DESIGN CONSIDERATIONS

IN THE BUILDING

OF WOMEN'S PRISONS

by

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INTRODUCTION

This document presents issues specific to the design of a correctional facility for women. As the number of women inmates grows, the inadequacy of existing institutions for them has become a more pressing issue. There is a strong temptation to build facilities that duplicate men's prototype facilities because such construction can be accomplished relatively quickly and economically. As one expert interviewed for this study put it, "There's a tendency to build male facilities without urinals and call them female facilities. That's not enough." If the experience of incarceration is to mean anything more than punishment and incapacitation, both the facilities and the activities that go on within them must respond to those who will use them--the inmates.

The need to be responsive to the inmates' needs is especially important with women's institutions and must be reflected in the management techniques and programming chosen for a women's facility, as well as in the facility's design and features. Women offenders' roles as parents, their histories of abuse, their involvement with crime because of distorted perceptions of their relations with men, their low skill and education levels, and poor work histories--all these characteristics need to be addressed programmatically. The physical design of the facility will support, not contradict, these programs and encourage the practice of skills taught in them: self-sufficiency, improved relationships, and responsible behavior. The physical environment can and does influence behavior by imposing its own set of expectations and limitations.

The discussion in this document is not intended to be exhaustive. Rather, its purpose is to identify pertinent design issues and heighten the awareness of correctional administrators who are contemplating the construction of a free-standing women's prison. It does not attempt to address the positives and negatives of co-correctional facilities or the effects of co-joining a women's and men's facility.

The lack of information and research on the design of women's prisons made this study both interesting and frustrating to conduct. Administrative staff in the facilities surveyed showed a great deal of interest in the project, as did others who were contacted for opinions and advice. Many of these individuals agreed that more information about the needs of incarcerated women and the optimal way to provide those women with an environment that is conducive to programming and rehabilitation is desperately needed--particularly in light of the increasing number of women who are being incarcerated. This report, then, also provides suggestions for further research.

The primary research instrument used in this study was a telephone survey of seven women's correctional institutions. This sample of institutions was selected to represent diverse characteristics; the only criteria for selection were that the facilities could not be co-correctional and must have undergone construction or renovation since 1980.

This report contains the following sections:

I. **Research Findings.** This section provides a brief literature review to establish a profile of the woman offender; a review of recent litigation involving women offenders that may affect design; and a summary of relevant research on the relationship between environment and behavior.

II. **The Planning Process.** This section presents an overview of the steps that should be taken and the issues that should be addressed in planning a women's facility.

III. **Issues in Building Prisons for Women.** This section presents the survey results and discusses the issues encountered in the construction and operation of a women's facility. It does not attempt to solve all the problems or answer all the questions raised; rather, it delineates what should be present in a women's facility and what was present in the facilities surveyed. The section also contains a discussion of management options, design issues, programs, and services. Exemplary programs are identified in some areas.

IV. **Programming and Design Options.** The final section of the report suggests some concepts that can be followed in building a women's facility. Discussions of design philosophy, the delivery system concept for providing programs and services, and cost-containment measures are presented.

An appendix provides a checklist of design issues that should be considered in planning women's prisons.

SURVEY METHODOLOGY

This report includes data collected in a survey of seven women's correctional facilities located throughout the United States. An attempt was made to identify diverse facilities; thus, the survey incorporates both a 45-bed, one-building institution in Montana and a 600-bed, campus-style facility in North Carolina.

The primary focus of the survey was to identify design inadequacies in these facilities and to obtain information about the planning process that should be used for a women's facility. The survey contained many open-ended questions, inviting unstructured participant responses. It was conducted through a telephone interview with one respondent at each facility, usually the warden.

Survey results are incorporated throughout the report. Because the survey instrument asked respondents to address the different operational areas of their institutions, results are presented under those areas. The survey was designed to define what respondents felt a women's institution needs and how well they felt their institutions met those requirements.

While the survey was not designed to provide a comprehensive picture of program and service offerings at the sample institutions, a lot of information was gained about these offerings. This material is incorporated into the discussions that follow.

Characteristics of the institutions surveyed are summarized in Table 1, and brief descriptions are presented below.

Louisiana Correctional Institute for Women (St. Gabriel). This 522-bed facility houses women in maximum, medium, and minimum security classifications. At the time of the survey, the population was approximately 500: 50 maximum-security, 250 medium- security, and 200 minimum-security inmates.

The institution was built in 1973 to house approximately 220 inmates; renovation and expansion have been ongoing since 1981. Three medium-security dormitories and a 48-bed, single-cell maximum-security unit have been added. In addition, the visiting area has been expanded; a new infirmary and a vocational education building have been added; and the kitchen has been remodeled. An additional 24 maximum-security/segregation cells are scheduled.

The facility was originally built around a central quadrangle containing the administration building, a school/chapel building, and one large dormitory. Kitchen facilities and all subsequent expansion surround this main quadrangle.

Kentucky Correctional Institution for Women (Pewee Valley). This 224-bed facility houses women in maximum-, medium-, and minimum- custody classifications. At the time of the survey, the population comprised 6 maximum-, 16 close-, 108 medium-, and 94 minimum- custody inmates. Minimum-custody inmates are housed in a modular unit outside the institution's secure perimeter.

The original facility was built in 1938. Construction and renovation have been ongoing since the early 1970s, when a dairy barn was converted to recreation and visiting space and a vocational school was added. Subsequent additions include a chapel (1978), entrance station (1979), two honor units (1982), visiting building (1984), four modular units (1986), and a minimum unit housing 108 inmates (1989). Administration and vocational/ industries buildings were also planned to be opened in early 1990.

The facility is organized around the entrance station and main building, which contains administration, the infirmary, and some program space.

Minnesota State Correctional Facility (Shakopee). This 132-bed prison houses inmates in maximum-, close-, medium-, and minimum- custody classifications. The current population comprises 2 maximum-, 42 close-, 44 medium-, and 37 minimum-custody inmates. An additional 8 inmates from the Federal Bureau of Prisons are housed at the institution.

The facility was built in 1986. The main building houses all program and service components; five living units surround the main building.

Iowa Correctional Facility for Women (Mitchellville). This 124-bed structure was converted for use as a women's correctional facility in 1982. It houses women in maximum-, medium-, and minimum- security classifications. At the time of the survey, approximately 10 inmates were classified as maximum custody, 64 as medium, and 50 as minimum.

At the time of conversion (the facility was originally a juvenile reform school), central dining facilities were remodeled and new security equipment installed. Twenty-four additional beds were added in 1985.

Montana Women's Correctional Center (Warm Springs). This 45-bed facility currently houses inmates of maximum-, close-, medium-, and minimum-security classifications, as well as serving as the women's reception center. Currently, no inmates are classified as maximum-security; 19 are classified as close-security, 12 as medium-security, 12 as minimum-security, and 3 are in reception status.

The facility was built in the 1950s as a dormitory for nursing students and was converted to a prison in 1982. At that time, part of the building was remodeled into a secure lockdown unit. Security doors, alarms, and other security equipment were also added.

The facility is located on the grounds of the state mental hospital. Some services, such as recreation and medical services, are shared with the hospital.

Pennsylvania Correctional Institution for Women (Muncy). This facility, originally built in 1920 as a women's reformatory, has a rated capacity of 348 but currently houses 546 inmates in a five-level classification system: maximum, close, medium, minimum, and prerelease. At the time of the survey, 4 inmates were classified as maximum-security, with an additional 8 inmates in administrative segregation; no inmates were classified as close supervision; 512 were classified as medium- or minimum-security; and 22 inmates were classified at the prerelease level.

The most recent facility expansion was the addition of two 60-bed modular units in 1985. A mental health unit and infirmary have also been added since 1980. Organized as a campus, the prison complex contains 12 housing units (one was closed for renovation at the time of the survey) and a total of 44 buildings.

North Carolina Women's Correctional Institution (Raleigh). This facility was originally built in 1936; cottage-style dormitories were added in the 1950s. The facility currently has a capacity of 600 inmates. At the time of the survey, it housed 600 inmates: 60 in close custody, 360 in medium custody, and 180 in minimum custody.

Extensive renovation and expansion have been ongoing throughout the 1980s. A 28-bed, single-cell, close-custody unit was added in 1982, followed by a vocational building in 1983. A 104-bed dormitory and a new medical services component opened in the spring of 1989. The facility consists of approximately 20 buildings in a campus-style configuration.

Table 1. Survey Participants

State/ Location	Capacity	Custody Levels and Population		Date Built	Date Renovated/ Expanded
Louisiana/ St.Gabriel	522	50 maximum 250 medium 200 minimum ---	10% 50% 40%	1973	Ongoing since 1981
Kentucky/ Pewee Valley	224	6 maximum 16 close 108 medium 94 minimum	3% 7% 48% 42%	1938	Ongoing since early 1970s
Minnesota/ Shakopee	132	2 maximum 42 close 44 medium 37 minimum	2% 32% 33% 28%	1986	N/A
Iowa/ Mitchell-ville	124	10 maximum 64 medium 50 minimum --- 124 total	8% 52% 40%	Converted for use as correctional facility in 1982	1985
Montana/ Warm Springs	45	19 close 12 medium 12 minimum 3 receptn. --- 46 total	41% 26% 26% 7%	Converted for use as correctional facility in 1982	N/A

Pennsylvania/ Muncy	348	4 maximum 1% 8 administrative seg. 1% 512 medium-minimum 94% 22 prerelease 4% 546 total	1920	Ongoing since 1980
North Carolina/ Raleigh	746	60 close 10% 360 medium 60% 180 minimum 30% --- 600 total	1936 (main campus) 1955 (4 cottages)	Ongoing since 1982

SECTION I: RESEARCH FINDINGS

PROFILE OF THE WOMAN OFFENDER

This study was not intended to provide new data on the profile of the woman offender; nevertheless, a review of the available literature was conducted to summarize existing research on the characteristics of incarcerated women. Much of this research is descriptive in nature and involves small, localized population samples. Nationwide research is needed to supplement and update Glick and Neto's landmark 1977 study.

Who Is the Woman Offender?

On any given day, approximately 17,000 women are incarcerated in state or federal prisons; they represent 4.4% of the total population of those facilities. Most of these women were sentenced for property crimes or robbery (52%), murder or manslaughter (20%), or drug offenses (12%); about half of them are recidivists (Goetting and Howsen 1983; U.S. Department of Justice 1988).

Black women account for slightly more than half of the woman offender population (U.S. Department of Justice 1988). The "typical" woman offender is likely to be a young (under 30), black, poorly educated (with an average of tenth grade education or less), unemployed or low-skilled worker (Glick and Neto 1977; Goetting and Howsen 1983; Wolfe et al. 1984). Over half of the women in prison have children (more exact estimates vary significantly); the mean number of minor children is 1.7 (Goetting and Howsen 1983).

The number of women in prison has doubled since the early 1970s (U.S. Department of Justice 1988). Opinion is divided on why this has happened. Iacovetta (1978) and other theorists have argued that the women's liberation movement has led women to assume more "masculine" roles and, therefore, the crime rate among women has risen closer to the crime rate for men. Arguments have also been advanced that rising female criminality is due to decreasing job opportunities for women, particularly working-class women, as the overall educational level of the labor force has risen (Williams et al. 1984). However, studies have indicated that there is no great movement by women toward male-dominated crimes such as murder, weapons offenses, or burglary (U.S. General Accounting Office 1979; Williams 1984); in fact, between 1979 and 1984, the number of women incarcerated for violent crimes actually decreased 8% (U.S. Department of Justice 1988). Consequently, the women's liberation movement cannot be said to have had a significant effect on either the crime rate or offense patterns among women. It may, however, have had an effect on the attitudes of the judges sentencing women (Kempinen 1983); perhaps more women are being sentenced as attitudes about equality and sex roles change. Between 1979 and 1984, the rate at which women were sentenced rose 60% (U.S. Department of Justice 1988).

The number of incarcerated women rose most sharply during the period when the percentage of the population between the ages of 18 and 30 (that is, the age of most incarcerated women) also dramatically increased. The number of male prisoners has also doubled since the early 1970s (U.S. Dept. of Justice 1988).

If it is arguable that the women's liberation movement has given women more opportunity to commit crimes, it is even more dubious an argument that women's liberation has affected the attitudes or characteristics of female criminals. Epperson et al. (1982) found that the educational level, IQ score, and personality profile data obtained on women admitted to an Iowa prison in 1960, 1970, and 1980 were remarkably similar. The woman offender may commit crime out of economic necessity, but she still believes that men should be the primary support of the household (U.S. General Accounting Office 1979). Very few women offenders have stable marriages or similar relationships--a pattern of short-term relationships or multiple marriages is very common (U.S. General Accounting Office 1979)--and almost all women offenders are the sole supporter of their children (Glick and Neto 1977). A woman's crime is likely to have an economic motive, but that motive is much more often supporting children or being part of a male-female team than it is the independent "achievement" of crime. As Ginsburg (1981) puts it, "[T]here are no feminists in prison" (p.54).

A significant number of women offenders come from backgrounds of poverty, neglect, and abuse (Ginsburg 1981; U.S. General Accounting Office 1979). They are likely to have a history of emotional problems linked with drug or alcohol abuse (Glick and Neto 1977; Ramsey 1980; U.S. General Accounting Office 1979), and their physical health is generally poor (U.S. General Accounting Office 1979). Consequently, they often arrive in prison frightened, ill, and unable to cope with the circumstances confronting them.

Women adapt to prison very differently than men do. They are much less likely to engage in violence during incarceration. Instead, they seek to re-create (or, in some cases, to establish) the kinds of relationships they are most familiar with--family bonds. Women are much more likely than men to retain regular family contact by visit, phone, or mail (Goetting and Howsen 1983). Larson and Nelson (1984) found that the fewer "outside" contacts a woman has--and thus the greater her dependence on other inmates--the more likely she is to maintain a negative attitude toward the law. Women

who participate most fully in the insular "prison culture" are most likely to think of themselves as criminals.

Certainly, one of the most striking characteristics of the woman offender is her dependency. She usually arrives in prison with a long history of unmet needs, perhaps the most crucial of which is the need for independence. She wants to gain economic indepen-dence by acquiring better job skills (U.S. General Accounting Office 1979) and she admires women who can "look after their own" (Mahan 1984). Unfortunately, the system in which she is incarcerated very often discourages her from attaining that goal.

The Prison and the Prisoner

Feinman (1983) has discussed how the present prison environment and recent theories of female criminality reinforce the "traditional" female roles of wife, mother, and homemaker. She points out that most vocational programs available to women inmates concentrate on low-paying areas that are consistent with this traditional concept: sewing, cleaning, food service, beautician work, etc. Moreover, the inmate is not prepared to face the challenges of returning to the outside world. Even if she is very successful in acquiring one of the skills offered to her, she may be unable to use it. Who will care for her children? How can she support herself on the wages she will earn? These issues often go unaddressed in correctional programming. The idea that she will not have to face reality, that she can find someone to "take care of her" is thus reinforced. Even if attitudes toward women have changed, atti-tudes toward women offenders have not--or, at best, are changing at a much slower pace.

The culture of a women's prison often supports this traditional, dependent role as well. The tightly structured prison environment deprives the woman of control over many basic decisions, such as where she will live (and with whom), what she will eat (and when), and how her day will be structured (Mahan 1984). The pattern of re-creating family relationships also reinforces dependency.

Women in prison are most likely to be involved in some form of academic or vocational training or a work assignment in prison maintenance (food service, janitorial work, laundry/dry cleaning, gardening) (U.S. Department of Justice 1988). Given that the majority of available training programs emphasize "female" occupations, the inmate is likely to find it difficult to escape reinforcement of the idea that she should be a homemaker or low-skilled worker. The correctional environment becomes like the environment the woman left; often, she receives the same kind of job training that led her to being underemployed or unemployed in the first place and her educational deficits are left unaddressed (U.S. General Accounting Office 1979). In addition, a woman's feelings of powerlessness and inadequacy may be reinforced by substance abuse and/or belonging to a minority group (Ramsey 1980).
Sobel (1979) concludes that women's prisons "tend to be more punitive and punishment-oriented and to lack the opportunities for vocational, educational, social, and personal development that are present in many prisons for male offenders" (p. 108). This is due at least as much to the emphasis of the programs as it is to the actual quantity of programs available, although women's facilities lag far behind men's in the latter area as well.

The stress and anxiety of such an environment has been found to influence the health of women offenders. Sobel (1980) notes that women prisoners are more likely to take psychotropic medication or tranquilizers than male prisoners; she also notes that most women's facilities lack psychiatric or psychological services to provide treatment as well as medication. The woman offender who is judged criminally insane is far less likely to receive treatment than her male counterpart.

Gynecological services have also been found to be inadequate in many women's facilities (Leonard 1983; Sobel 1980). This is of particular importance because a significant percentage of this prison population is pregnant at admission (Leonard 1983).

One of the woman offender's most urgent concerns is for her children. Most offenders lived with their children prior to incarceration and most expect to return to them upon release (Datesman and Cales 1983). Usually the children live with a relative while their mother is in prison, although Hunter (1984) reported that as many as one child in eight is placed in foster care. The offender is often worried about the loss of parental rights, which are sometimes terminated because the mother is judged "unfit" because of her incarceration (Leonard 1983). Efforts to keep a mother and her children together and to ensure contact while in prison and a healthy environment upon release vary widely from state to state (Sobel 1980).

Most inmate mothers maintain frequent contact with their children through telephone calls or visits, though they sometimes worry about the effect the prison setting will have on visiting children (Datesman 1983). Bresler and Lewis (1983) add that the frequency of contact is much higher for black

women prisoners. The children's caretaker may also worry about the setting and therefore be reluctant to bring them to visit. Conversely, a pleasant, nonthreatening setting makes mothers more likely to encourage their children to visit (Datesman 1983). While an increasing number of states are establishing overnight visits for children, very few states allow inmate mothers to keep their newborns in the facility; most must leave their babies when they leave the hospital (Leonard 1983).

LEGAL ISSUES[1]

Traditionally, women have engaged in much less litigation than men to improve their conditions in prison. Since the 1970s, however, the tide has begun to turn; an increasing number of women inmates are turning to the courts to help them gain improved conditions and programs. It should be remembered that litigation is usually a long, slow process that brings little change to daily prison life (Leonard 1983; Schweber and Feinman 1985). Corrections officials are often slow in implementing court-ordered changes, and because the corrections field is largely self-regulating, there are few checks to see that changes are made (Leonard 1983).

Areas of Litigation

Parity is the primary legal issue being raised in courts as the adequacy of women's programs and services and the conditions of incarceration are evaluated. Although relatively few cases have addressed these issues to date, experts agree that there is a trend toward increased litigation in these areas and that the results will have a tremendous impact on corrections administration and design.

The concept of parity is grounded in the equal protection clause of the 14th amendment. In Craig v. Boren (1976), the U.S. Supreme Court concluded that to survive an equal protection challenge, classifications based on gender must serve important objectives and be substantially related to those objectives. Ironically, Boren asserted the rights of males who were subjected to a higher drinking age than females under an Oklahoma law. Many federal district courts have considered the parity issue in the corrections context; all have concluded that any differences between facilities and programs provided to men and women must be justified by important government objectives.

One of the first corrections cases that compared conditions for females to those of males was Mitchell v. Untreiner (1976). In that Florida jail case, the federal court decided women inmates were denied equal protection because they were not provided with the same privileges as male inmates.

In Glover v. Johnson, a federal court examined the constitutional adequacy of a women's correctional facility in Michigan. The district court had concluded that women's programs must be "substantially equivalent in substance if not form." The federal court ordered sweeping improvements for women, requiring additional vocational programs, industries opportunities, and alternatives to incarceration. The court was not persuaded by the state's arguments that providing the same range--and quality--of programs was not feasible because of the smaller number of women inmates. When the state was slow to implement the court's order, extra-ordinary measures were ordered (659 F.Supp. 621). The court empowered a court-appointed administrator to design and implement educational programs for females "on a parity with male inmates" and gave the administrator full power to contract for the services. In effect, the court gave its agent a key to the state treasury.

According to William Collins (1986), "[P]arity of programs for female inmates is an issue of potentially tremendous impact on correctional administration, yet one perplexingly slow to develop." While it is clear that federal courts demand good reasons for not providing parity of programs and facilities, the case law is still evolving. It has been suggested that, as courts require greater per capita expenditures for women inmates as a result of parity cases, male inmates may eventually claim discrimination (Collins 1986).

In Canterino v. Wilson (1986), the federal court found that Kentucky's correctional facility for women provided disparate treatment from that provided for men, denying appropriate vocational, training, and educational opportunities. The court also ordered that exceptional legal facilities and assistance, greater than those provided to male inmates, be given to women inmates. When this was challenged by the state, the court affirmed the

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[1]The authors gratefully acknowledge the contribution of Rod Miller to this section of the report.

requirement, noting that past deficiencies denied women inmates the opportunity to gain experience and skills comparable to their male "writ-writer" counterparts.

Sometimes parity requires the provision of additional settings and opportunities. In McMurry v. Phelps (1982), the court required that arrangements be made to house women at a less restrictive prison farm and to allow women to attain trustee status. In Olynick v. Taylor (1982), the court found that women were being denied equal protection because they were not given work release privileges. However, in Pitts v. Meese (1987), a federal court noted that while certain hardships were imposed on District of Columbia women inmates because the District did not operate a women's facility, the inmates' constitutional rights were not violated. In that case, the women were housed in a federal facility that was found to have adequate programs; its location in West Virginia was viewed as a hardship by the court.

The scope of equal protection issues is still being defined by the courts. To date, litigation concerning women prisoners has raised concerns with programs, services, medical care, visits, staffing, searches, exercise, cell occupancy, diet, religion, sanitation, failure to protect, and classification.

Courts have rejected arguments that women offenders cannot be provided with equal programs and facilities because of the smaller size of the female population and the greater cost associated with providing parity. In Bukhari v. Hutto (1980), a federal court concluded that, while it was sympathetic to fiscal concerns, such "practical" considerations could not be used to justify operating a system that violates equal protection.

Male Officers in Women's Facilities. In recent years, courts have decided that an employee's right to equal employment opportunity is of greater concern than an inmate's right to privacy. As a result, courts have ordered female employees to be assigned throughout male facilities--even if assignment involves occasional views of nude male inmates.

As this case law becomes firmly rooted as the basis for correctional employee practices, it is increasingly common to find male employees assigned throughout women facilities. While it is possible to establish, to the courts' satisfaction, that certain posts (usually involving observing nude inmates) legitimately require "same sex" staff assignment, it is difficult to establish gender as a "bona fide occupational qualification" (BFOQ) in correctional facilities.

In Edwards v. Department of Corrections (1985), a male employee successfully claimed that he had been denied a promotion at a women's prison because of his gender; the court found that a BFOQ could not be upheld in this case. In Torres v. Wisconsin Department of Health and Social Services (1988), a federal appeals court upheld the lower court's finding that the state had not established a BFOQ and was discriminating against male employees at a women's maximum-security prison.

Conditions of Confinement. Many cases have challenged the conditions of confinement for male inmates; these have been thoroughly analyzed in a recent research report prepared for the National Institute of Justice (Carter et al. 1989). In that report, the authors underscored the need to examine the "totality" of conditions of confinement, as the courts do in determining constitutional adequacy. The report provides specific instruments that will be used by the American Correctional Association to assess conditions of confinement.

The research of Carter et al. suggests that the following physical plant components are examined by the courts:

- **Facility size**
- **Cells** (size, fixtures/furniture, light, number of occupants)
- **Dayrooms** (size, fixtures/furniture, light)
- **Support areas** (exercise/recreation, education, programming, medical, visiting, work)
- **Environmental conditions** (light, temperature, noise, ventilation, plumbing).

Through a careful analysis of nearly 100 decisions, Carter and associates found that the courts systematically "connect" or consider the following operational issues when determining the adequacy of conditions of confinement:

- **Supervision** (type, frequency of health and welfare checks, use of closed-circuit television, etc.)
- **Staffing** (staff levels, training)
- **Circulation/movement**

- **Classification and separation**
- **Security** (internal, external, equipment)
- **Operations** (sanitation, classification, safety, security, length of confinement)
- **Inmate activities/programs** (activities, programs, medical services, food services, idleness/plan of day, out-of-cell time, visiting, recreation).

Prisoner Privacy. While most of the cases that have challenged conditions of confinement have been brought against male facilities, the emerging trend of cases demanding "parity" for women's conditions can be expected to address the issue of privacy in women's facilities.

Conclusion

Court decisions provide ample justification for designing and operating women's facilities in new and creative ways. It is likely that this pressure will eventually create better conditions for women inmates, exceeding those provided for males.

One can consider this scenario: (1) women sue to gain parity with men; (2) in achieving parity, women increasingly secure better facilities and programs than men; (3) males sue to gain parity with the "new" standards set by women. Such a "whipsaw" scenario actually occurred when female women staff began to sue for access to jobs in men's facilities. It may be encouraging to think that the conditions of confinement provided for women in coming years may become one of the most potent forces for improving conditions in men's prisons as well.

DESIGN RESEARCH[2]

Very little research has been conducted specific to the needs of women in institutional settings. As the female prison population increases, new facilities will have to be built and old ones renovated. More work needs to be done to determine how facilities for women can best meet their needs and support beneficial activities and programs.

Ruback and Carr (1984) found that crowding affects women prisoners somewhat differently than male prisoners. Women tend to spend more time in their cells and to get more deeply involved with their roommates; therefore, living conditions may influence their behavior more strongly than it does men's. In Ruback and Carr's study, women who perceived that they had more control over their physical environment (fewer roommates, ability to control lighting, a sense of private space) were generally happier with their environment than those who felt they had less control. Similarly, women who liked their living quarters reported less anxiety, depression, and stress than those who did not.

A similar study conducted with male inmates (Wener and Olsen 1980) found that some sense of ownership of space and satisfaction with surroundings contributed to fewer disciplinary reports, greater socialization, and less damage to the institution. Both the Ruback/Carr and Wener/Olsen studies indicated that overcrowding is directly related to disciplinary actions.

More than merely providing pleasant surroundings, however, the prison environment can encourage women to regain some of the control they feel they have lost. Research in design of mental health milieus has indicated that using natural materials, maximizing natural light, and adopting color schemes mixing neutral and "earth" tones can have significant positive effects on patients' socialization and level of anxiety (Davis et al. 1979). The designs of long-term psychiatric facilities and correctional facilities have many similarities; these points might be taken into account in building or renovating women's correctional facilities. In addition, allowing inmates to control lighting in their cells, using as much movable furniture as possible, and permitting flexibility in personal decoration may have positive effects on the inmates because such practices restore some degree of personal control and relieve feelings of frustration and helplessness (Lacy 1981). It might also be possible to allow inmates some say in redecoration or repainting, particularly if they do the work themselves (Lacy 1981). The sense of control might also be increased by encouraging inmates to attend to such tasks as personal laundry, fixing snacks or a meal on the unit, and maintaining the dayroom or other common areas (Lupton 1987). While such

[2]The authors gratefully acknowledge the contribution of Richard Wener, Ph.D., to this section of the report.

tasks do not provide an expanded or nontraditional role for the inmates, they do allow them to take some responsibility for their lives while incarcerated.

Space for parent/child visiting is also important. Providing contact visiting for mothers and children and ensuring that children have as positive an experience within the facility as possible are crucial to the well-being of both parties (Lupton 1987). Since women's facilities tend to be small, designing many multipurpose or flexible spaces ensures that a variety of activities can be accomplished without specifically dedicated space.

Because women prisoners tend to use medical services more than male prisoners (Lupton 1987), it is important to design this component to be accessible to all inmates. Particular attention should be paid to accommodating gynecological examinations and prenatal care. The physiological differences of women lead to other design considerations; the stress and discomforts of pregnancy may place added emphasis on the need for privacy in rooms (Richard Wener, personal correspondence, 1989).

The correctional environment can help foster an independence most incarcerated women lack and can support and facilitate useful programming. The survey that follows was designed to determine how correctional environments are currently meeting these challenges. It offers insight into how jurisdictions that are planning new construction or renovation could improve their efforts to provide an environment that is secure but not restrictive, that is nurturing but not paternalistic, and that facilitates the operation of necessary programming.

Environment and Behavior

The effects of environment on behavior have been documented in new, direct-supervision institutions. Direct supervision is a relatively recent innovation involving both management style and physical design. Correctional officers are in continuous, direct contact with inmates in an open dayroom; the enclosed or off-unit control station is eliminated. Because many women's facilities are conversions or renovations and were not originally designed as prisons, indirect supervision of women prisoners is not the norm. Direct supervision provides officers with the capability of a high level of surveillance from a central unit area. Inmates in these facilities have considerable freedom of movement within the "pod" or living unit and use various on-unit activity and program spaces.

The guiding assumption in direct supervision is that direct contact provides officers with the ability to know what is going on in all sections of the living area and allows them to stay in constant and casual contact with inmates. Thus, officers are able to understand inmate problems and often prevent the occurrence of disruptive behavior.

Another important element of direct supervision is that these living units usually provide inmates with increased options for privacy. They can usually go into their cells and close doors, often without officer aid. This increases inmates' ability to avoid potentially difficult encounters and to control stressors, such as noise.

Several evaluative studies have indicated that these kinds of direct-supervision facilities have less violence, less vandalism, and less stress than traditional facilities (Wener, Farbstein, and Frazier 1985; Farbstein and Wener 1989). Several women's units were included in the studies cited above, and all evidence indicates that, in these respects, women inmates respond in the same positive way as male inmates.

The environment may also have indirect, but nevertheless powerful, effects on behavior. For example, new direct-supervision facilities have been innovative in using "normalized" furniture and fixtures in an attempt to break traditional correctional environment stereotypes. These facilities often use color schemes, furniture, and fixtures similar to those used in home or work environments. These changes, when supported by staff behavior and management policy, help provide different behavioral expectations for both inmates and officers. They imply a normative expectation that reasonable care will be given to the environment and that property destruction or physical aggression will not be accepted.

This approach in some respects follows suggestions, such as that by Somers (1969), that "hard" settings (physically hard and difficult to personalize) challenge people to change them and dare users to vandalize them. By contrast, "soft" settings, by virtue of their human dimensions and fragility, encourage caretaking.

Again, as in male living units, female housing areas designed along these "soft" lines have been remarkably free of destruction and graffiti. If anything,

women may be more sensitive to the normative expectations reinforced by environmental design features (Wener 1989). Since, as is noted below, women tend to be less likely to respond to stress aggressively or by destroying the environment, it may be even easier to avoid "hard" surfaces and materials for their spaces.

Men and women respond differently to physical environments, and these differences may affect some elements of environmental design. For example, there are studies from a variety of settings including laboratory crowding experiments, that suggest women are less likely than men to resort to aggression as a means of dealing with interpersonal difficulties (e.g., Gifford 1988). Women are more likely to respond to stress by acting cooperatively rather than competitively. Such findings should not be interpreted as suggesting that crowding is a positive experience for women. Crowding can still result in significant psychological stress; however, it may be less likely to evoke violent responses among women. In fact, in dormitory studies women have shown greater discomfort (but not greater aggression levels) than men when living in two- and three-person rooms, at least partly because women spend more time in their rooms, whereas men respond to crowded rooms by avoiding them.

Differences in Space Use. It is difficult to discern the line between designing for culturally preferred behavior and reinforcing cultural stereotypes. For example, women traditionally engage in cooking as a family support and social activity. Providing spaces for cooking can be positive, but providing only such areas would limit women to their traditional activities. Facility design should allow, but not restrict women to, such traditional roles.

Customarily, women have the role of planning, organizing, and maintaining control over domestic environments. Allowing at least some of that control may be important in helping incarcerated women maintain self-esteem and a sense of competence. Women's correctional settings, therefore, may allow inmates to modify and personalize their space through choice of colors, furniture layout, pictures, etc. Women tend to be more sensitive to variation in their aesthetic environments than men. Hence, aesthetic aspects of environmental design (e.g., color scheme) may be more critical to women inmates.

In addition, women sometimes show less preference for large-muscle activities; they may be more interested in engaging in activities requiring fine motor coordination. Thus large recreation yards may be less critical and might be replaced with spaces that can be modified for a variety of uses. A ball field might be less important, for instance, than an area that can be used for gardening and socializing.

Because women respond to stressful situations more affiliatively, it may be important to pay more attention to designing spaces that support social needs. Useful designs might provide social areas for small groups with furniture arrangements.

It must be repeated that there are few data on many of the areas commented on here, including women's recreational needs and use of institutional space. Research in these areas is sorely needed.

SECTION II: THE PLANNING PROCESS

Planning the construction, renovation, or conversion of a correc- tional facility presents a jurisdiction with both opportunities and responsibilities, but also represents a substantial investment of public funds. The planning process is the cornerstone of the facility; a safe, secure, humane, orderly, and efficient facility only results from careful, thorough planning. At the same time, planners need to know how to get the most for the money and where financial resources should be concentrated.

Some jurisdictions contract with a consulting firm to plan for new correctional units; others may expect the architect to do so. Regardless of which option is followed, however, senior corrections department officials and selected operations staff from the existing women's facility should be integrally involved in the planning process. This ensures that policy issues that arise during planning are quickly addressed and that the personnel who will operate the facility have input into its development. It is also critical that this planning phase be given the time and attention that it is due. Failure to do so can result in an unsatisfactory facility that lacks needed program space and does not operate efficiently from a staffing standpoint.

The following is not intended to be a comprehensive discussion of the planning process; rather, it is intended to outline the key steps in planning and provide a sense of what is involved. The discussion is directed toward planning for a new facility, but planning for renovation or an addition of an existing facility is no less important. Figure 1 provides a model for the most important steps in the planning process.

STEPS IN THE PLANNING PROCESS

Needs Assessment

It is impossible to develop a cohesive and manageable facility plan without clearly defining the needs the institution is to meet. This includes projecting the number of beds the system will need and the size of the facility, as well as examining whom the facility is going to serve.

Forecasting and Profiling. The essential elements of this process are data collection--to develop a statistical base for analysis of historical trends--and projection of the rate at which the incarcerated female population will grow. Since the incarcerated female population is increasing at a higher rate than the male population, a jurisdiction cannot rely on current proportions of incarcerated females to males and overall prison population projections. The data base should track inmates from admission

ACTIVATION
Transition
planning

DESIGN REVIEW

ARCHITECTURAL PROGRAMMING
Determination of space needs

OPERATIONAL PLANNING
Management Approach Security Concept
Operating Concept Organization
Detailed Operational Plan for
each function and space

DEVELOPMENT OF FACILITY MISSION

NEEDS ASSESSMENT
Profile Information Staff/User Input
Population Forecasts Alternatives to Incarceration

Figure 1. The Planning Process for a New, Renovated, or Converted Facility.

through release so that an average length of stay can be calculated; also felony arrests and conviction rate trends, sentencing trends, and the impact of good-time credit on length of sentence are variables that will influence the development of accurate population projections.

The optimal size of a facility is one that will accommodate the facility's projected population. However, the availability of construction dollars frequently determines the actual number of beds that can be built; therefore, planning for alternatives is well advised.

Once population forecasts are developed, the anticipated proportion of inmates in each security level should be determined based on an objective classification system. The feasibility of developing alternatives to incarceration for minimum-custody inmates should be explored at this time; a jurisdiction may find a community alternative more cost-effective than building and operating a minimum-security component as part of the new facility.

The profile of the projected population must be studied as well as its projected security level. For what offenses are women being incarcerated? What programs are they most likely to need? What proportion need special services--prenatal care, mental health treatment, substance abuse treatment, special education, services for the handicapped, etc.? What level or type of security is most likely to be needed? The facility should be responsive to the needs of its residents, both in terms of physical design and programming.

Therefore, in planning housing units according to custody levels, it is important to include not only the traditional categories, such as maximum and medium security, but also to quantify the bed space needs for special populations or inmates with similar programming needs. This should include, for example, assessment of whether to develop dedicated housing for treatment of mentally or emotionally disturbed prisoners, special housing for women who are pregnant, a dedicated unit for intensive substance abuse treatment, and a determination of the number of infirmary beds. Program space should be planned to be flexible so that activities can change in response to inmate needs and other factors.

How should needs assessment be conducted? One of the most effective sources for this information is the existing inmate population. File searches, interviews, and structured work sessions (possibly through the establishment of an inmate advisory committee) can result in a thorough, accurate profile of the current offender and can uncover information previously unquantified. While anecdotal information and staff perceptions are very useful during this process, they cannot be relied upon as a substitute for hard data.

Unfortunately, current needs are not necessarily an accurate prediction of future needs. Policy initiatives that may affect prosecution and sentencing must be analyzed to determine their potential effect on the inmate population.

Development of the Facility Mission

One of the most important steps in establishing a new facility is to define its mission. In conjunction with system goals, the mission statement determines the focus of the entire planning process. Most corrections departments have a mission statement; it should be re-examined and perhaps refined when a new facility is to be built. A new facility represents a considerable resource to corrections; its mission defines how it can best be used within the current system of correctional services. Whether the mission is to be primarily custodial or rehabilitative will influence the facility's overall design. In a women's institution, for example, the mission statement should incorporate meeting the specific security needs of women offenders in addition to being rehabilitative.

Operational Planning

Crucial to planning a new (or renovating an old) facility is the development of an operational program that defines in detail how the facility will function. This includes defining the management approach and operating philosophy, as well as an analysis, identification, and definition of each component and activity that will take place in the facility. From this overall concept an architectural program is developed that identifies and defines the number, size, and location of each space to be included in the facility; this program is later used by the architect to develop preliminary construction plans.

The first step in operational planning is to define the facility's operational concept. This usually includes the type of management approach under

which the facility will operate, which in conjunction with the facility mission establishes the direction for the remaining tasks in development of the plan. It includes examination and decisionmaking on issues such as centralized or decentralized management, direct or indirect supervision, the organizational structure, and security.

The security concept includes building construction type, security zoning for facility operations, type of security technology to be used, perimeter security (perimeter fence, lighting, access and egress, pedestrian and vehicular access), and the various security levels of the housing components. Security decisions are made in conjunction with the classification and custody-level information and the operational concept.

The second step is to determine the functional organization of the facility. This entails deciding housing unit size based on the total number of beds at each level of classification. If a decentralized management approach is to be used, the decision to cluster certain types of housing units according to classification or function needs to be made. Administrative, security, program, service, and support functions that will take place in the facility are identified and the decision is made as to whether they will be centralized or decentralized.

It is important that the types of programs to be provided in the facility are identified at this time so that appropriately sized spaces can be planned to accommodate them. This holds true for all activities that will take place in the facility.

The third step in the development of the operational program is to determine in detail the location of the functional components of the facility, taking into account what functions need to be in close proximity to each other, etc. Then each activity that will take place in every component of the facility should be defined in terms of operational scenarios. For example, the flow of inmates from reception to living unit to discharge should be defined; this would allow the planning team to determine the most efficient ways for staff to operate. The mode of program and service delivery must also be considered at this time, including preliminary estimates of the number and types of staff needed to operate the facility, which in turn provides a very concrete way for the jurisdiction to assess future staffing costs. These estimates allow the planning team to consider how the facility can be operated in the most cost-effective way and still provide quality programs and services for the women.

Architectural Programming

The architectural space program is developed from the information provided in the operational program. Using appropriate standards and guidelines, the architectural program provides a list of each space required in the facility and its assigned square footage. Functional proximities and relationships identified in the operational program are noted and a building "footprint" is drafted, which allows investigation of site requirements. Again, review of these spaces by the "user agency" is important to ensure that the space program reflects the desired operation. Preliminary estimates of capital and operating costs result from this work, which provides the facility owner with an understanding of the overall costs required over the life of the facility.

Design Review

The planning process does not end with development of the architectural program. Senior corrections staff who will operate the facility should also be part of the design review process to ensure that the intent of the operating and architectural program is interpreted into design. In addition, potential users should be included in any decisions to cut overall square footage to meet budget guidelines. The users should also be involved in selecting equipment, furnishings, and colors and materials for wall coverings and floors since the immediate environment has a psychological impact on the behavior and mood of the women who will be incarcerated there. As the design is refined, staffing needs can be more accurately assessed and posts defined.

Activation

While the facility is under construction, the corrections department should begin the process of planning the activation of the new facility. Adequate planning for occupation is critical, especially if the management/operational concept of the new facility is different from that of the existing facility and the older facility is to be vacated when the new one comes on line. A transition team including the facility administrator and other key senior

staff who will work in the new facility should be assembled to plan for the facility opening. Tasks associated with this include refining staffing patterns; developing hiring schedules; defining position responsibilities; developing procedural and operational manuals; and planning staff training, inmate orientation, and the many other details of a smooth transition.

OTHER ISSUES

Setting Priorities

As plans become more specific, rarely will needs and resources align without conflict. If a budget limit has already been set and the optimal facility design exceeds the limit, then decisions need to be made regarding how costs will be contained. This usually requires some scaling down in such areas as programs and services, equipment, security technology, and construction materials.

The prioritization of where costs can and cannot be cut will be different for a women's facility than for a men's facility. In a women's facility, as noted above, the medical and mental health areas and services are very important. Another priority that should not be sacrificed to cost is development of smaller and more intimate housing units. While male inmates, for the most part, function well in large housing units and more impersonal surroundings, women do not. Programming and space related to parenting and child visitation should also be considered a priority because of the sensitivity of women to separation from their children. Self-improvement programs are equally significant for incarcerated women who, as profile research indicates, need and want to become self-sufficient.

On the other side, the need for costly "hard" perimeter security, hardware, building materials, and high technology security systems is lower in a women's facility. Therefore, economies can be realized in these areas, which will offset the additional square footage needed to meet other needs.

Other options for economizing can include some paring down of square footage, the use of lower-grade manual locking systems as opposed to automated systems, the phasing in of bed construction to allow cost phasing, and the development of nonstructural alternatives for women who are considered minimum custody. Decisions as to which options to use in prioritized order should be made by persons at the policy level (with input from operations and program personnel); policymakers should remain fully informed of the operational impacts of their decisions.

Time Considerations

The amount of time required for adequate planning is short compared to the benefits gained from it. In its haste to construct a facility or addition because of court pressure, a jurisdiction may shorten and inadequately conduct the planning process, which more often than not results in inadequate facilities. Of the facilities surveyed, only three reported any involvement in planning; the degree of their involvement varied and the extent of the planning process itself varied. The respondent from the Minnesota facility at Shakopee reported the most involvement and the highest level of satisfaction with the resulting facility. While it may appear that this is obvious, given the fact that the Minnesota facility was the newest in the survey, equal planning and care should be devoted to renovation.

Planning and Legal Issues

The types of litigation being pursued by inmates--both male and female--serve as a basis for identifying potential problems for those who plan, design, and operate women's facilities. The courts provide few specific design imperatives; instead, they indicate many important design principles that should be considered. While it is virtually impossible to design a "litigation-proof" facility, the following suggestions may help keep jurisdictions conscious of the important issues being raised in the courts.

- **View the Facility in Its Totality.** Designers should avoid focusing too closely on specific design elements or features in an effort to meet court requirements. Rather, it is clear that courts will evaluate the entire physical and operational environment to determine its adequacy. Therefore, while providing additional toilets, showers, or a bathtub might seem reasonable attempts to be sensitive to the special needs of women, failure to provide proper staffing, programs, or services can quickly obviate such design features.

- **Provide Flexibility.** Case law in the area of prison design is evolving slowly. It is impossible to predict what requirements may be established in the future--just as the future character of inmate populations is difficult to predict. Therefore, facilities should be designed to permit flexibility for future operators. For example, an industry that seems well suited for women inmates today may be found to be discriminatory in the future, requiring a change in the use of the industry space. There are many ways to design and construct a correctional facility to provide options for changing users and uses; all of these should be systematically employed in a women's facility.

- **Prepare for Diversity of Programs.** Some recent cases suggest that vocational, educational, and even industrial programs must be provided with comparable diversity for women. Designers should consider the need to deliver many different programs, even though the number of women inmates may seem too low to make them efficient. It may not be unusual to find several small classes required at the same time.

- **Prepare for Crowding.** Many corrections experts believe that crowding is more severe for women inmates than for their male counterparts. When this is true, the likelihood that litigation will be initiated is much higher. Some believe that female populations will grow disproportionately faster than male populations. If this is the case, new women's facilities may face space pressures sooner than expected. Again, there are many design techniques that can be used to anticipate crowding and mitigate its impact; all of these must be employed for women's facilities. Further, the ability to efficiently expand such facilities must be ensured.

- **Location.** There are hints in recent litigation that the location of a women's facility may be considered in the determination of parity. If possible, women's facilities should not be located in remote regions, causing traveling hardships for family, friends, and counsel. The location decision should be carefully considered and the decision process well documented to demonstrate that it was done properly.

- **Diversity of Classification.** Courts have demanded that all levels of classification and all types of alternatives be provided to women inmates. While the number of male inmates in a system would allow separate facilities to be constructed for each distinct classification, smaller women's facilities must necessarily provide this diversity on one site or in one structure. Designers must be sure that a full range of settings is available, including low-security options (e.g., prerelease, work release). It may not be sufficient to house work release inmates with other classifications.

- **Provide Privacy from Male Staff.** Designers would be wise to assume that male staff will work in all areas of a facility. With that in mind, provisions should be made to offer women inmates a degree of privacy without compromising security. This will be especially important in housing areas. Further, sufficient staff facilities should be provided for both genders.

- **Legal Materials.** Legal facilities and services approved for male inmates by the courts may be found to be insufficient for women inmates. Designers should make provisions to expand legal libraries and legal assistance activity areas.

- **Per Capita Cost.** Courts have stated that parity for women will be achieved, regardless of costs. Design, construction, and operating expenses may be significantly higher for women's prisons when measured on a per capita basis because of the lack of economies of scale enjoyed in men's facilities. When costs threaten to constrain a design, careful consideration should be given to potential legal ramifications. When in doubt, it is better to provide the space (or other design feature) than risk triggering expensive court inquiry into the entire operation.

SECTION III: ISSUES IN BUILDING PRISONS FOR WOMEN

MANAGEMENT

Planning a new facility, or renovating or converting an existing one, allows corrections departments to consider alternative approaches to management and the delivery of programs and services to inmates. Management considerations that will directly influence facility design include centralization or decentralization of management responsibility, organizational structure, and staffing configuration.

Five of the seven facilities surveyed reported using a centralized management approach; three of these facilities housed fewer than 225 inmates. Minnesota and Louisiana use a decentralized approach; Pennsylvania and Kentucky reported a combination of both ap-proaches.

Centralization/Decentralization of Management

The choice of management style will greatly influence the character and atmosphere of the institution and the behavior of its inmates. The management approach can also increase both staff and inmate perceptions of the environment as safe and secure. Environments that foster this perception permit direct supervision without architectural barriers that can inhibit the development of mutually beneficial relationships between staff and inmates. Regardless of their style of management, all the surveyed institutions reported using direct supervision.

If the woman inmate population is large or expanding rapidly, a decentralized approach to management should be considered, as it has the potential for resulting in a smoother running facility. Roy E. Gerard (1988) provides a succinct definition of unit management:

> Unit Management is an approach to inmate and institutional management designed to improve control and relationships by dividing a large institution population into smaller, more manageable groups, in order to improve the delivery of correctional services.

Selection of a decentralized management approach must, in addition to the size of the population, consider the following elements if it is to be implemented successfully (Gerard and Levinson 1988).

Authority is Delegated to Unit Staff. The unit manager and his/her staff have specific decisionmaking authority, stipulated in written policy, over the functions and activities of the inmates designated to the unit; the unit functions like a mini-prison within the larger prison environment.

Staff are Assigned to Specific Units. Multidisciplinary staff are assigned to a unit and work with the inmates housed there as members of the unit's management team. The role of each staff member should be well defined so that inmates know who they must go to for resolution of different issues and staff know where to redirect inmates to avoid being played one against the other.

Staff Offices are Located in or near the Unit. Offices of the correctional staff assigned to work in the housing unit, case managers, counseling, and program staff are located close to or in the housing units to provide proximity to the inmates. This arrangement facilitates interaction between staff and inmates, which results in a better working relationship.

Assignment of Inmates to Units is Rationalized. Inmates with similar profiles are housed together to reduce friction and allow staff to manage better. This arrangement also provides cues for inmate program planning.

If a decentralized approach is chosen, the overall facility design should reflect that approach. A campus design, with smaller and less traditionally institutional buildings, will facilitate this approach. Planners should consider clustering groups of housing together according to security designations or missions. For example, medium-custody housing can be grouped into one or two management units, depending on the size of the medium-custody population. Medium-security clusters can also be designated special missions according to the characteristics of the populations; one could be designated for inmates who are older and more stable and work in industries or institutional cadre and another for women who are newer to the institution and who may have a high involvement in education.

Many of the services that are traditionally centralized, such as dining and recreation, can be decentralized. Each housing cluster can be designed with its own unit activity center, which is directly accessible to inmates in that cluster. The unit activity center can contain spaces within which decentralized services, such as counseling, education, and inmate services, are provided. In addition, the unit activity center houses unit management staff offices and conference space. Organizing housing and the unit activity center together in a cluster promotes staff-inmate interaction, enhances inmate access to programs and services, and minimizes the escort function.

The following list provides an example of the division of centralized and decentralized functions in a 500-bed facility that used a unit management/decentralized approach to delivery:

Centralized Activities	Decentralized Activities
- Facility administration	- Inmate dining
- Security operations	- Case management
- Staff services	- Recreation
- Receiving and discharge	- Arts and crafts
- Library services (law)	- Library services (general)
- Medical/infirmary	- Sick call
- Intensive mental health services	- Psychological services
- Kitchen	- Unit management
- Institution laundry	- Personal laundry
- Vocational training	- Visiting
- Prison industries	- Academic education
- Intensive substance abuse counseling	- Substance abuse education
- Prenatal/health education	- Religious services
- Overnight child visitation	
- Facility management/warehouse	

The above listing is not intended to be exhaustive; further discussion on facility layout and environmental design follows.

Organizational Structure

Choosing a management approach also brings into focus additional related issues, such as the type of organizational structure that is needed to support it. The traditional organizational structure that defines top management as responsible for functional areas throughout the entire institution (e.g., security, programs, support) is supplanted under the unit management system to a flatter organizational structure that has unit managers reporting directly to the institution administrator or his/her deputy. Staff responsible for functional areas take on more of a support and coordinator role because unit managers and their staff are responsible for all functions that occur within that housing cluster. In general, unit managers are at the same level in the chain of command as other department heads in the institution. Figure 2 provides a sample organizational chart for decentralized management.

A decentralized management approach reduces the span of control and allows decisions pertinent to the inmate population to be made by the persons most familiar with those inmates. Before implementing this approach, the size of the management unit must be considered. At the National Workshop on Unit Management Concept Refinement held in 1988 in Columbus, Ohio, staff from corrections departments using a unit management approach considered the optimal number of inmates to be included in a unit management cluster to vary from 72 to 300, with an ideal size of 160. Staffing per unit, excluding 24-hour correctional officer coverage, ranged from three to seven staff, the average being five and the mode six. Staff-to-inmate ratios

Figure 2. Sample Organizational Chart Reflecting Decentralized Management of a Unit Management Concept

ranged from 1:14 to 1:58, with the average being 1:32 (Gerard and Levinson 1988).

Decentralizing management functions and positions will impact prison design. For example, the number and type of staff assigned to a housing cluster will impact the location of offices and conference space for unit management team meetings. Whether inmate records are to be centralized or decentralized will impact the size of the records area and type of construction that should be considered. Some jurisdictions choose to keep a day-to-day working record at the unit level, with a centralized records area for the "main" record. If the record is to be managed this way, the centralized records office and staff would be smaller than if the records function was completely centralized. Records storage at the unit level, however, must be secure.

Staffing Configuration. The type and number of staff positions that will be needed to operate a new facility are also influenced by the management concept. Under a decentralized, unit management approach, a unit manager heads up the unit management team that comprises a case manager(s), correctional counselor(s), unit clerk, and correctional staff who are responsible for 24-hour coverage in the housing units. Education, medical, and mental health staff may provide services to more than one unit cluster in the unit's activity center or in centralized space, depending on the degree of decentralization.

The impact of the management approach on staffing and training needs will vary according to the model adopted, which will also impact the sizing of spaces required to support the staff, e.g., lockers and shower facilities, staff exercise area, and spaces for training and roll call. These issues are further discussed below.

SECURITY OPERATIONS

Perimeter Security

The type and extent of perimeter security project the facility's image to both inmates and the public. Perimeter security must ensure--and must create the image--that the inmate population is contained and the public protected; it also must be designed so that security staff can be alerted to attempts to breach the security of the facility. The perimeter should be developed according to the type of inmates housed there and their security needs. In the case of a women's facility, alternative perimeter designs should be considered.

The perimeter security system can be envisioned as the integration of the following components: security fences, intrusion systems or electronic detection devices, lighting, and access and egress controls. The use of towers is not necessary; perimeter checks should be made via 24-hour mobile patrols. If the internal environment is to be kept fairly open and mainly conventional institutional construction techniques are used (as might be appropriate for a minimum- or medium-security women's facility), then a stronger perimeter security system should be considered. In a women's facility, both a strong perimeter system and a strong internal system generally are not necessary because the maximum- custody population is so small.

A separate unit for housing maximum-security inmates could be isolated from the other units. This unit would have a different character and "harder" environment. A second fence with razor wire can be placed around this unit alone, rather than around the entire facility. An electronic sensing system can be installed between this second security fence and the outer perimeter. This could result in substantial cost savings compared with the alternative of a double fence and sensing system around the entire facility.

Medium-security housing generally requires a single fence with optional razor wire. A perimeter patrol would be required to periodically inspect the fence. The decision of whether to fence the entire complex depends on several factors: (1) the distribution of the facility population over the various custody levels, (2) the historical rate of escapes, (3) the location of the facility, and (4) expected public perception of the facility and anticipated reaction to an escape. A secure perimeter fence alerts the public to keep out as well as deterring escape attempts. If the facility is in a highly populated area, a single fence without razor wire may be considered as an alternative to avoid the "hard" appearance and the accompanying perception that the inmates are "hardened" criminals. Also, adequate staff supervision and control of internal movement is at least as important to controlling escape attempts as a double fence. Of course, safety should never be compromised for the sake of appearance. The profile of the woman offender should be considered during the security planning process.

Generally, it is not feasible to isolate minimum-security housing, although these units could be located outside the fence. If the facility is designed primarily for minimum-security inmates, however, perimeter fencing could be eliminated because inmates in this classification are likely to work,

attend school, or have furloughs in the community. Their behavior will not warrant perimeter security beyond a "nuisance" fence (designed more to keep intruders out than inmates in).

Security Hardware

Hardware is not a substitute for supervision, and it cannot guarantee a trouble-free facility. In women's institutions, construction costs can be reduced by choosing appropriate hardware, which is generally far less expensive than for a men's institution.

The maximum and segregation units of any facility must be equipped with appropriate hardware for lockdown, and the design of these units must consider the possibility that inmates will be violent and destructive. Secure furniture, steel commodes, high-security locks, and reinforced construction will probably be necessary. However, in most women's facilities, these cells represent a very small percentage of the total. The majority of the facility can be constructed using less secure hardware and more normative fixtures. In construction, vertical and horizontal reinforcements would be used for structural rather than security purposes. Particularly in minimum-security units, toilet facilities can be centrally located rather than having "wet" cells, and dormitories can be considered.

Electronic Technology

While electronic technology can be used to enhance prison security and supplement staff supervision, in no instance should electronic surveillance be used as a substitute for direct staff supervision. Areas such as housing units, outdoor recreation, and contact visitation, for example, require direct staff supervision.

Electronic surveillance may be a key component of the perimeter security system. In addition, closed-circuit television may be used to monitor vehicle and pedestrian sallyports, as well as areas that are not appropriate for continual staff surveillance (such as passing through internal sallyports or barriers from one secure zone to another).

Electronic alarms may also be used for doors or windows of rooms that contain sensitive, dangerous, or controlled substances, equipment, or records. Examples of this include the pharmacy, any weapons storage, central computer facilities, and central records storage.

A card access system will allow staff access to selected areas of the facility without a key or central control room intervention. These programmable cards serve as a management tool by supplying a computerized record of when and by whom each designated door was used.

Electronic technology can also be used to ensure the safety of staff and inmates within the facility. The life-safety system within the housing units and other selected areas of the facility can include various electronic components, ranging from sprinkler monitoring to individual duress alarm devices.

Security Zoning

Under this concept, areas of the facility are grouped according to their function, use at certain times of the day, and security level. This grouping impacts the circulation of staff, inmates, and visitors and allows staffing economies to be realized at certain times of the day when certain zones (or sections of zones) are off-limits to inmates and do not have to be supervised.

The first zone, for example, comprises the perimeter and associated spaces that constitute the first level of security and controlled access as the facility is approached. It includes the reception area for all pedestrians entering the facility, perimeter sally-ports, the perimeter road and fence, and any buildings associated with the exterior of the facility (such as the power plant). The second zone could include areas of frequent public access within the facility, such as administrative offices and visiting rooms. The third zone is composed of those activity and function areas outside of the housing clusters that are often accessed by inmates, such as central recreation and dining, classrooms, prison industries areas, and institution support areas where inmates work. The fourth zone consists primarily of the housing clusters, and the fifth and innermost zone is the housing unit itself.

Through the use of zone movement, regulated and controlled by staff observation and in some cases by secure construction and technology, inmates move from one zone or subzone to another under a pass or escort system. Inmates could be allowed access to one zone and denied access to another based on classification designation. They could also be allowed access to one zone under a pass system but require escort to access another.

The security zoning concept has several advantages. It allows the primary security focus to be on areas of the facility rather than on individual rooms, and therefore promotes cost savings in the less secure zones. It allows zones to be isolated in the event of a disturbance; for example, maximum-custody housing could be located in the same zone as close-custody housing. It allows program space for inmates in these units to be located directly adjacent to the housing; if necessary, an entire unit can be separated from the rest of the facility. However, zones must be clearly defined during the planning stages and the facility layout developed to facilitate this concept.

Custody Classification

Women inmates are generally assigned to the same custody levels as their male counterparts--maximum, close, medium, or minimum (which can be further subdivided into institutional minimum and community minimum--work release from a halfway house located in the community). Because women inmates represent a small percentage of the total inmate population in any jurisdiction, usually all custody levels (except for community minimum) will be housed within one institution.

Classification of women inmates is more likely to be linked to behavior patterns than to offense categories. Where male inmates are generally assigned to a higher custody level and "earn" their way to a lower, women tend to be classified at the lower level initially. Therefore, women classified as maximum custody are likely to have exhibited behavior--destruction of property, assault, or abuse of officers or other inmates, etc.--that influenced their reclassification. In most facilities, unless there were indications in the profile information to the contrary, the maximum-security unit would be designated as the disciplinary segregation unit because it would be unlikely that a regular maximum-security unit would be needed. Close-custody inmates can be managed with a higher level of supervision and control in housing unit environments designed to house medium-security inmates.

Historically, the percentage of women inmates who fall within these custody levels is different from males. There would appear to be a smaller percentage of the total that may require maximum-custody classification, usually 5% or less. Approximately 50% may require medium-custody consideration, and the remainder would fall within minimum-custody guidelines.

ENVIRONMENTAL AND FACILITY DESIGN ISSUES

The design of a facility is influenced by many factors: funds, site, size, mission, population characteristics, etc. Several survey respondents indicated that it is ill-advised to use a prototype of a men's facility as the design for a women's facility; therefore, a discussion of the issues that should be considered in designing a facility specifically for women is presented here. Relevant survey findings are incorporated throughout the section.

The issues involved in designing any correctional facility are still valid for a women's facility, but the way decisions are made, the priorities that are set, and the resulting allocation of construction funds should be influenced by the concerns of this particular population. For example, since women's facilities do not require a high percentage of segregation cells with indestructable toilet facilities and highly secure lockdown capability, the cost per cell in the most secure unit should be relatively small.

Facility Site

Literature indicates that approximately 75% of incarcerated women have children and that their well-being is the inmates' most important concern. Studies have also shown that women in general, receive fewer visitors than men. Consequently, women's correctional facilities should be located close to urbanized areas, where the inmates' families are most likely to live.

Several of the surveyed facilities cited location as a problem, particularly where visitation was concerned. The Pennsylvania facility in particular is very far from the state's large population centers and special buses have to be run for visitors.

Facility Size and Scale

In determining size and scale issues, as well as many other issues in this section, the prevailing philosophy should be that women should receive no less than that already provided for men; where appropriate, the unique needs of women should be accommodated.

Good management practices, proven by experience, have shown that 500 beds is an optimal size for a facility, providing an efficient ratio of beds to infrastructure support. An allocation of between 450 and 500 gross square feet per inmate ensures such an institution will have sufficient program and support space.

Correctional facilities are often low-rise, single-level facilities with varying degrees of centralized and decentralized services. Generally, the movement of populations requiring higher security will be more restricted to the immediate housing environments, while the medium- and lower-security populations will have more freedom of movement and out-of-cell time. Climate will also have an effect on the layout of the facility, which can vary in concept from free-standing housing units, modules, or cottages with outdoor routes to program and support areas to institutions that have housing pods internally linked to program and support buildings.

The interior scale of the facility should reflect as normalized, or residential, an environment as possible. For example, if housing units are split-level and organized around a dayroom, a sloping ceiling might be used to reduce the height of the dayroom. The public reception and visiting areas should also reflect a normalized, nonthreatening atmosphere. Since women will be likely to receive children as visitors, it is important that the areas to which children are exposed are away from the innermost parts of the institutions and that the character of these areas is residential. Overnight visiting areas should also reflect a normalized environment that is visually and physically separated from the more "institutional" portions of the facility. One way to achieve this is through the use of trailers or modular units for parent/child visiting (see "Programs" below).

Facility Image

It would be desirable to eliminate, or at least minimize, the impact of the security perimeter system in a women's facility. Where possible, the buildings themselves should provide the security envelope. Outdoor areas that need to be secured should be well enclosed where possible, and the use of double fencing with razor wire coils should be avoided if at all possible. Normal fencing design with electronic sensing devices and full-time staff supervision of inmates in these areas should be considered.

In addition to the issue of perimeter security, the exterior design of the facility has an impact on public perception. If, as recommended above, the facility is located near an urban area, public perception will assume increased importance. Attention should be given to designing a nonthreatening exterior and avoiding the blank, virtually windowless facades that characterize many modern correctional facilities. Particularly in urban areas, it is important to develop a design that is congruent with the facility's surroundings. If the area is characterized by a certain style of architecture, then the facility should as far as possible complement that style. A nonthreatening building that fits in with its surroundings is much less likely to cause apprehension for either inmates or visitors; this should particularly be kept in mind given the number of children likely to visit a women's facility.

Living Unit Size and Configuration

Women exhibit a strong desire for private space in their living areas. The main principle that should be followed in designing women's facilities is this: Since women tend to be more comfortable in smaller groups and smaller spaces, and since the design should reflect a normalized environment, efforts should be made to subdivide large spaces into functional areas and equip them for specific activities, rather than simply putting all necessary equipment into the central dayroom. The Minnesota facility at Shakopee has incorporated this need into its housing unit design by subdividing each 32-bed unit into "wings" of four to seven beds and providing a small lounge in each wing. The survey respondent from Minnesota reported that this configuration substantially reduces tension on the units. If additional dayroom or lounge space is provided, some of it should be reserved for quiet

activities.

The desire to provide as normalized an environment as possible on the unit can also be incorporated into the location of unit service areas. Laundry facilities, for example, can be located in an alcove or semi-enclosed space with glazing to permit observation and adequate space for a washer, dryer, and ironing table.

In terms of an optimum number of beds that a women's housing unit should contain, it is desirable to keep the unit at a manageable size--a maximum of 48 beds. A larger housing unit increases the difficulties of unit management and decreases the "community" atmosphere. Smaller housing units can be configured to share program space, which would be located in an activity center between the units and accessed on a scheduled basis.

Depending on the management approach, program space can contain academic classrooms, a recreation room, case manager offices, work areas for support staff, dining areas, etc. The configuration of program space primarily depends on which services are centralized and which are decentralized to the units. In smaller facilities, more services are likely to be centralized to lower construction costs and staff requirements.

At a minimum, housing units should contain one multipurpose room for every 15 to 20 residents. This room should be furnished with movable furniture, such as stacking chairs, folding tables, etc., so that it can be used for support groups, tutoring, exercise classes, and other activities. It is advisable to keep the room small (sized to accommodate a maximum of 20) so that the surroundings will support the activities likely to take place there. An unassigned office should be available for individual counseling.

The housing units should also contain a kitchenette/beverage area with a refrigerator for the preparation of meals and snacks. This could be particularly valuable in a minimum-security or prerelease housing unit as it would encourage the practice of independent living skills and promote positive socialization. Four of the surveyed facilities provided at least a soda machine on the unit. The minimum-security apartments in the Minnesota institution contain kitchen facilities, and a beverage station is available on the unit. Beverage stations should be equipped to provide juice, diet soda, milk, or other reduced-calorie or nutritive drinks. This is particularly important in units housing pregnant women.

A medical triage area should also be incorporated into unit design to facilitate the sick call process. (For further discussion, see "Medical Services" below.)

Survey results reflected a strong desire for private space. The respondent from North Carolina noted that the majority of disciplinary problems occur on the facility's cell blocks, not in the cottages. The respondent from Pennsylvania noted that double-bunking has created storage problems (personal property has had to be limited), which have resulted in a rise in disputes among inmates. All respondents agreed that private space can have a positive effect on the woman inmate because it reinforces her sense of ability to exercise a degree of control over her environment. The surveyed facilities did not have substantial program space on the housing units. Even Minnesota, which is a unit-managed facility, had mostly centralized space because of the small size of the facility. Dayrooms were judged to be inadequately sized in the larger facilities.

Dimensions of cells, program spaces, and dayrooms should be in accordance with American Correctional Association (ACA) standards. These standards do not address the need for additional space to meet women inmates' needs, such as laundry and grooming stations. Therefore, planners should factor in these spaces as additions to the ACA guidelines.

Storage was also cited by survey respondents as a critical need in housing units. Secure storage is necessary if records or other confidential material is to be decentralized to the unit management staff office areas. Adequate storage for any food kept on the unit is also essential.

Type of Supervision

The advantages of direct supervision and unit management have been discussed elsewhere in this report. Direct supervision has been proven to promote a more normalized environment and foster better staff-inmate communication. Within the housing units, officer stations should be as open as possible or eliminated altogether; inmate cells or rooms can be accessed by key from an open officer station rather than building an enclosed control "center". The housing unit officer should be able to observe all cells and most other areas from any point in the unit. Two survey respondents reported that, because their housing units were poorly designed and it was not feasible to station two officers on the unit, the upper level of cells had

to be off-limits to inmates during certain hours. This type of configuration, which limits inmate access to cells, severely undermines the unit atmosphere and the inmates' privacy; they should be able to enter their cells at all times, even if they cannot always close the cell door. Privacy locks that can be controlled by the inmate from the inside with a staff override should be considered.

Interior Design

The following suggestions for interior design of housing units are based on preferences indicated in the survey results:

- Provide furniture, upholstery, carpeting, incandescent lighting, colors, and finishes that resemble the home or office rather than a traditional "hard" institutional environment. Survey respondents reported that built-in wood furniture works well in inmate cells when combined with some movable pieces (such as chairs); in addition, heavy wood furniture can be obtained for the dayroom. Natural light and plants should also be used to establish a "softer" environment. Durability and maintenance costs must be considered, but the environment should encourage inmates to take care of the furnishings and should support their efforts to care for themselves.

  Most of the surveyed institutions, particularly the older facilities, reported that dayrooms were furnished haphazardly, with a combination of plastic, vinyl, metal, and wood furniture. Such an arrangement does not encourage caretaking.

- Allow for some flexibility in arrangement of cell furnishings and customization of personal as well as communal space.

- Provide materials and finishes that mitigate the noise level. Laundry areas, for example, should be insulated against noise.

- Allow residents as much autonomy as possible with lighting control.

Environmental Controls

Studies done on conditions in office buildings have shown that women are more sensitive to thermal conditions than men. The problem of satisfying individuals' temperature preferences is exacerbated in high-rise buildings and correctional facilities, particularly those with inoperable windows. One solution to this problem--individual room thermostatic controls and heating/air conditioning units--is very costly and the hardware is subject to vandalism. Environmental control is an area where more thoughtful engineering and research must be done. Not surprisingly, five surveyed institutions reported temperature as a source of complaint within the housing units.

PROGRAMS

Programs serve several functions in the correctional environment. They reduce inmate idleness, thus reducing tension and potential security problems. They also provide inmates with opportunities to gain skills and begin the process of change that is necessary for successful reintegration into the community. In short, programs are the key to making incarceration a meaningful experience for the inmate.

Determining the type and extent of programs to be offered is a critical planning issue. These decisions will affect staffing, design, and operation of the facility. To the extent possible, flexibility should be the ideal in planning; the facility design should not limit the ability to try new programs or new approaches. Of course, some programs will require dedicated, specially equipped space; these range from academic and vocational classrooms to dedicated mental health housing and treatment units. A careful study of the population to be served and a thorough understanding of resources available to meet their needs are essential to planning effective programs and designing effective program space. It is unwise, for example, to build dedicated mental health housing unless there is a demonstrated need for it. It is unwise to equip vocational education or industries space for one type of equipment while failing to take into account that program offerings may change.

In this section, seven program areas are discussed: education, industries, family, mental health, substance abuse, recreation, and counseling. Survey results are incorporated into the discussion and are summarized in Table 2.

Education Programs

Academic Education. All surveyed institutions offer a variety of academic education, including Adult Basic Education (ABE), general equivalency diploma (GED) preparation and examination, and college courses. Some facilities offer additional programs; Pennsylvania, for example, offers two special reading/literacy programs and preparation for the Scholastic Aptitude Test (SAT). An average of 48.6% of the facilities' population was involved in full- or part-time academic education, ranging from a low of 20% (Kentucky) to highs of 75% (North Carolina) and 78% (Montana).

Only Pennsylvania reported that participation in academic education is mandatory (and then only if the inmate is younger than 17; the Pennsylvania facility is the only institution housing inmates under 18). Several respondents indicated that inmates are strongly encouraged to participate in education during the classification process and that good-time credit can be earned for class attendance.

Six of the seven respondents rated academic space as adequate (Pennsylvania said demand for classes is greater than available space will accommodate). The average classroom accommodated 15 people; an average of 4.5 academic classrooms are available in each facility. Five facilities use the library for academic classes, which was not considered optimal by the respondents in that it inhibited use of the library by inmates while classes were in session. Several respondents noted that staff shortages rather than available space limited educational offerings. The respondent from North Carolina indicated that a dedicated audiovisual room, where students could use equipment independently, would be desirable. She also noted the need for a bigger library.

The most critical concern in the planning and design of academic program space is that it be large enough to accommodate the desired
*fix the stupid line and drop in box
number of classes and that the environment be conducive to learning. Because women inmates with poor academic skills do not do well in the traditional school system, it is important to develop a learning environment that is not intimidating and is not merely a duplicate of that system. Some jurisdictions reported that more intimate learning groups are successful with incarcerated women. Therefore, consideration should be given to developing smaller learning environments for eight to ten inmates or planning larger rooms that can be subdivided.

Computer-assisted learning has also proven to be effective for adults who may be sensitive to displaying their deficits in front of others. Therefore, some classroom space should be designed to accommodate learning carrels equipped with computers. These carrels should be acoustically treated to buffer sound and promote a sense of intimacy and privacy. Classrooms should also contain appropriate space and wiring for audiovisual equipment.

Because many women inmates exhibit poor literacy skills, special attention should be given to basic literacy training, including one-on-one tutoring. Tutoring--whether from other inmates, volunteers, or staff--has proven to be especially effective in basic literacy instruction because it allows the inmate to have individualized, personal attention while respecting
her unwillingness to display her poor skills in front of a class or her peers.

Libraries and other non-classroom areas related to academic education should be designed to facilitate the functions that will take place in them; they should be used as classroom space only as a last resort. The sizing of these areas should be determined in the planning phases of new construction based on the size of the population and scheduled hours of usage.

Law library space is best organized separately from-yet contained in the same space as the general library for supervision purposes. An alcove equipped with carrels and typewriters that is separated off from the rest of the library through the use of glazing is recommended. The use of glazing acoustical materials in this area will buffer sound from the rest of the library area. The librarian's office and a workroom to receive and catalogue books is best located behind a reception-type counter located at the entrance to the library. The workroom should be equipped with a small sink. Wall shelving can be planned to allow for glazed side lights to be strategically located to allow casual supervision of the library area from the corridor by passing staff. The use of low shelving for freestanding bookcases in the library area will also facilitate supervision.

Other specialized non-classroom spaces, such as rooms equipped with audiovisual equipment, must be planned ensure that the space is sized and wired adequately. Again, the use of carrels and acoustical treatments is appropriate.

Vocational Education. Vocational training programs offered in correctional facilities for women must be responsive to the changing demand for marketable skills in the community and to the move away from traditionally "female" occupations. To meet this criterion, jurisdictions jurisdictions should plan new vocational space to be flexible in order to avoid constraints when changing vocational training programs.

For the most part, vocational space should not be designed around a specific program, but designed as a large open space that can be easily subdivided and can accommodate a variety of equipment. Ceilings should be sufficiently high and the number of utility hook-ups adequate to accommodate alternative power source types and plumbing. Small vocational laboratories located adjacent to the vocational training area are recommended to provide a more appropriate environment for related classroom instruction. Adequate, secure storage for tools, raw materials, and combustible materials must be planned and included in the design. Construction materials should be of the type typically used for light industrial shops.

Vocational training space for the computer sciences and other classroom-based training opportunities can be accommodated in a more traditional classroom environment fitted and equipped for the program. As the U.S. market becomes more computer and service oriented, demand for these types of vocational training programs are likely to grow.

Vocational program offerings in the surveyed institutions are summarized in Table 3. The range of offerings, while fairly wide, tends to cluster around traditionally "female" occupations such as cosmetology, secretarial services, food service, garment manufacturing, and nursing aide.

Three respondents indicated a need for more vocational programming space and two identified their vocational space as poorly designed. Three respondents considered their vocational space to be poorly designed in that the configuration of existing space had hampered their ability to accommodate new programs. An average of 6.2 vocational classrooms were available in the six facilities with vocational space (Montana has no vocational education but offers an on-the-job training program with the adjoining state mental hospital).

Life Skills Training. This type of education encompasses a number of areas: financial management, employment application and interviewing finding adequate housing and child care, budgeting and household management, banking, and buying on credit etc. These skills are extremely important in breaking the cycle of dependency that is common among women offenders, and every effort should be made to provide inmates with the opportunity to practice them.

The Minnesota facility has developed an innovative approach to teaching life skills: minimum-custody, prerelease inmates are housed in apartments within the facility. Each apartment for three inmates contains two bedrooms, a living room, and a kitchen. Inmates are expected to keep their apartments clean and cook for themselves (food is supplied). This arrangement allows inmates to practice living in a group situation, which many will probably do after release.

At a minimum, provisions should be made for a life skills laboratory in the facility. This room should accommodate 20 to 30 people and should contain work tables, an apartment-style kitchen unit, a blackboard or flip chart, and a screen to show films. The room should also contain adequate open space for role-playing exercises and group activities. Video recording and playback capability are valuable tolls for feedback on role-plays. A special environment for this instruction emphasizes its importance and promotes hands-on learning.

> Job Readiness. This is a particularly important aspect of life skills training, especially to the woman offender. These women generally have poor employment histories and are worried about finding employment that will enable them to support themselves and their children. Job readiness activities could include interview role-play, practice sessions on filling out job applications, and bringing speakers into the facility to talk about career options. The provision of such training does may necessarily impact facility design.

In addition to the more easily recognized practical life skills mentioned above, the general area of life skills training can be used to address the critical issue of how a woman effectively deals with the opposite sex. Using the life skills format, the inmate can be taught a variety of personal relationship skills, much the same as she would be taught job readiness skills. She can be taught what she should expect to do for herself and what is realistic and unrealistic to expect anything from casual contact through a relationship with the opposite sex. How to discriminate between supportive versus exploitive attention, what types of behavior provide cues to the opposite sex, how to effectively deflect unwanted attention, and how to attract attention appropriately are a few of the many skills that are important for women inmates to learn. It is important to use role-playing techniques and have video recording and playback capability; the feedback this affords is a powerful tool in assisting the inmate to effectively change unconscious behavior.

Industries

Choosing Industries. The choice of what prison industries programs have to offer is influenced by several factors: the need of the correctional jurisdiction to have the inmates manufacture goods for use in the prison environment; the area marketplace; the constraints imposed by legislation that can require prison industries to only provide goods and services for government agencies; the level of training demanded by a potential industry, and the amount of space and resources the jurisdiction decides to dedicate to its development. In addition, the mission of the prison industries component must be defined: Are the industries to be profit-making business enterprises? Are they to provide needed products or services to correctional department facilities and be break-even operations? Are they to be designated to run at a loss because their benefit is to augment vocational training or reduce inmate idleness? Furthermore, special programs that include involvement of the private sector can also be considered. The mission of prison industrie programs will affect the industries selected for inclusion in the women's prison, the amount of space devoted to them, and the way in which these spaces are deesigned.

Industries vocational programs in women's facilities have tended to cluster around occupations traditionally viewed as "femal": sewing, food service, secretarial skills, nursing aide training, etc. In recent years (and in response to recent litigation) efforts have been made to introduce "heavier" industries to the women population (construction trades, auto mechanics, etc.). While the move toward parity of industries opportunities to those provided in prisons for men is understandable, it should be noted that these programs may not equip female inmates to find employment in the community any better than traditionally "female" industries. Both the garment industry and the number of heavy industrial jobs are steadily declining. Even secretarial positions demand an increasing skill level. As the economy becomes more technology and service oriented, the correctional system needs to reevaluate what prison industries should be--both to continue providing meaningful job training and to run commercially viable shops.

The required skill level of a potential industry deserves special consideration. Telemarketing, for example, may provide a cost- effective operation and meaningful job experience, but a fairly high level of verbal skills--and often some computer skills--are required to get a telemarketing job in the community. Data entry presents similar problems. Unless the jurisdiction is willing to commit substantial resources and time to training industries participants, these industries may not prove viable because the number of inmates with adequate skills may not be large enough. In addition, industries work should be available to more inmates than just the few who are highly skilled and better educated. Therefore, jurisdictions should consider planning for several industries shops, even though, in a women's facility, those shops are likely to be small. A garment shop, a food service program, and a data entry or telemarketing shop, for example, could provide work experience for inmates with varying skill levels and interests.

Prison industries offerings, like vocational education, varied widely among the facilities surveyed, although they tended to cluster around traditionally "women" occupations such as sewing and sit-down assembly work (See Table 4). The states running tourism package assembly industries (Kentucky, Minnesota, and North Carolina) reported that these industries do very well; in North Carolina, inmates will soon begin staffing an "800" phone line to answer questions about the state's tourism opportunities, thus enabling inmates to gain customer service skills.

Three respondents indicated the need for expanded industries programming and identified parity with industrial offerings in male correctional institutions as an important issue in identifying new programs.

Number of Participants. The number of inmates who will be employed in prison industries is influenced by available space, the type of program, and whether or not double shifts will be operated. Some industries, such as engraving or upholstery, are labor intensive and do not employ a high number of inmates. Others, such as a garment factory, employ more inmates but do not necessarily offer meaningful job training. Telemarketing, customer service/tourism, and data entry provide the most viable "middle ground"--employing a fairly large number of inmates while offering a meaningful job experience. The six surveyed institutions with industries operations employed an average of 19.6% of their populations.

Design/Environmental Concerns. Like vocational training, prison industries space should be flexible to accommodate changing and expanding programs; the ability to expand is particularly important since women inmate populations are anticipated to continue to grow and additions to existing facilities are not uncommon. The size of newly planned industrial shops and facilities should be adequate to serve an expanding population. Wiring and electrical voltage should be provided that can accommodate a variety of industrial opportunities to allow for flexibility and change; the ability to accommodate oversize equipment is also important. Noise levels in a large space can be reduced through acoustical treatments on walls and ceilings; space can also be subdivided with materials that absorb sound.

If the jurisdiction intends to install industries that will require the delivery and pickup of a large amount of materials and goods, the industries

component should be located in close proximity to the service vehicular entrance and should be equipped with its own loading dock. Adequate spaces should also be provided for receiving, inventory, and bookkeeping functions. The latter two spaces should be designed for computerization.

The respondent from Minnesota reported having the most problems with the facility's industries space. In that facility, the data entry and telemarketing industries run two shifts to accommodate the number of inmates eligible for work; the respondent reported that it would be preferable to run one larger shift, but that the space will not accommodate more workers. Both Iowa and Montana reported a desire for more industry offerings, but indicated that space or other considerations (e.g., inadequate wiring) hampered the installation of new equipment or the setup of new shops.

> Exemplary Programs. Particularly considering its limited space, the Minnesota facility runs industries programs that provide training in marketable skills. While parity is an issue, it should be noted that overall trends indicate that "heavy" industry will become increasingly less important in the economy and that service jobs or computer applications will grow. Therefore, the Minnesota programs in data entry and telemarketing are good industrial choices for women inmates, as is North Carolina's addition of the inmate-staffed "800" telephone service.

Family Programs

The majority of incarcerated women are mothers, and they tend to be very anxious about the effect their incarceration will have on their children. In addition, custody problems may complicate parent-child relations, and the isolated location of many correctional facilities may decrease the frequency of visits. Family (and particularly parent-child) programs are essential to helping women inmates deal with their anxiety, maintain strong relationships with their children, and become more effective parents.

The provision of these programs has a significant impact on facility design. The facility should not be an intimidating place for children and inmates should feel comfortable bringing their children to it. In addition, space should be available so that mothers and children can spend private time together in a normalized, homelike atmosphere.

Parent-Child Programs. The most important parent-child activity that takes place in the facility is visiting. Survey respondents agreed that, if possible, these visits should take place in a dedicated environment. The surveyed facilities have met this need in several different ways: in Pennsylvania, for example, parent-child visits are held in a trailer on the facility grounds. The trailer is divided into areas for infants, young children, and adolescents, and inmates conduct visits under the supervision of a social worker. Minnesota has incorporated trundle beds into the cell design, allowing overnight visits on the housing unit. Kentucky and Montana offer overnight visiting, but space is extremely limited. Both of these facilities must limit participation to one inmate per week; in Kentucky, the inmate and her visiting children sleep on mattresses in the chapel. The Minnesota, Iowa, and Pennsylvania facilities provided some dedicated space for children in the general visiting area; the other respondents indicated that such space would be desirable. North Carolina did not have any indoor children's space, but a landscaped playground was available on the facility grounds.

Two respondents raised questions about the effectiveness of special holiday activities, picnics, or other large-scale family activities. These events tended not to be poorly attended; the respondents added that they thought this was partially because of the location of the facility and partially because caretakers are reluctant to allow children to interact with many inmates and many children--distrust of other mothers is difficult to overcome, particularly if these mothers are also incarcerated women. Smaller-scale or more private activities tend to work better, they reported.

Additional space for parent-child programs can be obtained economically if trailers or a small modular unit can be placed on the facility grounds (such as the trailer used at the Pennsylvania facility). A dedicated modular unit could accommodate visiting (including a number of rooms for overnight visits) and play areas and provide a more normalized or "homelike" atmosphere away from the main institution. The child can be taken on a tour of the main facility or can attend activities there, but the visit can be kept private; moreover, the child need not disrupt regular visiting and facility routines.

New facilities should incorporate space for play, day visits, and overnight visits. Multipurpose rooms can be used for some of these activities, but it is important that children feel comfortable in the facility--and that process is helped by having dedicated space furnished for children.

Other types of programs can also foster better relationships between parents and children. Letter writing, phone calls, and using craft classes to

make gifts for children allow inmate mothers to feel closer to their children and to improve their communication with their children.

Parenting Classes. All of the surveyed facilities offered some parenting classes. In Minnesota, completion of the STEP (Systematic Training for Effective Parenting) course was a prerequisite for participation in overnight visiting. The Minnesota and Pennsylvania facilities also offered parent support groups outside of formalized classes. All respondents reported that demand for these classes was high. Any such programs should focus on teaching the mother how to deal with her children during the transition period when she first returns home; few packaged parenting programs provide this critical information. After home visits during the prerelease stages and work release, inmates should be counseled by knowledgeable staff to enhance the value of the visits.

Parenting classes do not necessarily require a specialized environment. Academic classrooms, the life skills lab or a multipurpose room can be used. Sufficient space should be available for role-play activities and the showing of films.

Mental Health Services

The surveyed respondents agreed that ready access to mental health services was critical in women's institutions. Several facilities reported problems with arranging transfers for the mentally ill inmates; treatment beds in other facilities are often filled and the inmate must wait longer than is advisable for transfer. Respondents agreed that a multilevel system of mental health intervention is most advisable, and that a sheltered workshop would be beneficial as a component of mental health programming.

The surveyed institutions provided for their mentally ill inmates in a variety of ways. Only the Pennsylvania Women's Facility at Muncy has dedicated mental health housing (beyond an infirmary or psychiatric observation housing). This facility operates a state-licensed, 12-bed mental health facility on the grounds of the institution to serve its 546 inmates. This unit has a complete psychiatric staff and dedicated space for counseling and other activities. Patients can be held there for up to 25 days pending a hearing for transfer to a state psychiatric facility. The respondent noted that this unit is adequate "at the moment" but that she sees the need for more mental health housing in the institution.

North Carolina began construction in the fall of 1989 on a 30-bed dedicated mental health unit providing three levels of treatment programming.

Jurisdictions have several options for managing treatment of their mentally ill women inmates. If the corrections department already operates or is planning a special needs or mental health facility, treatment units can be dedicated for women requiring inpatient care. In some jurisdictions, routinely transferring more highly disturbed women to state hospitals may be the best solution because there are not sufficient numbers of these patients to warrant a dedicated treatment unit at the facility. However, if this is the case, then a sheltered and supportive living environment should be planned for the returning patients. Regardless of the inpatient solution, however, a continuum of mental health service delivery should be developed to identify and support the mentally or emotionally disturbed woman according to her level of need. This includes the provision of transition and linkage services to prepare her for return to the community on parole.

Inpatient Mental Health Care. The decision to provide intensive treatment in-house for mentally ill inmates is influenced by several factors: the size of the mentally ill population, their level of dysfunction, the proximity of the facility to a professional community from which mental health staff can be hired, local community treatment resources, and correctional department policy. Because mentally ill women form a small percentage of a jurisdiction's inmate population, development of intensive inpatient treatment services for them in the correctional environment has not, until recently, been seen as a priority; older facilities have not been designed to accommodate this need.

The ability of correctional jurisdictions to treat an inmate in acute crisis against her will varies. For the most part, strict administrative rules or legislation governs this process to prevent abuse in the correctional setting; traditionally, the mission of corrections has not been to provide mental health treatment. Many jurisdictions have found that the due process system that must be followed to commit an inmate into a mental hospital is long and arduous, causing the inmate to suffer unduly. For the most part, this dilema is resolved through an emergency transfer to a local community or state mental health facility based on a finding by two psychiatrists that the inmate is an immediate "danger to herself or others commitment"; the due process system takes over after this emergency.

Once in the hospital environment the inmate is assessed, medicated, quickly stabilized, and then returned to the correctional institution.

Unfortunately, unless the correctional jurisdiction has a dedicated mental health unit, the inmate is returned to the general population or placed in protective custody, neither of which is the optimal solution. Despite the best attempts on the part of medical and psychological staff to provide support in this environment, the inmate often decompensates and the cycle begins anew; transfer to the mental hospital becomes a revolving door. Therefore, at a minimum, a dedicated housing unit designed to facilitate the delivery of a higher level of mental health care than is available for the general population is advisable.

In planning a special jurisdiction unit within its women's facility for mental health treatment, one must define levels of care to be provided and develop a data base to quantify the necessary services. This information is vital to the unit design and size; treatment planning, and unit staffing. Treatment beds represent an expensive resource and the most intensive option in a continuum of services; therefore, assessment of need will help to ensure that enough beds are built and that plans have been made to use them effectively.

In planning a special mental health treatment unit, it is important to clearly define the population to be served in this unit in behavioral terms. If the institution will be required to hold women in acute crisis pending authority to transfer them to a mental hospital for treatment, a higher number of cells that are sized to accommodate the use of medical restraints will be needed than if inmates are treated against their will in this mental health unit. Acute crisis rooms should be located so that the staff can directly observe the patients; the rooms also need to be stripped of all equipment that an inmate could use to harm herself. A separate acute care unit for women in mental health crisis is desirable but may not be feasible if the women inmate population is small. If this is the case, then care should be taken to develop an acute care area within the unit that provides visible access, but that also has some sound separation.

An acute mental health unit should be located adjacent to an intermediate treatment unit that provides a less restrictive environment and a more active treatment program. Both of these units should be located close to the medical infirmary to facilitate the proximity of medical and mental health staff in the care of mutual clients. The mental health environment as "normalized" as is feasible and the interior of the unit so that it is conducive to treatment and does not exacerbate symptoms. For example, colors used in the unit should be chosen carefully since some colors can overstimulate an aggressive patient and some colors can understimulate a depressed one. Acoustical treatments should be provided to buffer sound and textures should abe chosen carefully.

The jurisdiction also needs to determine the treatment approach, model, and mode of service delivery, because this will impact the number and type of spaces to be included in the design. For example, if the facility chooses to develop a therapeutic environment in which to provide intensive treatment, that particular housing unit should include offices for the treatment staff, rooms for group therapy and therapeutic recreation rooms, instead of separating the treatment staff from the inmates, as is usually done in correctional institutions. Placing treatment staff in the housing unit promotes behavioral observation and interaction between patients and staff, which in turn creates a more supportive therapeutic milieu, provides treatment staff with a higher degree of familiarity with the patients and their issues, and decreases the tensions and fears that exacerbate acting-out behavior. When treatment staff are separated from the population they serve, there is a tendency for them to interact with the patient only by appointment and many benefits are lost.

A diagnostic process should be established for assessing mentally ill inmates so that they are identified and assigned to the appropriate level of care in the least restrictive environment; a mentally ill woman should not be kept in an intensive treatment environment if she is sufficiently stable to be treated in an environment that allows her to be more actively involved in everyday programs and activities. The intake process should include a mental health screening, and even though an inmate may not be in need of services at that time, a system for periodic checking and referral for evaluation should be in place throughout the inmate's sentence in the event she begins to exhibit signs of decompensation.

General Population Services. Inpatient treatment beds alone are not sufficient to meet the needs of mentally ill inmates. Follow-up mental health services need to be provided for women when they are discharged from the special mental health unit and returned to the general population. Just as the discharged mental patient must find support in the community (specialized housing, clinics, therapy, etc.), the inmate who is discharged from inpatient care must find support in the institution. Services for mentally/emotionally disturbed women who may never be sufficiently disturbed to be housed in a special mental health unit are equally important. Institutional programming should include psychological services, psychiatric review, medication monitoring, counseling or follow-up therapy, and transition/linkage services as need dictates. One option could be a sheltered living situation where inmates live together but receive day treatment services or mainstream into general population activities during the day. A mental health clinic area could be located adjacent to the mental health unit that provides space in which inmates from the general population can receive these services. This area should be designed to accommodate group therapy, individual counseling, and therapeutic recreation. This will facilitate the

ability of mental health staff located in the mental health unit to provide some of these services.

Decisions regarding the management and treatment of mentally ill inmates can have tremendous spatial impact. A jurisdiction must carefully evaluate the extent of services needed, the types of treatment to be provided and the delivery system to be establishedin order to cost-effectively meet the needs of these inmates. Augmenting general population services, contracting for local mental health beds in the community, and providing a sheltered living environment in the institution, for example, may prove more cost-effective in a jurisdiction with a low number of acutely dysfunctional inmates. If the facility is being renovated or expanded, existing housing units can be modified to include spaces in which to provide mental health services and be redesignated for inmates requiring a sheltered living environment, rather than the jurisdiction investing in construction of new treatment beds. Housing the more acute and chronically mentally or emotionally disturbed population together, assigning specialized staff to that unit, and providing a higher level of programming for these inmates than is available to those in general population may enable a jurisdiction to meet its needs with minimal construction costs.

Substance Abuse Programs

As with mental health care, the type of substance abuse treatment programming that will provided in the institution must be planned so that adequate space for the programs can be included in the facility design. The possibilities for substance abuse treatment run along a continuum of services ranging from education programs to support groups (such as Narcotics Anonymous) to time-limited counseling programs for women in the general prison population to intensive transitional inpatient treatment. The jurisdiction must select which options it wishes to implement, given the needs of the population and the resources and treatment goals of the jurisdiction.

All surveyed institutions provided some level of substance abuse counseling; however, the survey instrument did not attempt to determine the level or intensity of treatment. No surveyed facility had dedicated intensive substance abuse treatment units. North Carolina ran a three-to-four week program, during which time the women participating in the program were housed together. Treatment included Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups at all facilities. Minnesota ran a day treatment program but did not house participants together.

Increasing numbers of women are being incarcerated for drug-related offenses; therefore, substance abuse treatment should be given the same emphasis for women inmates that it is receiving for male inmates. In addition, women offenders typically exhibit a higher rate of alcohol abuse than male offenders, so treatment for women needs to address both alcohol and drug use.

A comprehensive system of substance abuse services should include an addiction severity assessment at the diagnostic stage of intake, mandatory substance abuse education, substance abuse counseling for inmates in the general population, and intensive treatment when the inmate nears release to provide transition and linkage services for follow-up in the community to which she will return. The intensive treatment option is, of course, the most costly and the one few jurisdictions will attempt. Alternatively, the facility can decide to house together the women who are interested in receiving substance abuse counseling. Doing this fosters the development of a therapeutic environment, which may be reinforced by adopting the principles of the therapeutic community. Women who demonstrate an unwillingness to abide by these principles are returned to the general population. With a motivated group of women in a supportive environment, it is possible to address some of the deeper underlying issues of substance abuse and low self esteem, such as child sexual abuse experiences, that cannot be addressed in general population.

There are spatial implications to providing substance abuse programming regardless of the degree of intensity. AA and NA meetings require an appropriately sized room; general population education and counseling services require space; a dedicated housing unit also must be designed to provide rooms for group therapy and one-to-one counseling. Multipurpose rooms can be used in most cases for substance abuse services for women in the general population. (It is important to realistically assess all the activities that multipurpose rooms are being used for during the planning process; often an insufficient number of these rooms are planned and they end up being heavily scheduled and programs are curtailed as a result.)

In larger facilities it is recommended that multipurpose space be designed into the housing unit to allow services to come to the inmate. This provides the highest degree of flexibility minimizes escort and correctional officer supervision, and allows services, particularly volunteer services, to occur during evening hours when staffing is lower but the availability of volunteers is higher. Alternatively, or in addition, if management is decentralized and housing is designed in clusters, each with its own activity center, multipurpose counseling and group meeting space can be located in the activity center and shared by women from several units.

Recreation

Recreational activities form an important part of prison programs; they provide needed release of tension and allow opportunities for physical exercise. Women inmates often exhibit different preferences and needs in recreation programming than male inmates. Women do not typically participate in team sports and they are more drawn to hobby and craft activities than men. These preferences have significant impact on the design of the facility.

Type of Program and Facilities. Given the preferences of women inmates, decisions need to be made during the planning process about the types of programs that will be offered. Physical exercise alternatives could include aerobics classes and exercise rooms with stationary bicycles, treadmills, and weight equipment. Similarly, hobby/craft activities can range from macrame, (which requires no dedicated space) to weaving (which requires special equipment but no dedicated space) to ceramics, leathercraft, or jewelry making (which require special equipment, dedicated space, and supervision for the use of potentially dangerous materials and equipment).

Because female inmates can be less interested in team sports, a centralized gymnasium may not be essential to an effective recreation program. However, if a gymnasium is not planned, alternative facilities should be provided to cover activities that are often held in a gymnasium, such as those that require an auditorium and stage. Activities that need expensive equipment, such as ceramics, would be centralized, as would an auditorium, dance studio, or other specialized space; however, an exercise room could also be incorporated into the housing unit design to allow some equipment (exercise bicycles, weights) and classes to be held in the unit. Outdoor recreation space can also be provided.

All survey respondents noted the different preferences of women regarding recreation programs. One respondent pointed out that since women's institutions tend to house a broad range of ages and lengths of sentence, recreation programming needs to be sensitive to the requirements of different subpopulations.

Four of the seven institutions surveyed rated their recreation facilities as adequate. The three facilities without gymnasiums (Iowa and Montana had none; Pennsylvania had a half-court gym thatwas closed for renovation at the time of the survey) indicated a need for one. These facilities were currently using outdoor recreation and other spaces (auditorium, visiting room, etc.) for small group activities or individual exercise. Hobby and craft activities were reported to be very popular with the women, but the need for dedicated space sometimes limited ability to provide a full program. The Minnesota facility incorporated a bowling alley into the facility design.

> Exemplary Programs. The Montana Women's Correctional Facility, despite its lack of a gymnasium, runs a mandatory physical fitness program. Once cleared by a physician, the inmate participates in an exercise program that is both competitive and individualized. Inmates proceed at their own pace. The respondent reported, competition exists among the inmates to become proficient at a particular exercise area (running, sit-ups, etc.). The respondent also reported that this program has increased inmates' self-esteem, fostered health consciousness, and actually decreased sick call contacts.

Outdoor Recreation. Women's preferences in recreational programming can be incorporated into the design of outdoor recreation areas as well. Large spaces, such as would be used for football, could be landscaped into walking/jogging trails. Seating could be placed in the outdoor recreation area. However, the space for some team sports (e.g., softball) should still be available.

Counseling

Perhaps more than any other correctional population, women inmates need the personal attention and support provided by counseling. Counseling is different from mental health treatment--it is usually not as formalized, does not involve physicians, and can take a variety of forms. Three particular types of counseling--spiritual, situational, and support groups--are discussed below.

Spiritual Counseling. No evidence exists to suggest that women inmates are more likely to attend religious services or access religious counseling than male inmates. Religious services and chaplain counseling should be available to accommodate inmates of all faiths; the facility should, if at all possible, have a dedicated chapel and dedicated chaplain offices and/or counseling rooms. In addition, if need is indicated, alternative spiritual activities

and resources (meditation, tai ch'i, etc.) may be explored.

Situational Counseling. Inmates need help dealing with day-to-day concerns related to both life inside the institution and issues involving their families, legal status, etc. This counseling often takes the form of contact with case managers or correctional counselors and constitutes the inmate's primary point of contact with institution staff. Correctional officers or other unit staff also perform this function to some extent.

Situational counseling can be provided either through regularly scheduled sessions or on an as-needed basis; a combination of these approaches is recommended, with additional contacts scheduled according to inmate need. Inmates new to the system, for example, will probably require more frequent counselor contacts, as will inmates with special needs (mental health, substance abuse, legal or custody issues, etc.) and those who are low functioning. These inmates may be assigned to a particular case counselor with a smaller caseload because they need more time and attention.

Depending on the facility's management approach, case
manager/counselor offices can be located either on the housing unit
(decentralized) or in a central place. Locating case managers close to inmates fosters beneficial inmate-staff relationships and provides casual supervision. Alternatively, if housing is organized into clusters and unit management office space is provided in the unit activity center, case managers/counselors will be located here; if this approach is adopted, offices, secure records storage for the inmate working files (the main inmate record may be kept in a central records area or could be kept in this location), and a staff room should be available. Most case manager-inmate contact would take place in the case manager's office, which should be sized to accommodate the staff member and two clients and should be soundproofed to ensure confidentiality. At least one or two counseling office should be designed into each housing unit, depending on the number of inmates each unit

accommodates. Centralized counseling/case management services would require larger spaces for records storage, support staff, and an inmate waiting area.

Support Groups. One of the most effective ways in which inmates can receive counseling is through support groups. These groups allow inmates to discuss topics of mutual concern in a nonthreatening, open atmosphere. The decision to provide support group programming--whether those groups are formal, run by a psychotherapist, or informal, run by peers--increases the facility's need for flexible or multipurpose space. Support or peer groups generally do not require specialized facilities, but they do require quiet, private space. Multipurpose rooms located in the housing unit that can be reserved for these activities are recommended.

Incorporating support group space into a facility's mental health unit is not recommended, particularly if severely disturbed inmates are housed within that environment. In addition, organizing support group space in a central location makes it necessary for inmates to move to attend the group, which may entail escort. Traffic flow should be minimal in a dedicated mental health unit both to ensure security and to facilitate the development of a therapeutic treatment culture on that unit.

Furnishings in support counseling spaces should be limited to a sufficient number of chairs for participants; tables can create barriers between participants. If the support group counseling sessions are such that inmates are expected to take notes, desk/chair units are recommended.

All of the surveyed facilities provided some level of support group programming. Respondents indicated that women inmates in particular need this kind of small-group interaction and that important common issues can be addressed effectively in this format.

> Exemplary Programs. The survey was not designed to assess the variety or effectiveness of each facility's programming; rather, it was intended to discern what kind of space is best for these programs and whether each facility felt its space to be adequate. Therefore, exemplary programs are not discussed here.

Survey respondents reported that locations for support groups ranged from specially designated rooms in a mental health setting to a facility's auditorium or visiting rooms; facilities with at least some designated counseling space generally offered a wider range of programming and rated their space as more adequate than those that operated support groups in spaces intended for other activities.

Support group programming should include groups dedicated to specific women's issues, particularly the issue of abuse. The majority of women inmates have experienced some level of physical, sexual, or psychological abuse; the support group format has been proven very effective in addressing these issues.

INSTITUTION SERVICES

Correctional facilities are communities in miniature: they provide the housing, food, health care, employment, and recreation that community residents access in many different locations or through many different methods in one centralized location. While program offerings are an essential part of the correctional environment, institution services are also essential to meeting inmates' basic needs. Well-planned service components contribute to the smooth operation of the facility.

Three important service areas are discussed in this section. Medical care is perhaps the single most important service a women's correctional facility provides. The unique needs of a women population has direct impact on the types of care provided and the physical environment. Food service and institutional support are also affected by the characteristics of a women population. Each of these areas is discussed separately, with survey results incorporated under the topic.

Medical Services

Historically, women inmates use prison health services much more often than male inmates. Women also have additional health care needs, such as gynecological examinations and prenatal care. Much of the litigation initiated by women inmates concerns their right to access adequate health care. All these concerns have contributed to the increased emphasis on health care in women's facilities, and jurisdictions planning to construct a women's facility should pay particular attention to defining the health care delivery system that will be used and designing an environment that will support that system.

Chief among planning concerns is the need to determine which services will be provided in-house and which will be accessed through community hospitals, clinics, or doctors' offices. These decisions are based on a variety of factors: the projected size and population of the facility, the availability of qualified professionals to staff an in-house component, the number of inmates housed in the correctional facility, the feasibility of contracting services to be provided in-house, etc.

For a very small facility, it may prove cost-effective to escort inmates to community appointments; in larger facilities, it is usually less expensive to bring specialists into the facility. If the decision is made to establish specialty clinics within the facility, sufficient examining rooms and equipment must be provided.

Another critical planning decision involves the extent to which inpatient care will be available within the facility. While all facilities should have the capability to provide infirmary care for emergencies, minor illnesses, and posthospitalization recovery, it may not be desirable to invest in equipment and staff to handle more intensive care.

The type of facility under consideration also affects which health care services are provided. For example, a converted or renovated facility may not accommodate the range of services possible in a new facility, thus resulting in more community care.

If the facility is to accommodate a continuum of health care services with only acute medical care being provided in the community, space must be provided for screening, assessment, ambulatory care, and infirmary care. This is true whether the jurisdiction plans to staff the medical component itself or contract it out entirely. Administrators must also consider whether they want the design of the full-service infirmary to meet the Joint Commission on the Accreditation of Health Care Organizations' (JCAHO) standards.

The location and design of a medical services component can inhibit or facilitate service delivery. Ideally, the medical component should be located in relatively close proximity to the housing units to facilitate inmate access to it. It also must be located to allow for easy access by an ambulance in the event an inmate must be transferred from the medical component to a hospital. If the facility is sufficiently large, it may be feasible to design a special needs housing cluster that would locate the ambulatory care, infirmary care, and mental health components together. The ambulatory and inpatient care components of medical services should be separated. This can be achieved either through physical barriers or through the location of a

nurse's station between the two areas.

Appointment scheduling for ambulatory care services allows staff to control extraneous inmate movement through the ambulatory care area. In addition, access to the medical care component can be through a controlled sallyport. A secure waiting area, sized to accommodate the projected number of inmates who would be waiting at any given time for medical services appointments, could be located to connect directly with the sallyport. Entrance to the ambulatory care area from the secure waiting area is then regulated to occur only when the inmate's presence is requested by the health care staff. Installation of an intercom could decrease the need for officer escort.

The survey revealed a wide variety of health care arrangements at the institutions examined. All the institutions rated their medical services as adequate and provided some level of inpatient care, at least during daytime hours. All facilities had some in-house sick call and physical examination procedures in place. Only four of the facilities offered on-site gynecological examinations, and only one had on-site examination by a specialist other than a podiatrist or optometrist.

The North Carolina respondent, having recently supervised the construction of the prison's new medical services component, reinforced the point that provision of services in-house is, in the long run, economical because it greatly reduces the number of correctional officer hours spent in transport of patients.

The following areas are important in the design and functioning of a medical component. Relevant survey results are included in the discussion.

Health Care Planning and Education. The average women offender has neglected her health prior to becoming incarcerated; therefore, she is likely to need both medical attention and preventive education to help her develop skills to care for herself better in the community after release. Sex education should be an important element of this curriculum. In addition, prenatal education is an essential part of women's health care (see "Prenatal Care," below). None of the surveyed facilities had extensive health education programs in place, though several respondents acknowledged the need for these programs.

The provision of these programs does not have a significant impact on facility design. Classes can be conducted during evening hours in vacant classrooms or multipurpose rooms.

Sick Call. The sick call process usually begins on the housing unit, where inmates request to see medical staff. An efficient sick call screening process can save time and reduce congestion in the medical services area. If possible, a nurse should conduct sick call screening on a daily basis; a small triage area with a sink should be incorporated into the housing unit design for this purpose. The nurse can screen complaints and schedule appointments with a physician, physician's assistant, or nurse practitioner as appropriate. The nurse can also dispense over-the-counter and prescription medication during sick call; the triage area should contain adequate circulation space for this purpose. The poor written communication skills of many women inmates make a written request for medical attention less effective than triage by medical staff on the housing unit.

Providing sick call on the housing unit need not have a significant spatial impact. Screening staff will not conduct physical examinations on the unit, so a specially equipped examination room is not necessary. Use of medication carts are recommended to eliminate the need for secure medication storage or refrigeration on the unit. Housing unit staff can schedule screening to minimize congestion.

Prenatal Care. All surveyed facilities housed pregnant inmates within the general population (in Pennsylvania, the inmate was moved to the infirmary for the last two weeks of term). The average number of pregnant inmates (at any given time) for all facilities was 7, ranging from a low of 2 (Iowa, Minnesota, and Montana) to a high of 23 (North Carolina). All facilities also provided some level of prenatal care; five offered in-house care, while two used community providers.

Adequate prenatal care should encompass more than periodic physical examination. Education is also an important component of such care. In addition, the special needs of pregnant inmates should be considered. The North Carolina facility has dedicated a housing unit to pregnant women; this unit has special furniture, classroom space, and additional "quiet" space. The respondent reported that inmates find the unit very helpful in handling the physical and emotional demands of pregnancy, and that the inmates there tend to form strong bonds that help them after delivery.

All surveyed institutions transferred inmates to community hospitals for delivery. The possibility of complications necessitating the use of special equipment or procedures makes delivery in the facility highly undesirable.

Examination and Clinic Facilities. Adequate (and adequately equipped) examination space is an important factor in the design of a facility's health care component. As mentioned above, a jurisdiction must define the extent to which medical services will be provided in the facility before the design process begins. At a minimum, basic examing rooms should be available for ambulatory, nonemergency care. Special equipment (for podiatric, orthopedic, neurological, dermatological, or other specialist appointments) may not be necessary if the jurisdiction plans to make these services available in another location--whether in a community hospital or clinic or another correctional facility. It should be noted, however, that extra examing rooms are easier to add during initial construction than later; a jurisdiction may want to consider adding space to give themselves the option of providing more in-house services at a later date.

Proximity of available care is an important factor in determining whether to provide a service in-house or in the community. Montana, for example, contracts most medical services with the state mental hospital because its facility is located on the hospital grounds. In Iowa, inmates are transported 100 miles for scheduled physician appointments in Iowa City. The average distance to a hospital for emergency services is 6.4 miles; for scheduled appointments, 22 miles. An average of 2.2 examing rooms were available in each surveyed facility.

Optometry and dental equipment should be available in the facility, since a significant number of inmates are likely to require these services and it would probably be most cost-effective to provide them in-house. Gynecological and prenatal examinations should be available as a standard in-house service.

The examination area should be designed around a central nursing station that provides a barrier from which to control and direct inmate movement into the various examination and service areas. After completion of the examination or procedure, the inmate is escorted back to the nursing station by the health care practitioner; interventions ordered by the practitioner are transcribed, and additional or return appointments are scheduled at that time.

Minor outpatient surgical procedures, such as suturing, can be handled in-house if the facility is equipped to provide them. More comprehensive surgery is better managed through a local provider. To accommodate this need, one special examination room should be designed for special procedures (electrocardiograms, minor suturing, cast change, emergency trauma interventions). This room should be at least 240 square feet in size to allow for 360 degree access to the examination table and storage for special equipment and supplies. The ceiling should be high enoughto accommodate a high-intensity liquid. This special procedure room would not be used as a general examing room and should be secured when not in use, although emergency access must be available to health care staff.

The examination/clinic area should also contain space for storage of records and equipment. The central medication storage area or pharmacy should also be located close to this area.

Infirmary Care. All surveyed institutions made some attempt to provide infirmary care. This ranged from a new medical services building in North Carolina containing 36 infirmary beds (5 semi-private rooms, 3 four-bed wards, 2 isolation rooms, 2 maximum- custody rooms with lockdown capability, and 6 mental health beds) to day infirmary care only (due to staff shortages) in Minnesota. Pennsylvania, Kentucky, and North Carolina had all recently completed or were currently undergoing expansion of their number of infirmary beds because of their rising facility populations.

Infirmary care should be available for women who are too sick to remain in their housing unit but who do not require hospitalization. Smaller facilities may choose to locate acute mental health housing in the infirmary to minimize staffing needs. The number of beds to be included in an infirmary will depend on the number of women it is to serve; if there is the likelihood of housing being added at a later date, the infirmary should be oversized to accommodate the protected population.

The infirmary care component should be designed with a mix of single cells for high custody inmates and multiple-occupancy rooms for lower-custody patients. These cells or rooms should be designed to ensure maximum visibility from the nursing station; glazing may be used to facilitate this. Installation of a nurse call system is also recommended for all infirmary beds.

Single occupancy isolation rooms should also be included in the design to allow women with infectious diseases to be cared for in the infirmary setting.

Of the total number of isolation rooms required, half should be designed for body fluid isolation with appropriate clean and dirty linen disposal, and half for respiratory isolation (negative pressure) with vestibules equipped with a sink, clean and dirty linen disposal, storage for linens, and other direct care supplies.

Areas for dispensing medication should be adequately sized whether these are at the nursing stations or in a separate medication dispensing area. Survey respondents cited inadequate medication space as a major deficiency of their medical areas.

Corridors and doors in the medical component should be designed to allow sufficient space for wheelchairs and for inmates to be moved on a gurney to an ambulance in the event of transfer to a hospital.

In addition to the expressed need for more in-house medical capability, respondents expressed concern regarding the need for the medical services area to be designed to serve the dual needs of both treatment and security and control of inmate flow through the medical services area. Visibility from the nurses station was considered a problem as was the inability for inmates to contact the nursing staff from an infirmary bed if they needed to do so. Circulation space for the dispensing of medication was also cited as a problem. In addition, an efficient way to transfer inmates to a hospital was considered desirable.

> **Exemplary Programming.** The North Carolina Women's Facility at Raleigh completed construction of a new medical services component in 1989. This medical services component was designed to provide a complete range of ambulatory and inpatient basic nursing care for 600 inmates. The component provides for a variety of security levels and a wide range of inpatient services: it contains five examination rooms, one triage room, and outpatient surgical facilities.
>
> The North Carolina medical component was built after three years of planning and has responded to many of the special considerations posed by providing health care in a prison environment. Not every jurisdiction would need such an extensive health care system; Montana, for example, has a hospital less than 100 yards from its women's facility. However, careful planning and, as the respondent reported, "a sharp eye for the wisest way to spend your money" have resulted in a well-designed and responsive system in North Carolina. (See Table 5 for a guide to the in-house medical services provided by the surveyed institutions.)

Visiting

Women offenders are typically less likely to receive visitors than their male counterparts; this may in part be due to the isolated locations of many women's facilities. Nevertheless, visiting plays an important role in helping inmates maintain contact with family and friends, and should be considered an important institutional service.

All institutions surveyed provided primarily contact visitation; there was a total of four noncontact visiting booths in all seven facilities. Since contact visiting is the norm in women's facilities, visiting areas should be subdivided into conversation groups to allow some measure of privacy.

The institutions reported a variety of problems with visiting. Most concerns centered on the lack of dedicated visiting space or the effect crowding had on the number of visitors. Three of the facilities had to restrict the number of visitors allowed and one had to restrict the length of visits. Two facilities offered visiting only on weekends because of lack of space.

The survey revealed that dedicated visiting space should be considered a priority in building a new women's facility, or when planning a renovation or conversion. Institutions built for uses other than correctional facilities rarely contain suitable spaces for visiting; therefore, visiting space should be high on the list for renovation or expansion.

The major security issue in visiting is the potential for visitors to bring contraband into the facility. In women's facilities, where a larger number of children will be visiting, staff face particular problems in dealing with the difficult issue of conducting adequate screening while being sensitive to the visitor.
All visitors should be screened upon entrance into the facility. Lockers should be available for storage of visitors' coats and valuables, and visitors should pass through a metal detector. If more extensive search procedures are required, women officers should be on duty to pat search children.

Food Service

All survey respondents indicated that women inmates have different food service needs than male inmates. Respondents also indicated that women take a greater interest in how food is prepared, presented, and served. The major areas of concern in food service are discussed below.

Dining Area Location. All the surveyed facilities had centralized dining rooms. While this is common in both older and smaller facilities, in new facilities dining is often located within the housing unit where a decentralized management concept is adopted. Decentralized dining allows for a more intimate atmosphere and minimizes inmate movement. If it is adopted, a dining area must be incorporated into the housing unit design; unit seating, with four or six benches attached to a table, is recommended for dedicated dining areas, while stacking chairs are recommended if the dining area is to be used for another purpose as well. In a facility with larger housing units, multipurpose dining rooms may provide useful space for other activities.

If decentralized dining is adopted, either meals can be transported from the central kitchen to the unit in preportioned thermal trays or a serving line can be located in the unit. Alternatively, if the facility is designed to cluster housing units together to facilitate unit management, a dining room can be located in the unit activity center and a serving line set up in it that uses a steam table and includes a salad bar. Smaller facilities would generally choose to centralize dining or use the preportioned tray method of food distribution; in either case, the dining area should contain a beverage station and storage for some dry goods (cold cereal, crackers, etc.). If dining is not done in the housing unit, a beverage station should be located there so that the women can access juice, coffee, or other beverages between meals.

Centralized dining rooms provide easier food distribution but can necessitate scheduling meals in shifts. If centralized dining is used, long "institutional" tables seating more than 12 inmates should be avoided in favor of smaller, more conversational groupings.

Nutritional/Dietary Concerns. All survey respondents said women inmates require a lower-calorie menu than male inmates, with more salads, fruits, and vegetables. Menus planned for male inmates typically are high in fat and starch; this diet can result in weight gain for women inmates, who generally exhibit fairly low levels of physical activity. Centralized dining rooms should incorporate a salad bar into their design; if dining is decentralized, a preportioned salad could be available as a standard option for lunch or dinner. In addition, pregnant inmates have special nutritional needs that must be accommodated, and women inmates are more likely than males to be on a special diet for medical reasons (high blood pressure or control of cholesterol intake, for example). Overall, menu planning for women inmates is likely to be more individualized than for male inmates; kitchens should be equipped to accommodate these needs.

Commissary/Canteen and Inmate Services. As with menu planning, commissary/canteen stock should reflect the different needs of women inmates. Fruit should be available for purchase, along with reduced-calorie drinks and snacks. This may result in a women's facility having a canteen purchasing operation that is separate from the men's facilities; refrigerated storage may need to be available for canteen stock.

The commissary/canteen operation can be located in the housing unit activity center in facilities with unit management. Another option is to create an area of the facility that simulates a "town square", with the inmate canteen, a "fast food" cafe, a newsstand, a shop area for inmate crafts, a hair care center, etc. This area should contain seating for adults and children, and it may be adjacent to an outdoor visiting/recreation area. Inmates can gain work experience in "real-world" situations by staffing these areas, which can be used both during visiting hours to provide the most normal type of visit possible and during recreation periods for socializing and leisure skills development. Staff can act as shop supervisors and provide casual supervision of the area. If such an area is incorporated into the facility design, a staff control area or formal officer's station should not be part of it.

Facility Support

A full-time equivalent of approximately 20% to 25% percent of the inmate population is generally required to provide an adequate level of facility support. In a women's facility, this figure may be slightly lower if more strenuous work (painting, portering, plumbing repairs, etc.) is done by male inmates from another facility or maintenance staff; however, administrators may choose to assign a higher proportion of inmates to clerical positions in this facility than they would in a men's facility, so the overall percentage of inmates involved in support work may not vary as much as anticipated.

If possible, work assignments should be linked with vocational training. Inmates enrolled in a horticulture program, for example, may also work on the grounds maintenance crew. Vocational training in culinary arts may be linked with kitchen work assignments. While such decisions do not have a significant spatial impact, they are important elements of the planning process if the goal is to provide inmates with meaningful training that can lead to jobs in the community.

Every effort should be made to minimize the number of male inmates or outside workers employed in institutional support--not just to minimize cost, but to offer the inmates useful job experience. Women offenders typically have minimal employment histories, so the opportunity to provide some job experience should be utilized.

The use of inmates for facility support impacts an architectural design only in the sense that some equipment may need to be different than it would be in a men's facility. Kitchen equipment, for example, should be downsized, as women probably would not be able to handle very large or heavy utensils (e.g., 80-gallon kettles). For the groundskeeping crew, small riding lawnmowers may be purchased. These considerations should be kept in mind during the planning process. It is possible to employ women to do most of the maintenance work in the facility with simple equipment modifications.

COST-CONTAINMENT MEASURES

Women's correctional facilities are similar to men's facilities when considering total construction cost. Women's facilities must meet the same requirements as men's facilities in terms of American Correctional Association standards, building codes, safety standards, etc. For this reason, it essential that the mission of the institution be defined during planning; confusion over the role or responsibility of the facility can add to construction costs through over-incorporation of security hardware and physical barriers, which in turn reduces the flexibility of the design. Moreover, technology generally has not resulted in reducing staffing levels or improving communication between staff and inmates. A thorough plan for managing and operating the facility will assist in determining the appropriate level of technology needed. The staff cost of using and maintaining the technology specified should be factored into its original price.

The type of construction, level of technology, and equipment choices are all directly influenced by the classification of inmates. The difference in construction cost per cell between a medium- and a maximum-custody institution can range from less than $35,000 to more than $100,000. If the institution is minimum- security, some states allow more dormitory space, bringing the construction cost down even more. Dormitory space that incorporates private rooms or areas may be particularly suitable for women inmates.

At a conservative construction cost estimate of $55,000 per bed, any new correctional facility represents a major expenditure. Nothing is inexpensive in the corrections field, but through careful planning and consideration of all available alternatives, administrators can realize some economies and ultimately get the most for their construction dollar.

The following areas should be considered for cost savings:

- **Labor.** Local costs represent a significant percentage of total construction expenditure. The cost and availability of local labor influences the type of construction used. For example, if labor is relatively inexpensive and easy to obtain, block or brick construction is usually used; in areas where labor is more expensive or scarcer, precast concrete and other types of prefabricated construction should be considered.

- **Facility Size.** The smaller housing units recommended for women facilities do not generally result in lower construction costs; a smaller facility will demand more security separation walls at a higher cost. Items unique to a women's facility--grooming areas, overnight visitation areas, etc.--can also increase total construction cost. Planners must define security zones thoughtfully in order to place appropriate security barriers where necessary.

- **Security Hardware.** Along with careful definition of security zones, accurate coordination and location of security hardware, glazing, and security hollow metal may save thousands of construction dollars.

  Proper classification of inmates will minimize the amount of specialized high-security, vandal-proof furnishings and fixtures that must be used.

This allows the designer to use more conventional construction methods and provide more beds for the dollar. The "typical" high-security cell that meets American Correctional Association standards costs approximately $20,000; careful allocation of these expensive cells is essential.

Careful programming of spaces will also allow security hardware to be reduced substantially. For example, if inmates are permitted to mingle with one another and with staff in dining, educational, and recreational settings, then constructing cells with stainless steel fixtures and high-security, locking sliding doors is probably an overreaction to security levels.

- **Construction Materials.** Some conditions of confinement in a women's facility allow for spaces to be separated into many smaller areas. Depending on classification, materials such as sheetrock and metal studs can be used for minimum- security areas. Walls and ceilings may not require reinforcement except for structural purposes.

- **Site.** The first land to come available is not necessarily the best land for a correctional facility. Choosing the least desirable site may make it easier to acquire the property and gain community acceptance; however, correctional construction is especially sensitive to such factors as topography, surrounding land use, available utilities, access, and climatological conditions. Saving money on acquiring the site can very well result in a substantial increase in overall construction costs as it becomes necessary to overcome site inadequacies.

- **Management Approach.** Management approach can have a major impact on construction cost: the fewer the barriers between staff and inmates, the more money that can be saved on the initial construction cost. This also reduces the amount of security equipment that must be maintained.

- **Project Control and Coordination.** It is essential to determine the size and purpose of an institution before construction begins in order to avoid excessive spending. At each step in the planning, design, construction, and opening process, rigid control procedures should be followed. While some surprises and change orders are inevitable, history shows that the greater the emphasis on project control, the fewer the cost overruns. One important element of project control is coordination between the design team, the user agency, and special consultants in such areas as operational planning or food service. If all concerned parties work together to determine what the facility should contain, design decisions will be easier to adhere to and change orders will be minimized.

- **Use of Prototypes.** It is not advisable to use a protoype of a men's facility for a woman's facility. And since many jurisdictions only build one women facility, development of a prototype women's facilitiy is not feasible on a state level. However, research should be done to develop a national prototype women's facility suitable for medium-, minimum-, or mixed-custody levels. South Carolina has recently developed a prototype method of construction allowing single-cell prisons to be built for approximately $30,000 per bed (as compared to the $55,000 national average); such a design could conceivably be modified for women offenders.

SECTION IV: PROGRAMMING AND DESIGN OPTIONS

THE PROGRAM DELIVERY SYSTEM CONCEPT

As the profile of the woman offender indicates, the incarcerated woman is likely to come from a background of poverty, neglect, and abuse. She may have a history of emotional problems linked with drug/or alcohol abuse as well as poor academic and vocational skills and a minimal work history. Women offenders tend to recreate "family" relationships with other prisoners, are less likely to engage in violence in the prison setting even in the face of crowding, and maintain family and community ties. As has been noted earlier in this document, their behavior is strongly influenced by their feelings of dependency.

Although some women inmates will identify with the criminal culture in a prison and may not be open to changing their behavior, a large percentage of this population has the potential to benefit from the facility's programming. Therefore, a strong emphasis on treatment within the program delivery system can possibly reduce recidivism.

Most women's prisons attempt to deliver some programs and services, and efforts are being made toward reaching parity with male prisons while maintaining a sensitivity to parent/child issues. However, correctional systems are slow to change and existing facilities were not designed to facilitate new approaches. If a jurisdiction is going to build a new facility, it has the opportunity to implement innovative approaches to incarceration by designing a comprehensive and integrated program delivery system approach.

The key to an effective program delivery system is integration. Programs, services, and inmate activities combine to provide the prisoner with instruction and experiences to combat her deficits on all levels. Every experience the inmate has the institution --from classroom work to job assignment to living in the housing unit--is part of the treatment experience. Because the inmate's deficits probably began at an early age, distorted perceptions and experiences from childhood contribute to her low sense of self-esteem, her feelings of dependency, and her perceived inability to take control of her life. These problems cannot be addressed simply through the provision of education and vocational training alone. It is necessary to help prisoners change their values and perceptions in order to encourage the belief that education and training will make a difference in her life. Therefore, programming should seek to break through the myths that support continued dependency; it should impart a cohesive message to the inmate that she can choose to take control of her future. Further, the system should offer practical opportunities for the inmate to develop literacy, vocational, parenting, social, and leisure skills and would ensure that counseling and treatment are available to address problems associated with substance abuse,mental or emotional disturbance, and self-confidence and self-esteem deficits.

The inmate's period of incarceration is viewed as having several phases. The first phase of her imprisonment is diagnostic; she is assessed and her needs are defined. The second stage is the incarceration phase, which focuses on problem resolution and skill development. The third phase is prerelease, when the prisoner begins to focus on preparing herself for work release in the community. The last phase is work release, where the focus is on reintegration into the community.

The optimal scenario is that a consistent and total treatment environment will be provided for the inmate that gives her the opportunity to make choices and experience the consequences of her decision. If the inmate does not choose to use the opportunities available to her, she can be prevented from negatively influencing those who do by being housed and managed in the manner her behavior requires. All personnel should be trained to support this philosophical approach in their communication with inmates so that consistent message is given in everyday interactions between staff and inmates.

The physical design implication of this approach is that barriers separating staff and inmates are removed; counselor and program staff offices are placed in the housing units where inmates will be spending the majority of their time. Every effort is made to promote positive staff-inmate interaction. This concept also requires designing the facility so that inmates at the same stage of progress can be house together to promote peer support.

The following is a description of how the prison environment could be organized in terms of sequencing diagnostic assessment, programs, services, and activities.

Reception and Diagnostic Component

The programming process being at intake. The newly admitted woman is house in a diagnostic unit while a comprehensive diagnostic profile is assembled including social, psychological, academic and vocational information; substance abuse severity testing; social functioning testing; and a comprehensive medical evaluation. The medical evaluation is extremely important, not only to assess deleterious effects of substance abuse, but also to determine if the woman has sight or hearing deficiencies that might interfere with her ability to learn. This information is used by classification in developing each inmate's comprehensive program plan.

While the woman is house in this unit, the facility may require that she attend an orientation class; this is the beginning of the program delivery system. It orients the woman to the facility's philosophy; explains that she will be expected to take advantage of the programming opportunities offered; provides an overview of each component; and describes her progression through them. A segment of the module speaks to the generic profile of the woman offender and then forces the forces that come into play to reinforce her dependency and cause her to repeat her cycle of self-destructive behavior; it also elaborates on how the programs in the institution can assist her in breaking this pattern. A staff representative from each program area, assisted by an inmate participant, should discuss the various programs offered. At this point the new inmate is also advised of the consequences of nonparticipation, which should be presented in a nonpunitive way, as a natural consequence of her choice. A segment of this module can be dedicated to the usual orientation to rules and regulations, but this segment should be presented as housekeeping facts and not take precedence over the central message of the module.

The woman's first direct involvement in choosing to use what is available for her in the system is the development of her individual program plan. At this time, given her assessed deficits, strengths, and interests, a case manager works with her to develop a preliminary program of activity that begins to address her needs. This is used by classification staff in determining her initial housing assignment. The program plan is developed with incremental measurable goals so that the inmate can chart her progress. It is regularly updated with her case manager.

The reception and diagnostic housing unit should be designed and furnished attractively to reinforce the overall facility mission. Offices for the diagnostic staff and spaces for group testing and the delivery of orientation modules should be located in it or adjacent to it, separated only by large double doors that area left open during the day and evening.

Housing Assignment

Inmates should be assigned to a housing unit or cluster of units based on security needs, custody level, and program plan. As they become involved and progress, they are reassigned so that the more motivated inmates are housed together. These inmates are also predatory or demonstrate acting-out behavior are housed together in a separate zone or housing cluster that contains the required support space.

Housing should be designed to provide some measure of privacy; single cells or rooms are optimal, preferably in groupings of eight around a small dayroom/lounge type area within a larger housing unit. This will facilitate the development of cohorts that can have positive programming implication. Multipurpose rooms and individual counseling spaces should be provided in the housing unit.

Academic and Vocational Education, Institution Support Work, and Prison Industries

A definite progression between literacy, academic education, vocational training, and prison industries should be developed that links the inmate's assessed academic competency and vocational skill level and interests. For example, if a woman has low literacy skills, she may not be at a level where she can participate in vocational training that requires her to read technical material. In this case, her programming should initially; focus on literacy training and/or Adult Basic Education, with a high level of tutorial work, balanced by participation in institution support work. A woman who has a higher literacy level but does not have her general equivalency diploma (GED) may participate in a split program of vocational training and academic education, with a half-day in each. A woman who has her GED but has no work skills may have a full-time vocational program (which may incorporate institution support work, e.g., food service) and an evening or part-time advanced literacy training or higher education program. A woman who has completed vocational training or who already has work skills when she enters the facility may work in prison industries and pursue an evening or part-time advanced literacy training or higher education.

Whatever the combination, the objective is to develop a program with the inmate that will address her level of development. First she must become literate, then learn a skill, then be provided with the opportunity to practice that skill in a work setting. Because communication skills are key to managing social and work situation, regardless of the individual's level of education, she should expected to upgrade her literacy skills while incarcerated.

Programming for Special Needs

Programming to address inmates with a mental or emotional disturbance or with a history of substance abuse is an important part of the inmate's overall program plan. Unless these inmates with a underlying issues are addressed, it is unlikely that the inmate's ability to function in the community will last regardless of how her ability to function on an academic and vocational level has improved.

If the woman is mentally ill, her program plan must be developed in conjunction with the mental health staff who are responsible for her treatment plan so that both are compatible and target realistic but also compatibility of plans while she is preparing to return to the community. Planning her care after she is released is also a significant issue to be addressed at the prerelease stage.

Emotional disturbance is relatively common among female prisoners and will need to be addressed in the general counseling arena or, depending on severity, through mental health counseling. Women who have been sexually abused or undergone some other significant physical abuse must receive counseling that focuses specifically on these issues. Resolution of these issues is key to the development of self-esteem and an ability to maintain control in the community. These same issues often underlie substance abuse, which is a problem for a large percentage of the female population.

Treatment for substance abuse and emotional disturbance should be addressed in conjunction with the inmate's need to develop other skills. Transition and linkage to community-based resources must be made. If a woman's addiction problem is severe, she will need intensive treatment that provides the appropriate transitions for her (e.g., intensive residential, prerelease, and community aftercare programming), thus giving her the extra support needed to successfully re-integrate into the community. If this transitional support is not available in the correctional system, the program plan may be developed to include admission to an intensive community-based residential treatment program instead of work release.

Socialization Programs

A significant proportion ow women offenders become incarcerated because of crimes they committed as accessories to crimes committed by men with whom they were involved. In addition, women offenders often exhibit distorted perceptions of their roles and their relationships with men. The fact that physical, sexual, and mental abuse have characterized these relationships does little to change inmate's ability to break the self-destructive cycle. It is widely acknowledged that incarcerated women suffer from low self-esteem. Socialization programs provide a strong vehicle for teaching female
inmates new values pertinent to their roles as women.

Socialization programs include parenting/family, programs, life skills, and job readiness. All of the program offerings discussed in this report should emphasize teaching appropriate social interactions, good work habits, and the development of the kind of behavior needed to hold a job in the community. The parenting program should be a prerequisite for inmates wanting to participate in an overnight child visitation program. The life skills and job readiness programs should be emphasized when the inmate is in the prerelease phase of her incarceration.

As part of this phase and life skills programming, the inmate should also begin to develop concrete plans for release that will be incorporated into her parole plan. This plan, developed with the inmate's case manager, should address, in realistic and concrete terms, work, family, social, and recreational goals for her to achieve while in work release and on parole. This plan transfers with her when she moves into the community.

A specially designed life-skills laboratory and alternative design options for the child visitation program are discussed in the "Programs" section of this report (see below).

Work Release

During the work release phase of incarceration, it is essential that the program services delivery system include continued support for these women as they begin the transition back into the community. As part of the planning process, the inmate will have identified realistic goals for herself and will need encouragement and assistance to achieve them. She will also need continued support group, substance abuse, and other counseling, that can be provided either in-house or through linkage to community agencies. Optimally, some support of this kind should be provided by community correction staff to ease her transition from correction- to community-based support.

One of the most important services offered in this phase is job development assistance to open up employment opportunities that will use the skills these women have learned while incarcerated. Although it may take longer for these women to find work using these skill, it is important that job development staff not succumb to the temptation of urging the women to take the first available job; the benefits of such actions are usually short lived in that the woman will not remain in the job is it is not satisfying.

If the work release center is to operate out of a new or converted facility, design of this minimum-custody space should include sufficient multipurposes space to accommodate support groups and meeting. In addition, offices for job development staff will be needed as will be a workroom with telephone and typewriters for the women to make telephone calls and write the letters necessary to their job search. Housing at this stage of their incarceration can be similar to the apartments used for minimum-custody women in the Minnesota Facility at Shakopee; dormitory space arranged to provide some privacy is also acceptable.

A DESIGN PHILOSOPHY FOR WOMEN'S INSTITUTIONS

Managing women inmates requires a different approach from the typical men's facility. Similarly, the design of a facility dedicated to female prisoners should be responsive to those differences. Prison officials should create an environment that is conducive to changing the inmate's pattern of criminality while ensuring the safety and security of the public, staff, and other prisoners. Several aspects of facility design are different when planning for incarcerated females. The following summarizes the major points of this report.

Facility Image

Assuming that the stated and publicly accepted mission of the facility to be designed is the incarceration of women offenders, the facility can project a more residential, rather than institutional inmate. Without compromising security, the design of a women's institution offers the unique opportunity to translate programmatic requirements for smaller spaces into an image that more closely resembles a college campus. The facility's atmosphere should suggest an environment where habits can be changed to enhance the potential for a crime-free life following incarceration.

From the staff's perspective, the image of a women's facility can be supported by an architectural design that reflects a higher degree of decentralization of services and programs. Each housing unit should become more centrally focused as the prime area within which living, working, learning, recreation, and self-improvement activities occur. The staff in a newly designed women's facility should expect that its scale, use of materials and colors, and types of space will reflect interest in increased communication and interaction both between staff and inmates and among the inmates themselves.

Similar to the staff's perspective, the inmates of the new facility should perceive it to foster a higher degree of personal interaction and attention to individual needs. This should be reflected in a design that provides an adequate number and type of spaced for individual and small group counseling. An inmate incarcerated within a newly designed women's facility should find security measures and devices, but their presence should reflect less emphasis upon the traditional (male) institutional approach. The image of the women's facility of the 1990s should stress, through both design and management, programming and opportunities for self-improvement rather than incapacitation and suppression. This can come about through choice of materials, equipment, furnishing, colors, and unobtrusive security.

Security Concept

Traditionally, security and its concomitant design and construction have placed a high degree of emphasis upon barriers and control devices. In the

women's facility of the 1990s, security should be achieved firstly through the operational/interactional concept of the facility and secondly through barriers. While security should not be minimized in a woman's facility, the perimeter need not be characterized by a traditional double fence/razor ribbon enclosure. Although perimeter fencing will be required for certain security levels, a direct transfer of the double-fence configuration from its automatic acceptance as the correct design response. A single fence--in excess of 12 feet in height and with climbing restrains-not only should meet the security requirements of a facility for women but also should represent a much smaller capital investment. A motion detection system could be useful within a single-fence system.

The internal security features of a women's facility can place less emphases on traditional barriers (e.g., sallyports, motion detection devices, and tightly controlled circulation corridors). Without compromising security, the interior design should capitalize on the effectiveness and low cost associated with the use of industrial rather than high-security hardware. Overall, one might expect less emphasis on devices and barriers and a more of an emphases on direct and casual supervision of female activities by institutional staff.

Operation

The benefits of decentralized management that have been demonstrated in men's facilities can also be transferred to women's institution. To accomplish programmatic and rehabilitative objectives, the higher the degree of decentralization of programmatic and programs to the housing units, the greater the opportunity for enhanced staff/inmate interaction. In all likelihood, the programmatic requirements in women's institution will focus less on large industry-scale work programs and more on an office or residential type of environment for inmate work activities. This offers a unique opportunity to develop smaller, more human scale spaces for the majority of operations and services.

The design of the housing unit is key to facilitating the overall decentralized programming concept that can be more effective in the operation of women's facilities. Each housing unit becomes a central focus for most of the inmates' daily routines.

Program

To support the wide range of programs and services made available to women offenders, the physicians design of the institution should provide more individual and small group spaces. These spaces should be designed using materials, furniture, and colors that encourage communication and support the programmatic concept of choice and change.

Continuing the linkage between the woman offender and her family (or other outside support system) is an essential part of the rehabilitative process. Family visitation offers a unique opportunity to ease the inmate's eventual re-entry into society and possible return to the family setting. To promote this type of interaction, areas should be designed to take into account the number of children that will participate. Smaller, more intimate, and more residential-scale visiting space should be designed. Although controversial among some facility operators, the women's prison of the 1990s should explore the possibility of creating family visitation centers that permit overnight supervised visits within the institution setting. Again, design emphasis should be upon the creation of more residential, rather than institutional, "climates."

Recreation is a key component of an inmate's daily routine. However, differing from the traditional male institution, the typical woman offender normally would be involved in aerobic, rather than team, activities. This will affect the need for a large open playing field, which so often characterizes men's institutions but are generally underutilized in women's facilities. Outdoor spaces that encourage walking, group conversation;, and private reflection are more important than traditional softball or football fields.

Similar to the emphasis in outdoor recreation being on more intimately sized spaces, the design of indoor areas, such as the gymnasium and dayroom, should reflect a desire to decentralize activities and encourage small group interaction. While the large traditional gymnasium affords a multi-use-type space, the substitution of a multipurpose room might be appropriate.

CONCLUSION

One of the great difficulties facing a designer of women's institution is the desire of many department of correction to create "flexibility" that permits the ultimate use of women's facilities for male inmates. Many of the decentralized service benefits for women also apply to men. However, if the initial and long-term planned use of the facility is for women offenders, then the designer should recognize the historical, physiological, and biological differences between men and women and develop design solutions that maximize the opportunities associated with these differences. This can mean less emphasis on expensive barriers, hardware, and institutionalized spaced and a greater degree of commitment to a more normative and residential environment.

Designing a women's facility for the 1990s offers a greater opportunity to make the totality of the environment support a treatment-oriented program. One might expect that the more traditional double-tiered open dayroom concept (found in men's facility constructed during the 1970s and 1980s) will be replaced by a single-story, smaller living unit of a more residential scale. In addition, the use of open space for circulation, colors to support different types of environmental conditions, and furnishings that reflect the generally accepted behavioral characteristics of women might not only foster the opportunity for self-improvement but also result in institution that are less expensive to construct and maintain.

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APPENDIX

WOMEN'S FACILITY DESIGN CHECKLIST

This checklist was developed from the Proposed Third Edition of American Correctional Association Standards, Facility Design Checklist. Modifications were made to accommodate the unique requirements necessary for designing a women's correctional facility.

I. Perimeter Security and Site

- Does the perimeter security system provide for no more than 45 seconds between the enunciation of a perimeter alarm event and a response/interception by a perimeter patrol officer?
- Does the building envelope provide the primary security perimeter?
- Are there no more than two access/egress points through the perimeter security fence?
- Does the building footprint occupy 20 percent or less of the site area?
- Does the site permit adequate circulation and a service/delivery area?
- Is there adequate staff and visitor parking and is the parking located near the appropriate access point?

II. Facility Administration

- Is the administrative area directly accessible to the public?
- Does the design of the administrative area permit casual observation of inmate areas?

III. Security Services

- Can the communication/control center console be operated by one person?
- Is the central control area impenetrable, providing at least one hour's protection against an assault?
- Does the design provide adequate space for full-shift training and/or muster?

IV. Support Services

A. <u>Food Service</u>

- Does the design of the food service area permit up to four days' worth of food items to be stored adjacent to the food preparation area?
- If dining is centralized, is casual observation of this area possible from a staff dining area?

- Is 20 to 25 net square feet of space provided per inmate in the central dining area, based on the maximum- number of inmates that would be present at one time?
- Are there accommodations for salad bars?

B. Medical/Health Care

- Does the design provide both a clinic (for sick call and outpatient treatment) and an infirmary (for inpatient care)?
- Is the medical area located in close proximity to the housing units?
- Is the pharmacy area properly secured from inmate access?
- Are there separate areas for examination and treatment in the clinic areas?
- Are records stored with restricted access?
- Do occupants of the nurses' station have direct sight lines to all inmate areas in the medical areas?
- Is the infirmary located furthest from routine inmate access in the medical area?
- Is there dedicated space for gynecological and prenatal care?
- Is there training space for health education?
- Is there dedicated space for mental health treatment?
- Is there triage space located in the housing unit?

C. Laundry Services

- Is the laundry located in close proximity to the clothing issue area?
- Is the laundry located near a loading dock?
- Are laundry facilities located on the housing unit for personal laundry?

D. Commissary

- Is the commissary storage/preparation/distribution area located in a central secured area near a loading dock?
- Is the commissary menu-driven, with appropriate accommodations for items women need?

E. Mechanical/Storage Areas

- Are the mechanical and storage areas centrally located?
- Are the mechanical and storage areas secure, with restricted inmate access?

F. Maintenance Shops

- Are the tool storage areas in the maintenance shops secure?
- Is there a separate storage area for paint and other flammable material?
- Are the maintenance shops located centrally near a loading dock?

V. Program Services

A. Recreation

- Are there outdoor recreation courtyards adjacent to each dayroom in the housing units?
- Is there a centralized multipurpose recreation area?
- Is an exercise trail available to inmates within the compound?
- Are small areas dedicated to passive recreation?
- Is there space for aerobic exercise and exercise equipment?
- Does the location of the recreation supervisor's office permit casual and/or direct observation of recreation areas?
- Is the centralized recreation area located in close proximity to the housing units?
- Is 100 to 150 net square feet of space per inmate provided for indoor recreation, based on the maximum- number of inmates in indoor recreation areas at one time?

B. Education/Learning Resources

- Does the design of the library include reading and study areas as well as book stacks?
- Is the law library equipped with study carrels and typewriters?
- Does the librarian's office permit casual and/or direct supervision of inmate activities?
- Is a workroom provided for use by teachers?
- Is the education component located in close proximity to the housing units?
- Is 35 to 50 net square feet of space per inmate provided in classroom areas, based on the maximum- number of inmates to be in classroom activities at one time?

C. Visiting

- Is there a waiting area with lockers for storing visitors' personal items?
- Is there a centralized visiting area that permits contact visiting?

- Is there a separate, adjacent children's play area?
- Is there an outdoor visiting courtyard adjacent to the centralized visiting area?
- Is 18 to 25 net square feet of space provided per individual in the contact visiting areas, based on the maximum- number of persons in the visiting area at one time?
- Is there dedicated space for parent/child visits?
- Is the centralized visiting area subdivided for more intimate family visiting?

D. Counseling

- Does the design provide both group and individual counseling areas?
- Are there decentralized counseling areas in the housing units?
- Is multipurpose or dedicated space provided for religious activities?

E. Work Programs

- Is 300 to 500 net square feet of space per inmate provided in the production area(s), based on the maximum- number of inmates in the production area(s) at one time?

VI. Inmate Housing

- Has consideration been given to developing housing clusters that are more conducive to home and family environment?
- Has scale of dayroom space been designed to reflect a noninstitutional environment?
- Is the level of security for furnishings and fixtures consistent with the custody level of inmates to be housed in the housing unit?
- Is the level of security for hardware and locking systems consistent with the custody level of inmates to be housed in the housing unit?
- Does the dayroom provide 35 square feet per inmate, not including circulation, shower, and toilet spaces?
- If double occupancy is planned, does the dayroom provide an additional 15 square feet per inmate?
- Are there sufficient living units to provide separation of the desired number of custody levels?
- Do the single cells/rooms provide 36 square feet of unencumbered space?
- If toilets are located in single cells, are there an additional 10 square feet per cell?
- If cells or sleeping areas are designed for multiple occupancy, are there 36 square feet of unencumbered space per occupant?
- Does the design provide decentralized program spaces in the management units or living units (e.g., counseling, recreational,

education)?

- Is there a minimum of one shower per eight inmates in the living unit?
- Has additional personal grooming space been provided beyond that available near the bathroom sinks?
- Are appropriate electrical outlets available for the use of hair dryers and other personal care appliances with casual supervision?
- Does the design and placement of the officer's station permit direct observation of all areas in the living unit, including the outdoor recreation courtyard?
- Is there a minimum of 12 square feet of window with a view to the outside and an additional one square foot of window for each windowless cell provided in the dayroom?
- Are all close- or maximum-custody cells single occupancy?

VII. Circulation and Sight Lines

- Does the facility promote the orderly movement of inmates from one area to another?
- Is public access into secure areas limited?
- Have all "blind spots" been eliminated?

VIII. Environmental Conditions

- Does the facility provide the number of fixtures required in the Third Edition Standards?
- Can the facility maintain the established comfort range of 68^0 to 84^0 for all seasons operations?
- Has a qualified acoustical specialist evaluated the facility (plans) to confirm compliance with the Third Edition Standards?
- Has a qualified ventilation specialist confirmed the air exchange requirements established in the Third Edition Standards?
- Are provisions made to allow inmates maximum- control over temperature and lighting in the living units?

Table 1. Survey Participants

State Location	Capacity	Custody Levels and Population	Date Built	Date Renovated/ Expanded
Louisiana St. Gabriel	522	50 maximum- 10% 250 medium- 50% 200 minimum- 40% --- 500 total	1973	Ongoing since 1981
Kentucky Pewee Valley	224	6 maximum- 3% 16 close 7% 108 medium- 50% 94 minimum- 40% --- 214 total	1938	Ongoing since 1978
Minnesota Shakopee	132	2 maximum- 2% 42 close 32% 44 medium- 33% 37 minimum- 27% 8 FBP 6% --- 133 total	1986	
Iowa Mitchell-ville	124	10 maximum- 8% 64 medium- 52% 50 minimum- 40% --- 124 total	Converted for use as correctional facility in 1982	1985

Montana Warm Springs	45	19 12 12 3 --- 46	close medium- minimum- receptn.	41% 26% 26% 7%	Converted for use as correctional facility in 1982

Table 1 continued

Facility	Capacity	Custody Levels and Population	Date Built	Date Renovated/ Expanded
Pennsylvania Muncy	348	1% 4 maximum- 2% 8 admin. seg. 93% 512 med.-min. 4% 22 pre-release --- 546 total	1920 1981	Ongoing since
North Carolina Raleigh	476	10% 60 close 60% 360 medium- 30% 180 minimum- --- 600 total	1936 (main campus) 1955 (4 cottages)	Ongoing since 1983

Figure 1 -- Planning Flow Chart

ACTIVATION
Transition
planning

DESIGN REVIEW

ARCHITECTURAL PROGRAMMING
Determination of space needs

OPERATIONAL PLANNING
Management Approach Security Concept
Operating Concept Organization
Detailed Operational Plan for
each function and space

DEVELOPMENT OF FACILITY MISSION

NEEDS ASSESSMENT
Profile Information Staff/User Input
Population Forecasts Alternatives to Incarceration

Figure 1. The Planning Process for a New, Renovated, or Converted Facility.

Table 2. Summary of Program Services by Institution Surveyed

Service	LA	KY	MN	IO	MT	PA	NC
Adult basic education	•	•	•	•	•	•	•
GED preparation and exam	•	•	•	•	•	•	•
College courses	•	•	•	•	•	•	•
Vocational education*	•	•	•	•	•	•	•
Substance abuse programming	•	•	•			•	•
Support groups	•	•	•		•	•	•
Gymnasium	•	•	•	#		•	
Number of academic classrooms	2	1	2	4	2	15	6
Number of vocational classrooms	4	4	1	0	0	15	7
Percentage participating in academic programs (full- and part-time)	NA	20	78	50	45	24	75
Percentage participating in vocational programs (full- and part-time)	NA	23	31	8	NA	38	25
Percentage employed in industries**	12	7	54	20	0	6	19

* See Table 3 for a summary of vocational offerings.
** See Table 4 for a summary of industries offerings.
\# Inmates in this facility use the gymnasium in the state hospital. The facility is located on the state hospital campus.
NA = not available.

Note. GED general equivalency diploma.

Table 3. Summary of Vocational Program Offerings

State/Prison	Program Offerings
Louisiana/St. Gabariel	Upholstery, office skills, sewing, print shop (planned)
Kentucky/Pewee Valley	Business skills, computer skills, auto mechanics
Minnesota/Shakopee	Electronic office, nurses aide
Iowa/Mitchellville	Printing
Montana/Warm Springs	Food service, secretary, library aid , law clerk (on-the-job training program with state mental hospital; no class component)
Pennsylvania/Muncy	Cosmetology, minicomputer operations, secretarial/word processing, bookkeeping, care of elderly, food service
North Carolina/Raleigh	Cosmetology, secretarial science, computer science, culinary arts, upholstery, welding, electrical wiring

3Table C. Summary of Industries Offerings

STATE	INDUSTRY OFFERINGS
Louisiana	Garment factory
Kentucky	Printing, Tourism Package Assembly
Minnesota	Data Entry, Telemarketing, Tourism Package Assembly, Textiles
Iowa	Printing
Montana	None
Pennsylvania	Farm, Sewing, Engraving, New Commitment Package Assembly
North Carolina	Garment Factory, Tourism Package Assembly, Upholstery

In-House Health Services

SERVICE	LA	KY	MN	IO	MT	PA	NC
Sick Call	•	•	•	•	•	•	•
Physical Examination		•	•	•	•	•	•
Overnight Infirmary		•	•		•	•	•
Isolation	•	•	•	•		•	•
Physical Therapy			•	•		•	•
Specialist Exam						•	
Gynecological Exam		•			•	•	•
Prenatal Care		•		•	•	•	•
Dental Care		•	•	•	•	•	•
Laboratory Services		•		•			•
Dedicated Inpatient MH Rooms			•			•	•
Counseling Services		•	•	•	•	•	•
Number of Inpatient Infirmary Beds			13	11	3*	0	2	22	36
Number of Inpatient MH Beds			1	0	0	0	0	12	6

* Infirmary is staffed for day coverage only.