
North Dakota Department of Corrections and Rehabilitation: Ten Year Master Plan 2021-2030

Executive Summary

Introduction

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

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

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

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

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

Thus, the Master Plan includes two primary options based on **1.** Current and projected bed space needs for the next decade and **2.** Accompanying recommendations for the operational framework needed to support the culture changes and reform efforts consistent with the department's mission and philosophy. Three categories of residents have been addressed within both options: men, women, and juveniles. For both adult and youth facilities, acknowledgment of the unique needs of women and girls underpins the exploration of these options.

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

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

3. Sixty-sixth Legislative Assembly of North Dakota In Regular Session Commencing. (2019). Retrieved from <https://www.legis.nd.gov/assembly/66-2019/documents/19-0203-05000.pdf>.

Strategic Goals

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

Normative correctional environment refers to the physical environment of a facility that includes lighting, furnishings, and spaces that promote healthy connection and communication.

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

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

Influencing Factors

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

- The department published an agency-wide strategic plan in January 2020. This plan provides context and articulates the vision and strategic direction for the department. TMG/CGL referenced this document throughout the technical report to demonstrate continuity between recommendations and the established strategic direction for DOCR.

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

About DOCR and Facility Conditions

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

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

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

The Division of Juvenile Services (DJS), a division within DOCR, maintains one secure facility, the Youth Correctional Center (YCC), located in Mandan that houses both female and male juveniles in a campus setting. DJS now serves most of their youth in community settings, and only a very few youths are sent to YCC for short periods of residential confinement. The DJS operates eight regional offices across the state, focused on maintaining community placement and serving youth close to homes through intensive case management provided by Juvenile Corrections Specialists. DJS served a total of 1,970 youth during the 2017-2019 biennium. The current capacity at YCC is 100. However, as of July 2020, the total number of youths included 18 boys and 2 girls.

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

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

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

- North Dakota State Penitentiary (NDSP)
- James River Correctional Center (JRCC), including James River Minimum Unit (JRMU)
- Missouri River Correctional Center (MRCC)
- Youth Correctional Center (YCC)
- Dakota Women’s Correctional and Rehabilitation Center (DWCRC), contract facility

Table One provides a list of DOCR facilities, resident population, and operating capacity as well as a total capacity for inmate status residents living in transitional centers across the State.

Table 1 DOCR and Contract Facilities

Facility	Population	Operating Capacity (pre-COVID)	DOCR or Contract
North Dakota State Penitentiary (NDSP)	Adult men resident’s minimum to maximum custody	• 779 residents	• DOCR
James River Correctional Center (JRCC), including James River Minimum Unit (JRMU)	Adult men medium and minimum custody	• 497 residents	• DOCR
Missouri River Correctional Center (MRCC)	Adult men minimum custody	• 187 residents	• DOCR
Dakota Women’s Correctional and Rehabilitation Center (DWCRC)	Adult women residents, minimum to maximum custody	• 124 women residents	• Contract
Youth Correctional Center (YCC)	Girls and boys	• 100 juveniles	• DOCR
Transitional Centers/ Treatment	Inmate status	• 137 men residents • 80 women residents	• Contract

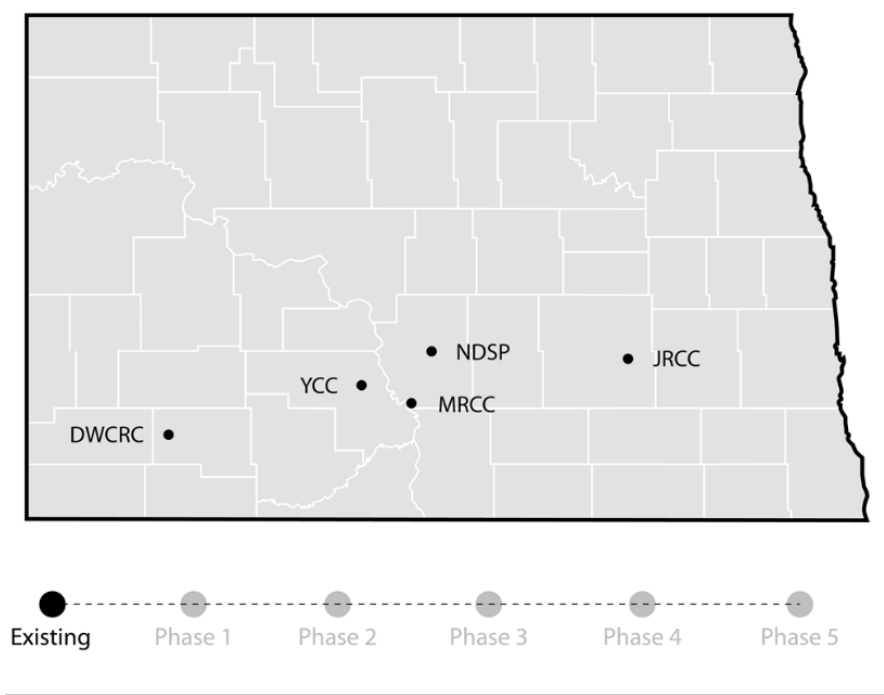
The Master Plan team conducted a walk-through of the five primary facilities to evaluate conditions of confinement from an operational perspective. The team that assessed the general physical plant conditions and conducted walk-throughs for the four facilities that DOCR owns and operates to estimate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

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

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

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

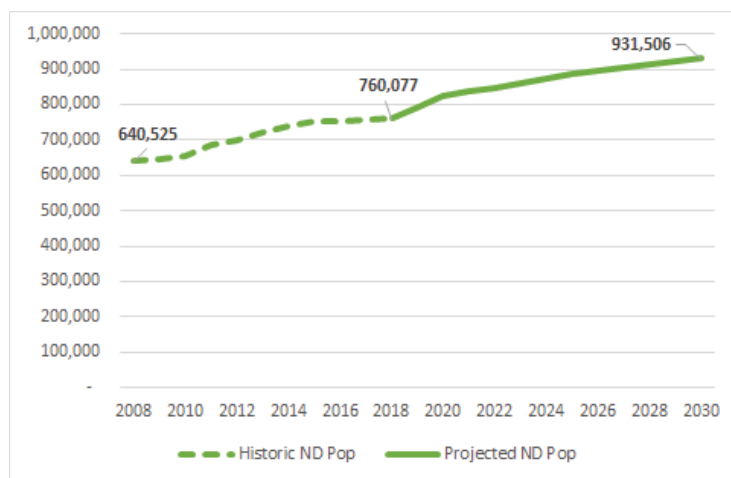
Figure 1 Existing DOCR Facilities



Bed Space Forecasts

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

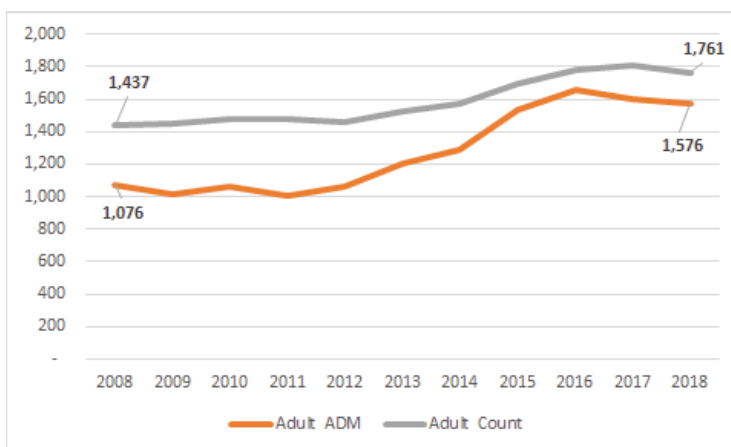
Figure 2 Historic and Projected North Dakota Population



The State's population increased 19% from 2008 to 2018 and is projected to increase 23% from 2018 to 2030, with the male population projected to increase 17% and the female population projected to increase 29%. In *Figure Two*, the general population growth is shown.

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

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

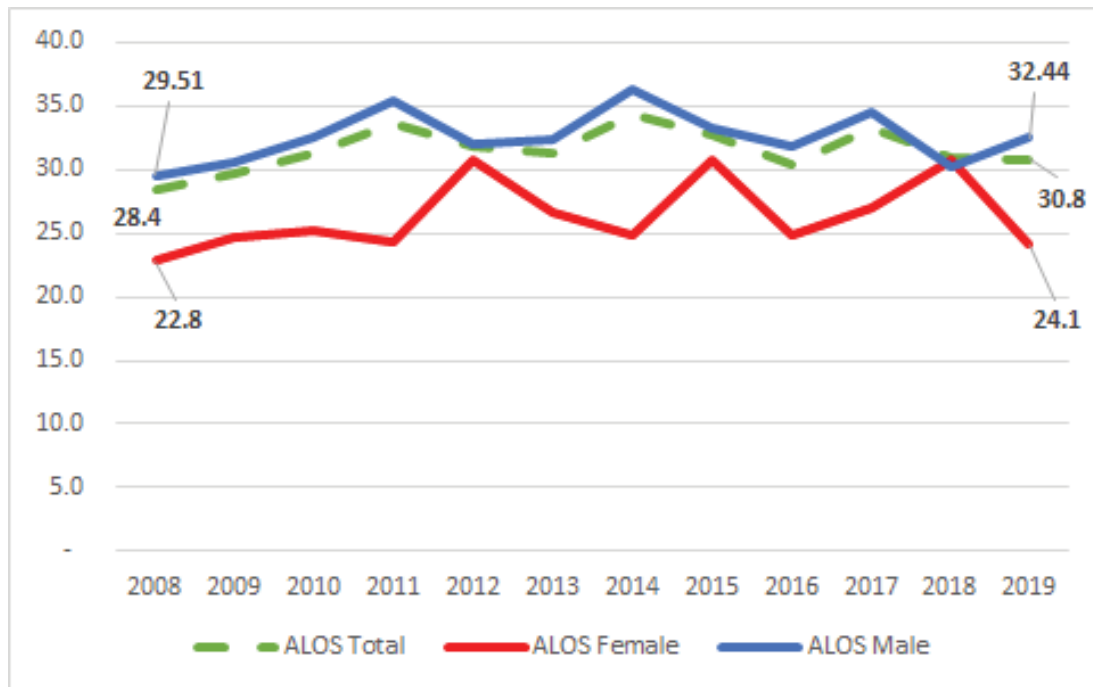


The DOCR adult resident population similarly increased from 2008 to 2019. The annual number of adult admissions to DOCR, resident counts, and average length of sentence all increased historically. Annual adult admissions to the DOCR increased 42.4% while adult counts increased 22.0% from 2008 to 2019, see *Figure Three*.

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

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

Figure 4 DOCR Adult Average Length of Sentence All Admissions (2008-2019)



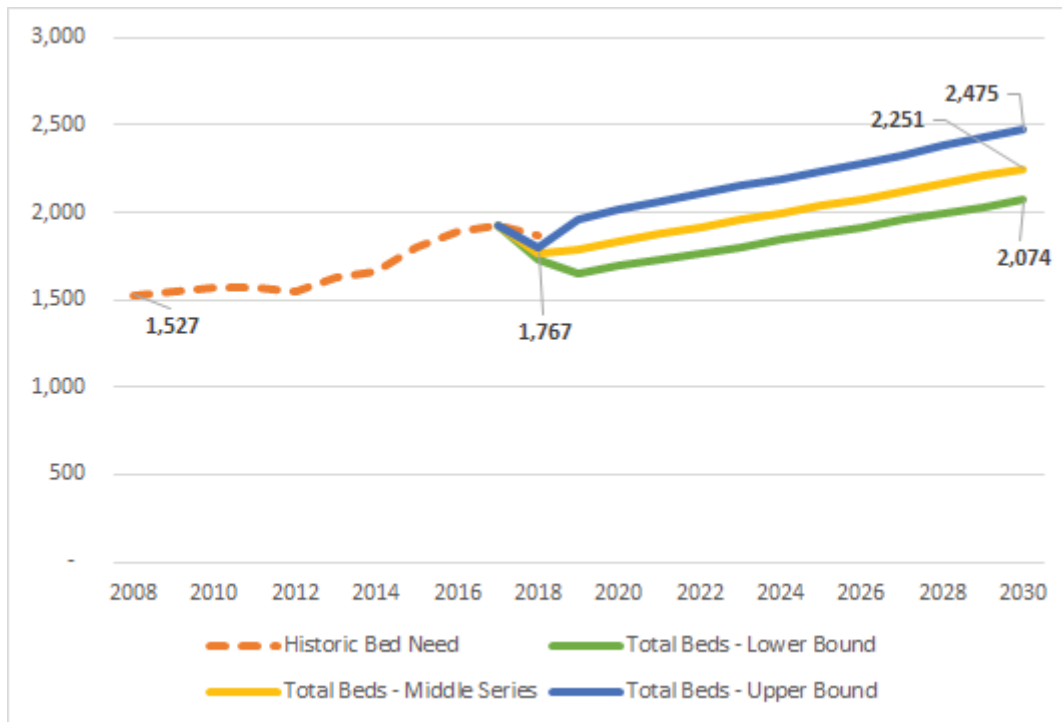
The COVID-19 pandemic focused the discussion on early release options that the DOCR could implement for low risk, vulnerable residents. At the peak, the DOCR was able to release approximately 175 medically vulnerable residents which, in time, will impact the average length of confinement.

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

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

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

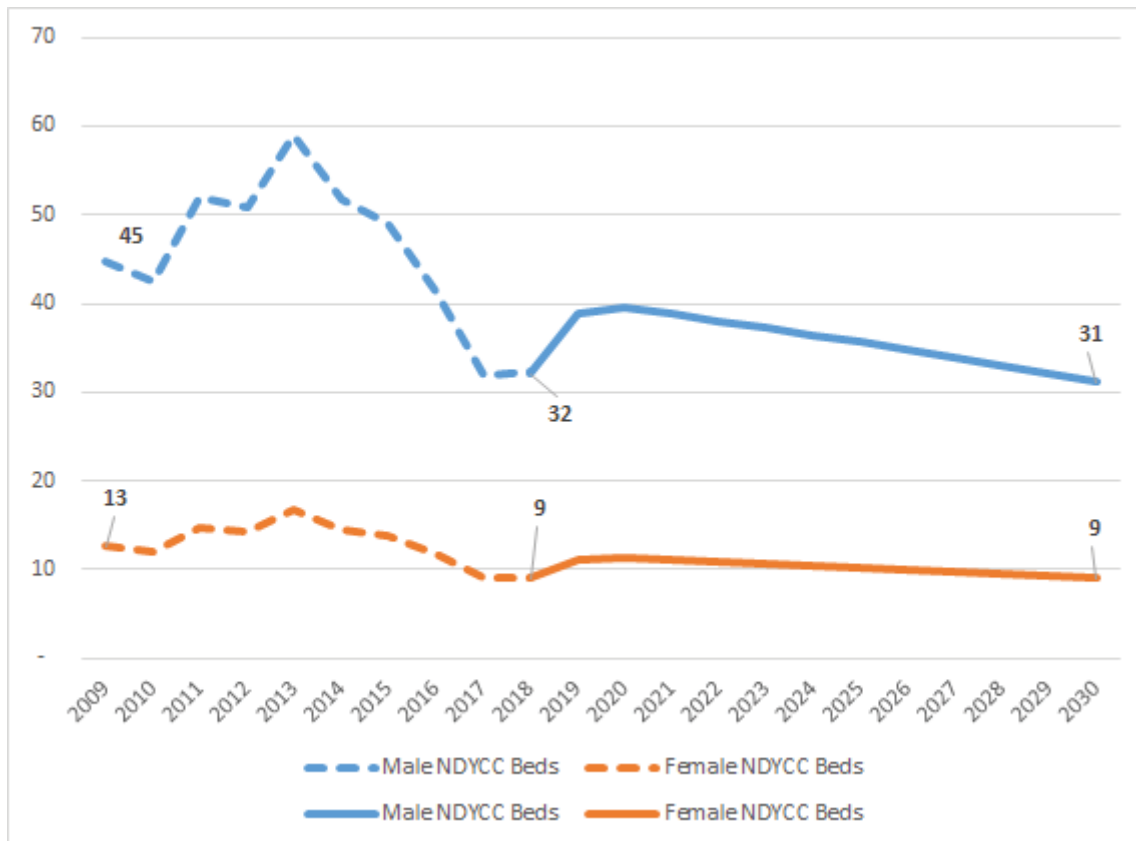
Figure 5 DOCR Historic and Projected Adult Bed Space Need (2008-2030)



Unlike the adult population, the historic data for the juvenile population housed at DOCR shows a decrease in key metrics. The juvenile counts at the Youth Corrections Center (YCC) decreased 28% from 2008 to 2018. In January 2008, the count at the YCC was 80, which steadily decreased to less than 25 in July 2020. Using the same modeling methodology as the adult projections, the bed space needs for juveniles in DOCR remains steady at 41, with 32 beds for boys and 9 for girls. *Figure Six* presents the historic and projected juvenile population.

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

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



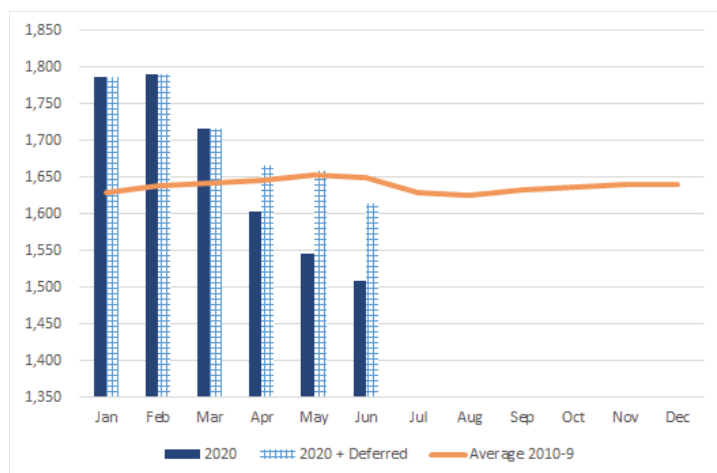
The status quo projections for bed space needs at DOCR serve as a baseline for planning purposes. However, there are current policy and legislative impacts that are working to reduce populations. The impact of the COVID-19 pandemic and other alternatives to incarceration have demonstrated that the DOCR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

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

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

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

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



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

A Strategic Framework for Development

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

The State has physical resources to meet the bed space requirements through adjustments to several longstanding facilities, including:

1. North Dakota State Penitentiary – in Bismarck
2. James River Correctional Center (including the James River Minimum Unit-JRMU) – in Jamestown
3. Missouri River Correctional Center – in Bismarck
4. Dakota Women’s Correctional and Rehabilitation Center – in New England
5. Youth Correctional Center – in Mandan

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

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

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

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

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

While the capital impact is minimal of the community-based component of the Master Plan, additional staff resources will be essential. Current research specific to probation and parole recommends caseloads at approximately 40 clients with moderate to high-risk per case manager or officers. However, the research also suggests that reduced caseloads do not positively impact outcomes unless implemented using evidence-based practices. In other words, if the officers provide intensive supervision, consisting primarily of monitoring and risk management without evidence-based practices, this can increase number of violations and risk reoffence⁴. Currently community caseloads are approximately 70 to 75 residents/clients per officer.

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

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

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

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

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

The Capital Development Options

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

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

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

1. Other than addressing the most critical deferred maintenance needs, relocating the women from New England is the highest capital priority. The ability to accomplish this will either mean constructing a purpose-built women's facility or repurposing an existing facility/campus for women.
2. Small, residential, community-based facilities for residents preparing for reentry are essential in a restorative justice model of transformation.

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

3. The YCC is an asset and could be repurposed for a dual campus space (both adults and youth) since an alternative approach for accommodating the diminishing number of in-custody youth is feasible.
4. Expanding community-based probation offices to offer broader community correctional services for adults and juveniles is the underpinning of a plan.

Two basic options emerged from this framework that began with a focus on relocating women from New England to a location that is closer to the families of the women and to community resources. Solving the relocation of women requires a capital investment early in the 10-year plan either in a new facility or repurposing an existing one(s). Once the women are relocated, the remaining steps towards a modernized correctional system can assume one of several directions. Regardless of which option the State selects, existing facilities will continue to represent the backbone of the future, and especially the YCC. This campus represents considerable potential for a continued downsized juvenile use, women, and potentially as a reentry facility for women or men.

Table 2: Current Room/Cells at YCC

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

Source: DOCR; August 2020

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

Table 3: Possible Allocation of Cells, Single, and Double Rooms

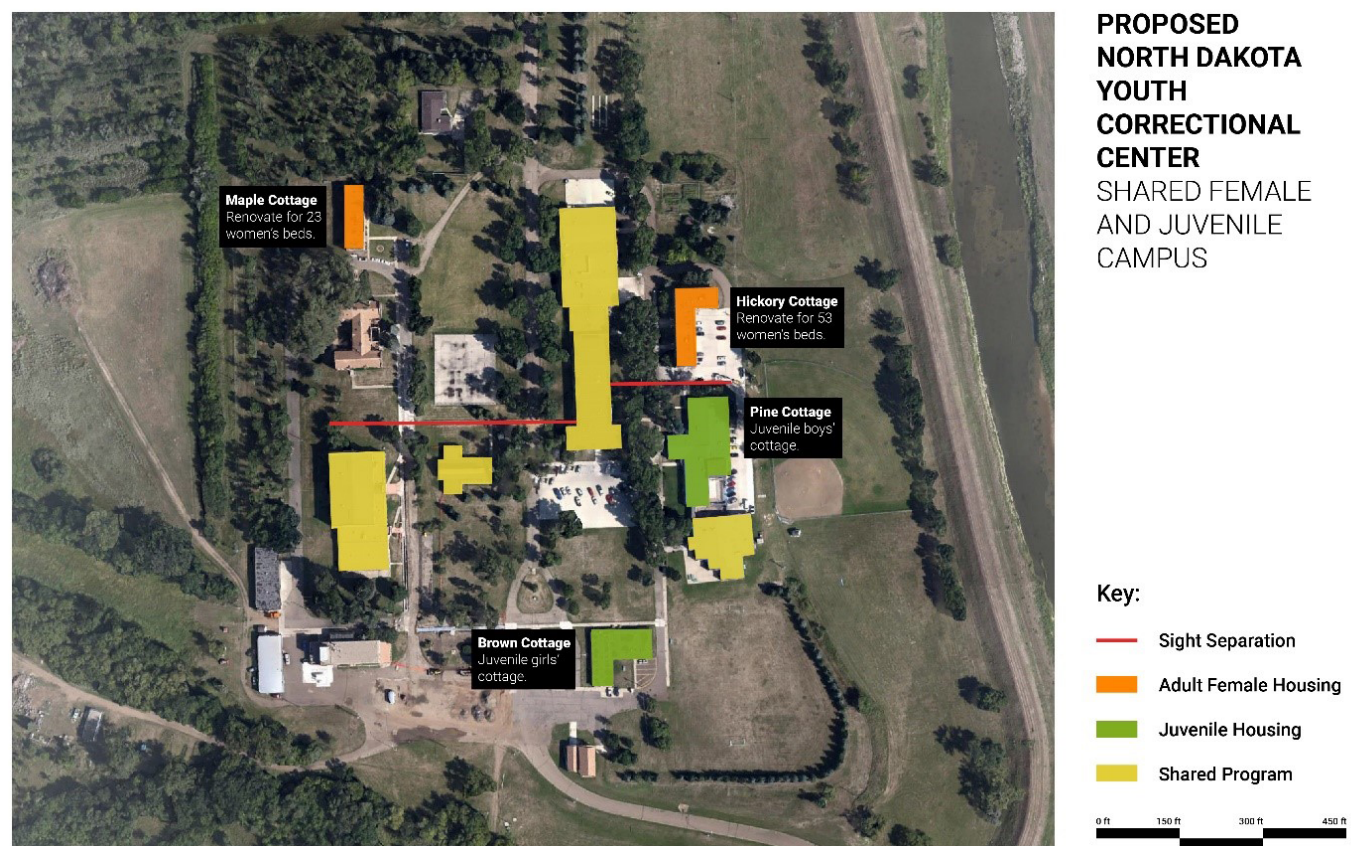
YCC represents an important resource to DOCR both as a juvenile or adult use with selected upgrades of the cottages and completion of deferred maintenance projects. Going forward the recommendation is to base the future development options on a capacity of 100. To reach 100 beds would require double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

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

Source: DOCR; August 2020

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

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



Option 1

In **Option 1**, the focus is on using existing facilities to meet the long-term capital needs by upgrading these assets in stages. The initial step is a phased transformation of the YCC campus to a women's facility. All the necessary components exist at the YCC and with minimal cost for upgrades to mainly the residential cottages, the remaining buildings are fit for purpose. To initiate Option 1, Pine Cottage with 25 cells can accommodate all the juvenile boys with a privacy fence constructed across the campus to provide sight separation. While this approach is not a sound separation, the housing cottages are far enough apart as to limit any direct communication between the minimum custody women and the youth. Incarcerated juvenile girls will remain at the recently improved 16-room Brown Cottage that is capable of housing more than the current daily average of 4 to 6 girls.

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

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

At the time that the YCC is fully converted to a women's campus, a 20-bed juvenile facility should be made available through a purpose-built facility. Also, in subsequent phases, two 8-to 10-bed residential facilities should be considered for juveniles. The purpose of these residential facilities is to provide a community-based option for youth that require more intensive supervision for a short period of time. A high priority should be given to locating these two youth residences in Grand Forks and/or Fargo. Proceeding with these two residential facilities will be dependent upon the future needs for secure facilities. If the juvenile population continues to decline, one or both facilities may not be needed.

Once a solution for women and juveniles is achieved, the remainder of Option 1 focuses on the capital needs for men at the NDSP, JRCC, and MRCC but on a gradual schedule of capital expenditures. The NDSP will continue as the intake facility and primary medium and higher custody facility. Improvements to the NDSP are all internal with a repurposing of the unused Old Administration Area as overflow for infectious disease patients or other residents that require medical separation for a limited time. Towards the end of the 10-year Master Plan time horizon, the future use of the existing West Cell Housing Unit should be addressed. If the cells are required to meet demand, two options should be considered: **1.** To meet direct natural light and a more normalized approach to housing units, the existing West Cell House could be re-constructed to locate the single cells along the exterior walls to provide direct natural light in the cells; or **2.** The entire West Cell House could be demolished and replaced with a 120-cell purpose-designed housing unit. Cost and interruption of operations should direct the selection of a final solution.

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

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

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

Table 4 Option 1 Estimated Construction Cost and Schedule

Item	Capital Investment Description	1st Biennium Est. Cost FY 21-22/ 22-23	2nd Biennium Est. Cost FY 23-24/ 24-25	3rd Biennium Est. Cost FY 25-26/ 26-27	4th Biennium Est. Cost FY 27-28/ 28-29	5th Biennium Est. Cost FY 29-30/ 30-31	Estimated Option 1 Cost
Capital Improvements for Women (75 Renovated Beds @ YCC Cottages and 25-Bed Secure Housing Facility)							
1	Develop Day Regional Reporting Centers	\$500,000	\$250,000	\$-	\$-	\$-	\$750,000
2	Improvements to Hickory & Maple Cottages	\$3,781,800	\$-	\$-	\$-	\$-	\$3,781,800
3	Upgrade Admin/Sch. for Voc./ Employ. Center	\$1,612,250	\$-	\$-	\$-	\$-	\$1,612,250
4	Deferred Maintenance at YCC	\$1,332,985	\$1,332,985	\$-	\$-	\$-	\$2,665,970
Subtotals		\$7,227,035	\$1,582,985	\$ -	\$ -	\$ -	\$8,810,020
Capital Improvements for Men (350 Beds @ JRCC & 100 Beds @ MRCC)							
1	Expand Community Reporting Center Programs	\$750,000	\$750,000	\$-	\$-	\$-	\$1,500,000
2	Deferred Maintenance at JRCC	\$2,332,470	\$2,332,470	\$-	\$-	\$-	\$4,664,940
3	Renovate JRCC for 350 Treatment Beds	\$-	\$-	\$12,441,150	\$-	\$-	\$12,441,150
4	Upgrade MRCC for 100 Reentry Beds	\$-	\$15,563,000	\$-	\$-	\$-	\$15,563,000
5	Deferred Maintenance at NDSP	\$1,772,020	\$886,010	\$886,010	\$-	\$-	\$3,544,040
6	Renovate NDSP Old Admin. for Special Beds	\$-	\$1,911,000	\$-	\$-	\$-	\$1,911,000

Item	Capital Investment Description	1st Biennium Est. Cost FY 21-22/ 22-23	2nd Biennium Est. Cost FY 23-24/ 24-25	3rd Biennium Est. Cost FY 25-26/ 26-27	4th Biennium Est. Cost FY 27-28/ 28-29	5th Biennium Est. Cost FY 29-30/ 30-31	Estimated Option 1 Cost
7	Renovate West Housing for Normative Housing	\$-	\$-	\$-	\$4,170,000	\$-	\$4,170,000
Subtotals		\$4,854,490	\$21,442,480	\$13,327,160	\$4,170,000	\$ -	\$43,794,130
Capital Improvements for Juveniles (20 Renovated Secure & 8 Residential Beds)							
1	Construct New 20-Bed Secure Housing Facility	\$-	\$6,000,000	\$-	\$-	\$-	\$6,000,000
2	Construct Two, 8-Bed Residential Centers	\$-	\$-	\$1,680,000	\$-	\$1,680,000	\$3,360,000
Subtotals		\$ -	\$6,000,000	\$1,680,000	\$ -	\$1,680,000	\$9,360,000
TOTALS for OPTION 1		\$12,081,525	\$29,025,465	\$15,007,160	\$4,170,000	\$1,680,000	\$61,964,150
		\$10,814,050	\$24,474,000	\$18,291,150	\$4,170,000	\$1,680,000	\$51,089,200
		\$5,437,475	\$4,551,465	\$886,010	\$ -	\$ -	\$10,874,950

Source: CGL Companies; September 2020

Additional staff training will be necessary in both options and the space for such should be expanded and upgraded to reflect the increasing reliance on technology and remote learning. The present location at the lower level of the Old Administration Building at NDSP is meeting current needs but will be inadequate as training needs expand in the next decade of transformation. Ideally, the Department would consider a centralized site that would permit a range of meeting rooms, indoor and outdoor physical training venues, computer labs, mock-up cells/housing units, and office spaces. Similar to many geographically large states, DOCR should also consider a residential-based component where officers could remain in a “bubble” during the intensive training segments of their service. The possibility of sharing a training complex with other agencies should also be explored and become a high priority in future funding cycles.

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

Table 5 2019 DOCR Classroom Training Data

2019 Numbers	NDSP/MRCC	JRCC	Total
Number of classroom classes offered	669	332	1,001
Number of classroom training hours	1,612.40	918.20	2,530.60
Number of classroom students	8,981	3,845	9,899.20
Number of classroom student man hours	22,444.30	9,806.15	32,250.45
Number of classroom instructor hours	3,648.40	1,168.65	4,817.05

Source: DOCR training division, 2020.

Option 2

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

This option assumes that the in-custody needs for youth will initially be met with the Pine and/or Brown Cottages and a new 20-bed special purpose youth facility would be developed in either the Mandan area, Fargo, or Grand Forks area. An 8-bed regional residential facility could be located in the Fargo area and another in the Grand Forks area, or another location near the home of the at-risk juvenile population.

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

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

Table 6 Option 2 Estimated Construction Cost and Schedule

Item	Capital Investment Description	1st Biennium Est. Cost FY 21-22/ 22-23	2nd Biennium Est. Cost FY 23-24/ 24-25	3rd Biennium Est. Cost FY 25-26/ 26-27	4th Biennium Est. Cost FY 27-28/ 28-29	5th Biennium Est. Cost FY 29-30/ 30-31	Estimated Option 2 Cost
Capital Improvements for Women (50 Temporary Renovated Beds @ YCC Cottage & New Purpose-Built 100-Bed Facility)							
1	Develop Regional Day Reporting Centers	\$500,000	\$250,000	\$-	\$-	\$-	\$750,000
2	Upgrade Hickory Cottage for 50 Women	\$2,673,000	\$-	\$-	\$-	\$-	\$2,673,000
3	Design & Construct 100-Bed Women's Facility	\$-	\$27,500,000	\$-	\$-	\$-	\$27,500,000
Subtotals		\$3,173,000	\$27,750,000	\$ -	\$ -	\$ -	\$30,923,000
Capital Improvements for Men (350 Beds @ JRCC; 100 Renovated Beds @ MRCC; & 100 Renovated Beds @ YCC)							
1	Expand Community Supervision Program	\$750,000	\$750,000	\$-	\$-	\$-	\$1,500,000
2	Deferred Maintenance for JRCC	\$-	\$2,332,470	\$2,332,470	\$-	\$-	\$4,664,940
3	Renovate JRCC for 350 Treatment Beds	\$-	\$6,220,575	\$6,220,575	\$-	\$-	\$12,441,150
4	Deferred Maintenance for NDSP	\$-	\$2,658,030	\$-	\$886,010	\$-	\$3,544,040

Item	Capital Investment Description	1st Biennium Est. Cost FY 21-22/ 22-23	2nd Biennium Est. Cost FY 23-24/ 24-25	3rd Biennium Est. Cost FY 25-26/ 26-27	4th Biennium Est. Cost FY 27-28/ 28-29	5th Biennium Est. Cost FY 29-30/ 30-31	Estimated Option 2 Cost
5	Renovate Old Admin for Special Beds	\$1,911,000	\$-	\$-	\$-	\$-	\$1,911,000
6	Renovate West Housing for Normative Housing	\$-	\$-	\$-	\$-	\$4,170,000	\$4,170,000
7	Deferred Maintenance for YCC	\$141,765	\$-	\$2,612,018	\$-	\$-	\$2,753,783
8	Repurpose YCC for 100-Bed Reentry Facility	\$-	\$-	\$-	\$21,264,750	\$-	\$21,264,750
9	Upgrade MRCC for 100-Bed Regional Center	\$-	\$7,781,500	\$7,781,500	\$-	\$-	\$15,563,000
Subtotals		\$2,802,765	\$19,742,575	\$18,946,563	\$22,150,760	\$4,170,000	\$67,812,663
Capital Improvements for Juveniles (Temporary 20 Renovated Beds; New 24-Bed Secure Facility & 8 Residential Beds)							
1	Construct New 20-Bed Facility	\$-	\$6,000,000	\$-	\$-	\$-	\$6,000,000
2	Construct Two 8-10 Bed Residential Centers	\$-	\$1,680,000	\$-	\$-	\$1,680,000	\$3,360,000
Subtotals		\$ -	\$7,680,000	\$ -	\$ -	\$1,680,000	\$9,360,000
TOTALS for OPTION 2		\$5,975,765	\$55,172,575	\$18,946,563	\$22,150,760	\$5,850,000	\$108,095,663
		\$10,004,000	\$50,182,075	\$14,002,075	\$21,264,750	\$5,850,000	\$97,132,900
		\$141,765	\$4,990,500	\$4,944,488	\$886,010	\$ -	\$10,962,763

Source: CGL Companies; September 2020

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

What is essential, however, is the recognition that many of the deferred maintenance items are critical and should be given a high funding priority. The need for improved training facilities addressed above in Option 1 apply to Option 2 as well and should be given an equal priority as the deferred maintenance.

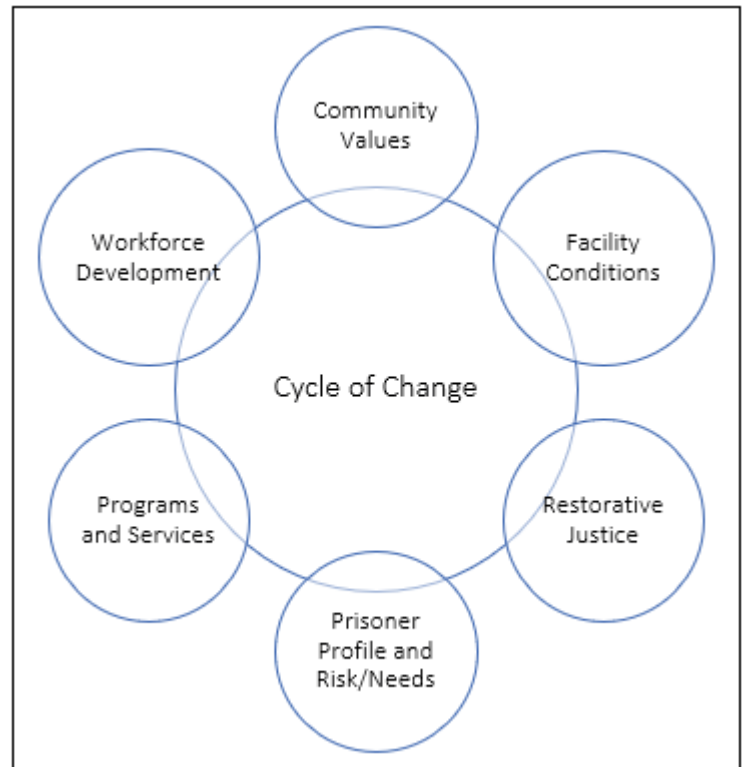
Transformative Framework

Figure 9 Cycle of Change Transformative Framework

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

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

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



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

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

Transformative Framework: Key Focus Areas

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

Women Residents

Recommendations:

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

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

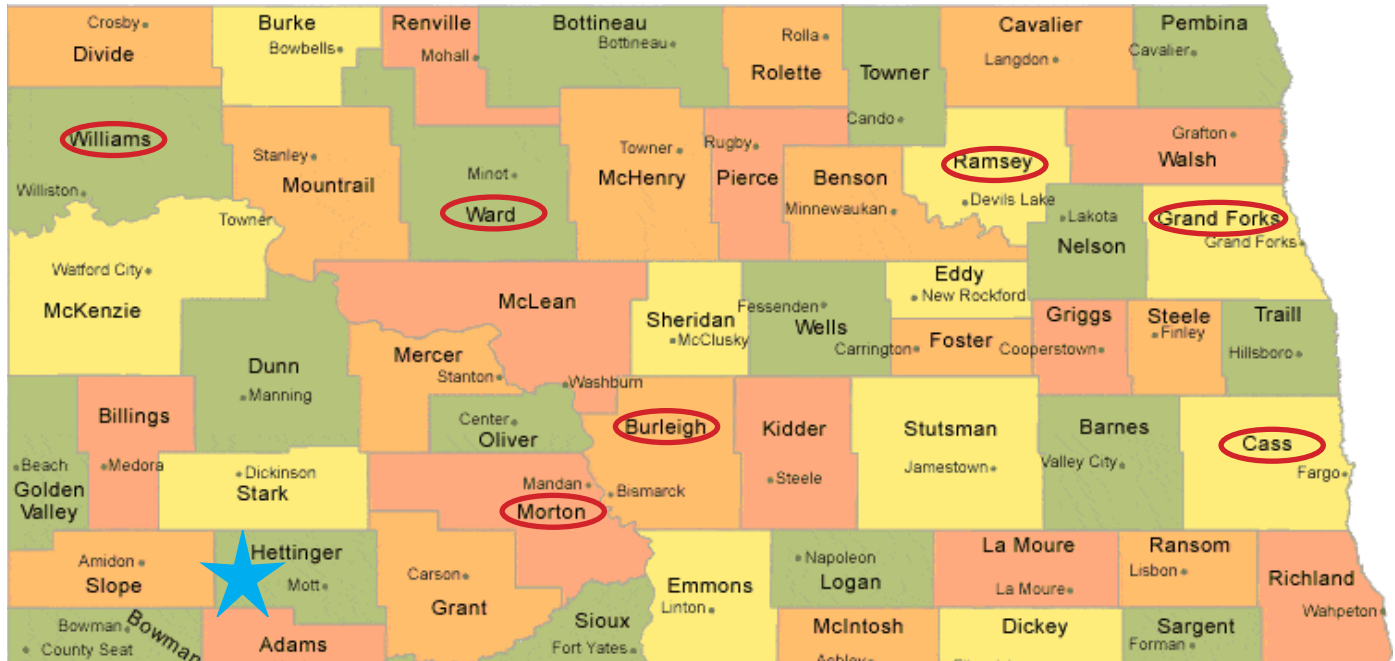
Table 7 Top Five Counties for Women Residents (2008-2018)

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

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

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

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



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

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

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

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

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

Community Capacity

Recommendation:

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

Consistent with the department's strategic plan, expansion of community capacity is critical to fulfill their vision. Despite a projected growth in the sentenced population over the next ten years, DOCR's goal is to focus on resources for community alternatives to traditional confinement through supervision, treatment, and program solutions and partnerships, rather than additional bed space. Currently, DOCR relies on a Transitional Planning Services team that includes a Director of Transitional Planning Services.

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

There is an opportunity to expand the mission of this team and add a senior level staff member that is dedicated to identifying and coordinating community programs and services that are needed to serve the current and projected future population.

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

Assessment

Recommendations:

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

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

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

7. North Dakota Corrections and Rehabilitation, 2017-2019 Biennial Report. (2020) Retrieved from: https://www.docr.nd.gov/sites/www/files/documents/Biennial%20Report%20Archive/2017-2019%20Biennium%20Report_links.pdf

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

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

Case and Reentry Planning

Recommendations:

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

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

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

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

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

Currently, within DOCR facilities, caseloads are approximately 60 residents per case manager. Research on appropriate caseloads inside prison institutions is less prevalent compared to research specific to probation and parole case management. However, best practice suggests caseloads should be adjusted based on the risk and needs of the resident. Moderate to high needs individuals, for instance, should meet with case managers more frequently compared to low risk residents. DOCR will need to increase the number of case managers to meet the recommended average of 40 residents per caseload within the institutions. Additionally, some specialized units may require even smaller caseloads per case manager, depending on risk and needs level. As more individuals move into the community over time, it is anticipated that higher risk and higher needs residents will remain in the facilities which will likely add complexity and time to caseloads, even as the number of residents being served in the facility decreases.

Programs and Services

Recommendations:

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

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

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

Staff identified some barriers to expand program and service offerings to include the different pathways in which Native Americans enter the criminal justice system, as well as challenges in building relationships across different and distinct tribal communities. The DOCR could increase delivery of services to this population by developing an agency-wide position dedicated to serving justice-involved Native Americans to strengthen programming and services and bridge relationships in the community.

8. U.S. Census Bureau, Quick Facts North Dakota 2019, retrieved from: <https://www.census.gov/quickfacts/ND>

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

Employee Workforce Development

Recommendations:

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

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

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

Beyond specialized training, there are opportunities to strengthen employee wellness initiatives across the system. Employee wellness is often associated with Employee Assistance Programs and attention towards fitness programs and memberships, all of which are very important services.

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

10. Kelley, Jimi "Culturally Competent Treatment of Native Americans, July 2019. Retrieved from: <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/culturally-competent-treatment>

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

However, the DOCR and TMG/CGL recognize the need to broaden the concept of employee wellness to focus on the “whole person” to include resiliency and emotional well-being. Both human resources leadership and leadership overseeing staff development have identified opportunities to increase local and facility-based wellness strategies, introduce a trauma-informed pilot for staff, and formalize a process to conduct regular check-ins with new employees over the first 12 months of employment.

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

Youth Services

Recommendations:

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

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

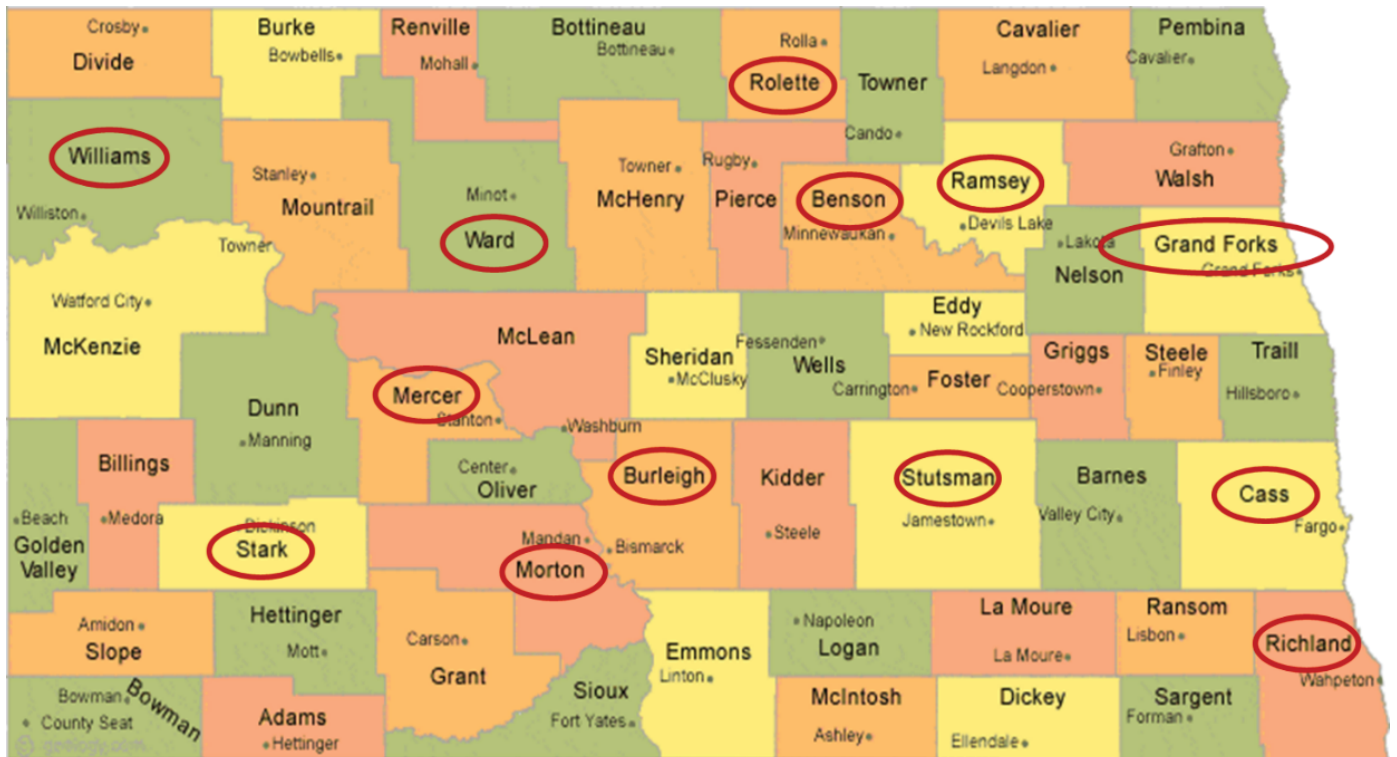
From 2008 to 2018, there were 7,381 youth admissions. Based on the 10 years of admission data, the highest rate of admissions came from 13 counties. *Table Eight* and the corresponding map in *Figure Eleven* illustrates the top 13 counties from which youth resided when admitted to YCC between 2008-2018.

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

Table 8 Youth admissions by county (2008-2018)

Rank	County	Number of YCC Admissions	Percent of Total YCC Admissions 2008-2018
1	BURL	1,437	19%
2	CASS	1,095	15%
3	GRAN	791	11%
4	WARD	694	9%
5	MORT	528	7%
6	WILL	389	5%
7	STAR	339	5%
8	RAMS	288	4%
9	STUT	265	4%
10	ROLE	158	2%
11	BENS	17	2%
12	MERC	115	2%
13	RICH	101	1%

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



The department will benefit from identifying additional locations for state run facilities or contracted partnerships with DJS-oversight, such as Therapeutic Foster Care, and other centers or “hubs” where family therapy and addiction treatment could be administered in the community where the youth reside. This, too, aligns with best national practice research that supports “replacing” youth prisons with much smaller, non-correctional programs that focus on “treatment-intensive, developmentally appropriate, secure programs that emphasize stronger youth-staff relationships, nurture family engagement, and build community connections.”¹²

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

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

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

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

Table 9 Phase One Implementation Tasks

Sequence	Implementation Task/Initiative
Step 1	<ul style="list-style-type: none"> Conduct listening sessions with community stakeholders of Mandan to discuss the transition and engage community supports that may be interested in serving women residents.
Step 2	<ul style="list-style-type: none"> Create a strategic planning workgroup for women residents, chaired by the women's services director to manage the overall workplan and ensure sequencing is appropriate. Consider the following priorities: <ul style="list-style-type: none"> Develop a management structure at YCC. Conduct a staffing analysis to determine if any additional security and non-security staff will be needed to supervise the women residents. Consider gender of the staff for security positions to ensure there is an appropriate ratio of men and women staff to conduct operations such as searches, in compliance with PREA. Recommended ratio is 40% men and 60% women staff. Complete structural changes and renovations to ensure sight separation and cottage improvements. Develop and update policies and procedures, consistent with gender-responsive operational practice and trauma-informed care. Develop facility schedules that ensures access to education, vocation, and programs for the youth and women residents, while maintaining sight and sound operation, as well as to address everyday movement and services such as food service, laundry, and visitation. Conduct cross-training for all staff at the campus to prepare them to supervise and engage with women residents and youth. Training should cover basic operational practices and policy changes, as well as focus on gender-specific practices, trauma-informed care, PREA, and the differences in supervising youth compared to women residents. Identify gender-specific and evidence-based programs that will be offered at the facility. Create a purchase and training schedule for program facilitators to become trained on desired programs. Cost implications include purchase of programs, varied ongoing cost of certain manualized program materials, training by program provider, and potentially hiring of additional staff to deliver programs.

Sequence	Implementation Task/Initiative
	<ul style="list-style-type: none"> Establish protocols for receiving women from New England to include, how the LSI-R will be shared, additional assessments that will be completed at YCC, case planning, and reentry planning processes.
Step 3 (concurrent to Step 2)	<ul style="list-style-type: none"> Add a community liaison position for DOCR to expand, track, and share information across the DOCR and with families on available community-supervision programs and services.
Step 4	<ul style="list-style-type: none"> Coordinate with DWCR to conduct observation sessions for DOCR staff who will be working with the women at YCC to visit New England and observe staff interactions and speak with staff and residents about their experiences.
Step 5	<ul style="list-style-type: none"> Create a communication plan to share information about YCC to women residents and their families upon placement at the facility.
Step 6	<ul style="list-style-type: none"> Move identified women residents to YCC.
Step 7	<ul style="list-style-type: none"> Update case management job descriptions, processes, and policies to reflect recommended expansion.
Step 8	<ul style="list-style-type: none"> Update and expand the capacity of the LSI-R. Determine if investment will be made in the Women's Risk Need Assessment for the female residents.
Step 9	<ul style="list-style-type: none"> Provide gender-responsive, case planning, and trauma-informed training for Probation and Parole Officers serving as case managers for community supervision.

Cost of Transformation

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

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

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

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

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

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

Acknowledgments

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

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