2 inmates	1	1	1
F5	Mental Health Treatment & Program	-	1	-
F6	Outdoor Education Pavilion	1	1	1
F7	Expanded Visitation	-	0.5	-
TOTAL PROTOTYPE ADDITIONS		40	16	9

Source: CGL; December 2015

A total of 65 separate projects are proposed to meet the growing need for better conditions and additional programs and services within the existing institutions. New bedspaces are reserved for the 928 new general custody beds; a 24-bed mothers and babies unit; and 100-beds of Healing Center for SMI inmates at ORW. Three new Community Corrections Centers are suggested as being attached to the existing facilities, but in practice are simply an indication that these three purpose-build facilities should be located geographically close to the population centers to which the majority of the women will return following, or in lieu of, incarceration.

2. Medical/Mental Health

This category of inmates represents the single greatest need in the system. The facilities dedicated to the care of the ill are the most expensive to construct and to operate, but without doing so, the rest of the operation will be far more difficult to manage. As has been noted in Section 1, the

combination of Levels 3 and 4 medical bedspace needs with that of the SMI inmates yields a total of 4,500 inmates requiring specialized services.

According to data from ODRC medical staff, 323 Level 3 and 4 bedspaces exist in 17 institutions, of which 56 are located at FMC. This implies that approximately 270 seriously ill inmates are located in the infirmaries at 16 other institutions with the required specialized staff spread across the State.

Based on the experience in several other States (e.g., Iowa, North Carolina, California), the concentration of staff and medical beds in centralized and/or regional purpose-built facilities improves the level of care. ODRC has recognized this evidenced by the decade's long operation of the FMC. The SCMP builds on this history and recommends the concentration of Level 3 and 4 bedspaces at FMC for a total of 360 new or substantially renovated medical beds. When combined with the existing 323 designated beds in the 16 other institutions, the ODRC would have approximately 680 separate medical bedspaces, or 1.2% of the projected population.

Using current ODRC data, meeting the needs of the SMI population will require separate housing for approximately 4,200 inmates, or less than one percent of the system population. Most state systems find that between 2-4 percent of the population fall into this category of seriously ill enough as to require separate housing. Currently, within the ODRC system, 771 beds for inmates with severe mental health issues exist in seven institutions. Following a thorough review of the recommendations in this SCMP that could reduce the number of inmates through diversion programs, the ODRC should consider re-evaluating the number of separate SMI beds that will be required.

For capital planning purposes, the issue is how many of the 8,100 SMI inmates should be housed in specialized facilities as opposed to those that can be safely managed in existing, dedicated housing units. The SCMP recommends the construction of 1,060 new SMI bedspaces as shown in Table 4-5; the continued use of the existing 771 dedicated bedspaces; and the designation of 2,400 existing bedspaces as RTU beds. This combination of steps would bring the total number of separate SMI beds to approximately 4,200 as noted above. The remaining 4,000 inmates (8,100-4,200) would be treated through counseling programs and appropriate medications.

Based on the new construction proposed above (1,060) and the continued use of 771 existing beds that have been designated for inmates with severe mental illness issues, the challenge will be to designate approximately 2,400 additional bedspaces within existing facilities for SMI inmates. One option is to designate up to 200 beds in 12 facilities (excluding those in Table 4-5) as RTU's and staff them accordingly, along with expanding programming space at the dayrooms of these re-purposed living units. Another option is to double the number of new SMI bedspaces.

Table 4-5
Summary of Existing and Proposed Bedspaces for SMI Inmates

FACILITY	EXISTING BEDS				NEW SMI BEDS	TOTALS
	RTU	ITP	BERRY HILL	SUGAR CREEK		
AOCI	151	62	32	45	160	450
CRC	119	-	-	-	-	119
CCI	-	36	-	-	-	36
ORW	72	-	-	-	100	172
NERC	-	60	-	-	-	60
SOCF	79	-	-	-	-	79
WCI	47	68	-	-	-	115
ManCI	-	-	-	-	160	160
GCI	-	-	-	-	160	160
LoCI	-	-	-	-	160	160
PCI	-	-	-	-	160	160
FMC	-	-	-	-	160	160
TOTALS	468	226	32	45	1,060	1,831

Source: ODRC and CGL; February 2015

At this stage of the SCMP, the recommendation is for additional effort to be expended in clarifying the number of anticipated SMI inmates that will require separation from general custody housing and then to choose an option for implementation. While sites have been proposed for new SMI beds, this will require additional vetting to determine if the location is correct from an inmate-needs basis and the availability of appropriately-skilled staff. While not considered in the SCMP, future SMI housing could result from therapeutic conversions of areas within existing institutions.

3. Restrictive Housing Improvements/Segregation

As noted earlier, the ODRC implemented several strategies to reduce violence, establish stability and decrease recidivism. One of the two major strategies was the implementation of the 3-Tier System to violence reduction. Included in this new approach was a restricting of the operational and program philosophy of the restricted housing units.

The ODRC 3-Tier system of designation of housing options divided the system into facilities focused on Control, General Population, and Reintegration. Within each tier are multiple privilege levels. The 3-Tier system significantly changed the manner in which inmates are housed and the operational conditions of the facilities within the system. The diagram below summarizes the current number of inmates that are assigned to one of the three tiers. From a capital needs point of view, the greatest need is not new cells, but access to program spaces so that restricted inmates can participate in rehabilitation programs. For the most part, these inmates are housed in special-built and segregated buildings, infirmaries, or specially designated housing units.

DISCIPLINARY CONTROL	LOCAL CONTROL	SECURITY CONTROL	TOTAL
459 1.3%	683 1.4%	1,090 2.0%	2,232

All inmates assigned to restrictive housing are in cells; sometimes single, but mostly double occupancy. While the great majority of the system is classified Levels 1 or 2 and can, by policy, be assigned to dormitories, inmates classified as restricted are intended to be housed in cells. For those 2,232 (currently) classified as “restricted”, single cells are essential to a safe system. The

greatest need for the restricted population is adequate space to assure continuous access to rehabilitation programs which is addressed in the following paragraphs. The SCMP recommends eight new prototype program “clusters” that would be included in the facilities that hold most of the restricted population.

4. Programs and Treatment

Most of the 30 ODRC facilities were designed since 1980 and as accredited ACA facilities, contain program space that was adequate for the original design population. The challenge now is that the average daily census in these facilities exceeds (often by a factor of two) the original design capacity upon which the program space was based. If, as recommended in this SCMP, the population is reduced by 5,000 or more inmates with sentences less than 12 months, the “crowding rating” will decline from 137% to less than 125% which could reduce some of the demand for additional program and treatment space.

In the examination of program and treatment space needs through site visits and the visioning workshops, seven types of spaces were suggested. Using the prototype approach explained in Section 3, an approximate square footage was developed for each of these functional areas. Table 4-6 summarizes the type, number, and estimated square footage to expand the capability of offering improved programming in most of the existing facilities.

Over 250 projects representing approximately 585,000 additional square feet are recommended to increase the availability of program and treatment programs across all ODRC institutions. Not only would such an expansion upgrade and improve existing treatment services, but new types of technology-based programs would be more easily accommodated in spaces specifically designed for such. In addition to these projects that would increase access to treatment services, Ohio Penal Industries (OPI) as an enterprise-based service would be encouraged to add to these projects new space for inmate employment.

Table 4-6
Summary of the
Proposed Expansion
of Program and
Treatment Space

TYPE	FUNCTION	PROTOTYPE SF	NUMBER	TOTAL PROPOSED SF
F1	Programs Building	9,500	8.5	80,750
F2	Housing Unit-based Program	1,000	181.0	181,000
F3	Segregation Housing Unit Programs	1,500	8.0	12,000
F4	Life Labs for Level 1 & 2 inmates	8,900	18.0	160,200
F5	Mental Health Treatment & Program	12,800	5.0	64,000
F6	Outdoor Education Pavilion	500	29.0	14,500
F7	Indoor Recreation Building	18,000	4.0	72,000
TOTAL			253.5	584,450

Source: CGL; February 2015

5. Reception.

Every decision regarding an inmate’s placement and plan begins with the admissions and classification process. This five-day process results in a custody classification; an inmate plan for the projected period of incarceration; and an initial facility assignment. Currently, this process occurs at three institutions: the CRC, LorCI, and the ORW (for women). On an annual basis, more than 20,000 new inmates are processed through one of these three facilities.

Different from the CRC, neither the LorCI nor the ORW were designed to include a reception component but spaces have been modified to accommodate the processing requirements. The SCMP recommends that if LorCI remains a reception center that the building be expanded and modified to provide additional space for the activities and to improve the flow. As noted above, the SCMP recommends that Zone B at the FMC be designated as the new reception center for women.

Many aspects of the SCMP depend upon the gradual removal of those inmates with sentences of less than 12 months from being assigned to one of the three reception centers or one of the ODRC traditional institutions. To assure local sentencing judges, prosecutors, probation case managers, and the community that every convicted offender is properly classified and their risk and needs quantified, regional reception centers for offenders receiving a sentence of 12 months or less are proposed. These short-term evaluation processing (STEP) centers should be located in each of the four regions and operated by ODRC staff with significant involvement from local stakeholders.

In addition to space for the traditional ODRC classification and assessment process, these STEP centers should also include short-term accommodations for up to 200 male and female offenders. With a significant expansion of community corrections beds and other non-incarceration alternatives that should be available at the local level, the length of confinement in the orientation housing at a regional STEP should be less than two weeks.

6. *Dormitory Crowding.*

As noted, the crowding rate in many dormitories exceeds 150% and as a result the incidence rate requiring some form of adjudication measure is higher. Personal space is virtually non-existent. Since a dormitory assignment is reserved for Level 1 or 2 inmates, as behavior improves and length of confinement decreases, the inmate is currently “rewarded” by being placed in a more crowded environment. Over 37,000 inmates are assigned to a dormitory bed and could remain in this assignment for years.

If implemented as proposed, the “12 and under” program (discussed following) could significantly decrease the crowding rate in the Level 1 and 2 institutions by as many as 8,000 beds during the next several capital biennia. As a result of the population reduction arising from the diversion of the “12 and under” population, not only could the population in the dormitory units be reduced from 120-130 to approximately 80, but individualized sleeping areas as shown in Section 3 can be created. A total of 14 facilities are candidates for dormitory conversions as shown in Table 4.7.

Table 4-7
Proposed Dormitory
Conversions

FACILITY	# OF UNITS
MCI	13
NCCC	2
ORW	10
RiCI	10
ManCI	1
GCI (Reintegration Campus)	3
GCI	1
TCI	2
CCI	9
MaCI	6
BeCI	2
SCC-L	6
SCC-H	3
PCI	4
TOTAL DORM CONVERSIONS	72

Source: CGL; February 2015

Implementing this program could remarkably improve living conditions for over 6,000 Level 1 and 2 inmates.

7. Community Corrections

The foundation of the SCMP is developing an alternative plan for the 8,300 prisoners that on an average day are in an ODRC-operated institution. Providing a more effective plan to manage this population must be comprehensive enough to engender the support of the criminal justice component managers in the local communities. While the use of alternative placements has existed for many years in Ohio, the SCMP recommends an expansion of the number of alternative bedspaces by at least 5-6,000 in the next 3-4 capital biennium.

Currently, the State has 4,294 community based correctional facility (CBCF) and halfway house (HWH) beds in 52 facilities. Table 4-8 identifies the current locations.

These 52 facilities, all operated by private-non-profit organizations, are under contract with ODRC to provide a range of services and programs for inmates that have completed a time of incarceration prior to placement in a CBCF or HWH. If the average size of a community-based facility remained approximately 100 beds, then the current number of facilities would need to double to meet the need for 5,000 additional bedspaces.

To establish the risk and needs of an expanded community corrections program, the SCMP is based on the development of regional intake and assessment facilities (called STEP's in this master plan). The recommendation is that all offenders receiving a sentence of 12 months or less be remanded to one of four proposed regional STEP facilities to commence a 3-5 day program of admissions processing based exclusively on designing a reintegration plan that will be completed locally.

Table 4-8
 Current Community
 Correctional
 Bedspaces

CBCF SERVICE AREA	CBCF BEDS	HWH BEDS	TOTALS
WORTH Center	98	43	141
SEPTA	112	74	186
CCC	108	-	108
Cuyahoga	215	440	655
Franklin	215	205	420
<i>Licking,Knox,C,M*</i>	-	24	24
River City	215	340	555
EOCC	114	-	114
Lorain-Medina	77	-	77
Lucas CTF	140	97	237
Mahoning CCA	70	100	170
MonDay CCI	220	100	320
STAR CJC	150	64	214
CROSSWAEH	89	142	231
Stark Regional CCC	130	47	177
Summit	185	135	320
NEOCAP	135	-	135
West Central	144	-	144
North West	66	-	66
TOTALS	2,483	1,811	4,294
Number of Facilities	21	31	52
Average Size	118	58	83

Source: ODRC; December 2014

While the SCMP is based on an assumption that approximately 60% (5,000) of the 8,300 inmates expected with 12 month or less sentences will result in some time in a staff-secure residential facility, over time the use of non-incarceration alternatives, such as electronic monitoring or day reporting, could occur. In addition, as the program proves to be effective in reducing re-offending, a higher percentage of the projected 8,300 offenders might remain in local, rather than in an ODRC-operated institution.

A capital budget for the expansion of the Community Corrections is not a part of the SCMP. Instead, the SCMP recommends that the State contract with county governments, private non-profit, and/or private for-profit organizations on a per diem basis to provide the proposed number of bedspaces. This is the approach currently in-place.

The regional STEP's should be developed and operated by ODRC staff to assure a continuity in the risk and needs assessment process. However, the eventual 5,000 additional community-based residential bedspaces would be provided through grants from State capital funding included in each of the next several capital biennia. A variety of approaches could be used to provide the facilities, including:

- Operating grants to qualified non-profit agencies that would include amortizing the cost of constructing the facility;
- Per diem contracts with local sheriff departments to provide bedspaces and programs in existing or expanded county facilities;
- ODRC owned and operated facilities that would establish a capital and operating benchmark for future non-profit operators; and/or
- Solicitation of private sector financing and operation of CBCF's that meet a performance-based per diem contract for services.

The success of the community-based initiative will determine the capital requirements for all other aspects of the system improvement plan. The potential diversion of 5,000 of the potential 8,300 inmates with sentences less than 12 months will have a major impact on reducing the crowding and future capital requirements associated with the existing ODRC institutions.

8. Special Needs

In the context of this capital master plan, the geriatric inmate population is designated as having special needs. Other categories of need, such as developmentally disabled and physically or visually impaired are included in the special needs category. Of these inmates with special needs, the geriatric population (inmates older than 50 years by ODRC, and national, definition) is by far the largest cohort. Since 2006, the number of geriatric inmates has increased by 52.5% while the less-than-50 population increased by 2.1%. Every aspect of the design and operation of a correctional facility is impacted by the physical and mental impairments that are associated with aging. While ODRC continues to improve physical accessibility and expand the programs for the aging population, most institutions were constructed before the requirements of ADA influenced prison design and construction. Table 4-9 presents the challenge faced by ODRC in planning for the needs of the elderly inmates.

Table 4-9
Projected Geriatric
Prisoners by 2025

YEAR	AVERAGE DAILY CENSUS	% GERIATRIC	GERIATRIC POPULATION (50+)
2014	50,601	16.12%	8,157
2015	50,794	16.32%	8,290
2016	51,237	16.82%	8,618
2017	51,261	17.32%	8,878
2018	51,350	17.82%	9,151
2019	51,808	18.32%	9,491
2020	52,315	18.82%	9,846
2021	52,607	19.32%	10,164
2022	52,923	19.82%	10,489
2023	52,844	20.32%	10,738
2024	53,293	20.82%	11,096
2025	53,587	21.32%	11,425
# Change	2,986		3,268
% Change	5.9%		40.1%
Annual % Change	0.5%		3.1%

Source: Projections from ODRC, extended to 2025 by CGL

While the entire prison population is projected (by ODRC) to increase by approximately 3,000 prisoners by 2025, the elderly (over 50) population is anticipated to increase by approximately 3,300. This increase is not so much a factor of an increase in new admissions of 50 and over years of age, but a reflection of the problems of mandatory minimums sentencing where inmates are required to serve longer sentences without an option of early release. **Unless abolished or modified, the projected 40% increase in the elderly population will occur.**

Based on these projections, by 2025, 21% of the total bedspaces in the existing institutions will be occupied by an inmate classified as geriatric. The great majority of the geriatric inmates are

classified Level 1 or 2 which typically means a double-bunked dormitory housing assignment, raising the risk of injury ascending and descending from the upper bunk.

A solution to place all elderly inmates in prisons designated exclusively for this cohort's purpose would be unwise for programmatic and service-delivery reasons. Also, based on today's average prison size, this would require six of the 30 existing institutions to be designated geriatric institutions, requiring substantial renovation in virtually every functional component. This is an unrealistic option.

However, attention must be afforded the unique physical requirements (e.g., single bunks) throughout all 30 facilities. If a 64-bed living unit is considered as a maximum size for elderly inmates with physical or visual impairments, approximately 180 existing living units would need to be re-purposed. Accomplishing this magnitude of change will be significantly improved with the crowding reduction initiative (Item #6) in dormitories. Even with a commitment to reduce the crowding levels over time in dormitories, those designated to house elderly inmates will require special attention in that the cubicles should be designed for single bunks and larger spaces for walking aids and even wheelchairs.

The SCMP recommends that the existing practice of integrating the able-bodied elderly population into existing institutions continue, but that at least one facility is renovated to manage the elderly population that is experiencing extreme difficulties meeting the activities of daily living (ADL's) on their own. The physical and service environment of such a facility would be similar to an assisted living facility with all levels of care from assistance to hospice.

For a number of reasons, the Pickaway Correctional Institution (PCI) should be designated as the primary assisted living facility for approximately five percent of the geriatric inmates in the system. PCI already has a mission similar to assisted living but lacks the physical environment to meet this mission effectively. The PCI is also located close to the health care support services of the Columbus Metro area. To accomplish this, the SCMP proposes replacing the existing PCI with a new adjacent facility with 1,168 new bedspaces in specially designed living units.

The SCMP is focused on meeting the specialized needs within these eight focused topics. Clearly, other aspects of the system also deserve capital investment, but most of the other areas in need of attention can be addressed through the annual maintenance allotments. An incremental plan that addresses these eight areas will allow a major change in the operation of the system.

THE CAPITAL REQUIREMENT

Ohio provides capital funding for projects based on a capital master plan developed by each State agency. The funding cycle is two years (a biennium) and establishes the financial framework for various agencies to replace, upgrade, and/or expand their physical infrastructure. This SCMP is intended as a master capital strategy that will meet ODRC's institutional needs for 10 years. The format used has been reviewed by the OFCC for incorporation in the next capital funding cycle. The methodology for estimating the cost of the recommended capital improvements involved the following basic steps:

1. Determine the need for investment based on information derived from the staff visioning workshops on the eight topics discussed above and the site visits.

2. Develop space estimates for expanding or renovating functional components of each facility.
3. Define space requirements for any new functional components proposed for the system.
4. Using local cost consultants, estimate the unit cost per square foot for all recommended additions, expansions, or new construction.
5. Aggregate the estimated capital costs by each facility and each component and construction type.
6. Using the assessment cost for correcting deferred maintenance items in existing institutions developed by other consultants, identify the total capital cost of improvements.

As will be demonstrated, the total capital need for ODRC exceeds a billion dollars. This includes some new housing units, program spaces, expanded infirmaries, recreation buildings, and many other individual projects. This substantial investment is driven by the age and condition of existing buildings as well as the desire to reduce crowding through the construction of new bedspaces within existing institutions. While a 5-biennia plan has been developed, every capital plan (rightfully) focuses on the initial funding requirements and sorting out priorities for initial funding. This plan is no different as will be demonstrated in the final pages. However, a key decision remains for the State: removal of inmates with sentences of 12 months or less from the system. A positive response to this recommendation would reduce crowding and eliminate the need for some of the projects recommended in the SCMP.

The SCMP has organized capital needs into four broad categories and offered specific and broad recommendations in these areas:

1. Prototype facilities and building components,
2. System changes that generate a capital need,
3. Existing facility improvements, and
4. Deferred maintenance.

Identifying a total capital need (as shocking as that may be) is critical to then develop the priorities based on an assumption that the State will use a phased approach to funding the need. Also, as has been suggested several times in this study, decisions on an alternative approach to managing the short sentenced population could significantly alter the 10-year capital need.

In the next several pages the 10-year capital needs are summarized in these four broad categories. Following this discussion is a more detailed explanation of the first six years (three biennia) of the recommended capital needs.

Prototype Facilities and Components

Conceptual diagrams and costs were shown in Section 3 for each of the new or renovated component prototypes based on the square footage per inmate estimates and the construction type. In the discussion of the cost methodology at the conclusion of Section 3, the differences in the possible unit cost for each recommended prototype were addressed based on type of construction to accommodate varying security levels and if the prototype is proposed to be located inside or outside the perimeter fence. Table 4-10, which is a repeat of a table in Section 3 again presents the summary of estimated capital cost for each of the recommended prototypes.

Table 4-10
Estimated Cost per Component Prototype

FUNCTIONAL COMPONENT	SQ.FT.	CONSTRUCTION TYPE					TYPE E2
		TYPE A	TYPE B	TYPE C	TYPE D	TYPE E1	
		\$448	\$392	\$336	\$200	\$140	\$125
A. Housing							
A1 Cadre Village prototype	18,000	N/A	N/A	\$ 6,048,000	\$ 3,600,000	N/A	N/A
A2 4- to 8- person dry room Dorm	12,000	N/A	\$ 4,704,000	\$ 4,032,000	\$ 2,400,000	\$ 1,680,000	\$ 1,500,000
A3 Restrictive Housing Unit Prototype	12,000	\$ 5,376,000	\$ 4,704,000	\$ 4,032,000	\$ 2,400,000	N/A	N/A
A4 Segregation Housing Unit Prototype	15,750	\$ 7,056,000	\$ 6,174,000	\$ 5,292,000	\$ 3,150,000	N/A	N/A
A5 Dorm Conversion to Cubicle	N/A	N/A	\$30/sf	N/A	N/A	N/A	N/A
A6 1 Bed Alcove	15,000	N/A	\$ 5,880,000	\$ 5,040,000	\$ 3,000,000	\$ 2,100,000	\$ 1,875,000
A7 Independent Living Support Building	23,400	N/A	\$ 9,172,800	\$ 7,862,400	\$ 4,680,000	\$ 3,276,000	\$ 2,925,000
B. Special Needs							
B1 Special Needs (Recovery and RTU) Units	12,700	N/A	\$ 4,978,400	\$ 4,267,200	N/A	N/A	N/A
B2 Special Needs (Mental Health) Units	12,700	N/A	\$ 4,978,400	\$ 4,267,200	N/A	N/A	N/A
B3 Suite for Hospice Care	7,200	N/A	\$ 2,822,400	\$ 2,419,200	N/A	N/A	N/A
B4 Geriatric Housing Unit	5,280	N/A	\$ 2,069,760	\$ 1,774,080	N/A	N/A	N/A
B5 Chronic Care Housing	7,200	N/A	\$ 2,822,400	\$ 2,419,200	N/A	N/A	N/A
B6 SMI Healing Centers	55,620	N/A	\$ 15,639,400	N/A	N/A	N/A	N/A
C. Women							
C1 Mothers and Babies Cottage	12,000	N/A	N/A	\$ 4,032,000	\$ 2,400,000	N/A	N/A
C2 Cubicles and/or dry rooms	14,000	N/A	N/A	\$ 3,990,000	\$ 2,800,000	N/A	N/A
D. Community Corrections							
D1 40-bed CBCF	16,000	N/A	N/A	\$ 5,376,000	\$ 3,200,000	N/A	N/A
D2 80-bed CBCF	30,000	N/A	N/A	\$ 10,080,000	\$ 6,000,000	N/A	N/A
D3 200-bed CBCF	70,000	N/A	N/A	\$ 23,520,000	\$ 14,000,000	N/A	N/A
D4 20-Bed Halfway House	8,000	N/A	N/A	\$ 2,688,000	\$ 1,600,000	N/A	N/A
D5 40-Bed Halfway House	15,000	N/A	N/A	\$ 5,040,000	\$ 3,000,000	N/A	N/A
D6 80-Bed Halfway House	28,000	N/A	N/A	\$ 7,980,000	\$ 5,600,000	N/A	N/A
D7 200-Bed Halfway House	70,000	N/A	N/A	\$ 23,520,000	\$ 14,000,000	N/A	N/A
D8 Community Residential Center	3,600	N/A	N/A	\$ 1,209,600	\$ 720,000	N/A	N/A
D9 Day Reporting	7,200	N/A	N/A	\$ 2,419,200	\$ 1,440,000	N/A	N/A
E. Medical							
E1 In-Patient Acute Care Housing	3,200	N/A	\$ 1,254,400	\$ 1,075,200	\$ 640,000	N/A	N/A
E2 In-Patient Acute Care Housing	3,200	N/A	\$ 1,254,400	\$ 1,075,200	\$ 640,000	N/A	N/A
E3 Clinic/Infirmary Plan	6,800	N/A	\$ 2,665,600	\$ 2,284,800	\$ 1,360,000	N/A	N/A
F. Programs and Treatment							
F1 Programs Building	9,500	N/A	\$ 3,724,000	\$ 3,192,000	\$ 1,900,000	\$ 1,330,000	\$ 1,187,500
F2 Housing Unit-based Program	1,000	N/A	\$ 392,000	\$ 336,000	\$ 200,000	\$ 140,000	\$ 125,000
F3 Segregation Housing Unit Programs	1,500	\$ 672,000	\$ 588,000	\$ 504,000	\$ 300,000	N/A	N/A
F4 Life Labs for Level 1 & 2 inmates	4,000	N/A	\$ 1,568,000	\$ 1,344,000	\$ 800,000	\$ 560,000	\$ 500,000
F5 Mental Health Treatment & Program	12,800	N/A	\$ 5,017,600	\$ 4,300,800	\$ 2,560,000	\$ 1,792,000	\$ 1,600,000
F6 Outdoor Education Pavilion	500	N/A	N/A	\$ 168,000	\$ 100,000	\$ 70,000	\$ 62,500
F7 Indoor Recreation Building	12,100	N/A	\$ 4,743,200	\$ 4,065,600	\$ 2,420,000	\$ 1,694,000	\$ 1,512,500
G. Reception							
G1 New Expanded Intake/Reception	23,000	N/A	\$ 9,016,000	\$ 7,728,000	\$ 4,600,000	N/A	N/A
H. Short-Term Entry Programs Facility							
H1 120 Bed STEP Facility	46,000	N/A	N/A	\$ 15,456,000	N/A	N/A	N/A

Source: CGL & Miles McClellan; December 2015

This basic information was used to estimate the size and cost of all of the proposed additions or expansions using a prototype approach that repeats basic design approaches rather than develop “one-off” solutions each time a need is funded. This information was used to prepare the 10-year estimated capital requirements for each institution (shown in tabular form in the appendix) and to estimate the initial capital request.

System Changes

From site visits and discussions with staff, the needs of each institution were considered based on meeting the vision expressed in the eight topics and the realistic capacity for each institution. The potential capital requirement to meet this need is staggering and may not be necessary if the population reduction recommendation is adopted through an expanded use of community correction options.

As was shown in the previous table and in Section 3, a basic prototype square footage for varying sized community correctional centers was used along with a suggestion of a construction type to estimate the cost to provide four regional STEP facilities for inmates with sentences 12 months or less and 4,500 new community correctional bedspaces. The SCMP envisioned new construction for both the STEP and CBCF facilities, but the ODRC may elect to designate (and expand) areas within existing institutions to serve as a STEP facility. If new 46,000 square foot purpose-built facilities are constructed, the estimated total cost is approximately \$25 million each.

Currently, all community correction based facilities are provided through per diem contracts with approved private non-profit agencies; a practice that is urged to continue. However, the magnitude of the need (5-6,000 beds) over the next 10 years may challenge the financial and operational capacity of some effective organizations. Therefore, the SCMP recommends that the ODRC, OFCC, the counties, and other State organizations explore a range of options to provide the needed CBCF's as quickly as possible.

The method of providing capital assistance could include several approaches: 1) State-funded and operated; 2) grants to local economic development organizations to contract for operations; 3) per diem contracts with non-profit organizations for design-construction-manage-and finance; and 4) pay-for-success grants that would rely on public-private-partnerships to provide all facilities and services. A great deal more study will be necessary to define the approach that provides the best value for money and meets the aims for reintegration of ODRC.

In considering size and potential costs, the suggested CBCF size range is from 40 to 200 beds with estimated total cost from \$5.4 to \$23.5 million with half-way houses ranging size from 20 to 200 beds and a total cost range from \$2.7 to \$23.5 million based on new construction. In lieu of these costs being included in the capital request, the SCMP recommends that the State continue to expand the CBCF/HWH bedspaces through a combination of capital grants and an annual per diem contract. Under this existing contracting model, the per diem contracts are not a part of the capital requests.

While the future CBCF beds may be provided by non-profit organizations and/or the counties, the regional STEP facilities should be developed, financed, and operated by ODRC to assure the criminal justice agencies local communities that a thorough and comprehensive assessment of risk and needs for each inmate has been completed before assignment in a CBCF or ODRC facility. As noted earlier, while new STEP facilities are assumed in the SCMP, the ODRC may elect to modify existing institutions to include a STEP operation. Implementing a comprehensive community corrections program will alter the capital needs for the remainder of the system.

Existing Facilities Improvements

The thrust of the SCMP has been to manage the future needs without new prisons. This does not imply that replacing existing bedspaces that are inappropriate-for-purpose; have exceeded their useful life; or do not exist within the system should not be constructed. Based on the eight strategic goals and the review of all existing institutions, a variety of renovations and improvements were recommended for each existing institution. The capital needs are summarized in Table 4-11 that includes the estimated cost to renovate the various institutions.

Table 4-11
 Estimated Capital
 Cost to Improve
 Existing Institutions

Facility by Region	Totals
Northwest Region	
Toledo Correctional Institution	\$ 5,276,925
Allen Oakwood Correctional Institution	\$ 13,209,504
Oakwood Correctional Institution	\$ 756,000
Marion Correctional Institution	\$ 8,678,805
North Central Correctional Complex (Private Facility)	\$ 6,661,305
Ohio Reformatory for Women	\$ 11,348,070
Richland Correctional Institution	\$ 3,450,300
Mansfield Correctional Institution	\$ 690,000
Dayton Correctional Institution	\$ 13,876,500
Subtotal Northwest Region	\$ 63,947,409
Northeast Region	
Lake Erie Correctional Institution (Private Facility)	\$ -
Lorain Correctional Institution	\$ 5,280,408
Ohio State Penitentiary	\$ -
Trumbull Correctional Institution	\$ 470,400
Northeast Reintegration Center	\$ 2,107,350
Grafton Correctional Institution	\$ 4,057,200
Grafton Reintegration Center (formally NCCTF)	\$ 8,373,120
Subtotal Northeast Region	\$ 20,288,478
Southwest Region	
Ross Correctional Institution	\$ -
Chillicothe Correctional Institution	\$ 1,494,750
Madison Correctional Institution	\$ -
London Correctional Institution	\$ 5,475,720
Warren Correctional Institution	\$ 8,069,100
Lebanon Correctional Institution	\$ 14,112,000
Subtotal Southwest Region	\$ 29,151,570
Southeast Region	
Belmont Correctional Institution	\$ -
Noble Correctional Institution	\$ -
Southeastern Correctional Complex	\$ 5,443,200
Southeastern Correctional Complex (Hocking)	\$ 309,000
Pickaway Correctional Institution	\$ 34,574,670
Correctional Reception Center	\$ 756,000
Southern Ohio Correctional Facility	\$ 11,215,500
Subtotal Southeast Region	\$ 52,298,370
Medical Center	
Franklin Medical Center	\$ 11,846,900
Subtotal Medical Center	\$ 11,846,900
SUBTOTAL FACILITY IMPROVEMENT COSTS	\$ 177,532,727

Source: CGL & Miles McClellan; December 2015

Table 4-11 represents the capital estimate required to improve the existing facilities that will provide spaces that separate inmates that do not comply with established policies; improve housing conditions for special populations; expand medical and mental health services; extend

opportunities for treatment and program services; among many other operational needs. The total capital requirement over 10 years is a \$177.5 million investment in existing institutions.

New Prototypes

In Table 4-12 the estimated cost for new prototype components at existing facilities that are recommended during the 10-year SCMP timeframe is shown. Of the total new prototype projects recommended over the SCMP is a 10-year (\$517.3 million), the construction projects in the first three biennia represents \$353.8 million (68%) of this total.

Table 4-12
Estimated
Capital Cost
to Add
Prototype
Components
to Existing
Institutions

FACILITY BY VISION FOCUS	1st BIENNIA	2nd BIENNIA	3rd BIENNIA	Future BIENNIA	TOTALS
Medical					
Franklin Medical Center Complex	\$ 8,283,600	\$ 44,845,884	\$ 3,204,000	\$ -	\$ 56,333,484
Transit Center Hub Replacement & Warehouse	\$ 6,864,354	\$ -	\$ -	\$ -	\$ 6,864,354
New Parking Area	\$ 300,000	\$ -	\$ -	\$ -	\$ 300,000
Site Utility Upgrades	\$ 1,119,246	\$ -	\$ -	\$ -	\$ 1,119,246
Demolish Administration Building	\$ -	\$ 59,300	\$ -	\$ -	\$ 59,300
New Electrical Room	\$ -	\$ 75,000	\$ -	\$ -	\$ 75,000
Addition to FMC (Incl. SMI)	\$ -	\$ 44,711,584	\$ -	\$ -	\$ 44,711,584
Renovate South Tower for Hospital Beds	\$ -	\$ -	\$ 1,200,000	\$ -	\$ 1,200,000
Renovate Former Transit Hub	\$ -	\$ -	\$ 840,000	\$ -	\$ 840,000
Reconfigure Perimeter Fence	\$ -	\$ -	\$ 1,164,000	\$ -	\$ 1,164,000
Mental Health					
SMI Healing Centers	\$ -	\$ -	\$ 19,549,250	\$ 19,549,250	\$ 31,278,800
New 160-Bed SMI Healing Centers	\$ -	\$ -	\$ 15,639,400	\$ 15,639,400	\$ 31,278,800
Project Cost (Based on a 1.25 multiplier)	\$ -	\$ -	\$ 3,909,850	\$ 3,909,850	
Subtotal Medical/Mental Health	\$ 8,283,600	\$ 44,845,884	\$ 22,753,250	\$ 19,549,250	\$ 87,612,284
Ohio Reformatory for Women					
Visitation & Entry Building	\$ -	\$ 3,528,000	\$ -	\$ -	\$ 3,528,000
Life Lab Building	\$ -	\$ -	\$ -	\$ 1,780,000	\$ 1,780,000
Intake Processing Building	\$ -	\$ -	\$ 1,344,000	\$ -	\$ 1,344,000
100-Bed SMI Healing Center (See above)	\$ -	\$ 9,841,406	\$ -	\$ -	\$ 9,841,406
288-Bed Dormitory Building Cluster	\$ 8,640,000	\$ -	\$ -	\$ -	\$ 8,640,000
640-Bed Dormitory Community	\$ -	\$ -	\$ 19,200,000	\$ -	\$ 19,200,000
24-Bed Mothers and Babies Cottage	\$ -	\$ -	\$ 4,032,000	\$ -	\$ 4,032,000
Renovate Harmon Building	\$ -	\$ -	\$ -	\$ 5,040,000	\$ 5,040,000
Dormitory Conversions	\$ -	\$ -	\$ -	\$ 2,652,500	\$ 2,652,500
Demolish Washington	\$ -	\$ -	\$ -	\$ -	\$ -
Demolish Elizabeth	\$ -	\$ -	\$ -	\$ -	\$ -
Demolish Lincoln	\$ 153,600	\$ -	\$ -	\$ -	\$ 153,600
Project Cost	\$ 5,913,600	\$ 6,594,902	\$ 16,711,680	\$ 4,260,900	\$ 33,481,082
Total Women	\$ 14,707,200	\$ 19,964,308	\$ 41,287,680	\$ 13,733,400	\$ 89,692,588
PCI					
Demolish Abandoned OCI	\$ 13,700,000	\$ -	\$ -	\$ -	\$ 13,700,000
Construction of Support Core	\$ -	\$ 12,136,320	\$ 29,064,840	\$ 7,056,000	\$ 48,257,160
1,024-Bed General Custody Housing	\$ -	\$ 38,912,000	\$ -	\$ -	\$ 38,912,000
1,168-Bed Geriatric Housing	\$ -	\$ -	\$ 20,592,000	\$ 47,384,000	\$ 67,976,000
160-Bed SMI	\$ -	\$ -	\$ 15,639,400	\$ -	\$ 15,639,400
Construct New Perimeter	\$ -	\$ 5,000,000	\$ -	\$ -	\$ 5,000,000
Project Cost	\$ 5,827,564	\$ 15,310,859	\$ 16,010,951	\$ 13,073,052	\$ 50,222,427
Subtotal PCI	\$ 19,527,564	\$ 71,359,179	\$ 81,307,191	\$ 67,513,052	\$ 239,706,987
Programs & Treatment					
New Programs Building at Chillicothe	\$ -	\$ 6,256,320	\$ -	\$ -	\$ 6,256,320
Subtotal Programs & Treatment	\$ -	\$ 6,256,320	\$ -	\$ -	\$ 6,256,320
Reception					
Regional STEP Facility (4 Regional Facilities)	\$ -	\$ -	\$ 23,520,000	\$ 70,560,000	\$ 94,080,000
Subtotal Reception	\$ -	\$ -	\$ 23,520,000	\$ 70,560,000	\$ 94,080,000
TOTAL B1, B2, & B3 CAPITAL COSTS	\$ 42,518,364	\$ 142,425,691	\$ 168,868,121	\$ 171,355,702	\$ 517,348,178

Source: CGL & Miles McClellan; December 2015

Deferred Maintenance Costs

Although the great majority of the ODRC institutions have many years of useful life remaining, most are reaching, or have passed, the 30-year useful life benchmark often used to determine an assessed value of a capital asset. Deferring needed improvements that sustain the building's useful life is a universal problem in correctional systems throughout America. The problem is not simply the neglect of the infrastructure; mostly this is not the case. Ohio budgets capital maintenance funds for the upkeep of the prisons each year. The problems range from not enough capital funding to changes in codes and policies that require a major investment to comply.

As referenced in Section 3, in an attempt to understand the full magnitude of the capital need for ODRC assets, the OFCC engaged consultants in each ODRC region to undertake a comprehensive assessment of the current condition of the facility and all mechanical, electrical, plumbing, and electronic systems and equipment. This extensive undertaking has provided invaluable information regarding the magnitude of the need. This information has enabled the SCMP to consider options based not just on the improvement of operations and conditions, but whether any investment in a building or facility is justified.

The SCMP combined knowledge of the capital cost to improve the infrastructure to make a facility achieve a highest and best use goal with a view of the deferred maintenance cost. A range of recommendations resulted in the SCMP that included: 1) demolish some buildings that are too costly to repair; 2) defer any expenditures to improve the infrastructure in favor of a complete re-purposing of the building; or 3) replace the building entirely.

Although the report from independent facility assessment consultants indicates a total maintenance improvement cost of approximately \$650 million over the next 10 years, much more needs to be discussed in conjunction with the proposed SCMP prior to undertaking comprehensive deferred maintenance capital expenditures.

Using the results of the regional facility assessment studies, the OFCC, however, has prepared a recommendation of the priority expenditures for deferred maintenance in the first capital biennium that is shown in Table 4-13.

Table 4-13
Estimated Cost for
Deferred
Maintenance
Improvements
in Existing
Institutions

FACILITY BY REGION	1ST BIENNIAL
Northwest Region	
Toledo Correctional Institution	\$ -
Allen Oakwood Correctional Institution	\$ 200,238
Oakwood Correctional Institution	\$ 131,373
Marion Correctional Institution	\$ 3,494
North Central Correctional Complex (Private Facility)	\$ -
Ohio Reformatory for Women	\$ 7,500,000
Richland Correctional Institution	\$ 3,300,713
Mansfield Correctional Institution	\$ 79,083
Dayton Correctional Institution	\$ 2,799
Subtotal Northwest Region	\$ 11,217,699
Northeast Region	
Lake Erie Correctional Institution (Private Facility)	\$ -
Lorain Correctional Institution	\$ 821,238
Ohio State Penitentiary	\$ 5,044,551
Trumbull Correctional Institution	\$ 3,435,095
Northeast Reintegration Center	\$ 1,777,586
Grafton Correctional Institution	\$ -
Grafton Reintegration Center (formally NCCTF)	\$ -
Subtotal Northeast Region	\$ 11,078,469
Southwest Region	
Ross Correctional Institution	\$ 825,933
Chillicothe Correctional Institution	\$ 5,906,510
Madison Correctional Institution	\$ 1,500,000
London Correctional Institution	\$ 2,460,450
Warren Correctional Institution	\$ 130,652
Lebanon Correctional Institution	\$ 13,211
Subtotal Southwest Region	\$ 10,836,755
Southeast Region	
Belmont Correctional Institution	\$ 5,472,843
Noble Correctional Institution	\$ 31,440
Southeastern Correctional Complex	\$ 1,500,000
Southeastern Correctional Complex (Hocking)	\$ 300,000
Pickaway Correctional Institution	\$ 5,000,000
Correctional Reception Center	\$ 994,370
Southern Ohio Correctional Facility	\$ 11,789,331
Subtotal Southeast Region	\$ 25,087,984
Medical Center	
Franklin Medical Center	\$ 412,914
Subtotal Medical Center	\$ 412,914
SUBTOTAL ASSESSMENT COSTS	\$ 58,633,820

Source: Assessment Costs-OFCC; April 2015

Throughout this report an emphasis has been placed on the diversion of at least 4,500 inmates of the 8,300 that have less than 12 months to serve. This policy alone would substantially alter the capital need as one of the greatest systemic challenges is crowding more inmates into a facility that was ever intended. This one policy act alone could alter the capital requirements for new component prototypes and the estimated deferred maintenance costs that were presented in Table 4-13.

Total Capital Costs

In the Appendix, a matrix is presented that summarizes the proposed capital cost for all ODRC institutions by prototype additions; facility improvements; and deferred maintenance. The deferred maintenance estimate is for the first biennium only. Table 4-14 summarizes the 10-year capital cost by these three categories.

Table 4-14
Estimated Total 10-Year Cost for Improving Existing Institutions

	Total 10-Year Capital Cost per Biennium by Type			Total 5 Bienniums
	Prototypes	Improvements	Assessment	
Northwest Region				
Toledo Correctional Institution	\$ 26,149,956	\$ 5,277,925	\$ -	\$ 31,426,881
Allen Oakwood Correctional Institution	\$ 53,029,200	\$ 13,209,504	\$ 200,238	\$ 66,438,942
Oakwood Correctional Institution	\$ 9,487,296	\$ 756,000	\$ 131,373	\$ 10,374,669
Marion Correctional Institution	\$ 26,987,541	\$ 8,678,805	\$ 3,494	\$ 35,669,839
North Central Correctional Complex (Private Facility)	\$ 36,882,558	\$ 6,661,305	\$ -	\$ 43,543,863
Ohio Reformatory for Women	\$ 88,665,450	\$ 11,348,070	\$ 7,500,000	\$ 107,513,520
Richland Correctional Institution	\$ 21,591,768	\$ 3,450,300	\$ 3,300,713	\$ 28,342,781
Mansfield Correctional Institution	\$ 70,222,200	\$ 690,000	\$ 79,083	\$ 70,991,283
Dayton Correctional Institution	\$ 26,115,264	\$ 13,876,500	\$ 2,799	\$ 39,994,563
Subtotal Northwest Region	\$ 359,131,233	\$ 63,947,409	\$ 11,217,699	\$ 434,296,341
Northeast Region				
Lake Erie Correctional Institution (Private Facility)	\$ -	\$ -	\$ -	\$ -
Lorain Correctional Institution	\$ 17,505,600	\$ 5,280,408	\$ 821,238	\$ 23,607,246
Ohio State Penitentiary	\$ -	\$ -	\$ 5,044,551	\$ 5,044,551
Trumbull Correctional Institution	\$ 31,966,800	\$ 470,400	\$ 3,435,095	\$ 35,872,295
Northeast Reintegration Center	\$ 40,387,200	\$ 2,107,350	\$ 1,777,586	\$ 44,272,136
Grafton Correctional Institution	\$ 55,596,624	\$ 4,057,200	\$ -	\$ 59,653,824
Grafton Reintegration Center (formally NCCTF)	\$ 27,594,600	\$ 8,373,120	\$ -	\$ 35,967,720
Subtotal Northeast Region	\$ 173,050,824	\$ 20,288,478	\$ 11,078,469	\$ 204,417,771
Southwest Region				
Ross Correctional Institution	\$ 27,854,991.36	\$ -	\$ 825,933.00	\$ 28,680,924
Chillicothe Correctional Institution	\$ 29,958,249.00	\$ 1,494,750.00	\$ 5,906,509.50	\$ 37,359,509
Madison Correctional Institution	\$ 26,417,160.00	\$ -	\$ 1,500,000.00	\$ 27,917,160
London Correctional Institution	\$ 39,048,912.00	\$ 5,475,720.00	\$ 2,460,450.00	\$ 46,985,082
Warren Correctional Institution	\$ 19,813,440.00	\$ 8,069,100.00	\$ 130,651.50	\$ 28,013,192
Lebanon Correctional Institution	\$ 38,949,120.00	\$ 14,112,000.00	\$ 13,210.50	\$ 53,074,331
Subtotal Southwest Region	\$ 182,041,872	\$ 29,151,570	\$ 10,836,755	\$ 222,030,197
Southeast Region				
Belmont Correctional Institution	\$ 28,956,240.00	\$ -	\$ 5,472,843.00	\$ 34,429,083
Noble Correctional Institution	\$ 7,882,560.00	\$ -	\$ 31,440.00	\$ 7,914,000
Southeastern Correctional Complex	\$ 37,669,176.00	\$ 5,443,200.00	\$ 1,500,000.00	\$ 44,612,376
Southeastern Correctional Complex (Hocking)	\$ 2,428,800.00	\$ 309,000.00	\$ 300,000.00	\$ 3,037,800
Pickaway Correctional Institution	\$ 252,903,386.55	\$ 34,574,670.00	\$ 5,000,000.00	\$ 292,478,057
Correctional Reception Center	\$ 40,622,400.00	\$ 756,000.00	\$ 994,369.50	\$ 42,372,770
Southern Ohio Correctional Facility	\$ -	\$ 11,215,500.00	\$ 11,789,331.00	\$ 23,004,831
Subtotal Southeast Region	\$ 370,462,563	\$ 52,298,370	\$ 25,087,984	\$ 447,848,916
Medical Center				
Franklin Medical Center	\$ -	\$ 56,558,484	\$ 412,914	\$ 56,971,398
	\$ -	\$ 56,558,484	\$ 412,914	\$ 56,971,398
SUBTOTAL EXISTING INSTITUTION COSTS	\$ 1,084,686,492	\$ 222,244,311	\$ 58,633,820	\$ 1,365,564,623
Regional STEP Facilities				
Northwest Facility	\$ 25,966,080	\$ -	\$ -	\$ 25,966,080
Northeast Facility	\$ 25,966,080	\$ -	\$ -	\$ 25,966,080
Southwest Facility	\$ 25,966,080	\$ -	\$ -	\$ 25,966,080
Southeast Facility	\$ 25,966,080	\$ -	\$ -	\$ 25,966,080
Subtotal Regional STEP Facilities	\$ 103,864,320	\$ -	\$ -	\$ 103,864,320
TOTAL CAPITAL COSTS	\$ 1,188,550,812	\$ 222,244,311	\$ 58,633,820	\$ 1,469,428,943

Source: CGL, Miles McClellan & OFCC; December 2015

PRIORITIES FOR IMPLEMENTATION

As noted in Table 4-14, the estimated total 10-year cost for new prototype additions; renovations to existing institutions; and one biennia of deferred maintenance upgrades is approximately \$1.5 billion. Ten year capital plans are intended as “road maps” that provide an evidence-informed basis of need; a realistic assessment of the continued life of existing assets; and a practical plan for meeting the delta between the projected need and the capacity and sustainability of existing resources. A 10-year horizon is a reasonable timeframe because capital construction for prisons has a longer lead time than that of schools, offices, and other building types.

However, different from schools, offices, medical facilities, roads and bridges, public policies often influence legislation which in turn changes priorities for correctional facilities. Also, since 90% of the lifecycle cost of a prison is associated with the operating cost and only 10% in the capital investment, decisions regarding the construction of any major prison component are driven more by the annual operational cost rather than the initial investment, even though the initial cost is too often the “headline” story.

The SCMP provides an evidence-informed basis for defining the need, and as consistently stated, very little annual growth is anticipated Systemwide; less than 3,000 additional prisoners above the 2015 average daily census. Finding capacity for this average annual increase of less than 300 prisoners will be far less expensive if a program to implement an aggressive and comprehensive community corrections capital program is achieved. Doing so will shift the need for additional bedspaces away from new construction and towards a focus on better utilizing the existing capacity.

A second aspect of the SCMP has been the quantification of the deferred maintenance cost of the existing ODRC infrastructure, and this cost estimate is very significant as shown earlier in Table 4-13. Although the comprehensive assessment the existing prisons provided an estimate of the total magnitude of the deferred maintenance cost (in excess of \$650 million), at this stage of the SCMP only the estimated deferred maintenance cost for the first biennium is shown since decisions on improvements and expansions to existing institutions will alter the need for deferred maintenance expenditures.

This deferred maintenance effort, taken in parallel with the SCMP, has provided the State with a basis for establishing priorities for capital requests over the next several funding cycles. Further effort will be necessary to establish the impact that following the recommendations of the SCMP (i.e., implementing new STEP facilities and 4,500 new CBCF bedspaces) will have upon facility crowding and the potential need for correcting some of the deferred maintenance items immediately.

Recognizing the potential impact the expanded community corrections initiative could have on the total system, all component improvement plans, with the exception of those for several “pivot” facilities, are proposed for the 4th or 5th capital biennium. By delaying the immediate expenditure, the State will have the opportunity to evaluate the impact of the proposed community corrections and mental health initiatives that are the foundation of the SCMP. Priorities could shift that could either bring forward or delay component expenditures that have been suggested in this plan.

Although the total estimated 10-year capital need for facility improvements and initial assessment upgrades is approximately \$1.5 billion, the level of commitment in the first two biennia will impact the capital requirements for the remaining six years. While the need is real and present, substantiated by quantifiable data, at this stage of post-recession recovery, visualizing a legislative commitment to this level of investment is difficult.

Therefore, the focus in the SCMP has been to identify those capital projects and deferred maintenance needs that are the most critical and/or could significantly alter future capital requirements if implemented immediately. From a “new projects” perspective, the following summarizes the recommended investments in the first and second biennium:

1. **STEP Facilities.** Implementing all four regional STEP facilities will change the dynamic for classifying and assigning the more than 8,000 annual commitments with a sentence of 12 months or less to a community-based facility or sanction. The locations of these system-altering facilities should be as close to the highest committing jurisdictions as feasible. While a purpose-built STEP is preferred, the ODRC could consider the modification of an existing institution if location, configuration, and staffing is appropriate for this specialized function.
2. **Community Based Correctional Facilities/Halfway Houses.** To fully realize the goal of reintegration, construction of 14, 200-bed and 2, 100-bed CBCF's or Halfway houses within the first four years (two biennia) will provide a staff-secure alternative for local communities to a traditional ODRC prison. These 3,000 new bedspaces will significantly relieve the crowding throughout the system and provide a better opportunity for reducing the rate of reoffending. The capital cost for this recommendation is not included in the SCMP but is assumed to be a part of the per diem contracts that the State will negotiate with providers, as is the current approach.
3. **SMI Facilities.** Providing seven new 160-bed healing centers (including a 100-bed facility at ORW) will remove inmates from infirmary, restrictive housing, and general population beds whose mental health issues are so severe that normal operations is seriously impeded. These 1,060 specialized bedspaces, with supporting spaces for treatment, will dramatically alter the delivery of mental health services.
4. **Pivot Facilities.** While the SCMP recommends delaying the extensive capital improvements that have been identified at each institution, investment in two of the five pivot facilities in the first four years will also offer the opportunity for system change.

- a. ORW. Constructing 1,052 new bedspaces while demolishing three antiquated dormitory buildings and renovating existing buildings will provide the basis for a rehabilitation focused campus designed to meet the unique operational needs for women. Ultimately moving reception to Zone B of FMC will provide needed additional bedspaces that will reduce crowding throughout ORW. Providing bedspaces for SMI inmates as well as new specially designed housing for mothers with babies will improve this valuable program. Additional infirmary and treatment programs space will increase the reintegration potential. The first three biennia represent a major commitment to equal and improved services and conditions for women. A separate master plan was developed for the proposed best use of ORW.
- b. PCI. Second only to the increase in the number of inmates with mental illness issues are those over 50 years of age. The Pickaway Correctional Institution has served as a center for elderly inmates for years but is in such a state of disrepair that programs and services have been compromised. Investing significantly in constructing a new adjacent facility for 2,352 specialized bedspaces and repurposing 950 bedspaces in the existing PCI will concentrate housing and services for the most needful elderly inmates at a single location. During the completion of the SCMP, a separate master plan was prepared for the PCI with the recommendation of the construction of a new adjacent specialized prison that, combined with a revised use of the existing PCI, would provide over 3,300 bedspaces.
- c. FMC. Similar to inmates with mental health issues, those with acute and chronic medical problems will continue to increase in the population. The foundation for a concentrated medical response has existed for decades at FMC. The expansion of this facility over the first four years to provide 370 medical beds (including a 20-bed SMI capability) will reduce the reliance on contracted medical beds. Removing the transfer function from inside the secure area of FMC and creating a new more accessible Transfer Center will allow FMC to operate as a more efficient medical facility. Similar to the ORW and PCI facilities, a separate strategic plan has been prepared for the best use of the FMC.

5. **Deferred Maintenance.** The total estimated 10-year cost of raising the physical infrastructure to a level that complies with required codes and standards and satisfies reasonable maintenance benchmarks is approximately \$700 million. During the first biennium of the SCMP, an investment of \$58.6 million in the most critical deficiencies will insure that life safety codes are met and the basic operations can continue without undue compromise. While some projects may be able to be eliminated due to other capital changes that could replace a building, the State should recognize that every institution will require, on average, an investment of \$20-30 million over the next 10 years.

As shown in Table 4-15, the total capital investment for the first three biennia would be approximately \$391.5 million including new prototypes, renovations, and deferred maintenance projects. To complete these priority projects and the proposed renovations to virtually all existing

institutions, an additional \$1.1 billion would be necessary in future biennia. Table 4-15 summarizes the capital needs, included deferred maintenance, for the first biennia.

Table 4-15
Estimated Capital Cost for the First Three Biennia

REGION	ESTIMATED 3-BIENNIA CAPITAL COST
STEP Facilities	\$ 23,520,000
Community Corrections Facilities	N/A
Renovations	\$ 55,763,484
Existing Conditions	\$ 58,633,820
New Prototypes	\$ 253,608,216
TOTALS	\$ 391,525,520

If funded as recommended, the ODRC would have available more than 5,000 new specialized bedspaces between the CBCF, SMI, FMC, ORW, and PCI capital projects. These special function bedspaces do not expand the capacity of the system, but allow the remaining institutions to operate in a less-crowded, safer, and more purpose-driven manner.

A capital plan of this magnitude will require a thorough analysis of the most cost-effective delivery method including traditional design-bid, or design-build, or alternative project delivery methods. This analysis is as important as the plan that identifies the level of capital investment and should be undertaken in parallel with the review of the SCMP.

Any strategic plan requires regular updates and the SCMP is no exception. The first update could come as soon as the Executive and Legislative branches determine the level of funding for the first biennium. For each funding cycle, the accomplishments of the previous one should help inform the next cycle's request. The SCMP provides a long view of the need based on many factors and should serve as a guide to regularly update priorities and review accomplishments in light of the vision that guided this plan.

Replace or Expand Consideration

In every capital plan, the question must be asked as to whether a facility is better replaced or improved/expanded. This dilemma exists in the SCMP for the ODRC. Any construction within a secure perimeter is always a challenge while maintaining daily operating routines. Assigning an operating cost to maintaining security during construction is very difficult without having a great deal more information about the type, duration, and extent of the interruption.

From a pure capital expenditure perspective, a cost comparison can be made. In Table 4-16, the cost to replace with a new facility as opposed to expanding and improving each existing institution is shown. For replacement cost, an estimate of today's construction and "soft" cost was applied against the estimated square footage of a new facility.

Table 4-16
Comparison of Replacement versus Improvement Costs for Existing Institutions

	Total 5 Bienniums	Total Square Feet	Adjusted Capacity	SF per Inmate	Security Level	Replacement Cost/SF	Replacement Cost
Northwest Region							
Toledo Correctional Institution	\$ 31,426,881	437,540	1,250	350.0	2,3,4	\$ 439	\$ 192,080,060
Allen Oakwood Correctional Institution	\$ 66,438,942	412,163	1,178	349.9	1,2,3,4	\$ 439	\$ 180,939,557
Oakwood Correctional Institution	\$ 10,374,669	153,664	260	591.0	1,2,3,4	\$ 439	\$ 67,458,496
Marion Correctional Institution	\$ 35,669,839	652,211	2,069	315.2	1,2	\$ 329	\$ 214,577,419
North Central Correctional Complex (Private Facility)	\$ 43,543,863	788,170	2,500	315.3	1,2	\$ 329	\$ 259,307,930
Ohio Reformatory for Women	\$ 107,513,520	1,136,934	3,496	325.2	1,2,3	\$ 362	\$ 411,570,108
Richland Correctional Institution	\$ 28,342,781	731,028	2,319	315.2	1,2	\$ 329	\$ 240,508,212
Mansfield Correctional Institution	\$ 70,991,283	598,344	1,840	325.2	1,2,3	\$ 362	\$ 216,600,528
Dayton Correctional Institution	\$ 39,994,563	203,242	625	325.2	1,2,3	\$ 362	\$ 73,573,604
Subtotal Northwest Region	\$ 434,296,341	5,113,296	15,537			\$ 363	\$ 1,856,615,914
Northeast Region							
Lake Erie Correctional Institution (Private Facility)	\$ -		-	-	-	\$ -	\$ -
Lorain Correctional Institution	\$ 23,607,246	328,155	938	349.8	1,2,3,4	\$ 439	\$ 144,060,045
Ohio State Penitentiary	\$ 5,044,551	152,048	454	334.9	1,4,5,DR	\$ 717	\$ 109,018,416
Trumbull Correctional Institution	\$ 35,872,295	334,280	955	350.0	1,2,3,4	\$ 439	\$ 146,748,920
Northeast Reintegration Center	\$ 44,272,136	110,344	350	315.3	1,2	\$ 329	\$ 36,303,176
Grafton Correctional Institution	\$ 59,653,824	478,329	1,475	324.3	1,2,3	\$ 362	\$ 173,155,098
Grafton Reintegration Center (formally NCCTF)	\$ 35,967,720	98,521	313	314.8	1,2	\$ 329	\$ 32,413,409
Subtotal Northeast Region	\$ 204,417,771	1,501,677	4,485			\$ 427	\$ 641,699,064
Southwest Region							
Ross Correctional Institution	\$ 28,680,924	456,887	1,405	325.2	2,3	\$ 362	\$ 165,393,094
Chillicothe Correctional Institution	\$ 37,359,509	1,112,168	3,534	314.7	1,2,DR	\$ 379	\$ 421,511,672
Madison Correctional Institution	\$ 27,917,160	591,128	1,875	315.3	1,2	\$ 329	\$ 194,481,112
London Correctional Institution	\$ 46,985,082	738,121	2,341	315.3	1,2	\$ 329	\$ 242,841,809
Warren Correctional Institution	\$ 28,013,192	482,169	1,378	349.9	2,3,4	\$ 439	\$ 211,672,191
Lebanon Correctional Institution	\$ 53,074,331	793,260	2,266	350.1	1,2,3,4	\$ 439	\$ 348,241,140
Subtotal Southwest Region	\$ 222,030,197	4,173,733	12,799			\$ 380	\$ 1,584,141,018
Southeast Region							
Belmont Correctional Institution	\$ 34,429,083	754,027	2,319	325.2	1,2,3	\$ 362	\$ 272,957,774
Noble Correctional Institution	\$ 7,914,000	766,221	2,356	325.2	1,2,3	\$ 362	\$ 277,372,002
Southeastern Correctional Complex	\$ 44,612,376	457,420	1,406	325.3	1,2	\$ 329	\$ 150,491,180
Southeastern Correctional Complex (Hocking)	\$ 3,037,800	66,682	205	325.3	1,2	\$ 329	\$ 21,938,378
Pickaway Correctional Institution	\$ 292,478,057	539,810	1,660	325.2	1,2,3	\$ 362	\$ 195,411,220
Correctional Reception Center	\$ 42,372,770	363,958	1,120	325.0	1,2,3,4,5	\$ 483	\$ 175,791,714
Southern Ohio Correctional Facility	\$ 23,004,831	402,351	1,239	324.7	3,4,5	\$ 580	\$ 233,363,580
Subtotal Southeast Region	\$ 447,848,916	3,350,469	10,305			\$ 396	\$ 1,327,325,848
Medical Center							
Franklin Medical Center	\$ 56,971,398	306,228	943	324.7	1,2,3,4,5	\$ 628	\$ 192,311,184
	\$ 56,971,398	306,228	943	324.7		\$ 628	\$ 192,311,184
ASSESSMENT & PROTOTYPE COSTS	\$1,365,564,623	14,445,403	44,069	324.7		\$ 388	\$5,602,093,028

Source: CGL & Miles McClellan; April 2015

This analysis suggests that in three facilities (NERC, GRC, and PCI) more detailed analysis should be undertaken before undertaking the expansions suggested in the SCMP. While recommendations at Grafton are easily accommodated due to the site size, both NERC and Pickaway have serious site limitations that will complicate the proposed improvements.

As noted, the SCMP is based on current and projected capital needs, but with more detailed study and an assessment of the impact of investing first in community corrections options and the resultant impact on reducing crowding, some of the recommended expansions and improvements for existing institutions could be modified and even eliminated.

A

APPENDIX

Facility Adjustment Summaries

Appendix A provides a framework for examining the capital requirements for each institution. In the SCMP, the capital focus has been upon the first three biennia which does not address the renovation and assessment (deferred maintenance) needs for the individual institutions. Too often, the capital response from a master plan is only viable for the initial funding and non-priority needs are delayed or even forgotten. Even though the implementation of the priority recommendations in the SCMP will significantly alter the system operations, every facility in the ODRC system has capital improvement needs; some critical.

In the development of the SCMP, a cost model was prepared that examined each institution's needs in three basic cost centers: 1) new prototypes; 2) facility renovations; and 3) deferred maintenance estimates. In the latter cost center, the SCMP only includes an estimate for the first biennia, although in Section 4 a reference was made to a 10 year deferred maintenance need. A second aspect of the SCMP was to make recommendations (facility adjustments). For each institution in the ODRC system, a facility overview was included, followed by the estimated costs to develop the recommended prototypes and/or improvements presented in the capital plan.

COST MODEL

A data base was developed through the OFCC, ODRC, and Consultants that provided a basis for estimating the capital needs for each institution. The following shows the way that the costs were estimated:

1. **Institution:** Each facility except the privately operated Lake Erie Correctional Institution was included in the capital needs analysis.
2. **Description:** The capital needs were identified according to new prototypes, renovation, and existing conditions. From the data presented in Section 3 on the prototype additions, a cost estimate was prepared. Using data from ODRC and OFCC the cost of each proposed renovation was completed. Using data from the separate facility assessment study, the estimated 1st Biennium cost requirement was developed.
3. **Quantity:** The number of prototypes that would be required for each institution.
4. **Item Total:** The estimated construction cost for each cost item.
5. **Project Total:** The total cost for a recommended item with a soft cost multipliers (40%) and a contingency factor (20%) added to the Item Total.
6. **B1-B5:** The recommended capital expenditure in each funding biennia.
7. **Total:** The sum of the five biennia recommended capital expenditures.

The base matrix that was used for estimating the capital requirement for each institution is shown on the following pages. This table will require constant updating as costs and projects change over the ensuing years as costs, delivery methods, and priorities change.

The Baseline Cost Matrix

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
ALLEN CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A2	2.0	\$ 4,032,000	\$ 6,773,760	\$ -	\$ -	\$ -	\$ -	\$ 6,773,760	\$ 6,773,760
A2 (Split for Biennium)		\$ 4,032,000	\$ 6,773,760	\$ -	\$ -	\$ -	\$ 6,773,760	\$ -	\$ 6,773,760
A3	1.0	\$ 4,704,000	\$ 7,902,720	\$ -	\$ -	\$ -	\$ -	\$ 7,902,720	\$ 7,902,720
B6	1.0	\$ 15,639,400	\$ 26,274,192	\$ -	\$ -	\$ -	\$ -	\$ 26,274,192	\$ 26,274,192
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ -	\$ 4,478,208	\$ 4,478,208
F2	1.0	\$ 392,000	\$ 658,560	\$ -	\$ -	\$ -	\$ -	\$ 658,560	\$ 658,560
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 31,565,000	\$ 53,029,200	\$ -	\$ -	\$ -	\$ 6,773,760	\$ 46,255,440	\$ 53,029,200
RENOVATION									
Renovate Vacated Segregation	1.0	\$ 2,998,912	\$ 4,498,368	\$ -	\$ -	\$ -	\$ -	\$ 4,498,368	\$ 4,498,368
Renovate Clinic to Programs	1.0	\$ 2,223,424	\$ 3,335,136	\$ -	\$ -	\$ -	\$ 3,335,136	\$ -	\$ 3,335,136
Renovate Multipurpose Building	1.0	\$ 3,584,000	\$ 5,376,000	\$ -	\$ -	\$ -	\$ 5,376,000	\$ -	\$ 5,376,000
Addition to Visitation	1.0	\$ 504,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 9,310,336	\$ 13,209,504	\$ -	\$ -	\$ -	\$ 8,711,136	\$ 4,498,368	\$ 13,209,504
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 133,492	\$ 200,238	\$ 200,238	\$ -	\$ -	\$ -	\$ -	\$ 200,238
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 672,943	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 806,435	\$ 200,238	\$ 200,238	\$ -	\$ -	\$ -	\$ -	\$ 200,238
FACILITY TOTAL		\$ 41,681,771	\$ 66,438,942	\$ 200,238	\$ -	\$ -	\$ 15,484,896	\$ 50,753,808	\$ 66,438,942
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
OAKWOOD CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
B1-A	1.0	\$ 4,267,200	\$ 7,168,896	\$ -	\$ -	\$ -	\$ 7,168,896	\$ -	\$ 7,168,896
F5-A	0.5	\$ 1,280,000	\$ 2,150,400	\$ -	\$ -	\$ -	\$ -	\$ 2,150,400	\$ 2,150,400
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 5,647,200	\$ 9,487,296	\$ -	\$ -	\$ -	\$ 7,168,896	\$ 2,318,400	\$ 9,487,296
RENOVATION									
Subtotal		\$ 504,000	\$ 756,000	\$ -	\$ -	\$ -	\$ 756,000	\$ -	\$ 756,000
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 87,582	\$ 131,373	\$ 131,373	\$ -	\$ -	\$ -	\$ -	\$ 131,373
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 211,517	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 299,099	\$ 131,373	\$ 131,373	\$ -	\$ -	\$ -	\$ -	\$ 131,373
FACILITY TOTAL		\$ 6,450,299	\$ 10,374,669	\$ 131,373	\$ -	\$ -	\$ 7,924,896	\$ 2,318,400	\$ 10,374,669
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
BELMONT CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A2	1.0	\$ 4,032,000	\$ 6,773,760	\$ -	\$ -	\$ -	\$ -	\$ 6,773,760	\$ 6,773,760
A3	1.0	\$ 4,704,000	\$ 7,902,720	\$ -	\$ -	\$ -	\$ -	\$ 7,902,720	\$ 7,902,720
A5	2.0	\$ 877,920	\$ 1,316,880	\$ -	\$ -	\$ -	\$ -	\$ 1,316,880	\$ 1,316,880
F2	16.0	\$ 3,136,000	\$ 5,268,480	\$ -	\$ -	\$ -	\$ -	\$ 5,268,480	\$ 5,268,480
F2 (Split for Biennium)		\$ 3,136,000	\$ 5,268,480	\$ -	\$ -	\$ -	\$ -	\$ 5,268,480	\$ 5,268,480
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 17,329,920	\$ 28,956,240	\$ -	\$ -	\$ -	\$ 5,268,480	\$ 23,687,760	\$ 28,956,240
RENOVATION									
E3-A Add to the current Clinic/Infirmary	1.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 3,648,562	\$ 5,472,843	\$ 5,472,843	\$ -	\$ -	\$ -	\$ -	\$ 5,472,843
2nd Biennium		\$ 378,019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 1,242,035	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 142,624	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 5,411,240	\$ 5,472,843	\$ 5,472,843	\$ -	\$ -	\$ -	\$ -	\$ 5,472,843
FACILITY SUBTOTAL		\$ 22,741,160	\$ 34,429,083	\$ 5,472,843	\$ -	\$ -	\$ 5,268,480	\$ 23,687,760	\$ 34,429,083

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
CHILlicothe CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A5	9.0	\$ 1,440,750	\$ 2,161,125	\$ -	\$ -	\$ -	\$ 2,161,125	\$ -	\$ 2,161,125
A5 (Split for Biennium)		\$ 1,152,600	\$ 1,728,900	\$ -	\$ -	\$ -	\$ -	\$ 1,728,900	\$ 1,728,900
E1	0.5	\$ 627,200	\$ 1,053,696	\$ -	\$ -	\$ -	\$ -	\$ 1,053,696	\$ 1,053,696
E2	0.5	\$ 627,200	\$ 1,053,696	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ -	\$ 4,478,208	\$ 4,478,208
F1	1.0	\$ 3,724,000	\$ 6,256,320	\$ -	\$ 6,256,320	\$ -	\$ -	\$ -	\$ 6,256,320
F2	18.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2 (Split for Biennium)		\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2 (Split for Biennium)		\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ -	\$ 3,951,360	\$ 3,951,360
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 18,737,350	\$ 31,011,945	\$ -	\$ 6,256,320	\$ -	\$ 10,063,845	\$ 13,638,084	\$ 29,958,249
RENOVATION									
Renovate Showers	18.0	\$ 4,500	\$ 6,750	\$ -	\$ -	\$ -	\$ 6,750	\$ -	\$ 6,750
ADA improvements to geriatric unit	1.0	\$ 320,000	\$ 480,000	\$ -	\$ -	\$ -	\$ 480,000	\$ -	\$ 480,000
Demolish cell block	4.0	\$ 672,000	\$ 1,008,000	\$ -	\$ -	\$ -	\$ 1,008,000	\$ -	\$ 1,008,000
Subtotal		\$ 996,500	\$ 1,494,750	\$ -	\$ -	\$ -	\$ 1,494,750	\$ -	\$ 1,494,750
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 3,937,673	\$ 5,906,510	\$ 5,906,510	\$ -	\$ -	\$ -	\$ -	\$ 5,906,510
2nd Biennium		\$ 31,419	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 275,582	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 1,498,536	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 5,743,210	\$ 5,906,510	\$ 5,906,510	\$ -	\$ -	\$ -	\$ -	\$ 5,906,510
FACILITY TOTAL		\$ 25,477,060	\$ 38,413,205	\$ 5,906,510	\$ 6,256,320	\$ -	\$ 11,558,595	\$ 13,638,084	\$ 37,359,509
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
CORRECTIONAL RECEPTION CENTER									
NEW PROTOTYPES									
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
B2-R	2.0	\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ 1,975,680	\$ -	\$ 1,975,680
F2	14.0	\$ 3,136,000	\$ 5,268,480	\$ -	\$ -	\$ -	\$ 5,268,480	\$ -	\$ 5,268,480
F2 (Split for Biennium)		\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ -	\$ 3,951,360	\$ 3,951,360
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
G1-R+A	1.0	\$ 9,016,000	\$ 15,146,880	\$ -	\$ -	\$ -	\$ 15,146,880	\$ -	\$ 15,146,880
Subtotal		\$ 24,180,000	\$ 40,622,400	\$ -	\$ -	\$ -	\$ 34,245,120	\$ 6,377,280	\$ 40,622,400
RENOVATION									
Subtotal		\$ 504,000	\$ 756,000	\$ -	\$ -	\$ -	\$ 756,000	\$ -	\$ 756,000
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 662,913	\$ 994,370	\$ 994,370	\$ -	\$ -	\$ -	\$ -	\$ 994,370
2nd Biennium		\$ 215,161	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 3,436	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 2,971,474	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 3,852,984	\$ 994,370	\$ 994,370	\$ -	\$ -	\$ -	\$ -	\$ 994,370
FACILITY TOTAL		\$ 28,536,984	\$ 42,372,770	\$ 994,370	\$ -	\$ -	\$ 35,001,120	\$ 6,377,280	\$ 42,372,770
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
DAYTON CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
B2	1.0	\$ 4,267,200	\$ 7,168,896	\$ -	\$ -	\$ -	\$ 7,168,896	\$ -	\$ 7,168,896
C1	0.3	\$ 1,209,600	\$ 2,032,128	\$ -	\$ -	\$ -	\$ 2,032,128	\$ -	\$ 2,032,128
F2	4.0	\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ 2,634,240	\$ -	\$ 2,634,240
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 15,544,800	\$ 26,115,264	\$ -	\$ -	\$ -	\$ 23,689,344	\$ 2,425,920	\$ 26,115,264
RENOVATION									
Convert Maintenance to Vocational Programs	1.0	\$ 4,032,000	\$ 6,048,000	\$ -	\$ -	\$ -	\$ 6,048,000	\$ -	\$ 6,048,000
Renovate C/D for Classroom/Program	1.0	\$ 2,772,000	\$ 4,158,000	\$ -	\$ -	\$ -	\$ 4,158,000	\$ -	\$ 4,158,000
Renovate existing medical area	1.0	\$ 1,754,000	\$ 2,631,000	\$ -	\$ -	\$ -	\$ 2,631,000	\$ -	\$ 2,631,000
Expand Visitation	1.0	\$ 252,000	\$ 378,000	\$ -	\$ -	\$ -	\$ 378,000	\$ -	\$ 378,000
Renovate existing Seg to RIB	1.0	\$ 441,000	\$ 661,500	\$ -	\$ -	\$ -	\$ 661,500	\$ -	\$ 661,500
Subtotal		\$ 9,251,000	\$ 13,876,500	\$ -	\$ -	\$ -	\$ 9,718,500	\$ 4,158,000	\$ 13,876,500
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 1,866	\$ 2,799	\$ 2,799	\$ -	\$ -	\$ -	\$ -	\$ 2,799
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 62,458	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 64,324	\$ 2,799	\$ 2,799	\$ -	\$ -	\$ -	\$ -	\$ 2,799
FACILITY TOTAL		\$ 24,860,124	\$ 39,994,563	\$ 2,799	\$ -	\$ -	\$ 33,407,844	\$ 6,583,920	\$ 39,994,563

PROJECT DRC-140064
Ohio Department of Rehabilitation and Correction

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
FRANKLIN MEDICAL CENTER									
NEW PROTOTYPES									
Subtotal	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
RENOVATION									
Renovate for Medical Clinic - South Tower	1.0	\$ 1,200,000	\$ -	\$ -	\$ -	\$ 1,200,000	\$ -	\$ -	\$ 1,200,000
Site Utility Upgrades	1.0	\$ 1,119,246	\$ -	\$ 1,119,246	\$ -	\$ -	\$ -	\$ -	\$ 1,119,246
Renovate Former Transit Hub	1.0	\$ 840,000	\$ -	\$ -	\$ -	\$ 840,000	\$ -	\$ -	\$ 840,000
Provide Transit Hub & Warehouse	1.0	\$ 6,864,354	\$ -	\$ 6,864,354	\$ -	\$ -	\$ -	\$ -	\$ 6,864,354
Demolish and replace entry building	1.0	\$ 59,300	\$ -	\$ -	\$ 59,300	\$ -	\$ -	\$ -	\$ 59,300
Additional Parking	1.0	\$ 300,000	\$ -	\$ 300,000	\$ -	\$ -	\$ -	\$ -	\$ 300,000
New Electrical Room	1.0	\$ 75,000	\$ -	\$ -	\$ 75,000	\$ -	\$ -	\$ -	\$ 75,000
Reconfigure perimeter fence	1.0	\$ 1,164,000	\$ -	\$ -	\$ -	\$ 1,164,000	\$ -	\$ -	\$ 1,164,000
Addition to Visitation	1.0	\$ 756,000	\$ 1,270,080	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
New Medical Beds - Construction		\$ 44,711,584	\$ -	\$ -	\$ 44,711,584	\$ -	\$ -	\$ -	\$ 44,711,584
Add elevator in Zone B housing	1.0	\$ 150,000	\$ 225,000	\$ -	\$ -	\$ -	\$ -	\$ 225,000	\$ 225,000
Convert Zone B to Women's Reception	1.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 57,239,484	\$ 1,495,080	\$ 8,283,600	\$ 44,845,884	\$ 3,204,000	\$ -	\$ 225,000	\$ 56,558,484
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 275,276	\$ 412,914	\$ 412,914	\$ -	\$ -	\$ -	\$ -	\$ 412,914
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 16,580	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 291,856	\$ 412,914	\$ 412,914	\$ -	\$ -	\$ -	\$ -	\$ 412,914
FACILITY TOTAL		\$ 57,531,340	\$ 1,907,994	\$ 8,696,514	\$ 44,845,884	\$ 3,204,000	\$ -	\$ 225,000	\$ 56,971,398
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
GRAFTON CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A1	1.0	\$ 6,048,000	\$ 10,160,640	\$ -	\$ -	\$ -	\$ 10,160,640	\$ -	\$ 10,160,640
A3	1.0	\$ 4,032,000	\$ 6,773,760	\$ -	\$ -	\$ -	\$ 6,773,760	\$ -	\$ 6,773,760
A5	1.0	\$ 595,200	\$ 892,800	\$ -	\$ -	\$ -	\$ -	\$ 892,800	\$ 892,800
B6	1.0	\$ 15,639,400	\$ 26,274,192	\$ -	\$ -	\$ -	\$ 26,274,192	\$ -	\$ 26,274,192
E1	1.0	\$ 1,254,400	\$ 2,107,392	\$ -	\$ -	\$ -	\$ -	\$ 2,107,392	\$ 2,107,392
E2	1.0	\$ 1,254,400	\$ 2,107,392	\$ -	\$ -	\$ -	\$ -	\$ 2,107,392	\$ 2,107,392
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ 4,478,208	\$ -	\$ 4,478,208
F4	1.0	\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 33,157,000	\$ 55,596,624	\$ -	\$ -	\$ -	\$ 47,686,800	\$ 7,909,824	\$ 55,596,624
RENOVATION									
Renovate Medical for Programs	1.0	\$ 1,638,000	\$ 2,457,000	\$ -	\$ -	\$ -	\$ -	\$ 2,457,000	\$ 2,457,000
Demolition of sprung and seg unit	1.0	\$ 196,500	\$ 330,120	\$ -	\$ -	\$ -	\$ 330,120	\$ -	\$ 330,120
Addition to Visitation	1.0	\$ 756,000	\$ 1,270,080	\$ -	\$ -	\$ -	\$ 1,270,080	\$ -	\$ 1,270,080
Subtotal		\$ 2,590,500	\$ 4,057,200	\$ -	\$ -	\$ -	\$ 1,600,200	\$ 2,457,000	\$ 4,057,200
EXISTING CONDITIONS									
1st Biennium (1A)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FACILITY SUBTOTAL		\$ 35,747,500	\$ 59,653,824	\$ -	\$ -	\$ -	\$ 49,287,000	\$ 10,366,824	\$ 59,653,824
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
GRAFTON REINTEGRATION CENTER									
NEW PROTOTYPES									
A5	3.0	\$ 1,350,000	\$ 2,025,000	\$ -	\$ -	\$ -	\$ -	\$ 2,025,000	\$ 2,025,000
A7	1.0	\$ 7,862,400	\$ 13,208,832	\$ -	\$ -	\$ -	\$ 13,208,832	\$ -	\$ 13,208,832
F1	1.0	\$ 3,192,000	\$ 5,362,560	\$ -	\$ -	\$ -	\$ 5,362,560	\$ -	\$ 5,362,560
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
F7	1.0	\$ 4,065,600	\$ 6,830,208	\$ -	\$ -	\$ -	\$ -	\$ 6,830,208	\$ 6,830,208
Subtotal		\$ 16,570,000	\$ 27,594,600	\$ -	\$ -	\$ -	\$ 18,571,392	\$ 9,023,208	\$ 27,594,600
RENOVATION									
Add services for expansion	1.0	\$ 4,480,000	\$ 7,526,400	\$ -	\$ -	\$ -	\$ -	\$ 7,526,400	\$ 7,526,400
Addition to Visitation	1.0	\$ 504,000	\$ 846,720	\$ -	\$ -	\$ -	\$ 846,720	\$ -	\$ 846,720
Subtotal		\$ 4,984,000	\$ 8,373,120	\$ -	\$ -	\$ -	\$ 846,720	\$ 7,526,400	\$ 8,373,120
EXISTING CONDITIONS									
1st Biennium (1A)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FACILITY TOTAL		\$ 21,554,000	\$ 35,967,720	\$ -	\$ -	\$ -	\$ 19,418,112	\$ 16,549,608	\$ 35,967,720

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
LEBANON CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A4-R	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
B2-R	3.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
B2-R (Split for Biennium)		\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ 1,975,680	\$ -	\$ 1,975,680
E1	1.0	\$ 1,254,400	\$ 2,107,392	\$ -	\$ -	\$ -	\$ 2,107,392	\$ -	\$ 2,107,392
F2	10.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2 (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ 2,634,240	\$ -	\$ 2,634,240
F3	3.0	\$ 2,016,000	\$ 3,386,880	\$ -	\$ -	\$ -	\$ 3,386,880	\$ -	\$ 3,386,880
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ 2,257,920	\$ -	\$ 2,257,920
F7	1.0	\$ 4,065,600	\$ 6,830,208	\$ -	\$ -	\$ -	\$ 6,830,208	\$ -	\$ 6,830,208
Subtotal		\$ 23,184,000	\$ 38,949,120	\$ -	\$ -	\$ -	\$ 23,143,680	\$ 15,805,440	\$ 38,949,120
RENOVATION									
Renovate vacated infirmary space.	1.0	\$ 1,045,333	\$ 1,568,000	\$ -	\$ -	\$ -	\$ 1,568,000	\$ -	\$ 1,568,000
Renovate Old Kitchen (becomes F1)	1.0	\$ 7,840,000	\$ 11,760,000	\$ -	\$ -	\$ -	\$ 11,760,000	\$ -	\$ 11,760,000
Assess Control Center Needs	1.0	\$ 522,667	\$ 784,001	\$ -	\$ -	\$ -	\$ 784,001	\$ -	\$ 784,001
Subtotal		\$ 9,408,000	\$ 14,112,000	\$ -	\$ -	\$ -	\$ 12,544,001	\$ 1,568,000	\$ 14,112,000
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 8,807	\$ 13,211	\$ 13,211	\$ -	\$ -	\$ -	\$ -	\$ 13,211
2nd Biennium		\$ 2,580	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 3,764	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 15,151	\$ 13,211	\$ 13,211	\$ -	\$ -	\$ -	\$ -	\$ 13,211
FACILITY TOTAL		\$ 32,607,151	\$ 53,074,331	\$ 13,211	\$ -	\$ -	\$ 35,687,681	\$ 17,373,440	\$ 53,074,331
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
LONDON CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
B6	1.0	\$ 15,639,400	\$ 26,274,192	\$ -	\$ -	\$ -	\$ 26,274,192	\$ -	\$ 26,274,192
F2-R	14.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2-R (Split for Biennium)		\$ 3,136,000	\$ 5,268,480	\$ -	\$ -	\$ -	\$ 5,268,480	\$ -	\$ 5,268,480
F3	1.0	\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ -	\$ 1,128,960	\$ -	\$ 1,128,960
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ 2,257,920	\$ -	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ 168,000	\$ -	\$ 168,000
Subtotal		\$ 23,243,400	\$ 39,048,912	\$ -	\$ -	\$ -	\$ 31,354,512	\$ 7,694,400	\$ 39,048,912
RENOVATION									
Renovate 10 Dorm to OPI	1.0	\$ 2,936,000	\$ 4,404,000	\$ -	\$ -	\$ -	\$ 4,404,000	\$ -	\$ 4,404,000
Add elevators	1.0	\$ 150,000	\$ 225,000	\$ -	\$ -	\$ -	\$ 225,000	\$ -	\$ 225,000
Addition to Visitation	1.0	\$ 504,000	\$ 846,720	\$ -	\$ -	\$ -	\$ 846,720	\$ -	\$ 846,720
Subtotal		\$ 3,590,000	\$ 5,475,720	\$ -	\$ -	\$ -	\$ 5,250,720	\$ 225,000	\$ 5,475,720
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 1,640,300	\$ 2,460,450	\$ 2,460,450	\$ -	\$ -	\$ -	\$ -	\$ 2,460,450
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 1,640,300	\$ 2,460,450	\$ 2,460,450	\$ -	\$ -	\$ -	\$ -	\$ 2,460,450
FACILITY TOTAL		\$ 28,473,700	\$ 46,985,082	\$ 2,460,450	\$ -	\$ -	\$ 36,605,232	\$ 7,919,400	\$ 46,985,082
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
LORAIN CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A1	1.0	\$ 3,600,000	\$ 6,048,000	\$ -	\$ -	\$ -	\$ 6,048,000	\$ -	\$ 6,048,000
F2	12.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2 (Split for Biennium)		\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F3	1.0	\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ -	\$ 1,128,960	\$ -	\$ 1,128,960
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ 2,257,920	\$ -	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ 168,000	\$ -	\$ 168,000
Subtotal		\$ 10,420,000	\$ 17,505,600	\$ -	\$ -	\$ -	\$ 11,128,320	\$ 6,377,280	\$ 17,505,600
RENOVATION									
R - Old Reception becomes office space	1.0	\$ 1,260,000	\$ 1,890,000	\$ -	\$ -	\$ -	\$ 1,890,000	\$ -	\$ 1,890,000
A - Expand Reception	1.0	\$ 705,600	\$ 1,185,408	\$ -	\$ -	\$ -	\$ 1,185,408	\$ -	\$ 1,185,408
Backfill vacated beds with Reception	1.0	\$ 1,470,000	\$ 2,205,000	\$ -	\$ -	\$ -	\$ 2,205,000	\$ -	\$ 2,205,000
Subtotal		\$ 3,435,600	\$ 5,280,408	\$ -	\$ -	\$ -	\$ 5,280,408	\$ -	\$ 5,280,408
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 547,492	\$ 821,238	\$ 821,238	\$ -	\$ -	\$ -	\$ -	\$ 821,238
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 123,808	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 671,300	\$ 821,238	\$ 821,238	\$ -	\$ -	\$ -	\$ -	\$ 821,238
FACILITY TOTAL		\$ 14,526,900	\$ 23,607,246	\$ 821,238	\$ -	\$ -	\$ 16,408,728	\$ 6,377,280	\$ 23,607,246

PROJECT DRC-140064
Ohio Department of Rehabilitation and Correction

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
MADISON CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ -	\$ 11,854,080	\$ 11,854,080
A5	6.0	\$ 3,150,000	\$ 4,725,000	\$ -	\$ -	\$ -	\$ 4,725,000	\$ -	\$ 4,725,000
B1	1.0	\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ 1,975,680	\$ -	\$ 1,975,680
F2-R	8.0	\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ 2,634,240	\$ -	\$ 2,634,240
F2-R (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	2.0	\$ 200,000	\$ 336,000	\$ -	\$ -	\$ -	\$ -	\$ 336,000	\$ 336,000
Subtotal		\$ 16,062,000	\$ 26,417,160	\$ -	\$ -	\$ -	\$ 9,334,920	\$ 17,082,240	\$ 26,417,160
RENOVATION									
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXISTING CONDITIONS									
1st Biennium (1A)		\$ -	\$ 1,500,000	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ 1,500,000
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ 1,500,000	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ 1,500,000
FACILITY TOTAL		\$ 16,062,000	\$ 27,917,160	\$ 1,500,000	\$ -	\$ -	\$ 9,334,920	\$ 17,082,240	\$ 27,917,160
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
MANSFIELD CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A4	2.0	\$ 14,112,000	\$ 23,708,160	\$ -	\$ -	\$ -	\$ 23,708,160	\$ -	\$ 23,708,160
A5	1.0	\$ 438,960	\$ 658,440	\$ -	\$ -	\$ -	\$ -	\$ 658,440	\$ 658,440
B2-R	4.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
B2-R (Split for Biennium)		\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ -	\$ 3,951,360	\$ 3,951,360
B6	1.0	\$ 15,639,400	\$ 26,274,192	\$ -	\$ -	\$ -	\$ 26,274,192	\$ -	\$ 26,274,192
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ -	\$ 4,478,208	\$ 4,478,208
F1	0.5	\$ 950,000	\$ 1,596,000	\$ -	\$ -	\$ -	\$ -	\$ 1,596,000	\$ 1,596,000
F2	8.0	\$ 3,136,000	\$ 5,268,480	\$ -	\$ -	\$ -	\$ -	\$ 5,268,480	\$ 5,268,480
F4	0.3	\$ 447,552	\$ 751,887	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
F6	2.0	\$ 200,000	\$ 336,000	\$ -	\$ -	\$ -	\$ -	\$ 336,000	\$ 336,000
Subtotal		\$ 42,293,512	\$ 70,974,087	\$ -	\$ -	\$ -	\$ 53,933,712	\$ 16,288,488	\$ 70,222,200
RENOVATION									
Modify dayroom of existing seg	1.0	\$ 250,000	\$ 375,000	\$ -	\$ -	\$ -	\$ 375,000	\$ -	\$ 375,000
Recycling Program	1.0	\$ 210,000	\$ 315,000	\$ -	\$ -	\$ -	\$ 315,000	\$ -	\$ 315,000
Subtotal		\$ 460,000	\$ 690,000	\$ -	\$ -	\$ -	\$ 690,000	\$ -	\$ 690,000
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 52,722	\$ 79,083	\$ 79,083	\$ -	\$ -	\$ -	\$ -	\$ 79,083
2nd Biennium		\$ 69,681	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 702,208	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 824,611	\$ 79,083	\$ 79,083	\$ -	\$ -	\$ -	\$ -	\$ 79,083
FACILITY TOTAL		\$ 43,578,123	\$ 71,743,170	\$ 79,083	\$ -	\$ -	\$ 54,623,712	\$ 16,288,488	\$ 70,991,283
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
MARION CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
+ Camp		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
A3	1.0	\$ 4,704,000	\$ 7,902,720	\$ -	\$ -	\$ -	\$ 7,902,720	\$ -	\$ 7,902,720
A5	13.0	\$ 480,000	\$ 720,000	\$ -	\$ -	\$ -	\$ -	\$ 720,000	\$ 720,000
A5 (Split for Biennium)		\$ 480,000	\$ 720,000	\$ -	\$ -	\$ -	\$ -	\$ 720,000	\$ 720,000
A5 (Split for Biennium)		\$ 600,000	\$ 900,000	\$ -	\$ -	\$ -	\$ -	\$ 900,000	\$ 900,000
E1	0.5	\$ 627,200	\$ 1,053,696	\$ -	\$ -	\$ -	\$ 1,053,696	\$ -	\$ 1,053,696
E2	1.0	\$ 1,254,400	\$ 2,107,392	\$ -	\$ -	\$ -	\$ -	\$ 2,107,392	\$ 2,107,392
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ 4,478,208	\$ -	\$ 4,478,208
F2	9.0	\$ 1,960,000	\$ 3,292,800	\$ -	\$ -	\$ -	\$ 3,292,800	\$ -	\$ 3,292,800
F2 (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F4	1.3	\$ 1,791,955	\$ 3,010,485	\$ -	\$ -	\$ -	\$ -	\$ 3,010,485	\$ 3,010,485
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 16,231,155	\$ 26,987,541	\$ -	\$ -	\$ -	\$ 17,447,424	\$ 9,540,117	\$ 26,987,541
RENOVATION									
Add elevator	1.0	\$ 150,000	\$ 225,000	\$ -	\$ -	\$ -	\$ 225,000	\$ -	\$ 225,000
Renovate existing religious to education	1.0	\$ 3,046,400	\$ 4,569,600	\$ -	\$ -	\$ -	\$ 4,569,600	\$ -	\$ 4,569,600
Renovate existing medical for program	1.0	\$ 806,400	\$ 1,209,600	\$ -	\$ -	\$ -	\$ 1,209,600	\$ -	\$ 1,209,600
Renovate Showers	18.0	\$ 360,000	\$ 540,000	\$ -	\$ -	\$ -	\$ 540,000	\$ -	\$ 540,000
ADA Improvements to geriatric unit	4.0	\$ 80,000	\$ 120,000	\$ -	\$ -	\$ -	\$ 120,000	\$ -	\$ 120,000
Renovate existing Seg to be Restrictive	1.0	\$ 789,000	\$ 1,183,500	\$ -	\$ -	\$ -	\$ 1,183,500	\$ -	\$ 1,183,500
Renovate camp into dorm alcoves	1.0	\$ 554,070	\$ 831,105	\$ -	\$ -	\$ -	\$ 831,105	\$ -	\$ 831,105
Subtotal		\$ 5,785,870	\$ 8,678,805	\$ -	\$ -	\$ -	\$ 8,678,805	\$ -	\$ 8,678,805
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 2,329	\$ 3,494	\$ 3,494	\$ -	\$ -	\$ -	\$ -	\$ 3,494
2nd Biennium		\$ 180,424	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 2,052,179	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ 103,675	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 579,533	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 2,918,140	\$ 3,494	\$ 3,494	\$ -	\$ -	\$ -	\$ -	\$ 3,494
FACILITY TOTAL		\$ 24,935,165	\$ 35,669,839	\$ 3,494	\$ -	\$ -	\$ 26,126,229	\$ 9,540,117	\$ 35,669,839

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
NORTH CENTRAL CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A3	1.0	\$ 4,704,000	\$ 7,902,720	\$ -	\$ -	\$ -	\$ 7,902,720	\$ -	\$ 7,902,720
A5	2.0	\$ 1,044,180	\$ 1,566,270	\$ -	\$ -	\$ -	\$ -	\$ 1,566,270	\$ 1,566,270
B2	2.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F1	1.0	\$ 3,192,000	\$ 5,362,560	\$ -	\$ -	\$ -	\$ 5,362,560	\$ -	\$ 5,362,560
F2	11.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2 (Split for Biennium)		\$ 1,960,000	\$ 3,292,800	\$ -	\$ -	\$ -	\$ -	\$ 3,292,800	\$ 3,292,800
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F5	1.0	\$ 5,017,600	\$ 8,429,568	\$ -	\$ -	\$ -	\$ -	\$ 8,429,568	\$ 8,429,568
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 22,065,780	\$ 36,882,558	\$ -	\$ -	\$ -	\$ 21,168,000	\$ 15,714,558	\$ 36,882,558
RENOVATION									
Renovate clinic	1.0	\$ 3,594,150	\$ 5,391,225	\$ -	\$ -	\$ -	\$ 5,391,225	\$ -	\$ 5,391,225
Addition to Visitation	1.0	\$ 756,000	\$ 1,270,080	\$ -	\$ -	\$ -	\$ -	\$ 1,270,080	\$ 1,270,080
Subtotal		\$ 4,350,150	\$ 6,661,305	\$ -	\$ -	\$ -	\$ 5,391,225	\$ 1,270,080	\$ 6,661,305
EXISTING CONDITIONS									
1st Biennium (1A)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 557,134	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 557,134	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FACILITY TOTAL		\$ 26,973,064	\$ 43,543,863	\$ -	\$ -	\$ -	\$ 26,559,225	\$ 16,984,638	\$ 43,543,863
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
NOBLE CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
F2	10.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2 (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F3	1.0	\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ -	\$ 1,128,960	\$ -	\$ 1,128,960
F4	1.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 4,692,000	\$ 7,882,560	\$ -	\$ -	\$ -	\$ 5,080,320	\$ 2,802,240	\$ 7,882,560
RENOVATION									
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 20,960	\$ 31,440	\$ 31,440	\$ -	\$ -	\$ -	\$ -	\$ 31,440
2nd Biennium		\$ 3,484	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 52,261	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ 52,261	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 478,904	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 607,870	\$ 31,440	\$ 31,440	\$ -	\$ -	\$ -	\$ -	\$ 31,440
FACILITY TOTAL		\$ 5,299,870	\$ 7,914,000	\$ 31,440	\$ -	\$ -	\$ 5,080,320	\$ 2,802,240	\$ 7,914,000
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
NORTHEAST REINTEGRATION CENTER									
NEW PROTOTYPES									
C1	0.3	\$ 1,209,600	\$ 2,032,128	\$ -	\$ -	\$ -	\$ 2,032,128	\$ -	\$ 2,032,128
E1	0.5	\$ 627,200	\$ 1,053,696	\$ -	\$ -	\$ -	\$ 1,053,696	\$ -	\$ 1,053,696
E3	2.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ 4,478,208	\$ -	\$ 4,478,208
E3 (Split for Biennium)		\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ 4,478,208	\$ -	\$ 4,478,208
F1	1.0	\$ 3,192,000	\$ 5,362,560	\$ -	\$ -	\$ -	\$ -	\$ 5,362,560	\$ 5,362,560
F2	8.0	\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ 2,634,240	\$ -	\$ 2,634,240
F2 (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F4	1.0	\$ 2,990,400	\$ 5,023,872	\$ -	\$ -	\$ -	\$ -	\$ 5,023,872	\$ 5,023,872
F5	1.0	\$ 5,017,600	\$ 8,429,568	\$ -	\$ -	\$ -	\$ -	\$ 8,429,568	\$ 8,429,568
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
F7	0.5	\$ 2,436,000	\$ 4,092,480	\$ -	\$ -	\$ -	\$ -	\$ 4,092,480	\$ 4,092,480
Subtotal		\$ 24,040,000	\$ 40,387,200	\$ -	\$ -	\$ -	\$ 18,627,840	\$ 21,759,360	\$ 40,387,200
RENOVATION									
Renovate existing Medical for office space	1.0	\$ 558,180	\$ 837,270	\$ -	\$ -	\$ -	\$ -	\$ 837,270	\$ 837,270
Addition to Visitation	1.0	\$ 756,000	\$ 1,270,080	\$ -	\$ -	\$ -	\$ -	\$ 1,270,080	\$ 1,270,080
Subtotal		\$ 1,314,180	\$ 2,107,350	\$ -	\$ -	\$ -	\$ -	\$ 2,107,350	\$ 2,107,350
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 1,185,057	\$ 1,777,586	\$ 1,777,586	\$ -	\$ -	\$ -	\$ -	\$ 1,777,586
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 1,185,057	\$ 1,777,586	\$ 1,777,586	\$ -	\$ -	\$ -	\$ -	\$ 1,777,586
FACILITY TOTAL		\$ 26,539,237	\$ 44,272,136	\$ 1,777,586	\$ -	\$ -	\$ 18,627,840	\$ 23,866,710	\$ 44,272,136

PROJECT DRC-140064
Ohio Department of Rehabilitation and Correction

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
OHIO REFORMATORY FOR WOMEN CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
AS	884	\$ 1,105,000	\$ 1,326,000	\$ -	\$ -	\$ -	\$ 1,326,000	\$ -	\$ 1,326,000
AS (Split for Biennium)		\$ 1,105,000	\$ 1,326,000	\$ -	\$ -	\$ -	\$ -	\$ 1,326,000	\$ 1,326,000
B6	0.6	\$ 9,774,625	\$ 16,421,370	\$ -	\$ 16,421,370	\$ -	\$ -	\$ -	\$ 16,421,370
C1	1.0	\$ 2,400,000	\$ 4,032,000	\$ -	\$ -	\$ 4,032,000	\$ -	\$ -	\$ 4,032,000
C2	11.6	\$ 8,640,000	\$ 14,515,200	\$ 8,640,000	\$ -	\$ -	\$ -	\$ -	\$ 8,640,000
C2 (Split for Biennium)		\$ 19,200,000	\$ 32,256,000	\$ -	\$ -	\$ 32,256,000	\$ -	\$ -	\$ 32,256,000
E1	0.5	\$ 627,200	\$ 1,053,696	\$ -	\$ -	\$ -	\$ 1,053,696	\$ -	\$ 1,053,696
E2	1.0	\$ 1,254,400	\$ 2,107,392	\$ -	\$ -	\$ -	\$ -	\$ 2,107,392	\$ 2,107,392
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ 4,478,208	\$ -	\$ -	\$ -	\$ -	\$ 4,478,208
F1 (New Visitation Building)	1.0	\$ 3,537,800	\$ 5,943,504	\$ -	\$ 5,943,504	\$ -	\$ -	\$ -	\$ 5,943,504
F2	8.0	\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ 2,634,240	\$ -	\$ 2,634,240
F2 (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F3	1.0	\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ 1,128,960	\$ -	\$ -	\$ 1,128,960
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Intake Processing Building	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ 2,257,920	\$ -	\$ -	\$ 2,257,920
Subtotal		\$ 56,905,625	\$ 94,540,650	\$ 13,118,208	\$ 22,364,874	\$ 39,674,880	\$ 5,013,936	\$ 8,493,552	\$ 88,665,450
RENOVATION									
Renovate Medical for programs	1.0	\$ 2,422,980	\$ 3,634,470	\$ -	\$ -	\$ -	\$ 3,634,470	\$ -	\$ 3,634,470
Renovate Harmon Bldg for programs	1.0	\$ 5,040,000	\$ 7,560,000	\$ 7,560,000	\$ -	\$ -	\$ -	\$ -	\$ 7,560,000
Demolition of Washington, Elizabeth	1.0	\$ 568,500	\$ 801,480	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Demolition of Lincoln		\$ -	\$ 153,600	\$ 153,600	\$ -	\$ -	\$ -	\$ -	\$ 153,600
Subtotal		\$ 8,031,480	\$ 12,149,550	\$ 7,713,600	\$ -	\$ -	\$ 3,634,470	\$ -	\$ 11,348,070
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 5,500,000	\$ 7,500,000	\$ 7,500,000	\$ -	\$ -	\$ -	\$ -	\$ 7,500,000
2nd Biennium		\$ 43,066	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 38,796	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ 645	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 47,557	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 5,630,064	\$ 7,500,000	\$ 7,500,000	\$ -	\$ -	\$ -	\$ -	\$ 7,500,000
FACILITY TOTAL		\$ 70,567,169	\$ 114,190,200	\$ 28,331,808	\$ 22,364,874	\$ 39,674,880	\$ 8,648,406	\$ 8,493,552	\$ 107,513,520
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
OHIO STATE PENITENTIARY									
NEW PROTOTYPES									
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
RENOVATION									
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 3,363,034	\$ 5,044,551	\$ 5,044,551	\$ -	\$ -	\$ -	\$ -	\$ 5,044,551
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 2,862	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 3,365,896	\$ 5,044,551	\$ 5,044,551	\$ -	\$ -	\$ -	\$ -	\$ 5,044,551
FACILITY TOTAL		\$ 3,365,896	\$ 5,044,551	\$ 5,044,551	\$ -	\$ -	\$ -	\$ -	\$ 5,044,551
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
PICKAWAY CORRECTIONAL INSTITUTION									
NEW PRISON for 2,352 BEDS									
Support Core & Beds	1.0	\$ 189,484,560	\$ 239,706,987	\$ 19,527,564	\$ 71,359,179	\$ 81,307,191	\$ 67,513,052	\$ -	\$ 239,706,987
Subtotal		\$ 189,484,560	\$ 239,706,987	\$ 19,527,564	\$ 71,359,179	\$ 81,307,191	\$ 67,513,052	\$ -	\$ 239,706,987
NEW PROTOTYPES									
AS	840.0	\$ 2,100,000	\$ 3,150,000	\$ -	\$ -	\$ -	\$ 3,150,000	\$ -	\$ 3,150,000
F1	1.0	\$ 3,192,000	\$ 5,362,560	\$ -	\$ -	\$ -	\$ 5,362,560	\$ -	\$ 5,362,560
F2	4.0	\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ -	\$ 1,128,960	\$ -	\$ 1,128,960
F2 (Split for Biennium)		\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ -	\$ 1,128,960	\$ -	\$ 1,128,960
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ 2,257,920	\$ -	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ 168,000	\$ -	\$ 168,000
Subtotal		\$ 8,080,000	\$ 13,196,400	\$ -	\$ -	\$ -	\$ 13,196,400	\$ -	\$ 13,196,400
RENOVATION									
Renovate MP Building	1.0	\$ 14,625,000	\$ 21,937,500	\$ -	\$ -	\$ -	\$ 21,937,500	\$ -	\$ 21,937,500
Add elevator to MP and Frazier Bldgs	2.0	\$ 300,000	\$ 450,000	\$ -	\$ -	\$ -	\$ 450,000	\$ -	\$ 450,000
Relocate Food Service and Dining	1.0	\$ 6,547,500	\$ 9,821,250	\$ -	\$ -	\$ -	\$ 9,821,250	\$ -	\$ 9,821,250
Demolish old dormitories	12.0	\$ 1,396,800	\$ 1,777,920	\$ -	\$ -	\$ -	\$ 1,777,920	\$ -	\$ 1,777,920
Add 2-story ramp to Frazier Medical	1.0	\$ 350,000	\$ 588,000	\$ -	\$ -	\$ -	\$ 588,000	\$ -	\$ 588,000
Subtotal		\$ 23,219,300	\$ 34,574,670	\$ -	\$ -	\$ -	\$ 24,165,420	\$ 10,409,250	\$ 34,574,670
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 1,000,000	\$ 5,000,000	\$ 5,000,000	\$ -	\$ -	\$ -	\$ -	\$ 5,000,000
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 1,000,000	\$ 5,000,000	\$ 5,000,000	\$ -	\$ -	\$ -	\$ -	\$ 5,000,000
FACILITY TOTAL		\$ 221,783,860	\$ 292,478,057	\$ 24,527,564	\$ 71,359,179	\$ 81,307,191	\$ 91,678,472	\$ 23,605,650	\$ 292,478,057

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
ROSS CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
B2-R	1.0	\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ 1,975,680	\$ -	\$ 1,975,680
E3-A	0.5	\$ 1,332,800	\$ 2,239,104	\$ -	\$ -	\$ -	\$ 2,239,104	\$ -	\$ 2,239,104
F2	8.0	\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ 2,634,240	\$ -	\$ 2,634,240
F2 (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240	\$ 2,634,240
F3	1.0	\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ -	\$ 1,128,960	\$ -	\$ 1,128,960
F4	0.3	\$ 447,552	\$ 751,887	\$ -	\$ -	\$ -	\$ 751,887	\$ 751,887	\$ 751,887
F5	1.0	\$ 2,560,000	\$ 4,300,800	\$ -	\$ -	\$ -	\$ 4,300,800	\$ -	\$ 4,300,800
F6	2.0	\$ 200,000	\$ 336,000	\$ -	\$ -	\$ -	\$ 336,000	\$ 336,000	\$ 336,000
Subtotal		\$ 16,580,352	\$ 27,854,991	\$ -	\$ -	\$ -	\$ 21,893,760	\$ 5,961,231	\$ 27,854,991
RENOVATION									
Renovate/Add Storage to Clinic	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 550,622	\$ 825,933	\$ 825,933	\$ -	\$ -	\$ -	\$ -	\$ 825,933
2nd Biennium		\$ 9,332	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 396,997	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 956,951	\$ 825,933	\$ 825,933	\$ -	\$ -	\$ -	\$ -	\$ 825,933
FACILITY TOTAL		\$ 17,537,303	\$ 28,680,924	\$ 825,933	\$ -	\$ -	\$ 21,893,760	\$ 5,961,231	\$ 28,680,924
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
RICHLAND CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A5	10.0	\$ 3,222,000	\$ 4,833,000	\$ -	\$ -	\$ -	\$ 4,833,000	\$ -	\$ 4,833,000
A5 (Split for Biennium)		\$ 2,148,000	\$ 3,222,000	\$ -	\$ -	\$ -	\$ -	\$ 3,222,000	\$ 3,222,000
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ 4,478,208	\$ -	\$ 4,478,208
F2	10.0	\$ 2,016,000	\$ 3,386,880	\$ -	\$ -	\$ -	\$ 3,386,880	\$ -	\$ 3,386,880
F2 (Split for Biennium)		\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F3-R	1.0	\$ 588,000	\$ 987,840	\$ -	\$ -	\$ -	\$ 987,840	\$ -	\$ 987,840
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 13,427,600	\$ 21,591,768	\$ -	\$ -	\$ -	\$ 13,685,928	\$ 7,905,840	\$ 21,591,768
RENOVATION									
Renovate Medical Center for Programming	1.0	\$ 1,852,200	\$ 2,778,300	\$ -	\$ -	\$ -	\$ -	\$ 2,778,300	\$ 2,778,300
Expand Quartermaster Storage	1.0	\$ 200,000	\$ 336,000	\$ -	\$ -	\$ -	\$ 336,000	\$ -	\$ 336,000
Expand Commissary Storage	1.0	\$ 200,000	\$ 336,000	\$ -	\$ -	\$ -	\$ 336,000	\$ -	\$ 336,000
Repair 2nd Floor shower drains		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 2,252,200	\$ 3,450,300	\$ -	\$ -	\$ -	\$ 672,000	\$ 2,778,300	\$ 3,450,300
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 2,200,475	\$ 3,300,713	\$ 3,300,713	\$ -	\$ -	\$ -	\$ -	\$ 3,300,713
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 361,903	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 2,562,378	\$ 3,300,713	\$ 3,300,713	\$ -	\$ -	\$ -	\$ -	\$ 3,300,713
FACILITY TOTAL		\$ 18,242,178	\$ 28,342,781	\$ 3,300,713	\$ -	\$ -	\$ 14,357,928	\$ 10,684,140	\$ 28,342,781
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
SOUTHEASTERN CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A3	1.0	\$ 4,704,000	\$ 7,902,720	\$ -	\$ -	\$ -	\$ 7,902,720	\$ -	\$ 7,902,720
A5	6.0	\$ 2,754,000	\$ 4,131,000	\$ -	\$ -	\$ -	\$ -	\$ 4,131,000	\$ 4,131,000
B1	1.0	\$ 4,978,400	\$ 8,363,712	\$ -	\$ -	\$ -	\$ 8,363,712	\$ -	\$ 8,363,712
E1	0.5	\$ 627,200	\$ 1,053,696	\$ -	\$ -	\$ -	\$ 1,053,696	\$ -	\$ 1,053,696
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ -	\$ 4,478,208	\$ 4,478,208
F1	1.0	\$ 3,192,000	\$ 5,362,560	\$ -	\$ -	\$ -	\$ 5,362,560	\$ -	\$ 5,362,560
F2	7.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 22,717,200	\$ 37,669,176	\$ -	\$ -	\$ -	\$ 26,634,048	\$ 11,035,128	\$ 37,669,176
RENOVATION									
New Laundry Facilities	1.0	\$ 2,100,000	\$ 3,528,000	\$ -	\$ -	\$ -	\$ -	\$ 3,528,000	\$ 3,528,000
Perimeter Fence	1.0	\$ 990,000	\$ 1,663,200	\$ -	\$ -	\$ -	\$ 1,663,200	\$ -	\$ 1,663,200
Outdoor Recreation	1.0	\$ 150,000	\$ 252,000	\$ -	\$ -	\$ -	\$ -	\$ 252,000	\$ 252,000
Subtotal		\$ 3,240,000	\$ 5,443,200	\$ -	\$ -	\$ -	\$ 1,663,200	\$ 3,780,000	\$ 5,443,200
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 4,944,177	\$ 1,500,000	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ 1,500,000
2nd Biennium		\$ 4,452,606	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 1,757,235	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 1,316,191	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 12,470,209	\$ 1,500,000	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ 1,500,000
FACILITY TOTAL		\$ 38,427,409	\$ 44,612,376	\$ 1,500,000	\$ -	\$ -	\$ 28,297,248	\$ 14,815,128	\$ 44,612,376

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
SOUTHEASTERN (HOCKING) CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A5	3.0	\$ 558,000	\$ 837,000	\$ -	\$ -	\$ -	\$ 837,000	\$ 837,000	
A7-R	1.0	\$ 847,500	\$ 1,423,800	\$ -	\$ -	\$ -	\$ 1,423,800	\$ 1,423,800	
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000	
Subtotal		\$ 1,505,500	\$ 2,428,800	\$ -	\$ -	\$ -	\$ 2,428,800	\$ 2,428,800	
RENOVATION									
Rec Yard for Segregation	1.0	\$ 50,000	\$ 84,000	\$ -	\$ -	\$ -	\$ 84,000	\$ 84,000	
Add Elevator	1.0	\$ 150,000	\$ 225,000	\$ -	\$ -	\$ -	\$ 225,000	\$ 225,000	
Subtotal		\$ 200,000	\$ 309,000	\$ -	\$ -	\$ -	\$ 225,000	\$ 84,000	\$ 309,000
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 304,246	\$ 300,000	\$ 300,000	\$ -	\$ -	\$ -	\$ -	\$ 300,000
2nd Biennium		\$ 87,249	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 264,970	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 293,053	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 949,518	\$ 300,000	\$ 300,000	\$ -	\$ -	\$ -	\$ -	\$ 300,000
FACILITY TOTAL		\$ 2,655,018	\$ 3,037,800	\$ 300,000	\$ -	\$ -	\$ 225,000	\$ 2,512,800	\$ 3,037,800
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
SOUTHERN OHIO CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
RENOVATION									
Renovate existing Programs/Offices/Kitchens	1.0	\$ 1,344,000	\$ 2,016,000	\$ -	\$ -	\$ -	\$ 2,016,000	\$ 2,016,000	
Renovate existing Programs/Offices/Kitchens	1.0	\$ 1,960,000	\$ 2,940,000	\$ -	\$ -	\$ -	\$ 2,940,000	\$ -	\$ 2,940,000
A- Armory	1.0	\$ 89,600	\$ 134,400	\$ -	\$ -	\$ -	\$ 134,400	\$ -	\$ 134,400
Provide K4 access to outdoor recreation (adj)	1.0	\$ 78,400	\$ 117,600	\$ -	\$ -	\$ -	\$ 117,600	\$ -	\$ 117,600
Inmate Access to technology	1.0	\$ 5,000	\$ 7,500	\$ -	\$ -	\$ -	\$ 7,500	\$ -	\$ 7,500
New Cell Fronts	160.0	\$ 4,000,000	\$ 6,000,000	\$ -	\$ -	\$ -	\$ 6,000,000	\$ 6,000,000	
Subtotal		\$ 7,477,000	\$ 11,215,500	\$ -	\$ -	\$ -	\$ 3,199,500	\$ 8,016,000	\$ 11,215,500
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 7,859,554	\$ 11,789,331	\$ 11,789,331	\$ -	\$ -	\$ -	\$ -	\$ 11,789,331
2nd Biennium		\$ 4,298,111	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 12,157,665	\$ 11,789,331	\$ 11,789,331	\$ -	\$ -	\$ -	\$ -	\$ 11,789,331
FACILITY TOTAL		\$ 19,634,665	\$ 23,004,831	\$ 11,789,331	\$ -	\$ -	\$ 3,199,500	\$ 8,016,000	\$ 23,004,831
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
TRUMBULL CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A2	1.0	\$ 4,032,000	\$ 6,773,760	\$ -	\$ -	\$ -	\$ 6,773,760	\$ -	\$ 6,773,760
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
A5	2.0	\$ 877,920	\$ 1,316,880	\$ -	\$ -	\$ -	\$ 1,316,880	\$ 1,316,880	
B2-R	1.0	\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ 1,975,680	\$ 1,975,680	
F1	1.0	\$ 3,192,000	\$ 5,362,560	\$ -	\$ -	\$ -	\$ 5,362,560	\$ 5,362,560	
F2	8.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ 2,257,920	\$ -	\$ 2,257,920
F2 (Split for Biennium)		\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000	
Subtotal		\$ 19,121,920	\$ 31,966,800	\$ -	\$ -	\$ -	\$ 20,885,760	\$ 11,081,040	\$ 31,966,800
RENOVATION									
Build Greenhouse for horticulture as prison	1.0	\$ 280,000	\$ 470,400	\$ -	\$ -	\$ -	\$ 470,400	\$ -	\$ 470,400
Subtotal		\$ 280,000	\$ 470,400	\$ -	\$ -	\$ -	\$ 470,400	\$ -	\$ 470,400
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 2,290,063	\$ 3,435,095	\$ 3,435,095	\$ -	\$ -	\$ -	\$ -	\$ 3,435,095
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 87,715	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 2,377,778	\$ 3,435,095	\$ 3,435,095	\$ -	\$ -	\$ -	\$ -	\$ 3,435,095
FACILITY SUBTOTAL		\$ 21,779,698	\$ 35,872,295	\$ 3,435,095	\$ -	\$ -	\$ 21,356,160	\$ 11,081,040	\$ 35,872,295
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
TOLEDO CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
B2-R	2.0	\$ 3,167,850	\$ 5,321,988	\$ -	\$ -	\$ -	\$ 5,321,988	\$ 5,321,988	
F2	3.0	\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ 1,975,680	\$ 1,975,680	
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000	
F7	1.0	\$ 4,065,600	\$ 6,830,208	\$ -	\$ -	\$ -	\$ 6,830,208	\$ -	\$ 6,830,208
Subtotal		\$ 15,565,450	\$ 26,149,956	\$ -	\$ -	\$ -	\$ 18,684,288	\$ 7,465,668	\$ 26,149,956
RENOVATION									
Renovate Camp Facility	1.0	\$ 3,517,950	\$ 5,276,925	\$ -	\$ -	\$ -	\$ 5,276,925	\$ -	\$ 5,276,925
Subtotal		\$ 3,517,950	\$ 5,276,925	\$ -	\$ -	\$ -	\$ 5,276,925	\$ -	\$ 5,276,925
EXISTING CONDITIONS									
1st Biennium (1A)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ 32,196	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 32,196	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FACILITY TOTAL		\$ 19,115,596	\$ 31,426,881	\$ -	\$ -	\$ -	\$ 23,961,213	\$ 7,465,668	\$ 31,426,881

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
WARREN CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
B2-R	2.0	\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ 1,975,680	\$ -	\$ 1,975,680
B2-R (Split for Biennium)		\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ -	\$ 1,975,680	\$ 1,975,680
F5-A	1.0	\$ 2,560,000	\$ 3,840,000	\$ -	\$ -	\$ -	\$ 3,840,000	\$ -	\$ 3,840,000
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 12,068,000	\$ 19,813,440	\$ -	\$ -	\$ -	\$ 13,829,760	\$ 5,983,680	\$ 19,813,440
RENOVATION									
Renovate Housing Unit Program Space	8.0	\$ 705,600	\$ 1,058,400	\$ -	\$ -	\$ -	\$ 1,058,400	\$ -	\$ 1,058,400
Renovate Vocational Space	1.0	\$ 2,822,400	\$ 4,233,600	\$ -	\$ -	\$ -	\$ -	\$ 4,233,600	\$ 4,233,600
Renovate Multi-purpose Building #7	1.0	\$ 1,646,400	\$ 2,469,600	\$ -	\$ -	\$ -	\$ 2,469,600	\$ -	\$ 2,469,600
Renovate Visitation Search Rooms	1.0	\$ 58,000	\$ 87,000	\$ -	\$ -	\$ -	\$ 87,000	\$ -	\$ 87,000
Renovate Medical/Pharmacy	1.0	\$ 147,000	\$ 220,500	\$ -	\$ -	\$ -	\$ 220,500	\$ -	\$ 220,500
Subtotal		\$ 5,379,400	\$ 8,069,100	\$ -	\$ -	\$ -	\$ 2,777,100	\$ 5,292,000	\$ 8,069,100
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 87,101	\$ 130,652	\$ 130,652	\$ -	\$ -	\$ -	\$ -	\$ 130,652
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 87,101	\$ 130,652	\$ 130,652	\$ -	\$ -	\$ -	\$ -	\$ 130,652
FACILITY TOTAL		\$ 17,534,501	\$ 28,013,192	\$ 130,652	\$ -	\$ -	\$ 16,606,860	\$ 11,275,680	\$ 28,013,192
Grand Total		\$1,498,796,261	\$1,318,983,482	\$107,276,792	\$144,826,257	\$124,186,071	\$636,629,377	\$352,646,126	\$1,365,564,623
COMMUNITY CORRECTIONS									
STEP Facilities	1	\$ 15,456,000	\$ 25,966,080	\$ -	\$ -	\$ -	\$ 51,932,160	\$ 51,932,160	\$ 103,864,320
Subtotal		\$ 15,456,000	\$ 25,966,080	\$ -	\$ -	\$ -	\$ 51,932,160	\$ 51,932,160	\$ 103,864,320
Grand Total w/Community Cor.		\$1,514,252,261	\$1,344,949,562	\$107,276,792	\$144,826,257	\$124,186,071	\$688,561,537	\$404,578,286	\$1,469,428,943

FACILITY ADJUSTMENTS

In order to achieve a more comprehensive understanding of the needs of each institution, members of the design team were present for tours of each of the 28 facilities (Lake Erie Correctional Institution is not included in this Master Plan – privately operated).

Site visits consisted of a facility overview (meeting with members of the Administration and select staff), followed by a guided tour of the complex. The team recorded programmatic and space needs; physical plant and building conditions were not evaluated (full existing conditions assessments were completed by OFCC).

The team collectively reviewed each facility's specific needs and determined where to assign new building prototypes (refer to 3.2 for prototype details) to each campus and/or renovate/add existing space. The analysis revealed some common system-wide needs, such as addressing overcrowding in housing units, providing adequate inmate based programs spaces (general population and segregation/restrictive) both at the local housing unit and facility-wide (shared), as well as medical clinic and infirmary expansion or renovation. For these system-wide requirements, the team was able to apportion prototypes consistently to facilities, often based on Security Level. Institution-specific requirements were assigned on a case-by-case basis.

Facility Adjustments are prioritized in Section 4 of the Master Plan.

General Prototype Applications

Institutions with Security Levels 1 & 2 (including Camps) - General Applications:

- General population dormitory housing units have been designated to be renovated to accommodate sleeping alcoves to reduce the number of inmates in each unit and thus, help address overcrowding.

- Restrictive Housing units are assigned to replace existing units designated as “segregation” to address the goal to more accurately classify (and house) inmates within this lower security population.
- Life Lab and Outdoor Education Pavilion prototypes were applied to offer additional programming as well as program space.

Institutions with Security Levels 3 and above - General Applications:

- The single-level Segregation Housing prototype has been designated.

Women – General Applications

- Mothers and Babies cottages are assigned to those institutions with female populations to accommodate the specific needs for pregnant/nursing mothers.

General Institution Population/Capacity Calculations

General information is displayed within the table at the top of the first page for each facility. The source of the data is www.drc.ohio.gov unless otherwise designated with a footnote, which are defined below:

- **Design Capacity¹** – Design Capacity data based on ODRC Design Occupant Load Rating document dated 6.17.2014 with design team adjustments based on site visits.
- **Population/Security Levels²** – Institution Population Counts and Security Level breakdown extracted from 11.17.2014 Institution Population Count Sheet provided by ODRC.
- **Security Level³ (female facility)** – Security Level breakdown for female facilities not defined by 11.17.2014 Population Count Sheet; source www.drc.ohio.gov.
- **Recommended Capacity⁴** – Recommended Capacity combines Design Capacity¹ with adjustments made by Master Plan Recommendations based on best practices and project team experience.

EXAMPLE FACILITY ADJUSTMENT SUMMARY SHEET

GENERAL INSTITUTION INFORMATION		TOLEDO CORRECTIONAL INSTITUTION Toledo, OH					NORTHWEST REGION																					
FACILITY SATELLITE IMAGE	PROPOSED DESIGN CAPACITY (per unit/building)	<table border="1"> <tr><td>Date Opened</td><td>2000</td><td rowspan="5">Security Levels²</td><td>1's</td><td>0</td></tr> <tr><td>Total Acreage</td><td>45</td><td>2's</td><td>7</td></tr> <tr><td>Design Capacity¹</td><td>1,000</td><td>3's</td><td>859</td></tr> <tr><td>Population (11.17.2014)²</td><td>1,092</td><td>4's</td><td>224</td></tr> <tr><td>Recommended Capacity⁴</td><td>1,128</td><td>5's</td><td>1</td></tr> </table>					Date Opened	2000	Security Levels ²	1's	0	Total Acreage	45	2's	7	Design Capacity ¹	1,000	3's	859	Population (11.17.2014) ²	1,092	4's	224	Recommended Capacity ⁴	1,128	5's	1	
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<p>RECOMMENDED NEW PROTOTYPES number of associated beds above, if applicable refer to Section 3 for details</p>																												
<p>BULLETED OUTLINE/NOTES FROM FACILITY WALKTHROUGH</p>																												
<p>FACILITY SUMMARY</p> <ul style="list-style-type: none"> Opened in 2000 with an original operational capacity of 995 at the main facility and an additional 186 beds at the Camp. Multi-Level facility housing primarily Level 3 and 4 inmates. The complex has a main facility and a camp located adjacent (which was closed in 2011 as a result of budget reductions). Originally built to be a single-celled facility, but was double-bunked in 2011 to help with overcrowding. On October 7, 2014 the facility count was 1030. General Population Housing – 4 major housing units (each 2 floors) <ul style="list-style-type: none"> A – level 3A and 3B restricted privileges B – merit HU (originally designed as Residential Treatment – RTU) C – level 4 protective custody D – Split between floors <ul style="list-style-type: none"> 1st floor – 80 bed pro social unit 2nd floor – 96 segregation (2nd floor) and pro social unit 1st floor Most cells, including the segregation unit, are 65 square feet. There are handicapped cells in each unit that are @ 80 square feet. Housing is separated by security level and mission. Located in the adjacent corridor of each housing unit are staff offices, including a medical/mental health exam room, unit manager offices, security staff office, a pill pass room, barber shop, etc. There are a limited number of program rooms in the area immediately adjacent to the units. Medical/Infirmary services, Dietary/Kitchen, Visitation are all adequate. Recreation. <ul style="list-style-type: none"> One large gymnasium with adjacent activity room serves as indoor recreation for each unit, 1 hour per day. Outdoor recreation is directly adjacent and accessible from the gymnasium area which allows inmates to be either inside or outside. 																												
FACILITY RECOMMENDATIONS Prototypes ending with (R)=Renovation; (A)=Addition OFCC recommendations not included in this section	<table border="1"> <tr><td colspan="3">TOLEDO CORRECTIONAL INSTITUTION Toledo, OH</td></tr> <tr><td colspan="3"> <ul style="list-style-type: none"> Explore adding a separate recreation area in order to provide more than the minimum, current amount available as level 3 and level 4 inmates are required to be separated which creates limited access to recreation. Centralized Program Areas <ul style="list-style-type: none"> All program space is located on the second floor in the program services section of the facility. The area permits all ranges of activities including group programming, individual programming, vocational programming, educational classrooms, library, and chapel. Included are these specific areas: </td></tr> </table>					TOLEDO CORRECTIONAL INSTITUTION Toledo, OH			<ul style="list-style-type: none"> Explore adding a separate recreation area in order to provide more than the minimum, current amount available as level 3 and level 4 inmates are required to be separated which creates limited access to recreation. Centralized Program Areas <ul style="list-style-type: none"> All program space is located on the second floor in the program services section of the facility. The area permits all ranges of activities including group programming, individual programming, vocational programming, educational classrooms, library, and chapel. Included are these specific areas: 																			
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Cost estimates for the proposed recommendations immediately follow each facility assessment summary sheet.

FACILITY ADJUSTMENT SUMMARIES – NORTHWEST REGION

- Toledo Correctional Institution
- Allen Oakwood Correctional Institution
- Marion Correctional Institution
- North Central Correctional Complex
- Ohio Reformatory for Women
- Richland Correctional Institution
- Mansfield Correctional Institution
- Dayton Correctional Institution

TOLEDO CORRECTIONAL INSTITUTION Toledo, OH					NORTHWEST REGION
Date Opened	2000	Security Levels ²	1's	0	
Total Acreage	45		2's	7	
Design Capacity ¹	1,000		3's	859	
Population (11.17.2014) ²	1,092		4's	224	
Recommended Capacity ⁴	1,128		5's	1	
FACILITY SUMMARY					
<ul style="list-style-type: none"> Opened in 2000 with an original operational capacity of 995 at the main facility and an additional 186 beds at the Camp. Multi-Level facility housing primarily Level 3 and 4 inmates. The complex has a main facility and a camp located adjacent (which was closed in 2011 as a result of budget reductions). Originally built to be a single-celled facility, but was double-bunked in 2011 to help with overcrowding. On October 7, 2014 the facility count was 1030. General Population Housing – 4 major housing units (each 2 tiers) <ul style="list-style-type: none"> A – level 3A and 3B restricted privileges B – merit HU (originally designed as Residential Treatment – RTU) C – level 4 protective custody D – Split between floors <ul style="list-style-type: none"> 1st floor – 80 bed pro social unit 2nd floor – 96 segregation (2nd floor) and pro social unit 1st floor Most cells, including the segregation unit, are 65 square feet. There are handicapped cells in each unit that are @ 80 square feet. Housing is separated by security level and mission. Located in the adjacent corridor of each housing unit are staff offices, including a medical/mental health exam room, unit manager offices, security staff office, a pill pass room, barber shop, etc. There are a limited number of program rooms in the area immediately adjacent to the units. Medical/Infirmary services, Dietary/Kitchen, Visitation are all adequate. Recreation. 					

TOLEDO CORRECTIONAL INSTITUTION Toledo, OH			NORTHWEST REGION																												
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FACILITY COST ESTIMATES

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
TOLEDO CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
B2-R	2.0	\$ 3,167,850	\$ 5,321,988	\$ -	\$ -	\$ -	\$ -	\$ 5,321,988	\$ 5,321,988
F2	3.0	\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ -	\$ 1,975,680	\$ 1,975,680
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
F7	1.0	\$ 4,065,600	\$ 6,830,208	\$ -	\$ -	\$ -	\$ -	\$ 6,830,208	\$ 6,830,208
Subtotal		\$ 15,565,450	\$ 26,149,956	\$ -	\$ -	\$ -	\$ 18,684,288	\$ 7,465,668	\$ 26,149,956
RENOVATION									
Renovate Camp Facility	1.0	\$ 3,517,950	\$ 5,276,925	\$ -	\$ -	\$ -	\$ 5,276,925	\$ -	\$ 5,276,925
Subtotal		\$ 3,517,950	\$ 5,276,925	\$ -	\$ -	\$ -	\$ 5,276,925	\$ -	\$ 5,276,925
EXISTING CONDITIONS									
1st Biennium (1A)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ 32,196	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 32,196	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FACILITY TOTAL		\$ 19,115,596	\$ 31,426,881	\$ -	\$ -	\$ -	\$ 23,961,213	\$ 7,465,668	\$ 31,426,881

ALLEN OAKWOOD CORRECTIONAL INSTITUTION Allen Correctional Institution (ACI) Oakwood Correctional Institution (OCI) Lima, OH				NORTHWEST REGION	
Date Opened	1994	Security Levels ²	1's	803	
Total Acreage	18		2's	682	
Design Capacity ¹	942 ACI 208 OCI		3's	18	
Population (11.17.2014) ²	1,503 ACI 0 OCI		4's	0	
Recommended Capacity ⁴	1,202 ACI 232 OCI		5's	0	
FACILITY SUMMARY					
Allen Correctional Facility <ul style="list-style-type: none"> Similar site plan to several other ODRC prisons. Operational for 20 years initially as a Level 3 prison but is now predominantly a Level 1 & 2. Infirmary is far too small for the current population with many functional problems: <ul style="list-style-type: none"> Offices have been converted to exam rooms. The Lab/X-ray combination is poor practice. Nurses' station is extremely crowded. Safe cells are "L"-shaped with poor visibility. Inmate shower has become a storage room. The PC cell is also an ice machine and food storage area. Bio-hazard waste is now outside in a shed. Pill distribution area does not function and may return to original 2-line operation. The 18-cell segregation housing is a 2-tier design and is inadequate for the 1,600 population. 					

ALLEN OAKWOOD CORRECTIONAL INSTITUTION Allen Correctional Institution (ACI) Oakwood Correctional Institution (OCI) Lima, OH			NORTHWEST REGION
<ul style="list-style-type: none"> - Divided into 14 cell and 4-cell sides. - Safe cells have showers. - Holding as many as 10-12 mentally ill inmates every week. - Inadequate medical/mental health programming area (have to use triage room or dayroom). <ul style="list-style-type: none"> Allen is the only Level 2 (Mental Health classification: Levels 1-4) RTU in the State and is far too small for the SMI population. <ul style="list-style-type: none"> - Only four safe cells for all Level 2 SMI's in the State. - Mental health classification is Levels 1-4; Level 1 is crisis and Level 4 is outpatient. - The RTU is two sides of a single housing unit building. - All Level 1 and 2 SMI's are in single cells on the lower of two tiers. - Berry-Hill (dementia) inmates occupy lower tier cells on one side of unit. - Levels 1 and 2 SMI's dine on the unit; Level 4's go on their own to dine; and Level 3's are escorted. - RTU has 30-40 chronic SMI's that will never be assimilated into general population. - Very inadequate programming space that serves RTU inmates and some outpatient general population inmates. 			
Oakwood Correctional Facility			
<ul style="list-style-type: none"> Originally opened in 1952 as a youth facility. ODRC took over the facility in July 2014. Currently operates as a Protective Custody facility for the system. Population is +/- 400 inmates. Small visiting area with six visit stations of short tables and four chairs. Approximately 200 inmates serve as work cadre outside the fence. Have a medical clinic (on two floors) but infirmary beds are located at Allen. No much traffic back and forth very often. Housing is based on a three-hallway wing of double-occupancy cells. Two floors of housing. Reasonable space for programs and recreation to meet the 400-inmate population. Space includes classrooms, library, and gymnasium, plus large outdoor sports fields. Food is brought from Allen and served through a warming kitchen. Dining area is too small for the 400-inmate population. Circulation to dining is through stairs. Only a waiting list of 30 PC's system wide. 			
RECOMMENDATIONS			
Prototype	Quantity	Notes / Description	
Allen Correctional Facility			
A2	2	<ul style="list-style-type: none"> Construct new Dorm buildings. 	
A3	1	<ul style="list-style-type: none"> Construct new Restrictive Unit prototype with single-level design 	
E1	0.5	<ul style="list-style-type: none"> Adding Infirmary Housing? 12 bed infirmary (4 cells, 2 – 4 bed wards) 	
E2	1	<ul style="list-style-type: none"> Replace Infirmary 	
E3	1	<ul style="list-style-type: none"> Convert existing medical to program offices/programs 	
F1(R)	1	<ul style="list-style-type: none"> Expand Programming at RTU 	
F2	1	<ul style="list-style-type: none"> Convert existing Segregation to single cell GP housing 	
Seg(R)		<ul style="list-style-type: none"> Outdoor education pavilion for seasonal use 	
F6	1	<ul style="list-style-type: none"> Expand visitation area. 	
Oakwood Correctional Facility			
B1(A)	1	<ul style="list-style-type: none"> New Safe Cell / Mental Health Housing addition 	
F5(A)	1	<ul style="list-style-type: none"> New Mental Health Programs addition 	
F6	1	<ul style="list-style-type: none"> Outdoor education pavilion for seasonal use 	

ALLEN OAKWOOD CORRECTIONAL INSTITUTION								NORTHWEST REGION
Allen Correctional Institution (ACI) Oakwood Correctional Institution (OCI) Lima, OH								
F7(A)	1	• Expand visitation area						
--	--	• Consider closing facility if population is reduced						

FACILITY COST ESTIMATES									
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
ALLEN CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A2	2.0	\$ 4,032,000	\$ 6,773,760	\$ -	\$ -	\$ -	\$ -	\$ 6,773,760	\$ 6,773,760
A2 (Split for Biennium)		\$ 4,032,000	\$ 6,773,760	\$ -	\$ -	\$ -	\$ 6,773,760	\$ -	\$ 6,773,760
A3	1.0	\$ 4,704,000	\$ 7,902,720	\$ -	\$ -	\$ -	\$ -	\$ 7,902,720	\$ 7,902,720
B6	1.0	\$ 15,639,400	\$ 26,274,192	\$ -	\$ -	\$ -	\$ -	\$ 26,274,192	\$ 26,274,192
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ -	\$ 4,478,208	\$ 4,478,208
F2	1.0	\$ 392,000	\$ 658,560	\$ -	\$ -	\$ -	\$ -	\$ 658,560	\$ 658,560
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 31,565,000	\$ 53,029,200	\$ -	\$ -	\$ -	\$ 6,773,760	\$ 46,255,440	\$ 53,029,200
RENOVATION									
Renovate Vacated Segregation	1.0	\$ 2,998,912	\$ 4,498,368	\$ -	\$ -	\$ -	\$ -	\$ 4,498,368	\$ 4,498,368
Renovate Clinic to Programs	1.0	\$ 2,223,424	\$ 3,335,136	\$ -	\$ -	\$ -	\$ 3,335,136	\$ -	\$ 3,335,136
Renovate Multipurpose Building	1.0	\$ 3,584,000	\$ 5,376,000	\$ -	\$ -	\$ -	\$ 5,376,000	\$ -	\$ 5,376,000
Addition to Visitation	1.0	\$ 504,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 9,310,336	\$ 13,209,504	\$ -	\$ -	\$ -	\$ 8,711,136	\$ 4,498,368	\$ 13,209,504
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 133,492	\$ 200,238	\$ 200,238	\$ -	\$ -	\$ -	\$ -	\$ 200,238
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 672,943	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 806,435	\$ 200,238	\$ 200,238	\$ -	\$ -	\$ -	\$ -	\$ 200,238
FACILITY TOTAL		\$ 41,681,771	\$ 66,438,942	\$ 200,238	\$ -	\$ -	\$ 15,484,896	\$ 50,753,808	\$ 66,438,942

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
OAKWOOD CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
B1-A	1.0	\$ 4,267,200	\$ 7,168,896	\$ -	\$ -	\$ -	\$ 7,168,896	\$ -	\$ 7,168,896
F5-A	0.5	\$ 1,280,000	\$ 2,150,400	\$ -	\$ -	\$ -	\$ -	\$ 2,150,400	\$ 2,150,400
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 5,647,200	\$ 9,487,296	\$ -	\$ -	\$ -	\$ 7,168,896	\$ 2,318,400	\$ 9,487,296
RENOVATION									
Subtotal		\$ 504,000	\$ 756,000	\$ -	\$ -	\$ -	\$ 756,000	\$ -	\$ 756,000
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 87,582	\$ 131,373	\$ 131,373	\$ -	\$ -	\$ -	\$ -	\$ 131,373
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 211,517	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 299,099	\$ 131,373	\$ 131,373	\$ -	\$ -	\$ -	\$ -	\$ 131,373
FACILITY TOTAL		\$ 6,450,299	\$ 10,374,669	\$ 131,373	\$ -	\$ -	\$ 7,924,896	\$ 2,318,400	\$ 10,374,669

MARION CORRECTIONAL INSTITUTION Marion, OH					NORTHWEST REGION
Date Opened	1954	Security Levels ²	1's	854	
Total Acreage	1,032		2's	1,703	
Design Capacity ¹	1,655		3's	2	
Population (11.17.2014) ²	2,565		4's	6	
Recommended Capacity ⁴	1,952		5's	0	
FACILITY SUMMARY					
Main Campus <ul style="list-style-type: none"> Located in Marion, Ohio with North Central Correctional Complex adjacent. Marion provides an extensive list of programs that are offered to its level 1 and 2 inmates, but a limiting factor in delivering those services is often the necessary space. Recovery and Religious Services are held in spaces in the Mental Health area. As a result, Mental Health lacks proper meeting space. General Population Housing Units <ul style="list-style-type: none"> (14) Dormitories <ul style="list-style-type: none"> 40+ yrs old Dorm 50+ yrs old / ADA Dorm Faith-based Dorm Orientation Dorm Veterans Dorm Kitchen Workers Dorm Community Service Dorm Long Term Offender / Life Sentence Dorm Intensive Outpatient Dorm (6) Cell blocks Open Dormitory Camp Limited programming space within each unit Segregation Housing (SC, DC, LC) <ul style="list-style-type: none"> 129 beds Insufficient space for group programming Individual Outdoor Recreation provided in-unit Rules Infraction Board (RIB) located in-unit Clinic / Infirmary is very small for the large chronic population. Cells are almost always full with Acute and Suicide Watch inmates making isolation difficult; and practitioner office space is very limited. 					

MARION CORRECTIONAL INSTITUTION Marion, OH				NORTHWEST REGION
• Visitation area is undersized for the size of the population, and limits visitation frequency for inmates and families.				
Camp				
<ul style="list-style-type: none"> Open dorms are over-crowded Commissary is small Program space available 				
RECOMMENDATIONS				
Prototype	Quantity	Notes / Description		
Main Campus				
A3	1	<ul style="list-style-type: none"> New Restrictive Units 		
A5	13	<ul style="list-style-type: none"> Convert dormitory housing to cubicles 		
E1	0.5	<ul style="list-style-type: none"> New Infirmary Housing (Cells & Ward) 		
E2	1	<ul style="list-style-type: none"> New Medical Clinic 		
E3	1	<ul style="list-style-type: none"> New Housing Unit programs space 		
F4	1	<ul style="list-style-type: none"> Life Lab 		
F6	1	<ul style="list-style-type: none"> Outdoor Education Pavilion for seasonal use 		
F7	1	<ul style="list-style-type: none"> Expand Visitation 		
Elevator	--	<ul style="list-style-type: none"> New Elevator to provide access to second floor education services 		
Med(R)	--	<ul style="list-style-type: none"> Renovate existing clinic for programming space 		
Educ(R)	--	<ul style="list-style-type: none"> Renovate existing religious space to education. 		
SMI	1	<ul style="list-style-type: none"> New SMI Mental Health Housing Unit 		
Camp				
A5	2	<ul style="list-style-type: none"> Convert Dormitory Housing to cubicles. 		
F4	.33	<ul style="list-style-type: none"> Life Lab 		

FACILITY COST ESTIMATES									
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
MARION CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
+ Camp		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
A3	1.0	\$ 4,704,000	\$ 7,902,720	\$ -	\$ -	\$ -	\$ 7,902,720	\$ -	\$ 7,902,720
A5	13.0	\$ 480,000	\$ 720,000	\$ -	\$ -	\$ -	\$ -	\$ 720,000	\$ 720,000
A5 (Split for Biennium)		\$ 480,000	\$ 720,000	\$ -	\$ -	\$ -	\$ 720,000	\$ -	\$ 720,000
A5 (Split for Biennium)		\$ 600,000	\$ 900,000	\$ -	\$ -	\$ -	\$ -	\$ 900,000	\$ 900,000
E1	0.5	\$ 627,200	\$ 1,053,696	\$ -	\$ -	\$ -	\$ 1,053,696	\$ -	\$ 1,053,696
E2	1.0	\$ 1,254,400	\$ 2,107,392	\$ -	\$ -	\$ -	\$ -	\$ 2,107,392	\$ 2,107,392
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ 4,478,208	\$ -	\$ 4,478,208
F2	9.0	\$ 1,960,000	\$ 3,292,800	\$ -	\$ -	\$ -	\$ 3,292,800	\$ -	\$ 3,292,800
F2 (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F4	1.3	\$ 1,791,955	\$ 3,010,485	\$ -	\$ -	\$ -	\$ -	\$ 3,010,485	\$ 3,010,485
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 16,231,155	\$ 26,987,541	\$ -	\$ -	\$ -	\$ 17,447,424	\$ 9,540,117	\$ 26,987,541
RENOVATION									
Add elevator	1.0	\$ 150,000	\$ 225,000	\$ -	\$ -	\$ -	\$ 225,000	\$ -	\$ 225,000
Renovate existing religious to education	1.0	\$ 3,046,400	\$ 4,569,600	\$ -	\$ -	\$ -	\$ 4,569,600	\$ -	\$ 4,569,600
Renovate existing medical for program	1.0	\$ 806,400	\$ 1,209,600	\$ -	\$ -	\$ -	\$ 1,209,600	\$ -	\$ 1,209,600
Renovate Showers	18.0	\$ 360,000	\$ 540,000	\$ -	\$ -	\$ -	\$ 540,000	\$ -	\$ 540,000
ADA Improvements to geriatric unit	4.0	\$ 80,000	\$ 120,000	\$ -	\$ -	\$ -	\$ 120,000	\$ -	\$ 120,000
Renovate existing Seg to be Restrictive	1.0	\$ 789,000	\$ 1,183,500	\$ -	\$ -	\$ -	\$ 1,183,500	\$ -	\$ 1,183,500
Renovate camp into dorm alcoves	1.0	\$ 554,070	\$ 831,105	\$ -	\$ -	\$ -	\$ 831,105	\$ -	\$ 831,105
Subtotal		\$ 5,785,870	\$ 8,678,805	\$ -	\$ -	\$ -	\$ 8,678,805	\$ -	\$ 8,678,805
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 2,329	\$ 3,494	\$ 3,494	\$ -	\$ -	\$ -	\$ -	\$ 3,494
2nd Biennium		\$ 180,424	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 2,052,179	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ 103,675	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 579,533	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 2,918,140	\$ 3,494	\$ 3,494	\$ -	\$ -	\$ -	\$ -	\$ 3,494
FACILITY TOTAL		\$ 24,935,165	\$ 35,669,839	\$ 3,494	\$ -	\$ -	\$ 26,126,229	\$ 9,540,117	\$ 35,669,839

NORTH CENTRAL CORRECTIONAL COMPLEX Marion, OH					NORTHWEST REGION			
Date Opened	1994	Security Levels ²	1's	1,013				
Total Acreage	100		2's	1,667				
Design Capacity ¹	1,510		3's	12				
Population (11.17.2014) ²	2,695		4's	3				
Recommended Capacity ⁴	2,396		5's	0				
								
FACILITY SUMMARY								
<u>Main Campus</u>								
<ul style="list-style-type: none"> Located in Marion, Ohio. This is a level 2 facility with both levels 1 & 2 inmates, and a handful of level 3's. The main compound was previously operated by the state. The complex is now operated by MTC as of 3 years ago. The main facility typically houses about 2,260 In general, this facility is in good condition as it is a newer facility within the system, but because of population increases, the facility has limited for space in which to hold programs. Recovery services is housed in a temporary trailer. Medical clinic too small. Mental health clinic too small. Housing units/dorms lack unit program space. General Population Housing Units <ul style="list-style-type: none"> (10) Single floor, open dormitory units Special Housing <ul style="list-style-type: none"> Dog Program Therapeutic Community Functional Literacy Re-entry Merit-based Faith-based ADA Segregation Housing (SC, DC, LC) 								

NORTH CENTRAL CORRECTIONAL COMPLEX Marion, OH							NORTHWEST REGION			
<ul style="list-style-type: none"> - Single tier ranges of cells - Insufficient space for group programming - Showers provided within range - Individual Outdoor Recreation provided in-unit 										
Camp										
<ul style="list-style-type: none"> Formerly operating as the Marion Juvenile Correctional Facility, the complex is now operated by MTC as of 3 years ago. The camp typically averages about 425, but as high as 480. Podular housing units with double bunked, dry cells Adequate unit program space Adequate program space and education spaces Camp has a segregation unit and a restrictive custody unit 										
RECOMMENDATIONS										
Prototype	Quantity	Notes / Description								
<i>Main Campus</i>										
A3	1	<ul style="list-style-type: none"> New Restrictive Unit 								
A5	2	<ul style="list-style-type: none"> Convert dormitory housing to cubicles. 								
F1	1	<ul style="list-style-type: none"> New Multi-purpose building. 								
F2	11	<ul style="list-style-type: none"> New Housing Unit Program space 								
F4	1	<ul style="list-style-type: none"> Life Lab 								
F5	1	<ul style="list-style-type: none"> New Mental Health space 								
F6	1	<ul style="list-style-type: none"> Outdoor Education Pavilion for seasonal use 								
F7	1	<ul style="list-style-type: none"> Expand Visitation 								
Med(R)(A)	--	<ul style="list-style-type: none"> Renovate and expand the current medical into the space vacated by Mental Health 								
Seg(R)	--	<ul style="list-style-type: none"> Renovate existing Seg HU to become Mental Health Housing 								
<i>Camp</i>										
Educ(R)	--	<ul style="list-style-type: none"> Renovate underutilized classroom and program space within education building 								

FACILITY COST ESTIMATES									
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
NORTH CENTRAL CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A3	1.0	\$ 4,704,000	\$ 7,902,720	\$ -	\$ -	\$ -	\$ 7,902,720	\$ -	\$ 7,902,720
A5	2.0	\$ 1,044,180	\$ 1,566,270	\$ -	\$ -	\$ -	\$ -	\$ 1,566,270	\$ 1,566,270
B2	2.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F1	1.0	\$ 3,192,000	\$ 5,362,560	\$ -	\$ -	\$ -	\$ 5,362,560	\$ -	\$ 5,362,560
F2	11.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2 (Split for Biennium)		\$ 1,960,000	\$ 3,292,800	\$ -	\$ -	\$ -	\$ -	\$ 3,292,800	\$ 3,292,800
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F5	1.0	\$ 5,017,600	\$ 8,429,568	\$ -	\$ -	\$ -	\$ -	\$ 8,429,568	\$ 8,429,568
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 22,065,780	\$ 36,882,558	\$ -	\$ -	\$ -	\$ 21,168,000	\$ 15,714,558	\$ 36,882,558
RENOVATION									
Renovate clinic	1.0	\$ 3,594,150	\$ 5,391,225	\$ -	\$ -	\$ -	\$ 5,391,225	\$ -	\$ 5,391,225
Addition to Visitation	1.0	\$ 756,000	\$ 1,270,080	\$ -	\$ -	\$ -	\$ -	\$ 1,270,080	\$ 1,270,080
Subtotal		\$ 4,350,150	\$ 6,661,305	\$ -	\$ -	\$ -	\$ 5,391,225	\$ 1,270,080	\$ 6,661,305
EXISTING CONDITIONS									
1st Biennium (1A)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 557,134	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 557,134	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FACILITY TOTAL		\$ 26,973,064	\$ 43,543,863	\$ -	\$ -	\$ -	\$ 26,559,225	\$ 16,984,638	\$ 43,543,863

OHIO REFORMATORY FOR WOMEN Marysville, OH					NORTHWEST REGION	
Date Opened	1916	Security Levels ²	1's	1,343		
Total Acreage	258		2's	915		
Design Capacity ¹	2,797		3's	257		
Population (11.17.2014) ²	2,544		4's	0		
Recommended Capacity ⁴	2,131		DR	1		
						
FACILITY SUMMARY						
<ul style="list-style-type: none"> ORW is the primary female facility, with the ability to house any security level inmate. The Harmon Building was previously operating as a camp, but has since been converted to Reception Housing and Mothers Dormitory. Due to its central location and importance to female population, ORW serves many missions including but not limited to: <ul style="list-style-type: none"> - Nursery - Faith-based Recovery Services - Military Prep - Geriatrics - Reception - General Population - Reintegration - Therapeutic Communities - Residential Treatment - Juveniles - Intensive Bootcamp / Early Release Program - Death Row The local hospital will not support ORW, and thus, females must be shipped south to FMC for medical care. Approximately 3000 inmates a year come into ORW, and of those 150 will be pregnant. Average length of stay in reception (Meridian Building) is nearly 6-8 weeks and lacks essential space for recreation and inmate programs. Administration would like to see the historic Harmon Building renovated and used for central programs space. General Population Housing 						

OHIO REFORMATORY FOR WOMEN Marysville, OH			NORTHWEST REGION
RECOMMENDATIONS			
Prototype	Quantity	Notes / Description	
A5	10	<ul style="list-style-type: none"> Convert existing Housing Dormitory Units to single-bunk alcoves <ul style="list-style-type: none"> Meridian Building - Reconfigure with alcoves - (3) Housing Units for General Population "1000 Building" (Shirley & Rogers) – Reconfigure with alcoves – (4) Housing Units Kennedy Building – (2) Housing Units Hale Building – (1) Housing Unit 	
B1	3	<ul style="list-style-type: none"> Construct new RTU's with different security levels 	
C1	0.66	<ul style="list-style-type: none"> Construct new mothers and babies cottage 	
C2	4	<ul style="list-style-type: none"> Women's housing 	
E1	0.5	<ul style="list-style-type: none"> New Infirmary Housing (Cells & Ward) 	
E2	1		
E3	1	<ul style="list-style-type: none"> Construct new clinic / infirmary in central campus 	
F2	8	<ul style="list-style-type: none"> Provide unit program space at housing units 	
F3	1	<ul style="list-style-type: none"> Add segregation housing unit-based program space 	
F4	1	<ul style="list-style-type: none"> Provide Life Lab for Level 1 & 2 inmates 	
F6	2	<ul style="list-style-type: none"> Outdoor Education Pavilions for seasonal use 	
F7	3	<ul style="list-style-type: none"> New Visitation (triple size of visitation; expand visitation hours, provide non-contact booths for segregation inmates and attorney booths for general population visitation; daycare unit addition for full family visitation with new mothers; babies and family) 	
Med(R)	1	<ul style="list-style-type: none"> Renovate existing medical clinic to provide additional program space 	
Programs(R)	1	<ul style="list-style-type: none"> Renovate Harmon Building to provide additional programs space 	
-	3	<ul style="list-style-type: none"> Recommend demolition of Washington, Lincoln and Elizabeth Buildings to make way for new medical and housing 	
SMI	1	<ul style="list-style-type: none"> New SMI Mental Health Housing Unit 	

FACILITY COST ESTIMATES

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
OHIO REFORMATORY FOR WOMEN CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A5	884	\$ 1,105,000	\$ 1,326,000	\$ -	\$ -	\$ -	\$ 1,326,000	\$ -	\$ 1,326,000
A5 (Split for Biennium)		\$ 1,105,000	\$ 1,326,000	\$ -	\$ -	\$ -	\$ -	\$ 1,326,000	\$ 1,326,000
B6	0.6	\$ 9,774,625	\$ 16,421,370	\$ -	\$ 16,421,370	\$ -	\$ -	\$ -	\$ 16,421,370
C1	1.0	\$ 2,400,000	\$ 4,032,000	\$ -	\$ -	\$ 4,032,000	\$ -	\$ -	\$ 4,032,000
C2	11.6	\$ 8,640,000	\$ 14,515,200	\$ 8,640,000	\$ -	\$ -	\$ -	\$ -	\$ 8,640,000
C2 (Split for Biennium)		\$ 19,200,000	\$ 32,256,000	\$ -	\$ -	\$ 32,256,000	\$ -	\$ -	\$ 32,256,000
E1	0.5	\$ 627,200	\$ 1,053,696	\$ -	\$ -	\$ -	\$ 1,053,696	\$ -	\$ 1,053,696
E2	1.0	\$ 1,254,400	\$ 2,107,392	\$ -	\$ -	\$ -	\$ -	\$ 2,107,392	\$ 2,107,392
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ 4,478,208	\$ -	\$ -	\$ -	\$ -	\$ 4,478,208
F1 (New Visitation Building)	1.0	\$ 3,537,800	\$ 5,943,504	\$ -	\$ 5,943,504	\$ -	\$ -	\$ -	\$ 5,943,504
F2	8.0	\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ 2,634,240	\$ -	\$ 2,634,240
F2 (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F3	1.0	\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ 1,128,960	\$ -	\$ -	\$ 1,128,960
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Intake Processing Building	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ 2,257,920	\$ -	\$ -	\$ 2,257,920
Subtotal		\$ 56,905,625	\$ 94,540,650	\$ 13,118,208	\$ 22,364,874	\$ 39,674,880	\$ 5,013,936	\$ 8,493,552	\$ 88,665,450
RENOVATION									
Renovate Medical for programs	1.0	\$ 2,422,980	\$ 3,634,470	\$ -	\$ -	\$ -	\$ 3,634,470	\$ -	\$ 3,634,470
Renovate Harmon Bldg for programs	1.0	\$ 5,040,000	\$ 7,560,000	\$ 7,560,000	\$ -	\$ -	\$ -	\$ -	\$ 7,560,000
Demolition of Washington, Elizabeth	1.0	\$ 568,500	\$ 801,480	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Demolition of Lincoln			\$ 153,600	\$ 153,600	\$ -	\$ -	\$ -	\$ -	\$ 153,600
Subtotal		\$ 8,031,480	\$ 12,149,550	\$ 7,713,600	\$ -	\$ -	\$ 3,634,470	\$ -	\$ 11,348,070
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 5,500,000	\$ 7,500,000	\$ 7,500,000	\$ -	\$ -	\$ -	\$ -	\$ 7,500,000
2nd Biennium		\$ 43,066	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 38,796	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ 645	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 47,557	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 5,630,064	\$ 7,500,000	\$ 7,500,000	\$ -	\$ -	\$ -	\$ -	\$ 7,500,000
FACILITY TOTAL		\$ 70,567,169	\$ 114,190,200	\$ 28,331,808	\$ 22,364,874	\$ 39,674,880	\$ 8,648,406	\$ 8,493,552	\$ 107,513,520

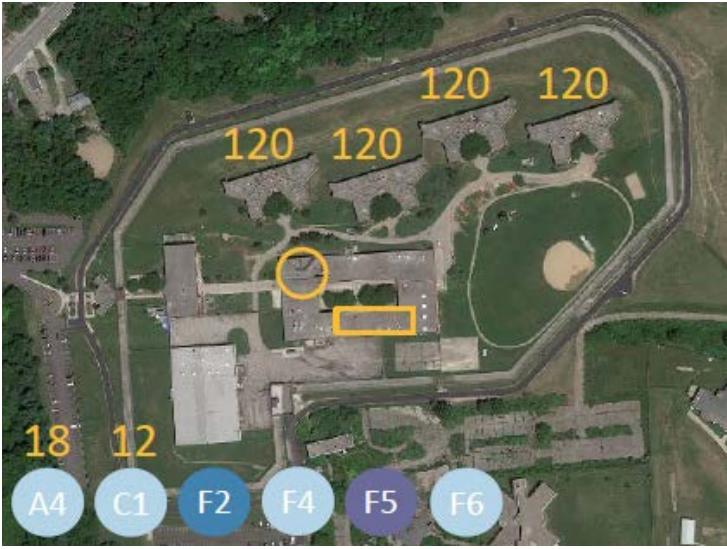
RICHLAND CORRECTIONAL INSTITUTION Mansfield, OH					NORTHWEST REGION	
Date Opened	1998	Security Levels ²	1's	1,410		
Total Acreage	78		2's	1,209		
Design Capacity ¹	1,855		3's	4		
Population (11.17.2014) ²	2,623		4's	0		
Recommended Capacity ⁴	1,540		5's	0		
FACILITY SUMMARY						
<ul style="list-style-type: none"> Primarily a Level 1 & 2 facility with therapeutic communities. Five, 2 story dorm buildings with 4 units each (2 each level). <ul style="list-style-type: none"> Lack of unit program space Dorm unit/building to support therapeutic communities. Reintegration Unit Segregation Unit <ul style="list-style-type: none"> Lacks program space Medical clinic, pill call, insulin call, and infirmary are undersized. <ul style="list-style-type: none"> Adjacent/connected to segregation unit. Visitation <ul style="list-style-type: none"> Non-contact visit booths Open visit area Overall, undersized. Quartermaster is undersized Commissary storage is undersized. Food Service is adequate to support the population. Vocational, classroom, and library space in Education Building are adequate. Mental Health clinic is adequate. Recreation building is adequate. Program Services building is not large enough to support programs, recovery services, and religious services. 						
RECOMMENDATIONS						
Prototype	Quantity	Notes / Description				
A5	10	<ul style="list-style-type: none"> Convert dormitory housing to cubicles 				
E1	0.5	<ul style="list-style-type: none"> New Infirmary Housing (Cells & Ward) 				
E2	1					

RICHLAND CORRECTIONAL INSTITUTION Mansfield, OH								NORTHWEST REGION	
E3	1	• New Medical Clinic							
F2	10	• New Housing Unit program space							
F3(R)	1	• New Segregation Programs space w/in existing Medical							
F4	1	• Life Lab							
F6	1	• Outdoor Education Pavilion for seasonal use							
Med(R)	--	• Renovate Existing Medical Center for Segregation Programming & Program Space							
Quart(A)	--	• Expand Quartermaster Storage							
Comm(A)	--	• Expand Commissary Storage							

FACILITY COST ESTIMATES									
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
RICHLAND CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A5	10.0	\$ 3,222,000	\$ 4,833,000	\$ -	\$ -	\$ -	\$ 4,833,000	\$ -	\$ 4,833,000
A5 (Split for Biennium)		\$ 2,148,000	\$ 3,222,000	\$ -	\$ -	\$ -	\$ -	\$ 3,222,000	\$ 3,222,000
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ 4,478,208	\$ -	\$ 4,478,208
F2	10.0	\$ 2,016,000	\$ 3,386,880	\$ -	\$ -	\$ -	\$ 3,386,880	\$ -	\$ 3,386,880
F2 (Split for Biennium)		\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F3-R	1.0	\$ 588,000	\$ 987,840	\$ -	\$ -	\$ -	\$ 987,840	\$ -	\$ 987,840
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 13,427,600	\$ 21,591,768	\$ -	\$ -	\$ -	\$ 13,685,928	\$ 7,905,840	\$ 21,591,768
RENOVATION									
Renovate Medical Center for Programming	1.0	\$ 1,852,200	\$ 2,778,300	\$ -	\$ -	\$ -	\$ -	\$ 2,778,300	\$ 2,778,300
Expand Quartermaster Storage	1.0	\$ 200,000	\$ 336,000	\$ -	\$ -	\$ -	\$ 336,000	\$ -	\$ 336,000
Expand Commissary Storage	1.0	\$ 200,000	\$ 336,000	\$ -	\$ -	\$ -	\$ 336,000	\$ -	\$ 336,000
Repair 2nd Floor shower drains		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 2,252,200	\$ 3,450,300	\$ -	\$ -	\$ -	\$ 672,000	\$ 2,778,300	\$ 3,450,300
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 2,200,475	\$ 3,300,713	\$ 3,300,713	\$ -	\$ -	\$ -	\$ -	\$ 3,300,713
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 361,903	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 2,562,378	\$ 3,300,713	\$ 3,300,713	\$ -	\$ -	\$ -	\$ -	\$ 3,300,713
FACILITY TOTAL		\$ 18,242,178	\$ 28,342,781	\$ 3,300,713	\$ -	\$ -	\$ 14,357,928	\$ 10,684,140	\$ 28,342,781

MANSFIELD CORRECTIONAL INSTITUTION London, OH					NORTHWEST REGION	
Date Opened	1990	Security Levels ²	1's	423		
Total Acreage	1,124		2's	24		
Design Capacity ¹	1,472		3's	2,166		
Population (11.17.2014) ²	2,619		4's	6		
Recommended Capacity ⁴	1,540		5's	1		
						
FACILITY SUMMARY						
<ul style="list-style-type: none"> This is a level 3 facility with a level 1 minimum security camp for outside workers. 						
Main Campus						
<ul style="list-style-type: none"> General Population Housing <ul style="list-style-type: none"> All housing units are direct supervision with double bunked cells in podular layout. Lack of single cells options presents challenges Housing units lack space for conducting unit programs Segregation Housing <ul style="list-style-type: none"> Podular layout Indirect Supervision Double-tiered Double bunk cells Lack of space for programs Mental Health clinic is adequate. Campus has centralized programming, education, vocation and recreation areas that are adequate. Medical <ul style="list-style-type: none"> Medical clinic undersized: limited space to hold private consultations; dental housed in Mental Health building due to a lack of space; pill call area too small; insulin call in waiting area Recovery services utilize rooms within education and mental health areas only have one designated room. 						
Camp						

MANSFIELD CORRECTIONAL INSTITUTION London, OH								NORTHWEST REGION																																																																																																																																																																																																																																																																					
<ul style="list-style-type: none"> • All dorms are for level 1 and 2 offenders. • Multipurpose rooms at dorms are used for programs (recovery, religion, etc) so there is no space to hold unit programming. • Recovery uses visitation rooms. • Visits held on weekends only, visit room used for programs during the week. 																																																																																																																																																																																																																																																																													
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-	\$ 53,933,712	\$ 16,288,488	\$ 70,222,200	RENOVATION										Modify dayroom of existing seg	1.0	\$ 250,000	\$ 375,000	\$ -	\$ -	\$ -	\$ 375,000	\$ -	\$ 375,000	Recycling Program	1.0	\$ 210,000	\$ 315,000	\$ -	\$ -	\$ -	\$ 315,000	\$ -	\$ 315,000	Subtotal		\$ 460,000	\$ 690,000	\$ -	\$ -	\$ -	\$ 690,000	\$ -	\$ 690,000	EXISTING CONDITIONS										1st Biennium (1A)		\$ 52,722	\$ 79,083	\$ 79,083	\$ -	\$ -	\$ -	\$ -	\$ 79,083	2nd Biennium		\$ 69,681	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Rating 5		\$ 702,208	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Subtotal		\$ 824,611	\$ 79,083	\$ 79,083	\$ -	\$ -	\$ -	\$ -	\$ 79,083	FACILITY TOTAL		\$ 43,578,123	\$ 71,743,170	\$ 79,083	\$ -	\$ -	\$ 54,623,712	\$ 16,288,488	\$ 70,991,283
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F1	0.5	\$ 950,000	\$ 1,596,000	\$ -	\$ -	\$ -	\$ -	\$ 1,596,000	\$ 1,596,000																																																																																																																																																																																																																																																																				
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Recycling Program	1.0	\$ 210,000	\$ 315,000	\$ -	\$ -	\$ -	\$ 315,000	\$ -	\$ 315,000																																																																																																																																																																																																																																																																				
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EXISTING CONDITIONS																																																																																																																																																																																																																																																																													
1st Biennium (1A)		\$ 52,722	\$ 79,083	\$ 79,083	\$ -	\$ -	\$ -	\$ -	\$ 79,083																																																																																																																																																																																																																																																																				
2nd Biennium		\$ 69,681	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -																																																																																																																																																																																																																																																																				
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -																																																																																																																																																																																																																																																																				
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -																																																																																																																																																																																																																																																																				
Rating 5		\$ 702,208	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -																																																																																																																																																																																																																																																																				
Subtotal		\$ 824,611	\$ 79,083	\$ 79,083	\$ -	\$ -	\$ -	\$ -	\$ 79,083																																																																																																																																																																																																																																																																				
FACILITY TOTAL		\$ 43,578,123	\$ 71,743,170	\$ 79,083	\$ -	\$ -	\$ 54,623,712	\$ 16,288,488	\$ 70,991,283																																																																																																																																																																																																																																																																				

DAYTON CORRECTIONAL INSTITUTION Dayton, OH					NORTHWEST REGION	
Date Opened	1987	Security Levels ²	1's	301		
Total Acreage	75		2's	377		
Design Capacity ¹	500		3's	245		
Population (11.17.2014) ²	910		4's	4		
Recommended Capacity ⁴	534		5's	0		
						
FACILITY SUMMARY						
<ul style="list-style-type: none"> Become a female facility in 2011. Originally built to house 500 Level 1 & 2 male offenders. Predominantly a Level 1-3 facility. 4 General Population Housing Units (double bunk) <ul style="list-style-type: none"> 2 Pods per Unit, 120 inmates per pod (240 per unit) Only 1 ADA shower in the entire facility Segregation Housing (28-29 capacity) <ul style="list-style-type: none"> Lack of space for programs Not ADA accessible. Request to have room for RIB within the unit. Control room is too small. Mental Health <ul style="list-style-type: none"> Currently undersized, but will be moving to a trailer being brought on site. Trailer - 11-12 offices and 2 program spaces. Approximately half the population is on Campus has centralized programming, education, and recreation. <ul style="list-style-type: none"> The Vocational space could be more efficiently utilized (classrooms, program space). Renovate/Repurpose Maintenance Building to house vocational/programs space. Community Service Workshop opened in March. Food Service <ul style="list-style-type: none"> Feeding capacity is about 200 inmates at a time and it takes too long for each feeding cycle. A capacity of 350 inmates would be more operationally efficient. Visitation is located within the secure perimeter and is often at max capacity of 99. The search room needs to be expanded to accommodate 2 inmates at a time (with privacy). 						

DAYTON CORRECTIONAL INSTITUTION Dayton, OH								NORTHWEST REGION			
RECOMMENDATIONS											
Prototype	Quantity	Notes / Description									
C1	0.33	• New Mothers and Babies Cottage									
F2	4	• Expand Programming at Housing Units									
F4	1	• Life Lab									
F5	1	• New Mental Health space									
F6	1	• Outdoor education pavilion for seasonal use									
Maint(R)	--	• Renovate Maintenance for Vocational Programming									
C/D(R)	--	• Renovate C/D for Classrooms/Programs									
Med(R)	--	• Renovate existing Medical									
Seg(R)	--	• Renovate existing Segregation for new DC Segregation (16 beds), Program Space and RIB.									
Visit(R)	--	• Renovate 500sf to improve Visitation (Search Area and Visit/Attorney Room)									

FACILITY COST ESTIMATES									
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
DAYTON CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
B2	1.0	\$ 4,267,200	\$ 7,168,896	\$ -	\$ -	\$ -	\$ 7,168,896	\$ -	\$ 7,168,896
C1	0.3	\$ 1,209,600	\$ 2,032,128	\$ -	\$ -	\$ -	\$ 2,032,128	\$ -	\$ 2,032,128
F2	4.0	\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ 2,634,240	\$ -	\$ 2,634,240
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 15,544,800	\$ 26,115,264	\$ -	\$ -	\$ -	\$ 23,689,344	\$ 2,425,920	\$ 26,115,264
RENOVATION									
Convert Maintenance to Vocational Programs	1.0	\$ 4,032,000	\$ 6,048,000	\$ -	\$ -	\$ -	\$ 6,048,000	\$ -	\$ 6,048,000
Renovate C/D for Classroom/Program	1.0	\$ 2,772,000	\$ 4,158,000	\$ -	\$ -	\$ -	\$ -	\$ 4,158,000	\$ 4,158,000
Renovate existing medical area	1.0	\$ 1,754,000	\$ 2,631,000	\$ -	\$ -	\$ -	\$ 2,631,000	\$ -	\$ 2,631,000
Expand Visitation	1.0	\$ 252,000	\$ 378,000	\$ -	\$ -	\$ -	\$ 378,000	\$ -	\$ 378,000
Renovate existing Seg to RIB	1.0	\$ 441,000	\$ 661,500	\$ -	\$ -	\$ -	\$ 661,500	\$ -	\$ 661,500
Subtotal		\$ 9,251,000	\$ 13,876,500	\$ -	\$ -	\$ -	\$ 9,718,500	\$ 4,158,000	\$ 13,876,500
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 1,866	\$ 2,799	\$ 2,799	\$ -	\$ -	\$ -	\$ -	\$ 2,799
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 62,458	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 64,324	\$ 2,799	\$ 2,799	\$ -	\$ -	\$ -	\$ -	\$ 2,799
FACILITY TOTAL		\$ 24,860,124	\$ 39,994,563	\$ 2,799	\$ -	\$ -	\$ 33,407,844	\$ 6,583,920	\$ 39,994,563

FACILITY ADJUSTMENT SUMMARIES – NORTHEAST REGION

- Lorain Correctional Institution
- Grafton Correctional Complex
- Grafton Reintegration Center
- Ohio State Penitentiary
- Trumbull Correctional Institution
- Northeast Reintegration Center

LORAIN CORRECTIONAL INSTITUTION Grafton, OH				NORTHEAST REGION
Date Opened	1990	Security Levels ²	1's	215
Total Acreage	111		2's	502
Design Capacity ¹	750		3's	931
Population (11.17.2014) ²	1,653		4's	3
Recommended Capacity ⁴	1,322		5's	0
				
FACILITY SUMMARY				
<ul style="list-style-type: none"> Although not originally designed for such, LorCI serves as a reception center for the northern part of the State. The facility houses Levels 1-4 inmates with the largest number classified as Level 3. Many of the Level 1 and 2 inmates are holdovers from the classification and orientation process. The facility is cell-based with no dormitory buildings. Virtually all cells have been double-bunked. LorCI is one of the prototype plans that has been used in several other locations in the State. While physically separated by a highway, the LorCI and Grafton facilities form a “complex” in the northern part of the State and combined house over 3,000 inmates. The Reception function was added to the campus and has complicated the level of crowding. <ul style="list-style-type: none"> On average, 25-30 new inmates are received each weekday. This is a significant decrease from highs in the 80's five years ago. The process is patterned after that at the CRC. The area devoted to the initial intake process is inadequate, even with the reduced numbers. Due to the lack of available bedspaces in the appropriate security levels, inmates completing the reception process are waiting extended periods of time in Orientation housing. The Orientation housing holds inmates for 4-8 weeks during which time the 5-day reception process is completed. Once completed, many inmates remain in 4A and B which has no programming capability. To support the Reception process, a new medical building was completed in 2012 where reception inmates complete the 4th Day requirements of the intake process. Medical building includes offices for mental health interviews, dental exams, and medical exams. A clinic and infirmary exists to manage the needs of the general population. <ul style="list-style-type: none"> The infirmary does not include ADA compliant doors or rooms. A total of 16 beds are available but includes top bunks. Very poor arrangement for pill call. 				

LORAIN CORRECTIONAL INSTITUTION Grafton, OH		NORTHEAST REGION
<ul style="list-style-type: none"> - Converting to electronic medical records. 		
<ul style="list-style-type: none"> Education building available for general population inmates but does not serve the needs of Reception inmates. 		
<ul style="list-style-type: none"> Segregation building is the one-story design with two pods with a total of 40 cells. <ul style="list-style-type: none"> - 36 of the 40 cells are double bunked. - All cells have showers. - Attempt is made to separate the Security Control from the Local Control inmates. - Very limited programming space, but according to staff, only 12-14 of the inmates are programmable. 		
RECOMMENDATIONS		
Prototype	Quantity	Notes / Description
A1	1	<ul style="list-style-type: none"> • New Cadre Housing “village”
F2	12	<ul style="list-style-type: none"> • Expand Programming at Housing Units (including Orientation Housing (4a & 4b)
F3	1	<ul style="list-style-type: none"> • New Segregation Unit programs space
F4	1	<ul style="list-style-type: none"> • Life Lab
F6	1	<ul style="list-style-type: none"> • Outdoor education pavilion for seasonal use
Recept(A)		<ul style="list-style-type: none"> • Expand Reception
Recept(R)		<ul style="list-style-type: none"> • Renovate Existing Reception for office space
HU		<ul style="list-style-type: none"> • Backfill vacated beds by Level 1a with Reception inmates

FACILITY COST ESTIMATES									
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
LORAIN CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A1	1.0	\$ 3,600,000	\$ 6,048,000	\$ -	\$ -	\$ -	\$ 6,048,000	\$ -	\$ 6,048,000
F2	12.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2 (Split for Biennium)		\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ -	\$ 3,951,360	\$ 3,951,360
F3	1.0	\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ -	\$ 1,128,960	\$ -	\$ 1,128,960
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 10,420,000	\$ 17,505,600	\$ -	\$ -	\$ -	\$ 11,128,320	\$ 6,377,280	\$ 17,505,600
RENOVATION									
R - Old Reception becomes office space	1.0	\$ 1,260,000	\$ 1,890,000	\$ -	\$ -	\$ -	\$ 1,890,000	\$ -	\$ 1,890,000
A - Expand Reception	1.0	\$ 705,600	\$ 1,185,408	\$ -	\$ -	\$ -	\$ 1,185,408	\$ -	\$ 1,185,408
Backfill vacated beds with Reception	1.0	\$ 1,470,000	\$ 2,205,000	\$ -	\$ -	\$ -	\$ 2,205,000	\$ -	\$ 2,205,000
Subtotal		\$ 3,435,600	\$ 5,280,408	\$ -	\$ -	\$ -	\$ 5,280,408	\$ -	\$ 5,280,408
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 547,492	\$ 821,238	\$ 821,238	\$ -	\$ -	\$ -	\$ -	\$ 821,238
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 123,808	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 671,300	\$ 821,238	\$ 821,238	\$ -	\$ -	\$ -	\$ -	\$ 821,238
FACILITY TOTAL		\$ 14,526,900	\$ 23,607,246	\$ 821,238	\$ -	\$ -	\$ 16,408,728	\$ 6,377,280	\$ 23,607,246

GRAFTON CORRECTIONAL COMPLEX Grafton Correctional Institution (GCI) Grafton Reintegration Center (GREC) Grafton, OH					NORTHEAST REGION	
Date Opened	1988	Security Levels ²	1's	1,222		
Total Acreage	1,782		2's	752		
Design Capacity ¹	1,180 GCI 250 GREC		1			
Population (11.17.2014) ²	1,246 GCI 730 GREC		1			
Recommended Capacity ⁴	1,287 GCI 424 GREC		0			
FACILITY SUMMARY						
Grafton Correctional Institution						
<ul style="list-style-type: none"> The GCI is part of a very large complex that involves three ODRC institutions that includes more than 1,700 acres. The proximity to Cleveland is beneficial for attracting and retaining staff, as well as volunteers. The mission of the facility is well served by the open campus design. The Level 1 and 2 inmates are permitted unescorted access to the open campus during most daylight hours. GCI is one of the most program-rich facilities in the system and inmates tend to prefer this facility even though the level of crowding is high. <ul style="list-style-type: none"> The visiting area is far too small for the current census level. The chapel is used regularly with 130 or more participating in a range of religious programs. More programs are anticipated through the volunteer activities. Overall space for programs is very inadequate; classrooms that were built for 15 students do not meet the needs of a population that exceeds 2,000. The lack of space is severely limiting the provision of new programs. The open dorm housing is not conducive for on-unit programming. GCI does not include an RTU thus programs are mostly outpatient-based. <ul style="list-style-type: none"> Most inmates with mental health issues are housed together at the request of the Program Director. The building housing MH inmates was originally designed as an RTU and has more on-unit program/counseling space than typical living units. 						

GRAFTON CORRECTIONAL COMPLEX			NORTHEAST REGION	
Grafton Correctional Institution (GCI) Grafton Reintegration Center (GREC) Grafton, OH				
Grafton Reintegration Center (formerly North Coast Correctional Treatment Facility)				
<ul style="list-style-type: none"> The three-dormitory facility was originally designed as a camp separate, but adjacent, to the GCI. In recent years, the Camp was converted to a Reintegration Center for approximately 500 inmates. Space is available to more than double the current number of dormitories. The HOPE Program is operated at the GRC, but if the population increases, the current program space will be inadequate. Dormitories are the prototypical ODRC dorm. Plans are being considered to enclose the entire Grafton Complex with a single “stun” fence. Any movement at this time between the two institutions requires a vehicle transport 				
RECOMMENDATIONS				
Prototype	Quantity	Notes / Description		
<i>Grafton Correctional Institution</i>				
A1	1	<ul style="list-style-type: none"> New Chronic Care and Geriatric Housing Unit 		
A3	1	<ul style="list-style-type: none"> New Restrictive Unit 		
A5	1	<ul style="list-style-type: none"> Convert dormitory housing to cubicles 		
E1	1			
E2	1	<ul style="list-style-type: none"> New Infirmary Housing (Cells & Ward) 		
E3	1	<ul style="list-style-type: none"> New Medical Clinic 		
F4	1	<ul style="list-style-type: none"> Life Lab 		
F6	1	<ul style="list-style-type: none"> Outdoor Education Pavilion for seasonal use 		
F7	1	<ul style="list-style-type: none"> Expand Visitation 		
Med(R)	--	<ul style="list-style-type: none"> Renovate existing clinic for programming space 		
Sprung (DEMO)	--	<ul style="list-style-type: none"> Demolition of sprung 		
SMI	1	<ul style="list-style-type: none"> New SMI Mental Health Housing Unit 		
<i>Grafton Reintegration Center</i>				
A5	3	<ul style="list-style-type: none"> Convert dormitory housing to cubicles 		
A7	1	<ul style="list-style-type: none"> Reintegration Housing 		
F1	1	<ul style="list-style-type: none"> New Multi-purpose building. 		
F6	1	<ul style="list-style-type: none"> Outdoor Education Pavilion for seasonal use 		
F7	1	<ul style="list-style-type: none"> Expand Visitation 		
Rec(A)	1	<ul style="list-style-type: none"> Add indoor recreation 		
Services	1	<ul style="list-style-type: none"> Add Inmate Services (Food Service, Laundry, etc.) as required for increased capacity 		

FACILITY COST ESTIMATES

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
GRAFTON CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A1	1.0	\$ 6,048,000	\$ 10,160,640	\$ -	\$ -	\$ -	\$ 10,160,640	\$ -	\$ 10,160,640
A3	1.0	\$ 4,032,000	\$ 6,773,760	\$ -	\$ -	\$ -	\$ 6,773,760	\$ -	\$ 6,773,760
A5	1.0	\$ 595,200	\$ 892,800	\$ -	\$ -	\$ -	\$ -	\$ 892,800	\$ 892,800
B6	1.0	\$ 15,639,400	\$ 26,274,192	\$ -	\$ -	\$ -	\$ 26,274,192	\$ -	\$ 26,274,192
E1	1.0	\$ 1,254,400	\$ 2,107,392	\$ -	\$ -	\$ -	\$ -	\$ 2,107,392	\$ 2,107,392
E2	1.0	\$ 1,254,400	\$ 2,107,392	\$ -	\$ -	\$ -	\$ -	\$ 2,107,392	\$ 2,107,392
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ 4,478,208	\$ -	\$ 4,478,208
F4	1.0	\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 33,157,000	\$ 55,596,624	\$ -	\$ -	\$ -	\$ 47,686,800	\$ 7,909,824	\$ 55,596,624
RENOVATION									
Renovate Medical for Programs	1.0	\$ 1,638,000	\$ 2,457,000	\$ -	\$ -	\$ -	\$ -	\$ 2,457,000	\$ 2,457,000
Demolition of sprung and seg unit	1.0	\$ 196,500	\$ 330,120	\$ -	\$ -	\$ -	\$ 330,120	\$ -	\$ 330,120
Addition to Visitation	1.0	\$ 756,000	\$ 1,270,080	\$ -	\$ -	\$ -	\$ 1,270,080	\$ -	\$ 1,270,080
Subtotal		\$ 2,590,500	\$ 4,057,200	\$ -	\$ -	\$ -	\$ 1,600,200	\$ 2,457,000	\$ 4,057,200
EXISTING CONDITIONS									
1st Biennium (1A)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FACILITY SUBTOTAL		\$ 35,747,500	\$ 59,653,824	\$ -	\$ -	\$ -	\$ 49,287,000	\$ 10,366,824	\$ 59,653,824

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
GRAFTON REINTEGRATION CENTER									
NEW PROTOTYPES									
A5	3.0	\$ 1,350,000	\$ 2,025,000	\$ -	\$ -	\$ -	\$ -	\$ 2,025,000	\$ 2,025,000
A7	1.0	\$ 7,862,400	\$ 13,208,832	\$ -	\$ -	\$ -	\$ 13,208,832	\$ -	\$ 13,208,832
F1	1.0	\$ 3,192,000	\$ 5,362,560	\$ -	\$ -	\$ -	\$ 5,362,560	\$ -	\$ 5,362,560
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
F7	1.0	\$ 4,065,600	\$ 6,830,208	\$ -	\$ -	\$ -	\$ -	\$ 6,830,208	\$ 6,830,208
Subtotal		\$ 16,570,000	\$ 27,594,600	\$ -	\$ -	\$ -	\$ 18,571,392	\$ 9,023,208	\$ 27,594,600
RENOVATION									
Add services for expansion	1.0	\$ 4,480,000	\$ 7,526,400	\$ -	\$ -	\$ -	\$ -	\$ 7,526,400	\$ 7,526,400
Addition to Visitation	1.0	\$ 504,000	\$ 846,720	\$ -	\$ -	\$ -	\$ 846,720	\$ -	\$ 846,720
Subtotal		\$ 4,984,000	\$ 8,373,120	\$ -	\$ -	\$ -	\$ 846,720	\$ 7,526,400	\$ 8,373,120
EXISTING CONDITIONS									
1st Biennium (1A)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FACILITY TOTAL		\$ 21,554,000	\$ 35,967,720	\$ -	\$ -	\$ -	\$ 19,418,112	\$ 16,549,608	\$ 35,967,720

OHIO STATE PENITENTIARY Youngstown, OH				NORTHEAST REGION
Date Opened	1998	Security Levels ²	1's	7
Total Acreage	240		2's	1
Design Capacity ¹	504		3's	327
Population (11.17.2014) ²	454		4's	112
Recommended Capacity ⁴	504		5's	6



FACILITY SUMMARY

- OSP serves as the highest security level institution in Ohio and houses Levels 4 and 5, as well as some death row inmates.
- The OSP remains approximately 80% occupied in single cells most of the time.
- Facility is designed with two separate 4-level buildings with six single story housing pods each. Space was provided on the site for the eventual addition of another 4-level housing building.
- All programming is de-centralized to the housing pods.
- For the highest security inmates, individual “program modules” are provided between two housing pods.
- Very little inmate movement occurs except for visitation, medical, and movement to and from court.
- Medical and visitation spaces are located on the lower two floors of the complex.
- The building is well conceived for the current mission and purpose.
- A camp for women is currently being constructed outside the perimeter of OSP on the 240 acre site.

RECOMMENDATIONS

Prototype	Quantity	Notes / Description
SMI	1	<ul style="list-style-type: none"> New SMI Mental Health Housing Unit
--	--	<ul style="list-style-type: none"> Complete the 3rd wing if the need arises.

FACILITY COST ESTIMATES

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
OHIO STATE PENITENTIARY									
NEW PROTOTYPES									\$ -
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
RENOVATION				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 3,363,034	\$ 5,044,551	\$ 5,044,551	\$ -	\$ -	\$ -	\$ -	\$ 5,044,551
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 2,862	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 3,365,896	\$ 5,044,551	\$ 5,044,551	\$ -	\$ -	\$ -	\$ -	\$ 5,044,551
FACILITY TOTAL		\$ 3,365,896	\$ 5,044,551	\$ 5,044,551	\$ -	\$ -	\$ -	\$ -	\$ 5,044,551

TRUMBULL CORRECTIONAL INSTITUTION Leavittsburg, OH					NORTHEAST REGION	
Date Opened	1992	Security Levels ²	1's	493		
Total Acreage	130		2's	24		
Design Capacity ¹	764		3's	999		
Population (11.17.2014) ²	1,521		4's	5		
Recommended Capacity ⁴	912		5's	0		
FACILITY SUMMARY						
<ul style="list-style-type: none"> Majority Level 3 inmates at the main campus and a Level 1 Camp adjacent. Level 1 Camp houses over 400 people in two large dorms with limited program and inside recreation space. Main Facility Housing Units are two story buildings with 31 cells on each floor. Day room space is used for programming. Mental Health, currently undersized and not occupying contiguous space. Segregation Housing has no program space. Campus has centralized programming, education, and recreation. Prison industries facility has limited industry programs operating today. Currently, used for other programs. Medical facility has inadequate and inefficient space. Space available for expansion and additional building behind camp and the segregation and medical buildings. Education building hosts GED, literacy, and substance abuse treatment and other programs. 						
RECOMMENDATIONS						
Prototype	Quantity	Notes / Description				
A4	1	<ul style="list-style-type: none"> New Segregation Unit 				
B1(R)	1	<ul style="list-style-type: none"> Convert existing Seg to Special Needs Inmates Housing RTU 				
E1	0.5					
E2	1	<ul style="list-style-type: none"> New Infirmary Housing (Cells & Ward) 				

TRUMBULL CORRECTIONAL INSTITUTION Leavittsburg, OH							NORTHEAST REGION
E3	1	• New Medical Clinic					
F1	1	• New Multi-purpose building.					
F2	8	• New Housing Unit program space.					
F6	1	• Outdoor Education Pavilion for seasonal use					
Horticulture		• Build Greenhouse for horticulture as prison industry					
Program(A)		• Expand program space					
SMI	1	• New SMI Mental Health Housing Unit					
Camp							
A2	1	• New Dormitory Housing					
A5	2	• Convert Dormitory Housing to cubicles.					

FACILITY COST ESTIMATES									
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
TRUMBULL CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A2	1.0	\$ 4,032,000	\$ 6,773,760	\$ -	\$ -	\$ -	\$ 6,773,760	\$ -	\$ 6,773,760
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
A5	2.0	\$ 877,920	\$ 1,316,880	\$ -	\$ -	\$ -	\$ -	\$ 1,316,880	\$ 1,316,880
B2-R	1.0	\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ -	\$ 1,975,680	\$ 1,975,680
F1	1.0	\$ 3,192,000	\$ 5,362,560	\$ -	\$ -	\$ -	\$ -	\$ 5,362,560	\$ 5,362,560
F2	8.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ 2,257,920	\$ -	\$ 2,257,920
F2 (Split for Biennium)		\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 19,121,920	\$ 31,966,800	\$ -	\$ -	\$ -	\$ 20,885,760	\$ 11,081,040	\$ 31,966,800
RENOVATION									
Build Greenhouse for horticulture as prison i	1.0	\$ 280,000	\$ 470,400	\$ -	\$ -	\$ -	\$ 470,400	\$ -	\$ 470,400
Subtotal		\$ 280,000	\$ 470,400	\$ -	\$ -	\$ -	\$ 470,400	\$ -	\$ 470,400
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 2,290,063	\$ 3,435,095	\$ 3,435,095	\$ -	\$ -	\$ -	\$ -	\$ 3,435,095
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 87,715	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 2,377,778	\$ 3,435,095	\$ 3,435,095	\$ -	\$ -	\$ -	\$ -	\$ 3,435,095
FACILITY SUBTOTAL		\$ 21,779,698	\$ 35,872,295	\$ 3,435,095	\$ -	\$ -	\$ 21,356,160	\$ 11,081,040	\$ 35,872,295

NORTHEAST REINTEGRATION CENTER Cleveland, OH				NORTHEAST REGION
Date Opened	1988	Security Levels ²	1's	377
Total Acreage	14		2's	216
Design Capacity ¹	350		3's	0
Population (11.17.2014) ²	596		4's	0
Recommended Capacity ⁴	362		5's	0



FACILITY SUMMARY

- NERC was not originally designed for women, but as a reintegration facility for men. However, NERC does serve as a reintegration center for women, mainly from the Cleveland area.
- Although designed for approximately 350 inmates, the facility currently holds approximately 600 Level 1 and 2 women.
- NERC is an urban campus that is surrounded by commercial uses and a major freeway. The facility is secured with a single perimeter fence and zone fences between buildings that prevent access to the perimeter.
- Average intake is 20-25 new inmates each week. The average stay is 3-4 years.
- Since the facility was not designed to manage 600 inmates many buildings are undersized for purpose.
 - A multipurpose building with indoor recreation is needed.
 - The medical area (clinic and infirmary) is too small and poorly conceived.
 - The visiting area is small, especially for lengthy visits by children.
- Housing buildings are well conceived with de-centralized program space.
 - Office space for case managers is needed at housing units.
 - Segregation cells in the housing units seem to meet the needs of the Level 1 and 2 population.
- The spacious dining area also serves some of the programming needs.
- Expansion area is limited to the “back 40”, an area between existing housing buildings and the perimeter fence.
- The tree-lined campus setting is very appropriate for the women population.

RECOMMENDATIONS

Prototype	Quantity	Notes / Description
C1	0.33	<ul style="list-style-type: none"> • New Mothers and Babies Cottage
E1	0.5	
E2	1	<ul style="list-style-type: none"> • New Infirmary Housing (Cells & Ward)

NORTHEAST REINTEGRATION CENTER Cleveland, OH			NORTHEAST REGION
E3	2	• New Medical Clinic (larger need than typical E3 prototype)	
F1	1	• New Multi-purpose building. (adjacent to indoor recreation)	
F2	8	• New Housing Unit program space	
F4	1	• Life Lab	
F5	1	• New Mental Health Office/Program Space	
F6	1	• Outdoor Education Pavilion for seasonal use	
F7	1	• Expand Visitation	
Med(R)	--	• Renovate existing clinic for office space	
Rec	--	• Provide Indoor Recreation, adjacent to F1	

FACILITY COST ESTIMATES										
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL	
NORTHEAST REINTEGRATION CENTER										
NEW PROTOTYPES										
C1	0.3	\$ 1,209,600	\$ 2,032,128	\$ -	\$ -	\$ -	\$ 2,032,128	\$ -	\$ 2,032,128	
E1	0.5	\$ 627,200	\$ 1,053,696	\$ -	\$ -	\$ -	\$ 1,053,696	\$ -	\$ 1,053,696	
E3	2.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ -	\$ 4,478,208	\$ 4,478,208	\$ 4,478,208
E3 (Split for Biennium)		\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ 4,478,208	\$ -	\$ 4,478,208	
F1	1.0	\$ 3,192,000	\$ 5,362,560	\$ -	\$ -	\$ -	\$ -	\$ 5,362,560	\$ 5,362,560	\$ 5,362,560
F2	8.0	\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ 2,634,240	\$ -	\$ 2,634,240	
F2 (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240	\$ 2,634,240
F4	1.0	\$ 2,990,400	\$ 5,023,872	\$ -	\$ -	\$ -	\$ -	\$ 5,023,872	\$ 5,023,872	\$ 5,023,872
F5	1.0	\$ 5,017,600	\$ 8,429,568	\$ -	\$ -	\$ -	\$ 8,429,568	\$ -	\$ 8,429,568	
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000	\$ 168,000
F7	0.5	\$ 2,436,000	\$ 4,092,480	\$ -	\$ -	\$ -	\$ -	\$ 4,092,480	\$ 4,092,480	\$ 4,092,480
Subtotal		\$ 24,040,000	\$ 40,387,200	\$ -	\$ -	\$ -	\$ 18,627,840	\$ 21,759,360	\$ 40,387,200	
RENOVATION										
Renovate existing Medical for office space	1.0	\$ 558,180	\$ 837,270	\$ -	\$ -	\$ -	\$ -	\$ 837,270	\$ 837,270	
Addition to Visitation	1.0	\$ 756,000	\$ 1,270,080	\$ -	\$ -	\$ -	\$ -	\$ 1,270,080	\$ 1,270,080	
Subtotal		\$ 1,314,180	\$ 2,107,350	\$ -	\$ -	\$ -	\$ -	\$ 2,107,350	\$ 2,107,350	
EXISTING CONDITIONS										
1st Biennium (1A)		\$ 1,185,057	\$ 1,777,586	\$ 1,777,586	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,777,586
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 1,185,057	\$ 1,777,586	\$ 1,777,586	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,777,586
FACILITY TOTAL		\$ 26,539,237	\$ 44,272,136	\$ 1,777,586	\$ -	\$ -	\$ 18,627,840	\$ 23,866,710	\$ 44,272,136	

FACILITY ADJUSTMENT SUMMARIES – SOUTHWEST REGION

- Ross Correctional Institution
- Chillicothe Correctional Institution
- Madison Correctional Institution
- London Correctional Institution
- Warren Correctional Institution
- Lebanon Correctional Institution

ROSS CORRECTIONAL INSTITUTION Chillicothe, OH					SOUTHWEST REGION	
Date Opened	1987	Security Levels ²	1's	0		
Total Acreage	1,707		2's	198		
Design Capacity ¹	1,124		3's	1,968		
Population (11.17.2014) ²	2,191		4's	7		
Recommended Capacity ⁴	1,060		5's	0		
						
FACILITY SUMMARY						
<ul style="list-style-type: none"> Uniquely, this is an open compound level 3 facility, split into two halves. Inmate movement is maintained by modified escort to recreation and dining. Originally occupied as a single bunk facility, it has since been converted to double bunk throughout. General Population Housing <ul style="list-style-type: none"> (6) Level 3 Housing Units (2 pods per unit) <ul style="list-style-type: none"> Double-tiered Double-bunked (1) Level 2 Housing Dormitory Special Housing <ul style="list-style-type: none"> Limited Privilege Merit-based Faith-based Orientation Reintegration Segregation Housing - 9 House & 5A <ul style="list-style-type: none"> Facility began with (1) segregation housing unit, and since has converted Housing Unit 5A to add capacity for segregation overflow, but lacks showers. Due to a lack of cells, inmates may not serve all of their time and thus has created a revolving door. Double-bunked Showers provided in cells Lack of space for programs Mental Health <ul style="list-style-type: none"> Beds are located in Medical for in-patient services. Instances where there are no beds available, inmates may be transferred to Warren Correctional Institution. 						

ROSS CORRECTIONAL INSTITUTION Chillicothe, OH		SOUTHWEST REGION																														
<ul style="list-style-type: none"> - Mental Health only has (1) group room for the service of 9 programs. - Mental Health used to be adjacent to Medical, which is a more desirable adjacency. - Mental Health cannot provide confidentiality to inmates at a majority of the housing units. <ul style="list-style-type: none"> • Campus has centralized programming, education, recreation split between zones. • Medical <ul style="list-style-type: none"> - Bed space is not an issue for general population with its 6-bed ward, single and double cells. - There is however, a shortage of segregation and mental health beds, as well as storage. • Food Service <ul style="list-style-type: none"> - Operated by Aramark, no few complaints. • Visitation is located within the secure perimeter, with no complaints. • OPI <ul style="list-style-type: none"> - No OPI presence any longer as it has been replaced with vocations and programs. 																																
RECOMMENDATIONS <table border="1"> <thead> <tr> <th>Prototype</th><th>Quantity</th><th>Notes / Description</th></tr> </thead> <tbody> <tr> <td>A4</td><td>1</td><td>• New Segregation Unit</td></tr> <tr> <td>B2(R)</td><td>1</td><td>• Convert existing Segregation Unit to New Special Needs/Mental Health Living Unit</td></tr> <tr> <td>E2(R)</td><td>1</td><td>• Convert current Mental Health beds for Acute Care Housing</td></tr> <tr> <td>E3(R)</td><td>1</td><td>• Renovate Medical Clinic and provide additional storage</td></tr> <tr> <td>F2</td><td>9</td><td>• New Housing Unit program space</td></tr> <tr> <td>F4</td><td>0.33</td><td>• Life Lab for Level 1 and 2 inmates (Camp)</td></tr> <tr> <td>F5</td><td>1</td><td>• New Mental Health & Treatment space (can be recovered in adjacent vacant building)</td></tr> <tr> <td>F6</td><td>2</td><td>• Outdoor Education Pavilion for seasonal use (both Zones)</td></tr> <tr> <td>Med(A)</td><td>1</td><td>• Add storage to Clinic</td></tr> </tbody> </table>			Prototype	Quantity	Notes / Description	A4	1	• New Segregation Unit	B2(R)	1	• Convert existing Segregation Unit to New Special Needs/Mental Health Living Unit	E2(R)	1	• Convert current Mental Health beds for Acute Care Housing	E3(R)	1	• Renovate Medical Clinic and provide additional storage	F2	9	• New Housing Unit program space	F4	0.33	• Life Lab for Level 1 and 2 inmates (Camp)	F5	1	• New Mental Health & Treatment space (can be recovered in adjacent vacant building)	F6	2	• Outdoor Education Pavilion for seasonal use (both Zones)	Med(A)	1	• Add storage to Clinic
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Med(A)	1	• Add storage to Clinic																														

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
ROSS CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
B2-R	1.0	\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ 1,975,680	\$ -	\$ 1,975,680
E3-A	0.5	\$ 1,332,800	\$ 2,239,104	\$ -	\$ -	\$ -	\$ -	\$ 2,239,104	\$ 2,239,104
F2	8.0	\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ 2,634,240	\$ -	\$ 2,634,240
F2 (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F3	1.0	\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ -	\$ 1,128,960	\$ -	\$ 1,128,960
F4	0.3	\$ 447,552	\$ 751,887	\$ -	\$ -	\$ -	\$ -	\$ 751,887	\$ 751,887
F5	1.0	\$ 2,560,000	\$ 4,300,800	\$ -	\$ -	\$ -	\$ 4,300,800	\$ -	\$ 4,300,800
F6	2.0	\$ 200,000	\$ 336,000	\$ -	\$ -	\$ -	\$ -	\$ 336,000	\$ 336,000
Subtotal		\$ 16,580,352	\$ 27,854,991	\$ -	\$ -	\$ -	\$ 21,893,760	\$ 5,961,231	\$ 27,854,991
RENOVATION									
Renovate/Add Storage to Clinic	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal									
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 550,622	\$ 825,933	\$ 825,933	\$ -	\$ -	\$ -	\$ -	\$ 825,933
2nd Biennium		\$ 9,332	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 396,997	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 956,951	\$ 825,933	\$ 825,933	\$ -	\$ -	\$ -	\$ -	\$ 825,933
FACILITY TOTAL		\$ 17,537,303	\$ 28,680,924	\$ 825,933	\$ -	\$ -	\$ 21,893,760	\$ 5,961,231	\$ 28,680,924

CHILLICOTHE CORRECTIONAL INSTITUTION Chillicothe, OH					SOUTHWEST REGION	
Date Opened	1966	Security Levels ²	1's	862		
Total Acreage	72		2's	1,734		
Design Capacity ¹	2,827		3's	5		
Population (11.17.2014) ²	2,731		4's	0		
Recommended Capacity ⁴	1,768		DR	130		
						
FACILITY SUMMARY						
<ul style="list-style-type: none"> Majority Level 2 inmates and one of four sites for Death Row inmates. Originally built as a United States Industrial Reformatory in the 1930's. Double-bunked facility with exception at Segregation and Death Row housing. General Population Housing Units <ul style="list-style-type: none"> Double-bunked open dormitories (4) Double-bunked housing units with cells, no doors Limited programming space within each unit Special Housing <ul style="list-style-type: none"> Therapeutic Community (TC) – 2&3-bed wet rooms as well as double-bunked alcoves - (A2) Faith-based Horizon Dorm – 2,4&8-bed rooms totaling 72 beds (A1) Reintegration Dorm – 74 beds (D4) Honor Dorm Death Row – 3 Units with 50 beds each Insufficient space for programs, including at Segregation and Death Row Housing. Medical center is very old and crowded, with insufficient bed capacity, waiting area, pharmacy and lacking proximity to Mental Health services. Shower and bathroom facilities are old and dilapidated. Current OPI program has sufficient space. Out-patient Mental Health Services building is a spacious, newer facility, but additional space is required for increased patient loads 						
RECOMMENDATIONS						
Prototype	Quantity	Notes / Description				
A2	2	<ul style="list-style-type: none"> New 80 Bed Dorm 				
A3	1	<ul style="list-style-type: none"> New Segregation Housing 				

CHILLICOTHE CORRECTIONAL INSTITUTION Chillicothe, OH								SOUTHWEST REGION			
A5	9	• Renovated dormitories to include alcoves, as well as shower and bathing facilities									
E1	0.5	• New Infirmary Housing (Cells & Ward) -									
E2	0.5	• Adjacent or connecting to Mental Health / RTU building									
E3	1	• New Clinic / Infirmary adjacent or connecting to Outpatient Mental Health / RTU building									
F1	1	• Build a centralized programs building to serve entire campus									
F2	18	• Build housing unit based programs/activity building/extensions									
F4	1	• Life Lab buildings to serve Level 1 & 2 inmates									
F5(R)	0.5	• Add private counseling rooms and small group activity rooms to Outpatient Mental Health Building									
F6	1	• Outdoor meeting/group space for seasonal program use									
-	-	• Demolish cell block building between Gym/Laundry Building and Receiving/Control Building to clear space for new central programs building and segregation units (DR-1, DR-2, DR-3, Segregation 1, Segregation 2)									
-	-	• Recommend relocating Death Row population to SOCF (Lucasville)									
SMI	1	• New SMI Mental Health Housing Unit									

FACILITY COST ESTIMATES

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
CHILLICOTHE CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A5	9.0	\$ 1,440,750	\$ 2,161,125	\$ -	\$ -	\$ -	\$ 2,161,125	\$ -	\$ 2,161,125
A5 (Split for Biennium)		\$ 1,152,600	\$ 1,728,900	\$ -	\$ -	\$ -	\$ -	\$ 1,728,900	\$ 1,728,900
E1	0.5	\$ 627,200	\$ 1,053,696	\$ -	\$ -	\$ -	\$ -	\$ 1,053,696	\$ 1,053,696
E2	0.5	\$ 627,200	\$ 1,053,696	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ -	\$ 4,478,208	\$ 4,478,208
F1	1.0	\$ 3,724,000	\$ 6,256,320	\$ -	\$ 6,256,320	\$ -	\$ -	\$ -	\$ 6,256,320
F2	18.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2 (Split for Biennium)		\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2 (Split for Biennium)		\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 18,737,350	\$ 31,011,945	\$ -	\$ 6,256,320	\$ -	\$ 10,063,845	\$ 13,638,084	\$ 29,958,249
RENOVATION									
Renovate Showers	18.0	\$ 4,500	\$ 6,750	\$ -	\$ -	\$ -	\$ 6,750	\$ -	\$ 6,750
ADA improvements to geriatric unit	1.0	\$ 320,000	\$ 480,000	\$ -	\$ -	\$ -	\$ 480,000	\$ -	\$ 480,000
Demolish cell block	4.0	\$ 672,000	\$ 1,008,000	\$ -	\$ -	\$ -	\$ 1,008,000	\$ -	\$ 1,008,000
Subtotal		\$ 996,500	\$ 1,494,750	\$ -	\$ -	\$ -	\$ 1,494,750	\$ -	\$ 1,494,750
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 3,937,673	\$ 5,906,510	\$ 5,906,510	\$ -	\$ -	\$ -	\$ -	\$ 5,906,510
2nd Biennium		\$ 31,419	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 275,582	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 1,498,536	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 5,743,210	\$ 5,906,510	\$ 5,906,510	\$ -	\$ -	\$ -	\$ -	\$ 5,906,510
FACILITY TOTAL		\$ 25,477,060	\$ 38,413,205	\$ 5,906,510	\$ 6,256,320	\$ -	\$ 11,558,595	\$ 13,638,084	\$ 37,359,509

MADISON CORRECTIONAL INSTITUTION London, OH					SOUTHWEST REGION	
Date Opened	1987	Security Levels ²	1's	1,433		
Total Acreage	125		2's	1,155		
Design Capacity ¹	1,500		3's	6		
Population (11.17.2014) ²	2,594		4's	0		
Recommended Capacity ⁴	1,624		5's	0		
FACILITY SUMMARY						
<ul style="list-style-type: none"> Uniquely, this is an open compound level 2 facility, split into two halves. Zone A is primarily for Level 2 inmates, with controlled movement about the yard. Zone B is primarily for Level 1 inmates, with open movement about the yard. Juveniles were previously housed in Zone A, but have since been relocated. General Population Housing <ul style="list-style-type: none"> (8) Cell Units – Zone A <ul style="list-style-type: none"> Double-tiered Double-bunked (10) Open Dormitories – (9 in Zone A and 1 in Zone B) <ul style="list-style-type: none"> Double-bunked Special Housing <ul style="list-style-type: none"> Merit-based – Zones A & B Vision-impaired – Zone A Therapeutic Community – Zone A Literacy Program – Zone A Residential Sex Offender – Zone B Military – Zone B Faith-based – Zone B Reintegration – Zone B Segregation Housing – Zone A <ul style="list-style-type: none"> Double-tiered (24) Double bunk cells with 48 beds Showers provided off of the dayroom Adams A is limited privilege Segregation overflow 						

MADISON CORRECTIONAL INSTITUTION London, OH		SOUTHWEST REGION																																																
<ul style="list-style-type: none"> • (10) double bunk cells with 20 beds • (2) safe cells - Lack of space for programs - Limited space and privacy for Mental Health Services in unit • Mental Health <ul style="list-style-type: none"> - Currently occupies the old local control unit in Zone A, with limited office space and less than ideal meeting space. - Currently occupies the old staff dining space in Zone B, with limited office space and less than ideal meeting space. • Campus has centralized programming, education and recreation split between zones. • Medical <ul style="list-style-type: none"> - Bed space is limited to only 5 acute care beds. • Food Service <ul style="list-style-type: none"> - Operated by Aramark, with few complaints. Does not appear to cut into inmate program access. • Visitation is located within the secure perimeter, with no complaints, but would like to expand the outdoor visitation area in both zones. • OPI <ul style="list-style-type: none"> - Present only in Zone A currently. Zone B is in the process of opening up a commissary fulfillment industry. - A recycling program is also being started in an old vocation / OPI space of Zone B. 																																																		
RECOMMENDATIONS <table border="1"> <thead> <tr> <th>Prototype</th><th>Quantity</th><th>Notes / Description</th></tr> </thead> <tbody> <tr> <td>A3</td><td>1</td><td>• New Restrictive Housing Unit (Zone B)</td></tr> <tr> <td>A4</td><td>1</td><td>• New Segregation Unit (Zone A)</td></tr> <tr> <td>A5</td><td>4</td><td>• Convert dormitory housing to cubicles (Zone B)</td></tr> <tr> <td>E1(R)</td><td>1</td><td>• Convert existing steel dorm buildings to New Infirmary Beds (Cells & Ward) in both Zones A & B</td></tr> <tr> <td>E2(R)</td><td>1</td><td>•</td></tr> <tr> <td>E3(R)</td><td>2</td><td>• Convert existing steel dorm buildings to Clinic in both Zones A & B</td></tr> <tr> <td>F1(R)</td><td>2</td><td>• Convert existing steel dorm buildings to Multipurpose Building in both Zones A & B</td></tr> <tr> <td>F2(R)</td><td>8</td><td>• Expand Programming at Housing Units</td></tr> <tr> <td>F4</td><td>1</td><td>• Life Lab (Zone B)</td></tr> <tr> <td>F5(R)</td><td>1</td><td>• Convert existing steel dorm buildings to Mental Health Treatment and Programs in both Zones A & B</td></tr> <tr> <td>F6</td><td>2</td><td>• Outdoor education pavilion for seasonal use in both Zones A & B</td></tr> <tr> <td>Seg(R)</td><td>1</td><td>• Convert existing Seg to Mental Health Housing (Zone A)</td></tr> <tr> <td>Education</td><td></td><td>• Repurpose old juvenile high school to expand education for all in Zone A</td></tr> <tr> <td>Rec/Dis</td><td></td><td>• Expand receiving discharge</td></tr> <tr> <td>Quarter</td><td></td><td>• Expand quartermaster storage</td></tr> </tbody> </table>			Prototype	Quantity	Notes / Description	A3	1	• New Restrictive Housing Unit (Zone B)	A4	1	• New Segregation Unit (Zone A)	A5	4	• Convert dormitory housing to cubicles (Zone B)	E1(R)	1	• Convert existing steel dorm buildings to New Infirmary Beds (Cells & Ward) in both Zones A & B	E2(R)	1	•	E3(R)	2	• Convert existing steel dorm buildings to Clinic in both Zones A & B	F1(R)	2	• Convert existing steel dorm buildings to Multipurpose Building in both Zones A & B	F2(R)	8	• Expand Programming at Housing Units	F4	1	• Life Lab (Zone B)	F5(R)	1	• Convert existing steel dorm buildings to Mental Health Treatment and Programs in both Zones A & B	F6	2	• Outdoor education pavilion for seasonal use in both Zones A & B	Seg(R)	1	• Convert existing Seg to Mental Health Housing (Zone A)	Education		• Repurpose old juvenile high school to expand education for all in Zone A	Rec/Dis		• Expand receiving discharge	Quarter		• Expand quartermaster storage
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FACILITY COST ESTIMATES

PROJECT DRC-140064
 Ohio Department of Rehabilitation and Correction

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
MADISON CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ 11,854,080	
A5	6.0	\$ 3,150,000	\$ 4,725,000	\$ -	\$ -	\$ -	\$ 4,725,000	\$ -	\$ 4,725,000
B1	1.0	\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ 1,975,680	\$ -	\$ 1,975,680
F2-R	8.0	\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ 2,634,240	\$ -	\$ 2,634,240
F2-R (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	2.0	\$ 200,000	\$ 336,000	\$ -	\$ -	\$ -	\$ -	\$ 336,000	\$ 336,000
Subtotal		\$ 16,062,000	\$ 26,417,160	\$ -	\$ -	\$ -	\$ 9,334,920	\$ 17,082,240	\$ 26,417,160
RENOVATION									
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXISTING CONDITIONS									
1st Biennium (1A)		\$ -	\$ 1,500,000	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ 1,500,000
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ 1,500,000	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ 1,500,000
FACILITY TOTAL		\$ 16,062,000	\$ 27,917,160	\$ 1,500,000	\$ -	\$ -	\$ 9,334,920	\$ 17,082,240	\$ 27,917,160

LONDON CORRECTIONAL INSTITUTION London, OH					SOUTHWEST REGION	
Date Opened	1924	Security Levels ²	1's	1,177		
Total Acreage	2,950		2's	1,094		
Design Capacity ¹	1,873		3's	1		
Population (11.17.2014) ²	2,271		4's	0		
Recommended Capacity ⁴	2,033		5's	0		
						
FACILITY SUMMARY						
<ul style="list-style-type: none"> Built by inmates and opened in 1924 with an open yard concept, and renovated in 1994. This is a level 2 facility with both levels 1 & 2 inmates. In general, this facility is in remarkably good condition considering its age, with ample space for required inmate programs and services. Vast spaces are underutilized in the basement and on campus, but several of those unoccupied buildings have planned renovations Medical and Mental Health facilities are fairly new and meet the needs of the population. General Population Housing Units <ul style="list-style-type: none"> (12) Single floor, open dormitory units <ul style="list-style-type: none"> D4 – Faith based A4 – Substance Abuse A1 & D3 – Dog program (2) Double-bunked 5-tier cell block <ul style="list-style-type: none"> Sanctions housing Outside Workers Housing Limited programming space within each unit Segregation Housing (SC, DC, LC) – B3 <ul style="list-style-type: none"> Single tier ranges of cells Insufficient space for group programming Showers provided within range Individual Outdoor Recreation provided in-unit 						
RECOMMENDATIONS						
Prototype	Quantity	Notes / Description				
F2(R)	14	<ul style="list-style-type: none"> Renovate to provide in-unit program space 				
F3	1	<ul style="list-style-type: none"> New Segregation Unit programs space 				

LONDON CORRECTIONAL INSTITUTION London, OH								SOUTHWEST REGION
F4	1	• Life Lab for Level 1 & 2 inmates						
F6	1	• Outdoor Education Pavilion for seasonal use						
F7	1	• Expand Visitation						
HU(R)		• Renovate unused "10 Dorm" for OPI						
Elevator		• Add New elevator to make education spaces accessible.						
SMI	1	• New SMI Mental Health Housing Unit						

FACILITY COST ESTIMATES										
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL	
LONDON CORRECTIONAL INSTITUTION										
NEW PROTOTYPES										
B6	1.0	\$ 15,639,400	\$ 26,274,192	\$ -	\$ -	\$ -	\$ 26,274,192	\$ -	\$ 26,274,192	
F2-R	14.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360	
F2-R (Split for Biennium)		\$ 3,136,000	\$ 5,268,480	\$ -	\$ -	\$ -	\$ -	\$ 5,268,480	\$ 5,268,480	
F3	1.0	\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ -	\$ 1,128,960	\$ -	\$ 1,128,960	
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920	
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000	
Subtotal		\$ 23,243,400	\$ 39,048,912	\$ -	\$ -	\$ -	\$ 31,354,512	\$ 7,694,400	\$ 39,048,912	
RENOVATION										
Renovate 10 Dorm to OPI	1.0	\$ 2,936,000	\$ 4,404,000	\$ -	\$ -	\$ -	\$ 4,404,000	\$ -	\$ 4,404,000	
Add elevators	1.0	\$ 150,000	\$ 225,000	\$ -	\$ -	\$ -	\$ -	\$ 225,000	\$ 225,000	
Addition to Visitation	1.0	\$ 504,000	\$ 846,720	\$ -	\$ -	\$ -	\$ 846,720	\$ -	\$ 846,720	
Subtotal		\$ 3,590,000	\$ 5,475,720	\$ -	\$ -	\$ -	\$ 5,250,720	\$ 225,000	\$ 5,475,720	
EXISTING CONDITIONS										
1st Biennium (1A)		\$ 1,640,300	\$ 2,460,450	\$ 2,460,450	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,460,450
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 1,640,300	\$ 2,460,450	\$ 2,460,450	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,460,450
FACILITY TOTAL		\$ 28,473,700	\$ 46,985,082	\$ 2,460,450	\$ -	\$ -	\$ 36,605,232	\$ 7,919,400	\$ 46,985,082	

WARREN CORRECTIONAL INSTITUTION Lebanon, OH				SOUTHWEST REGION
Date Opened	1989	Security Levels ²	1's	0
Total Acreage	45		2's	42
Design Capacity ¹	1,102		3's	1,329
Population (11.17.2014) ²	1,387		4's	15
Recommended Capacity ⁴	1,112		5's	0



FACILITY SUMMARY

- Majority Level 3 inmates (average length of stay 6-8 yrs).
- Originally designed as a 740 bed, single cell, Reception Center (which was never utilized as designed).
- Has since been double bunked.
- 4 General Population housing units (2 pods each, 128 inmates per pod = 256 per unit)
 - 2 cells have 4 inmates
 - Small programming space within each unit
- Special Housing
 - Merit Housing – 1 Unit, 2 pods (1A/B)
 - Residential Treatment Unit (RTU) – 68 beds (1C)
 - Intensive Treatment Program Unit (ITP) – 63 beds (1D – step-down unit)
 - Segregation – 80 beds
- Segregation Housing inefficient space for programs.
- Mental Health, currently undersized and not occupying contiguous space.
- Campus has centralized programming, education, vocations and recreation.
 - Large Vocational spaces are underutilized. These spaces could be repurposed/renovated for more efficient vocations/community service/programs use.
- Current OPI program has sufficient space.
- Central Control requires some upgrades/renovation.
 - Raised Floor
 - Outdated equipment
 - Requires new Fire Alarm system
 - Speak thru for public interaction

WARREN CORRECTIONAL INSTITUTION Lebanon, OH								SOUTHWEST REGION																														
<ul style="list-style-type: none"> Armory is currently part of Central Control and it should be investigated relocating to outside the secure perimeter. 																																						
RECOMMENDATIONS																																						
<table border="1"> <thead> <tr> <th>Prototype</th><th>Quantity</th><th>Notes / Description</th></tr> </thead> <tbody> <tr> <td>A4</td><td>1</td><td> <ul style="list-style-type: none"> New Segregation Unit </td></tr> <tr> <td>F5(A)</td><td>1</td><td> <ul style="list-style-type: none"> Addition to Mental Health for offices and group rooms. </td></tr> <tr> <td>F6</td><td>1</td><td> <ul style="list-style-type: none"> Outdoor Education Pavilion for seasonal use </td></tr> <tr> <td>HU(R)</td><td></td><td> <ul style="list-style-type: none"> At each GP housing unit and Merit unit, in each pod, renovate the small TV room to house J-Pay system and the large TV room for programming space. </td></tr> <tr> <td>Voc(R)</td><td></td><td> <ul style="list-style-type: none"> Renovate existing Vocational space to create additional/more efficient group rooms and programs space. </td></tr> <tr> <td>Seg(R)</td><td></td><td> <ul style="list-style-type: none"> Convert existing Seg to Mental Health Unit </td></tr> <tr> <td>MP(R)</td><td></td><td> <ul style="list-style-type: none"> Renovate Multipurpose Building #7 to upgrade for more efficient use </td></tr> <tr> <td>Visit(R)</td><td></td><td> <ul style="list-style-type: none"> Renovate inmate search rooms for privacy/efficiency </td></tr> <tr> <td>Med(R)</td><td></td><td> <ul style="list-style-type: none"> Renovate Medical to expand pharmacy. </td></tr> </tbody> </table>									Prototype	Quantity	Notes / Description	A4	1	<ul style="list-style-type: none"> New Segregation Unit 	F5(A)	1	<ul style="list-style-type: none"> Addition to Mental Health for offices and group rooms. 	F6	1	<ul style="list-style-type: none"> Outdoor Education Pavilion for seasonal use 	HU(R)		<ul style="list-style-type: none"> At each GP housing unit and Merit unit, in each pod, renovate the small TV room to house J-Pay system and the large TV room for programming space. 	Voc(R)		<ul style="list-style-type: none"> Renovate existing Vocational space to create additional/more efficient group rooms and programs space. 	Seg(R)		<ul style="list-style-type: none"> Convert existing Seg to Mental Health Unit 	MP(R)		<ul style="list-style-type: none"> Renovate Multipurpose Building #7 to upgrade for more efficient use 	Visit(R)		<ul style="list-style-type: none"> Renovate inmate search rooms for privacy/efficiency 	Med(R)		<ul style="list-style-type: none"> Renovate Medical to expand pharmacy.
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Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL																													
WARREN CORRECTIONAL INSTITUTION																																						
NEW PROTOTYPES																																						
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080																													
B2-R	2.0	\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ 1,975,680	\$ -	\$ 1,975,680																													
B2-R (Split for Biennium)		\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ -	\$ 1,975,680	\$ 1,975,680																													
F5-A	1.0	\$ 2,560,000	\$ 3,840,000	\$ -	\$ -	\$ -	\$ -	\$ 3,840,000	\$ 3,840,000																													
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000																													
Subtotal		\$ 12,068,000	\$ 19,813,440	\$ -	\$ -	\$ -	\$ 13,829,760	\$ 5,983,680	\$ 19,813,440																													
RENOVATION																																						
Renovate Housing Unit Program Space	8.0	\$ 705,600	\$ 1,058,400	\$ -	\$ -	\$ -	\$ -	\$ 1,058,400	\$ 1,058,400																													
Renovate Vocational Space	1.0	\$ 2,822,400	\$ 4,233,600	\$ -	\$ -	\$ -	\$ -	\$ 4,233,600	\$ 4,233,600																													
Renovate Multi-purpose Building #7	1.0	\$ 1,646,400	\$ 2,469,600	\$ -	\$ -	\$ -	\$ 2,469,600	\$ -	\$ 2,469,600																													
Renovate Visitation Search Rooms	1.0	\$ 58,000	\$ 87,000	\$ -	\$ -	\$ -	\$ 87,000	\$ -	\$ 87,000																													
Renovate Medical/Pharmacy	1.0	\$ 147,000	\$ 220,500	\$ -	\$ -	\$ -	\$ 220,500	\$ -	\$ 220,500																													
Subtotal		\$ 5,379,400	\$ 8,069,100	\$ -	\$ -	\$ -	\$ 2,777,100	\$ 5,292,000	\$ 8,069,100																													
EXISTING CONDITIONS																																						
1st Biennium (1A)		\$ 87,101	\$ 130,652	\$ 130,652	\$ -	\$ -	\$ -	\$ -	\$ 130,652																													
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -																													
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -																													
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -																													
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -																													
Subtotal		\$ 87,101	\$ 130,652	\$ 130,652	\$ -	\$ -	\$ -	\$ -	\$ 130,652																													
FACILITY TOTAL		\$ 17,534,501	\$ 28,013,192	\$ 130,652	\$ -	\$ -	\$ 16,606,860	\$ 11,275,680	\$ 28,013,192																													

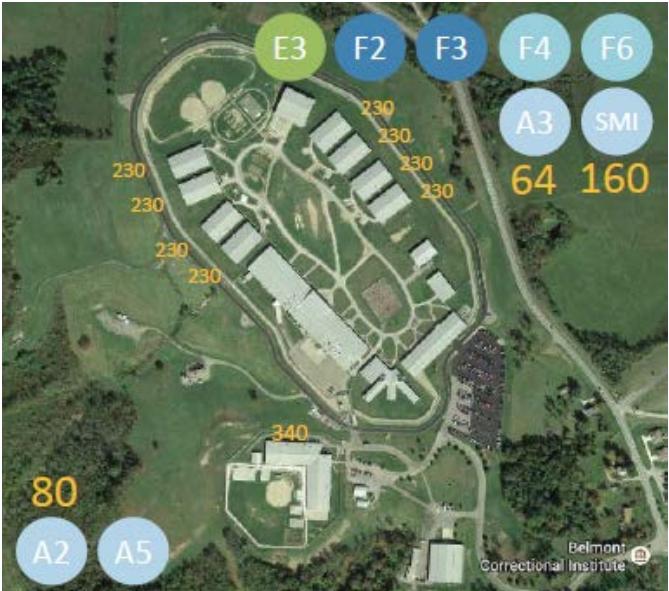
LEBANON CORRECTIONAL INSTITUTION Lebanon, OH					SOUTHWEST REGION
Date Opened	1960	Security Levels ²	1's	198	
Total Acreage	1,900		2's	77	
Design Capacity ¹	1,813		3's	1,845	
Population (11.17.2014) ²	2,122		4's	2	
Recommended Capacity ⁴	1,813		5's	0	
					
FACILITY SUMMARY					
<ul style="list-style-type: none"> Majority Level 3 inmates. LCI is a telephone pole-style Housing Unit design. Originally designed as a single cell institution, but converted to double bunks. Acquired minimum camp from Warren Correctional Institution in 1997 whose inmates work on the farm. Housing (no ADA cells) <ul style="list-style-type: none"> 1 Cell Block (E) is closed for asbestos abatement. General Population housing blocks have approximately 246-294 inmates each. 5 Segregation cell blocks (C, R, L1, L2, L3) with indoor recreation and enclosed outdoor recreation. The Warden recommends each Housing Unit have: <ul style="list-style-type: none"> Adequate private space for Unit Staff (minimum of 3 offices) Unit Program Space (25-30 inmates to meet) Unit laundry. Food service currently feeds 900 inmates at a time in 3 dining halls. Indoor recreation becomes overcrowded during inclement weather; by adding another indoor gymnasium, this issue would be alleviated. There is a large portion of unused space which used to be the old dining area. <ul style="list-style-type: none"> This could be converted to programs and office space for Recovery Services, Mental Health, and multi-purpose/group rooms to be shared by the campus. 					
RECOMMENDATIONS					
Prototype	Quantity	Notes / Description			
A4(R)	1	<ul style="list-style-type: none"> New Segregation Unit 			

LEBANON CORRECTIONAL INSTITUTION Lebanon, OH							SOUTHWEST REGION			
B2(R)	3	• Convert (3) Segregation HU to Mental Health Housing Unit with program space.								
E1	1	• New Infirmary Cells								
F2	10	• New Housing Unit based programs								
F3	3	• New Segregation (each unit) Program/Medical bed/Interview rooms								
F4	1	• Life Lab at camp								
Kitch(R)		• Renovate Old Kitchen space (which is currently vacant) for new programs space.								
Med(R)		• Renovate existing infirmary for additional office space. Provide additional office space (add 1 dental chair, 2 more exam rooms, 3 private offices, office for each telemed, dietician, infectious disease)..								
Rec		• New Indoor Gymnasium								
Control		• Assess control center needs.								
SMI (R)	1	• New SMI Mental Health Housing Unit								

FACILITY COST ESTIMATES									
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
LEBANON CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A4-R	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
B2-R	3.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
B2-R (Split for Biennium)		\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ -	\$ 1,975,680	\$ 1,975,680
E1	1.0	\$ 1,254,400	\$ 2,107,392	\$ -	\$ -	\$ -	\$ -	\$ 2,107,392	\$ 2,107,392
F2	10.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2 (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F3	3.0	\$ 2,016,000	\$ 3,386,880	\$ -	\$ -	\$ -	\$ 3,386,880	\$ -	\$ 3,386,880
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F7	1.0	\$ 4,065,600	\$ 6,830,208	\$ -	\$ -	\$ -	\$ -	\$ 6,830,208	\$ 6,830,208
Subtotal		\$ 23,184,000	\$ 38,949,120	\$ -	\$ -	\$ -	\$ 23,143,680	\$ 15,805,440	\$ 38,949,120
RENOVATION									
Renovate vacated infirmary space.	1.0	\$ 1,045,333	\$ 1,568,000	\$ -	\$ -	\$ -	\$ 1,568,000	\$ -	\$ 1,568,000
Renovate Old Kitchen (becomes F1)	1.0	\$ 7,840,000	\$ 11,760,000	\$ -	\$ -	\$ -	\$ 11,760,000	\$ -	\$ 11,760,000
Asses Control Center Needs	1.0	\$ 522,667	\$ 784,001	\$ -	\$ -	\$ -	\$ 784,001	\$ -	\$ 784,001
Subtotal		\$ 9,408,000	\$ 14,112,000	\$ -	\$ -	\$ -	\$ 12,544,001	\$ 1,568,000	\$ 14,112,000
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 8,807	\$ 13,211	\$ 13,211	\$ -	\$ -	\$ -	\$ -	\$ 13,211
2nd Biennium		\$ 2,580	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 3,764	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 15,151	\$ 13,211	\$ 13,211	\$ -	\$ -	\$ -	\$ -	\$ 13,211
FACILITY TOTAL		\$ 32,607,151	\$ 53,074,331	\$ 13,211	\$ -	\$ -	\$ 35,687,681	\$ 17,373,440	\$ 53,074,331

FACILITY ADJUSTMENT SUMMARIES – SOUTHEAST REGION

- Belmont Correctional Institution
- Noble Correctional Institution
- Southeastern Correctional Complex – Lancaster
- Southeastern Correctional Complex – Hocking
- Pickaway Correctional Institution
- Correctional Reception Center
- Southern Ohio Correctional Facility

BELMONT CORRECTIONAL INSTITUTION St. Clairsville, OH				SOUTHEAST REGION
Date Opened	1995	Security Levels ²	1's	1,163
Total Acreage	158		2's	1,535
Design Capacity ¹	1,855		3's	6
Population (11.17.2014) ²	2,705		4's	0
Recommended Capacity ⁴	1,786		5's	0
				
FACILITY SUMMARY <ul style="list-style-type: none"> The camp opened first in 1994 with the Prison following in 1995. Predominantly houses Level 1 and 2 inmates with an average sentence of five years with the average stay three years. The population is visibly older than other ODRC facilities. Most inmates are from the Cleveland and Akron areas. Originally designed for 1,250, the current daily census exceeds 2,500. Over 1,100 sex offenders are housed at BeCI. <ul style="list-style-type: none"> Eight two story dormitory buildings. Dorms are extremely crowded with inadequate program and dayroom space in the living units. On the day of the site visit, 674 inmates were classified as mentally ill; 230 SMI's and 411 on meds. The inmates classified as SMI tend to remain in this classification their time of incarceration. <ul style="list-style-type: none"> No RTU is available at Belmont. Caseworkers are not assigned to housing units. Only the sex offender dormitory has an assigned caseworker. Mood and anxiety disorders are prevalent in the older population with issues of mental illness. Crisis care is provided through three infirmary cells and two in segregation housing. On average, at least two inmates are in crisis each day. Medical services are located in a new building as the original building has settled to the point that no use is permitted. Requires demolition but the mechanical system for the adjacent Segregation building is provided through the abandoned medical building which is delaying the demolition. <ul style="list-style-type: none"> The layout in the new medical is the existing prototype which does not function well and is very crowded due to the high population level. Two fulltime doctors are assigned to BeCI. Dental services are contractual with three dental chairs provided. Over 900 inmates pass by the "pill-call" window in the clinic each day. The number of X-rays is extraordinarily high; over 200 in the month of September. 				

BELMONT CORRECTIONAL INSTITUTION St. Clairsville, OH		SOUTHEAST REGION
<ul style="list-style-type: none"> - Tele-medicine is used. - The older population and PREA requirements are placing additional demands on medical services and the utility of the clinic/infirmary. <ul style="list-style-type: none"> ● A Recovery Services building is widely used but remotely located on the campus. <ul style="list-style-type: none"> - Volunteers are used extensively to augment the ODRC staff, especially in the evenings. - Programs include faith-based services and counseling; welding; drug and alcohol treatment. - Space is generally adequate, but largely because programs can run into the evening. ● Visitation room has 25-30, short tables with 3-4 chairs each. <ul style="list-style-type: none"> - Per ODRC policy, visits are reserved and scheduled for 7:45am-11:15am and 11:45am-3:00pm during the week. - An outside visiting space is available but not used. ● The typical dormitory building has two housing sides with approximately 136 inmates each and each building is two stories (total of 544 beds) per building. <ul style="list-style-type: none"> - Only one building has cubicles; the remaining are just open rooms with double-bunked beds. No inmate privacy is possible. - The day space and multipurpose room is separate from the sleeping area and in view of the officer's station. - The Segregation building is the ODRC 3-wing prototype and is very crowded mostly with inmates involved in investigation. Very few disciplinary or local control inmates. - The Segregation building is attached to the abandoned medical building and gets the mechanical supply from this building. Demolition will impact the Segregation building which is also reported to be showing signs of settlement. 		

RECOMMENDATIONS		
Prototype	Quantity	Notes / Description
A3	1	<ul style="list-style-type: none"> ● Add Restrictive Housing Unit
E3(A)	1	<ul style="list-style-type: none"> ● Add to the current Clinic/Infirmary
F2	16	<ul style="list-style-type: none"> ● Expand Programming at Housing Units
F4	1	<ul style="list-style-type: none"> ● Life Lab
F6	1	<ul style="list-style-type: none"> ● Outdoor education pavilion for seasonal use
Seg DEMO	1	<ul style="list-style-type: none"> ● Demolish Segregation Building due to settlement issues
SMI (R)	1	<ul style="list-style-type: none"> ● New SMI Mental Health Housing Unit
<i>Camp</i>		
A2	1	<ul style="list-style-type: none"> ● New Dormitory Housing
A5	2	<ul style="list-style-type: none"> ● Convert Dormitory Housing to cubicles.

FACILITY COST ESTIMATES

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
BELMONT CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A2	1.0	\$ 4,032,000	\$ 6,773,760	\$ -	\$ -	\$ -	\$ -	\$ 6,773,760	\$ 6,773,760
A3	1.0	\$ 4,704,000	\$ 7,902,720	\$ -	\$ -	\$ -	\$ -	\$ 7,902,720	\$ 7,902,720
A5	2.0	\$ 877,920	\$ 1,316,880	\$ -	\$ -	\$ -	\$ -	\$ 1,316,880	\$ 1,316,880
F2	16.0	\$ 3,136,000	\$ 5,268,480	\$ -	\$ -	\$ -	\$ 5,268,480	\$ -	\$ 5,268,480
F2 (Split for Biennium)		\$ 3,136,000	\$ 5,268,480	\$ -	\$ -	\$ -	\$ -	\$ 5,268,480	\$ 5,268,480
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 17,329,920	\$ 28,956,240	\$ -	\$ -	\$ -	\$ 5,268,480	\$ 23,687,760	\$ 28,956,240
RENOVATION									
E3-A Add to the current Clinic/Infirmary	1.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 3,648,562	\$ 5,472,843	\$ 5,472,843	\$ -	\$ -	\$ -	\$ -	\$ 5,472,843
2nd Biennium		\$ 378,019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 1,242,035	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 142,624	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 5,411,240	\$ 5,472,843	\$ 5,472,843	\$ -	\$ -	\$ -	\$ -	\$ 5,472,843
FACILITY SUBTOTAL		\$ 22,741,160	\$ 34,429,083	\$ 5,472,843	\$ -	\$ -	\$ 5,268,480	\$ 23,687,760	\$ 34,429,083

NOBLE CORRECTIONAL INSTITUTION Caldwell, OH				SOUTHEAST REGION
Date Opened	1996	Security Levels ²	1's	772
Total Acreage	164		2's	1,691
Design Capacity ¹	1,885		3's	20
Population (11.17.2014) ²	2,483		4's	0
Recommended Capacity ⁴	1,885		5's	0
				

FACILITY SUMMARY

- Facility is essentially for Levels 1 and 2 inmates.
- Currently operating at approximately 150% of capacity in an all-dormitory facility.
- Site has a very large open yard with a change in elevation of more than 20 feet.
- Same basic configuration as Belmont Correctional Institution.
- Segregation building is the 3-wing prototype that was housing 115 in the 96 cells on the day of the visit.
- While clinic and infirmary layout is the same as BelCI, operation is different. NCI's infirmary is hardly used. Segregation inmates are not held in the NCI infirmary.
- Visitation area is similar to BelCI, except the outdoor recreation area is used.
- A combined Recovery Services and education building is used.

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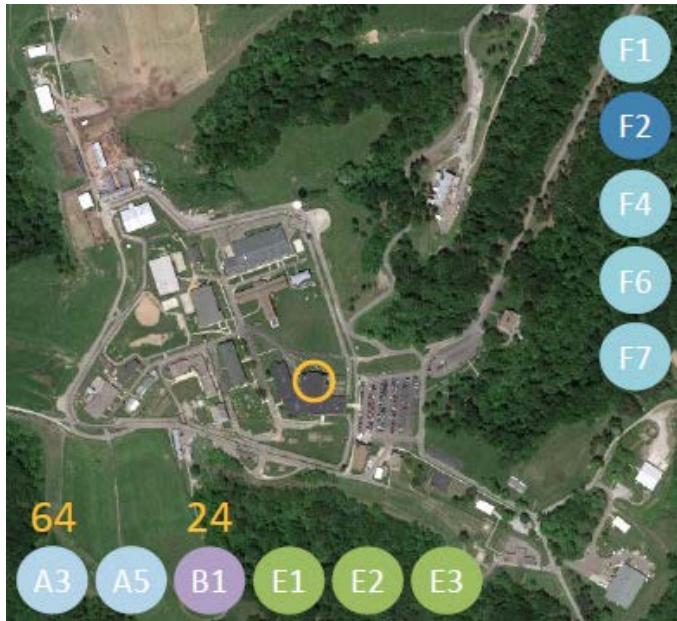
RECOMMENDATIONS

Prototype	Quantity	Notes / Description
F2	10	<ul style="list-style-type: none"> New Housing Unit program space
F3	1	<ul style="list-style-type: none"> New Segregation Housing Unit program space with isolation chairs
F4	1	<ul style="list-style-type: none"> Life Lab
F6	1	<ul style="list-style-type: none"> Outdoor Education Pavilion for seasonal use

FACILITY COST ESTIMATES

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
NOBLE CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
F2	10.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F2 (Split for Biennium)		\$ 1,568,000	\$ 2,634,240	\$ -	\$ -	\$ -	\$ -	\$ 2,634,240	\$ 2,634,240
F3	1.0	\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ -	\$ 1,128,960	\$ -	\$ 1,128,960
F4	1.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 4,692,000	\$ 7,882,560	\$ -	\$ -	\$ -	\$ 5,080,320	\$ 2,802,240	\$ 7,882,560
RENOVATION									
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 20,960	\$ 31,440	\$ 31,440	\$ -	\$ -	\$ -	\$ -	\$ 31,440
2nd Biennium		\$ 3,484	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 52,261	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ 52,261	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 478,904	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 607,870	\$ 31,440	\$ 31,440	\$ -	\$ -	\$ -	\$ -	\$ 31,440
FACILITY TOTAL		\$ 5,299,870	\$ 7,914,000	\$ 31,440	\$ -	\$ -	\$ 5,080,320	\$ 2,802,240	\$ 7,914,000

SOUTHEASTERN CORRECTIONAL COMPLEX - LANCASTER Lancaster, OH				SOUTHEAST REGION
Date Opened	1980	Security Levels ²	1's	1,005
Total Acreage	1,377		2's	1,043
Design Capacity ¹	1,125		3's	15
Population (11.17.2014) ²	2,063		4's	0
Recommended Capacity ⁴	1,600		5's	0



FACILITY SUMMARY

- Originally operating as a boy's industrial school, but it was converted to a prison in 1980.
- This is a level 2 facility with both levels 1 & 2 inmates.
- Space is limited within the perimeter fence, but a large amount of space is utilized outside of the fence, including a multitude of green or sustainable programs, a fish farm, recycling and community garden.
- Southeastern Correctional Complex (Lancaster) shares administrative resources with SCC (Hocking) and together are treated as one facility even though they are separated by 30 miles.
- General Population Housing Units
 - Housing Unit F1 – Reintegration Unit, double-bunk open dormitory
 - Housing Unit F2 – General Population, double-bunk open dormitory
 - Housing Unit H2 – General Population, double-bunk open dormitory
 - Housing Unit H3 – General Population, double-bunk open dormitory
 - Housing Unit I – General Population, double-bunk open dormitory
 - Housing Unit M – Faith-based, double-bunk open dormitory
 - Limited programming space within each unit
- Segregation Housing (SC, DC, LC)
 - Single tier ranges of cells
 - Insufficient space for group programming
 - Showers provided within range
 - Individual Outdoor Recreation provided in-unit

RECOMMENDATIONS

Prototype	Quantity	Notes / Description
A3	1	<ul style="list-style-type: none"> New Restrictive Unit

SOUTHEASTERN CORRECTIONAL COMPLEX - LANCASTER Lancaster, OH			SOUTHEAST REGION
A5	6	• Convert dormitory housing to cubicles	
B1	1	• New Special Needs Living Units (RTU)	
E1	0.5	• New Infirmary Housing (Cells & Ward)	
E2	1	•	
E3	1	• New Medical Clinic	
F1	1	• New Multi-purpose building. (Education building classrooms are excellent but all in high demand and should be augmented by a separate programs unit accessible from all dorms.)	
F2	7	• New Housing Unit program space	
F4	1	• Life Lab	
F6	1	• Outdoor Education Pavilion for seasonal use	
F7	1	• Expand Visitation	
Rec		• Create 2nd outdoor recreation for general population.	
Laundry		• New Laundry facilities	
Fence		• Perimeter fence line adjustment and high mast lighting	
Multi(R)		• Renovate Building E for Multipurpose Use	

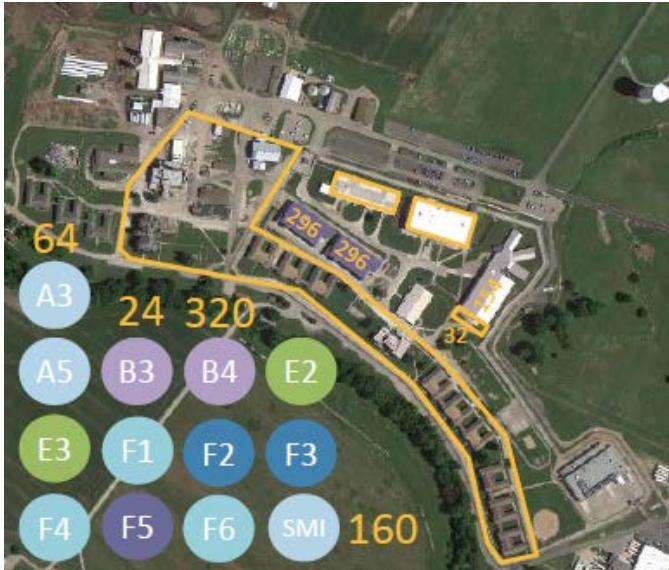
FACILITY COST ESTIMATES

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
SOUTHEASTERN CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A3	1.0	\$ 4,704,000	\$ 7,902,720	\$ -	\$ -	\$ -	\$ 7,902,720	\$ -	\$ 7,902,720
A5	6.0	\$ 2,754,000	\$ 4,131,000	\$ -	\$ -	\$ -	\$ -	\$ 4,131,000	\$ 4,131,000
B1	1.0	\$ 4,978,400	\$ 8,363,712	\$ -	\$ -	\$ -	\$ 8,363,712	\$ -	\$ 8,363,712
E1	0.5	\$ 627,200	\$ 1,053,696	\$ -	\$ -	\$ -	\$ 1,053,696	\$ -	\$ 1,053,696
E3	1.0	\$ 2,665,600	\$ 4,478,208	\$ -	\$ -	\$ -	\$ -	\$ 4,478,208	\$ 4,478,208
F1	1.0	\$ 3,192,000	\$ 5,362,560	\$ -	\$ -	\$ -	\$ 5,362,560	\$ -	\$ 5,362,560
F2	7.0	\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ 3,951,360	\$ -	\$ 3,951,360
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 22,717,200	\$ 37,669,176	\$ -	\$ -	\$ -	\$ 26,634,048	\$ 11,035,128	\$ 37,669,176
RENOVATION									
New Laundry Facilities	1.0	\$ 2,100,000	\$ 3,528,000	\$ -	\$ -	\$ -	\$ -	\$ 3,528,000	\$ 3,528,000
Perimeter Fence	1.0	\$ 990,000	\$ 1,663,200	\$ -	\$ -	\$ -	\$ 1,663,200	\$ -	\$ 1,663,200
Outdoor Recreation	1.0	\$ 150,000	\$ 252,000	\$ -	\$ -	\$ -	\$ -	\$ 252,000	\$ 252,000
Subtotal		\$ 3,240,000	\$ 5,443,200	\$ -	\$ -	\$ -	\$ 1,663,200	\$ 3,780,000	\$ 5,443,200
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 4,944,177	\$ 1,500,000	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ 1,500,000
2nd Biennium		\$ 4,452,606	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 1,757,235	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 1,316,191	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 12,470,209	\$ 1,500,000	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ 1,500,000
FACILITY TOTAL		\$ 38,427,409	\$ 44,612,376	\$ 1,500,000	\$ -	\$ -	\$ 28,297,248	\$ 14,815,128	\$ 44,612,376

SOUTHEASTERN CORRECTIONAL COMPLEX - HOCKING Nelsonville, OH					SOUTHEAST REGION	
Date Opened	1993	Security Levels ²	1's	Unknown		
Total Acreage	18.3		2's	Unknown		
Design Capacity ¹	205		3's	Unknown		
Population (11.17.2014) ²	450		4's	Unknown		
Recommended Capacity ⁴	217		5's	Unknown		
						
FACILITY SUMMARY						
<ul style="list-style-type: none"> This is a level 2 facility with both levels 1 & 2 inmates, primarily consisting of the elderly. Built as a Tuberculosis hospital in 1952, but converted to a prison in 1983. Hocking shares administrative resources with Southeastern Correctional Complex (Lancaster) and together are treated as one facility even though they are separated by 30 miles. Hocking has a large veteran population of approximately 25%. Mental health caseload is sent to SCC-Lancaster. General Population Housing Units <ul style="list-style-type: none"> Housing Unit A – ADA, dog program participants, porters and overflow inmates Housing Unit B – 214 bed, double-bunk open dormitory with Level 1 merit inmates Housing Unit C – 214 bed, double-bunk open dormitory general population Limited programming space within each unit Segregation Housing <ul style="list-style-type: none"> (7) single-bunk cells 						
RECOMMENDATIONS						
Prototype	Quantity	Notes / Description				
A5	3	<ul style="list-style-type: none"> Renovate dormitories to provide a degree of privacy for inmates with alcoves (and returning to design capacity) and transferring displaced to new geriatric units at PCI. 				
A7(R)	1	<ul style="list-style-type: none"> Remodel vacant Administration Building and Warden's former home as re-entry/transitional units with apartment efficiencies for independent living skill building and release preparation. The Warden's home could be a half-way house equivalent with free movement. 				
F7(R)	1	<ul style="list-style-type: none"> Reconfigure and/or relocate visitation (expand visitation hours; if overall population reduces, the need for expanded visitation may be reduced) 				
Seg(R)	-	<ul style="list-style-type: none"> Renovate recreation yard facilities 				
Rec	-	<ul style="list-style-type: none"> Improve general population recreation facilities 				

FACILITY COST ESTIMATES

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
SOUTHEASTERN (HOCKING) CORRECTIONAL INSTITUTION									
NEW PROTOTYPES									
A5	3.0	\$ 558,000	\$ 837,000	\$ -	\$ -	\$ -	\$ -	\$ 837,000	\$ 837,000
A7-R	1.0	\$ 847,500	\$ 1,423,800	\$ -	\$ -	\$ -	\$ -	\$ 1,423,800	\$ 1,423,800
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 1,505,500	\$ 2,428,800	\$ -	\$ -	\$ -	\$ -	\$ 2,428,800	\$ 2,428,800
RENOVATION									
Rec Yard for Segregation	1.0	\$ 50,000	\$ 84,000	\$ -	\$ -	\$ -	\$ -	\$ 84,000	\$ 84,000
Add Elevator	1.0	\$ 150,000	\$ 225,000	\$ -	\$ -	\$ -	\$ 225,000	\$ -	\$ 225,000
Subtotal		\$ 200,000	\$ 309,000	\$ -	\$ -	\$ -	\$ 225,000	\$ 84,000	\$ 309,000
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 304,246	\$ 300,000	\$ 300,000	\$ -	\$ -	\$ -	\$ -	\$ 300,000
2nd Biennium		\$ 87,249	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 264,970	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 293,053	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 949,518	\$ 300,000	\$ 300,000	\$ -	\$ -	\$ -	\$ -	\$ 300,000
FACILITY TOTAL		\$ 2,655,018	\$ 3,037,800	\$ 300,000	\$ -	\$ -	\$ 225,000	\$ 2,512,800	\$ 3,037,800

PICKAWAY CORRECTIONAL INSTITUTION Orient, OH				SOUTHEAST REGION
Date Opened	1984	Security Levels ²	1's	1,262
Total Acreage	1,803		2's	822
Design Capacity ¹	1,328		3's	47
Population (11.17.2014) ²	2,131		4's	0
Recommended Capacity ⁴	1,346		5's	0
				
FACILITY SUMMARY				
<ul style="list-style-type: none"> PCI is primarily a Level 1 & 2 facility, with a sizable medical unit, second only to Franklin Medical Center in size and level of care. A previously operating camp has been shuttered. Adjacent to PCI is the shuttered Orient Correctional Institution and Correctional Reception Center. Pickaway served as the State of Ohio's primary mental health hospital during the 1920's. In 1983 the State of Ohio prison system took over the facility and opened its doors as a prison in 1984. Due to the age and state of many dormitory buildings, replacement is preferred over renovation. Approximately 120 inmates work outside daily, on-site and off-site for OPI, with the hope of further expansion and access by inmates. PCI cannot fully utilize all available volunteers from the Columbus area, as there is not enough program space. General Population Housing <ul style="list-style-type: none"> (4), two-level buildings, each with 8 housing units All open dormitory, double bunk Special Housing <ul style="list-style-type: none"> Therapeutic Dorm – C2 Segregation Unit <ul style="list-style-type: none"> This is a quite new facility attached to the Frazier Medical Center, housing 90-120 inmates Not setup for group programming Inmates can only participate in mental health individually twice per week due to space limitations Some in-cell programming is provided Medical <ul style="list-style-type: none"> 154 beds for short and long term stay All dialysis inmates come here by bus 				

PICKAWAY CORRECTIONAL INSTITUTION Orient, OH			SOUTHEAST REGION																																																																								
<ul style="list-style-type: none"> - No program space provided ● Mental Health <ul style="list-style-type: none"> - Mental Health occupies and shares an older building with other departments, and generally lacks space and privacy ● Food Service <ul style="list-style-type: none"> - There is only (1) dining room for the entire campus, accommodating 380, within the multipurpose building - There is a project underway to upgrade, but it is a major problem ● Visitation <ul style="list-style-type: none"> - Non-contact visit booths - Open visit area - Overall, this area undersized for the population ● Recreation <ul style="list-style-type: none"> - Demo old C & D dormitories to expand outdoor recreation fields 																																																																											
RECOMMENDATIONS																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Prototype</th><th>Quantity</th><th>Notes / Description</th><th></th></tr> </thead> <tbody> <tr> <td>A3</td><td>1</td><td> <ul style="list-style-type: none"> ● New Restrictive Housing Unit </td><td></td></tr> <tr> <td>A5</td><td>4</td><td> <ul style="list-style-type: none"> ● Convert existing Housing Dormitory Units to alcoves and bring into full ADA compliance </td><td></td></tr> <tr> <td>B3</td><td>1</td><td> <ul style="list-style-type: none"> ● Add Hospice Care Suite </td><td></td></tr> <tr> <td>B4</td><td>10</td><td> <ul style="list-style-type: none"> ● Add Geriatric Housing Units </td><td></td></tr> <tr> <td>E2(A)</td><td>1</td><td> <ul style="list-style-type: none"> ● Expand Frazier Medical Acute Care Housing </td><td></td></tr> <tr> <td>E3(A)</td><td>1</td><td> <ul style="list-style-type: none"> ● Expand Frazier Medical Treatment Facilities </td><td></td></tr> <tr> <td>F1(R)</td><td>1</td><td> <ul 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FACILITY COST ESTIMATES

Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
PICKAWAY CORRECTIONAL INSTITUTION									
NEW PRISON for 2,352 BEDS									
Support Core & Beds	1.0	\$ 189,484,560	\$ 239,706,987	\$ 19,527,564	\$ 71,359,179	\$ 81,307,191	\$ 67,513,052	\$ -	\$ 239,706,987
Subtotal		\$ 189,484,560	\$ 239,706,987	\$ 19,527,564	\$ 71,359,179	\$ 81,307,191	\$ 67,513,052	\$ -	\$ 239,706,987
NEW PROTOTYPES									
A5	840.0	\$ 2,100,000	\$ 3,150,000	\$ -	\$ -	\$ -	\$ -	\$ 3,150,000	\$ 3,150,000
F1	1.0	\$ 3,192,000	\$ 5,362,560	\$ -	\$ -	\$ -	\$ -	\$ 5,362,560	\$ 5,362,560
F2	4.0	\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ -	\$ -	\$ 1,128,960	\$ 1,128,960
F2 (Split for Biennium)		\$ 672,000	\$ 1,128,960	\$ -	\$ -	\$ -	\$ -	\$ 1,128,960	\$ 1,128,960
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
Subtotal		\$ 8,080,000	\$ 13,196,400	\$ -	\$ -	\$ -	\$ -	\$ 13,196,400	\$ 13,196,400
RENOVATION									
Renovate MP Building	1.0	\$ 14,625,000	\$ 21,937,500	\$ -	\$ -	\$ -	\$ 21,937,500	\$ -	\$ 21,937,500
Add elevator to MP and Frazier Bldgs	2.0	\$ 300,000	\$ 450,000	\$ -	\$ -	\$ -	\$ 450,000	\$ -	\$ 450,000
Relocate Food Service and Dining	1.0	\$ 6,547,500	\$ 9,821,250	\$ -	\$ -	\$ -	\$ -	\$ 9,821,250	\$ 9,821,250
Demolish old dormitories	12.0	\$ 1,396,800	\$ 1,777,920	\$ -	\$ -	\$ -	\$ 1,777,920	\$ -	\$ 1,777,920
Add 2-story ramp to Frazier Medical	1.0	\$ 350,000	\$ 588,000	\$ -	\$ -	\$ -	\$ -	\$ 588,000	\$ 588,000
Subtotal		\$ 23,219,300	\$ 34,574,670	\$ -	\$ -	\$ -	\$ 24,165,420	\$ 10,409,250	\$ 34,574,670
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 1,000,000	\$ 5,000,000	\$ 5,000,000	\$ -	\$ -	\$ -	\$ -	\$ 5,000,000
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 1,000,000	\$ 5,000,000	\$ 5,000,000	\$ -	\$ -	\$ -	\$ -	\$ 5,000,000
FACILITY TOTAL		\$ 221,783,860	\$ 292,478,057	\$ 24,527,564	\$ 71,359,179	\$ 81,307,191	\$ 91,678,472	\$ 23,605,650	\$ 292,478,057

CORRECTIONAL RECEPTION CENTER Orient, OH				SOUTHEAST REGION
Date Opened	1987	Security Levels ²	1's	307
Total Acreage	50		2's	337
Design Capacity ¹	896		3's	1,058
Population (11.17.2014) ²	1,788		4's	16
Recommended Capacity ⁴	948		5's	0
				
FACILITY SUMMARY				
<ul style="list-style-type: none"> Located in Orient, Ohio with Pickaway Correction Institution adjacent. This is the primary male and juvenile reception center for the DRC as it is more centrally located and convenient than Lucasville. Up to 80 inmates are processed daily, several days a week. Intake Area <ul style="list-style-type: none"> Undersized space for processing under the current intake loading, thus taking longer to assess individuals, and delaying their transfer. General Population Housing Units <ul style="list-style-type: none"> (10) Reception Housing Units 2 pods per unit Housing unit pods of similar size, with mezzanines Double bunked cells w/ doors Limited programming space within each unit Cadre Housing – C1 & C2 Residential Treatment Unit – C3 <ul style="list-style-type: none"> Multiple classifications housed within a single housing unit Crisis Unit – D1 <ul style="list-style-type: none"> 30 cells Juvenile Housing -D4A & D4B <ul style="list-style-type: none"> Under renovation at the time of building walk-through 18-21 year olds housed in D4A Under 18 years old housed in D4B Orientation Housing Units - R1 & R2 <ul style="list-style-type: none"> Double-bunked, with 118 beds Mental Health, Case Officer and Public Defender found in unit management area between housing units Typical stay of 4-5 days in R1 				

CORRECTIONAL RECEPTION CENTER Orient, OH			SOUTHEAST REGION																																								
<ul style="list-style-type: none"> Segregation Housing (SC, DC, LC) <ul style="list-style-type: none"> 40 cells Insufficient space for group programming Showers provided in cells Individual Outdoor Recreation provided in-unit Rules Infraction Board (RIB) located in-unit Medical center is very small, with limited options for separating classifications. Visitation area is undersized for the size of the population, and limits visitation frequency for inmates and families. No laundry facilities on site. 																																											
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Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL
CORRECTIONAL RECEPTION CENTER									
NEW PROTOTYPES									
A4	1.0	\$ 7,056,000	\$ 11,854,080	\$ -	\$ -	\$ -	\$ 11,854,080	\$ -	\$ 11,854,080
B2-R	2.0	\$ 1,176,000	\$ 1,975,680	\$ -	\$ -	\$ -	\$ 1,975,680	\$ -	\$ 1,975,680
F2	14.0	\$ 3,136,000	\$ 5,268,480	\$ -	\$ -	\$ -	\$ 5,268,480	\$ -	\$ 5,268,480
F2 (Split for Biennium)		\$ 2,352,000	\$ 3,951,360	\$ -	\$ -	\$ -	\$ -	\$ 3,951,360	\$ 3,951,360
F4	1.0	\$ 1,344,000	\$ 2,257,920	\$ -	\$ -	\$ -	\$ -	\$ 2,257,920	\$ 2,257,920
F6	1.0	\$ 100,000	\$ 168,000	\$ -	\$ -	\$ -	\$ -	\$ 168,000	\$ 168,000
G1-R+A	1.0	\$ 9,016,000	\$ 15,146,880	\$ -	\$ -	\$ -	\$ 15,146,880	\$ -	\$ 15,146,880
Subtotal		\$ 24,180,000	\$ 40,622,400	\$ -	\$ -	\$ -	\$ 34,245,120	\$ 6,377,280	\$ 40,622,400
RENOVATION									
Subtotal		\$ 504,000	\$ 756,000	\$ -	\$ -	\$ -	\$ 756,000	\$ -	\$ 756,000
EXISTING CONDITIONS									
1st Biennium (1A)		\$ 662,913	\$ 994,370	\$ 994,370	\$ -	\$ -	\$ -	\$ -	\$ 994,370
2nd Biennium		\$ 215,161	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ 3,436	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 2,971,474	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 3,852,984	\$ 994,370	\$ 994,370	\$ -	\$ -	\$ -	\$ -	\$ 994,370
FACILITY TOTAL		\$ 28,536,984	\$ 42,372,770	\$ 994,370	\$ -	\$ -	\$ 35,001,120	\$ 6,377,280	\$ 42,372,770

SOUTHERN OHIO CORRECTIONAL FACILITY Lucasville, OH				SOUTHEAST REGION
Date Opened	1972	Security Levels ²	1's	0
Total Acreage	1,625		2's	0
Design Capacity ¹	1,600		3's	72
Population (11.17.2014) ²	1,239		4's	1,166
Recommended Capacity ⁴	1,600		5's	1



FACILITY SUMMARY	
<ul style="list-style-type: none"> Majority Level 4 inmates. <ul style="list-style-type: none"> Level 4A – Access to Dining, Recreation, Library Level 4B – Constant Supervision (Segregation – 80 bed units) 14 crisis cells dispersed throughout the facility. Telephone pole style layout. Executions conducted at this facility. 1993 Riots caused a shift in operations. Programming was no longer local to the unit. The administration would like to revert back to provide more localized programming. General Population Units <ul style="list-style-type: none"> Request for on-unit programs (10-20 inmates in a group) Programs centralized in Learning Center – adequate space. Residential Treatment Unit (RTU) – Mental health <ul style="list-style-type: none"> Mental Health Units are typically Level 4B inmates Request for more efficient on-unit program access, but would be required to be self-contained. <ul style="list-style-type: none"> Secure tables (max. security) for programs (need). Add access for dedicated outdoor recreation. Immediately adjacent to the unit is an outdoor recreation area that is no longer utilized, but could be if an appropriate means of access were provided. This would require additional staff. Visitation, medical, dental, recreation, dining/food service, maintenance, and staff services are adequate. Control – central, wing/block, and local unit/block. Armory is too small for inventory. Majority of munitions secured in a building on the other side of the campus. This function should be expanded. 	

SOUTHERN OHIO CORRECTIONAL FACILITY Lucasville, OH			SOUTHEAST REGION																												
<ul style="list-style-type: none"> Explore reconfiguring kitchenette spaces at the Segregation/RTU housing units. The current adjacency to staff offices is not ideal and less secure. Mental Health <ul style="list-style-type: none"> Liaisons report to the housing unit blocks except RTU where staff is on-unit. 																															
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FACILITY COST ESTIMATES										
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL	
SOUTHERN OHIO CORRECTIONAL INSTITUTION										
NEW PROTOTYPES									\$	-
Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
RENOVATION										
Renovate existing Programs/Offices/Kitchens	1.0	\$ 1,344,000	\$ 2,016,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,016,000	\$ 2,016,000
Renovate existing Programs/Offices/Kitchens	1.0	\$ 1,960,000	\$ 2,940,000	\$ -	\$ -	\$ -	\$ -	\$ 2,940,000	\$ -	\$ 2,940,000
A - Armory	1.0	\$ 89,600	\$ 134,400	\$ -	\$ -	\$ -	\$ -	\$ 134,400	\$ -	\$ 134,400
Provide K4 access to outdoor recreation (adj)	1.0	\$ 78,400	\$ 117,600	\$ -	\$ -	\$ -	\$ -	\$ 117,600	\$ -	\$ 117,600
Inmate Access to technology	1.0	\$ 5,000	\$ 7,500	\$ -	\$ -	\$ -	\$ -	\$ 7,500	\$ -	\$ 7,500
New Cell Fronts	160.0	\$ 4,000,000	\$ 6,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,000,000	\$ 6,000,000
Subtotal		\$ 7,477,000	\$ 11,215,500	\$ -	\$ -	\$ -	\$ -	\$ 3,199,500	\$ 8,016,000	\$ 11,215,500
EXISTING CONDITIONS										
1st Biennium (1A)		\$ 7,859,554	\$ 11,789,331	\$ 11,789,331	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,789,331
2nd Biennium		\$ 4,298,111	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 12,157,665	\$ 11,789,331	\$ 11,789,331	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,789,331
FACILITY TOTAL		\$ 19,634,665	\$ 23,004,831	\$ 11,789,331	\$ -	\$ -	\$ -	\$ 3,199,500	\$ 8,016,000	\$ 23,004,831

FACILITY ADJUSTMENT SUMMARIES –

- Franklin Medical Center

FRANKLIN MEDICAL CENTER Columbus, OH					FMC	
Date Opened	1993	Security Levels ²	1's	441		
Total Acreage	8		2's	28		
Design Capacity ¹	754		3's	11		
Population (11.17.2014) ²	567(85 female)		4's	0		
Recommended Capacity ⁴	1,813		5's	2		
						
FACILITY SUMMARY						
<ul style="list-style-type: none"> FMC is primarily a Level 1 & 2 facility, but must meet the medical needs of any security classification of both sexes. FMC is divided into Zones A (approx. 150 beds) and B (approx. 460 beds), with Zone A being the primary medical treatment area, and Zone B providing housing for cadre and older inmates. Zone B previously operated as a Pre-Release Center. Located within Zone A is the "The Hub," serving as the primary transfer point of inmates via bus between facilities. Inmate Housing <ul style="list-style-type: none"> (9) Housing Units with cells between Zones A & B for Level 1 inmates under medical care. Pregnant Females Cadre Women Hospice Care Geriatric Death Row 						
RECOMMENDATIONS						
Prototype	Quantity	Notes / Description				
ZONE A						
B2(A)	1	<ul style="list-style-type: none"> Provide a larger, dedicated mental health unit with site development, to include a single cell acute care unit and step-down / step-up transitional unit with association and testing/counseling spaces all adjacent to the medical clinic 				
B3(R)	1	<ul style="list-style-type: none"> Expand hospice / end of life unit as needed and logically located here, or alternately at Pickaway with its medical unit. 				
E2(A)	1	<ul style="list-style-type: none"> Reconfigure and master plan site for new construction capacity expansion with added medical beds for recuperation cells and larger wards to improve ops efficiency for duty nurses. 				
F3	1	<ul style="list-style-type: none"> Segregation Housing Unit based program space 				
Administration / Entry Bldg		<ul style="list-style-type: none"> Demolish and replace entry building to expand medical center to the west (towards parking lot) 				
Transfer	1	<ul style="list-style-type: none"> Vacate and relocate to available acreage to the south, and backfill with women's cadre 				

FRANKLIN MEDICAL CENTER Columbus, OH			FMC
Hub		housing.	
Storage and Work rooms		<ul style="list-style-type: none"> Needed to remove all excess furniture, files and other equipment from housing core areas and hallways. 	
ZONE B			
C1	1	<ul style="list-style-type: none"> Assuming pregnant females stay at FMC, provide smaller residential sized rooms for mothers and babies 	
F1	1	<ul style="list-style-type: none"> New Multi-Purpose Building 	
F4	1	<ul style="list-style-type: none"> Provide Life Labs building for Level 1 & 2 inmates 	
F6	1	<ul style="list-style-type: none"> Outdoor Education Pavilion 	
F7	1	<ul style="list-style-type: none"> Expand Visitation 	
-	1	<ul style="list-style-type: none"> Add elevators to improve accessibility 	
CAMPUS			
A1	1	<ul style="list-style-type: none"> Cadre Village (locate between Zone A & B) 	
-	-	<ul style="list-style-type: none"> Reconfigure perimeter fencing and master plan site for new construction capacity expansion with the unification of Zones A and B 	
-	-	<ul style="list-style-type: none"> Move Female Reception from Meridian Building at ORW to a re-purposed Zone B 	
-	1	<ul style="list-style-type: none"> Relocate transfer hub to available acreage to the south 	

FACILITY COST ESTIMATES										
Institution / Description	QUANT	Item Total	Project Total	B1	B2	B3	B4	B5	TOTAL	
FRANKLIN MEDICAL CENTER										
NEW PROTOTYPES										
Subtotal	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
RENOVATION										
Renovate for Medical Clinic - South Tower	1.0	\$ 1,200,000	\$ -	\$ -	\$ -	\$ 1,200,000	\$ -	\$ -	\$ -	\$ 1,200,000
Site Utility Upgrades	1.0	\$ 1,119,246	\$ -	\$ 1,119,246	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,119,246
Renovate Former Transit Hub	1.0	\$ 840,000	\$ -	\$ -	\$ -	\$ 840,000	\$ -	\$ -	\$ -	\$ 840,000
Provide Transit Hub & Warehouse	1.0	\$ 6,864,354	\$ -	\$ 6,864,354	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,864,354
Demolish and replace entry building	1.0	\$ 59,300	\$ -	\$ -	\$ 59,300	\$ -	\$ -	\$ -	\$ -	\$ 59,300
Additional Parking	1.0	\$ 300,000	\$ -	\$ 300,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 300,000
New Electrical Room	1.0	\$ 75,000	\$ -	\$ -	\$ 75,000	\$ -	\$ -	\$ -	\$ -	\$ 75,000
Reconfigure perimeter fence	1.0	\$ 1,164,000	\$ -	\$ -	\$ -	\$ 1,164,000	\$ -	\$ -	\$ -	\$ 1,164,000
Addition to Visitation	1.0	\$ 756,000	\$ 1,270,080	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
New Medical Beds - Construction		\$ 44,711,584	\$ -	\$ -	\$ 44,711,584	\$ -	\$ -	\$ -	\$ -	\$ 44,711,584
Add elevator in Zone B housing	1.0	\$ 150,000	\$ 225,000	\$ -	\$ -	\$ -	\$ -	\$ 225,000	\$ 225,000	\$ 225,000
Convert Zone B to Women's Reception	1.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 57,239,484	\$ 1,495,080	\$ 8,283,600	\$ 44,845,884	\$ 3,204,000	\$ -	\$ 225,000	\$ 56,558,484	
EXISTING CONDITIONS										
1st Biennium (1A)		\$ 275,276	\$ 412,914	\$ 412,914	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 412,914
2nd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3rd Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4+ Biennium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rating 5		\$ 16,580	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal		\$ 291,856	\$ 412,914	\$ 412,914	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 412,914
FACILITY TOTAL		\$ 57,531,340	\$ 1,907,994	\$ 8,696,514	\$ 44,845,884	\$ 3,204,000	\$ -	\$ 225,000	\$ 56,971,398	



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