

The Oregon Department of Corrections

Gender Informed Practices Assessment (GIPA) Implementation Plan



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Introduction

The Oregon Department of Corrections (DOC) has been a national leader in adopting gender-responsive approaches for incarcerated women. Over the years, DOC has made significant, though intermittent, investments in gender-responsive and trauma-informed programming at Coffee Creek Correctional Facility (CCCF). These efforts have included implementing evidence-based gender-responsive risk and needs assessments, as well as seeking training and technical assistance to enhance best practices.

However, sustaining and consistently implementing gender-responsive practices at CCCF has been challenging. Years long staffing shortages, the COVID-19 pandemic, and lack of funding have exacerbated these issues, introducing additional barriers to effective, trauma-informed care.

In 2022, momentum for systemic change grew and the Oregon Legislature funded the Gender Informed Practices Assessment (GIPA), a comprehensive tool designed to evaluate how well prisons align with gender-responsive, trauma-informed, and evidence-based principles.

Governor Kotek's Advisory Panel

Governor Kotek's advisory panel on gender-responsive practices provides information and advice to the Governor on the utilization of evidence-based trauma, informed in gender-responsive practices at CCCF and throughout Oregon's criminal justice system.

Specifically, the advisory panel is charged with providing guidance regarding implementing the recommendation set forth in the GIPA, including the identifying necessary resources and developing policy proposals.

The work of the advisory panel will be guided by input from women impacted by the criminal justice system, their families, and representatives from stakeholder agencies and organizations.

GIPA Steering Committee

As part of the Gender Informed Practices Assessment (GIPA) strategic plan, an innovative Steering Committee was formed to assess recommendations for changes and improvements at Coffee Creek Correctional Facility (CCCF). This committee, comprised of the Deputy Director, Superintendent, and two incarcerated women, ensured a collaborative and inclusive approach to reform. By incorporating the lived experiences of those directly impacted, alongside leadership expertise, the committee was able to critically evaluate GIPA findings and prioritize initiatives that enhance safety, equity, and rehabilitative opportunities for women in custody. Their work laid the foundation for meaningful policy and operational changes, fostering a more gender-responsive correctional environment at CCCF.

Governor Kotek's 2025-27 Recommended Budget

The 2025-27 Governor's Recommended Budget (GRB) includes Policy Option Packages (POPs) to support the GIPA work at CCCF. These strategic investments will help ensure CCCF continues to implement the recommendations from GIPA, improving outcomes for incarcerated individuals and staff alike.

- Operations - \$3.75M
 - GIPA Manager, Admin Specialist, Sexual Assault Liaison, PREA Compliance Manager, Policy Analyst, Life Skills Coordinator, Community Liaison
 - Three additional body scanners

- Expand Center for Hope and Safety Contract
- WRNA Journals
- PCC Legal Resources
- Staffing Needs Analysis and staff training
- Central Admin - \$1M
 - Three Inspector positions
- Health Services - \$400,000
 - Pregnancy Coordinator
- Correctional Services - \$1.7M
 - Correctional Counselor, two Low-ACRS Case Aides, Family Advocate, Housing Coordinator

Implementation – Phase One

The Steering Committee’s recommendations are now in various stages of implementation, with some already being put into action while others await necessary funding through the legislature. To ensure effective and timely execution, the work has been carefully prioritized, with each initiative being addressed based on urgency and impact. Implementation workgroups, led by members of the DOC’s Executive Team, are overseeing the progress of these initiatives, ensuring that the recommendations align with departmental goals and are carried out with the necessary resources and oversight. These workgroups are actively driving the transformation of CCCF, with a strong focus on making the facility more supportive and responsive to the unique needs of incarcerated women.

The Steering Committee identified five key focus areas for initial improvements at CCCF:

1. Improving Prison Rape Elimination Act (PREA) Policies and Procedures,
2. Staffing/Training/Facility Culture,
3. Reentry/Release,
4. Gender-Responsive and Trauma-Informed Operations, and
5. Medical Services.

To ensure implementation, the work has been divided into two categories: "Current Work Commitments" and "Work that Requires Policy Option Package/Funding Approval." Commitments represent initiatives currently being addressed within existing resources. The other category encompasses projects which require funding including staffing increases, facility upgrades, and expanded medical and mental health services. These unfunded priorities will move forward following the 2025 Legislative Session, if funding is allocated in DOC’s Legislatively Adopted Budget. This phased approach ensures that immediate improvements continue, while long-term enhancements remain on the department’s strategic agenda. The project teams will work with the Advisory Panel to continually monitor and evaluate implementation progress and adjust achieve desired outcomes.

1. Improving Prison Rape Elimination Act (PREA) Policies and Procedures

Goal: Ensure physical safety and psychological well-being for all AICs and staff, including protection from sexual assault and retaliation.

	Current Work Commitments	Status	Estimated Completion Date
1.	Recruit and onboard a full-time PREA Compliance Manager (PCM) and Sexual Abuse Liaison (SAL), ensuring these positions have sufficient resources and authority to effectively oversee PREA compliance and address reports of noncompliance. These individuals will be well-versed in gender-responsive and trauma-informed principles.		PCM: Complete* hire date January 2024 SAL: In Progress SAL hire date March 2025
2.	Collaborate with external agencies to expand utilization of data to drive safety improvements. This will also include the development of a public PREA reporting dashboard. The Office of the Inspector General (OIG) has obtained a small grant to enhance automation and will look for other grant funds for the future.	Waiting on grant funding – if federal grant funding is negatively impacted, will plan to have completed in house.	October 2025 for plan completion June 2026 for project completion
3.	Collaborate with outside experts to develop and deliver gender-responsive and trauma-informed PREA training and education for CCCF staff and AICs. This will include updating CCCF’s PREA training to specifically address victimization by staff and coercion resistance.	DOC to build the curriculum and engage national experts.	June 2026
4.	Conduct regular outreach with AICs regarding confidential PREA reporting options and their right to be free from retaliation.	Standing item in the AIC newsletter “Coffee Talk” PCM ensures information is current and distributed.	Complete*
5.	Develop alternatives to segregation for PREA reporters who need safe housing options and modify the existing Disciplinary Segregation dashboard so PREA-related placements can be easily identified and monitored on an ongoing basis.	Facility to convene workgroup to develop alternatives to special housing, to ensure victims are not placed in special housing. HQ PREA Team to provide technical assistance.	September 2025 for plan development September 2026 for project completion
6.	Utilize tablets and AIC newsletter to publish information about how to access sexual assault/retaliation advocacy and support services.	PREA info already on tablets; AICs can check out tablets for use and review.	Complete December 2024

7.	Establish periodic confidential opportunities for CCCF AICs and staff to share concerns about PREA safety, reporting, investigations, and retaliation.	Currently, AICs can confidentially report to the HQ PREA Team via the tablet. AICs can share info in a private manner directly with the full time PCM and SAL in person or via writing.	In progress and started December 2024
8.	Information collected will be shared with the Office of the Inspector General, the Governor's Gender-Responsive Analyst, and the Corrections Ombudsperson.	PCM and/or SAL will develop a spreadsheet to track tablet reports or in-person/via writing concerns. PCM and/or SAL will provide information monthly to IG to distribute to required parties.	April 2025 for PCM/SAL to develop spreadsheet and begin tracking
9.	Convene a multi-agency PREA oversight board to assess existing policies, discuss best practice implementation, review audit documents (statutory and internal), and evaluate PREA reports and disaggregated data, including retaliation monitoring records.	Working with the Corrections Ombuds to identify and improve PREA reporting processes and identify areas of concerns and improvement.	TBD

Work that Requires Policy Option Package/Funding Approval	
1.	Expand contracted sexual advocacy services contracted through the Center for Hope and Safety's offerings for programming, education, safety planning, and other supportive services.
2.	Use body scanners and other technology/resources to reduce unclothed body searches and ensure the least invasive search methods necessary to ensure safety and security
3.	Enhance BHS services to survivors of sexual assault, including specially skilled counseling and support groups.
4.	Implement an off year internal PREA audit process at CCCF. Provide reports of all official and internal PREA audits to the Governor's Gender-Responsive Analyst and the Corrections Ombudsperson
5.	Explore funding opportunities to advance PREA-related services and initiatives, while structuring existing budget to ensure funds are dedicated to advancing PREA safety at CCCF.

2. Developing and Maintaining a Well-Trained, Professional Staff and a Functional Facility Culture

Goal: Utilize gender-responsive recruitment, retention, training, promotion, and accountability improvements to ensure a facility culture that promotes well-being for staff, AICs, and the facility.

	Current Work Commitments	Status	Estimated Completion Date
1.	Leverage creative solutions to staffing shortages, such as use of non-uniform support staff, social work, and mental health practitioners and interns.	In progress - CTEC Industry Day Event.	Ongoing
2.	Modify job descriptions for CCCF-specific positions to reflect expectations regarding effective work with women, including those with diverse racial, ethnic, and social identities, and residents who are gender diverse.	In progress – position descriptions are being updated.	December 25
3.	Establish an emerging leaders training program focused on developing opportunities for staff to advance gender-responsive initiatives. Modify promotion criteria to include demonstration of leadership in embracing GR/TI concepts.	Women’s Conference developed/ incorporated in Leadership Development Course. Assessment Workgroup underway.	May 25 development complete
4.	Provide enhanced training to CCCF staff, ensuring it is grounded in trauma-informed and gender-responsive principles, includes appropriate adaptations to custodial practices for women, and specifically addresses trauma-informed discipline strategies. The training will promote staff’s understanding of women’s pathways into the justice system, strengths and needs, and the impact of trauma.	Dynamic Security foundation being created agency-wide, messaged consistently throughout all training, echoed in Performance Accountability and Feedback (PAF) check ins and promotional processes.	CR/2 Basics is a training built for and by staff who work with incarcerated women - complete. Training for trainers June 2025
5.	Integrate expectations regarding gender responsiveness and practices into staff competencies (e.g., maintaining effective boundaries; trauma-informed practice; listening skills; implementation of GR operational practices) and annual performance reviews. Develop a staff accountability strategy with a clear mechanism to address instances of staff's failure to respond to training and coaching.	See #2 above. Systems of accountability (PAF check in) already in place – improve transparency and communications.	Workgroup to identify language and communications plan. September 25

6.	Staff will be cross-trained and “functional” email addresses created so essential roles and services are covered during vacancies or when they are experiencing high demand.	Create centralized mailboxes.	Workgroup to identify appropriate functions June 2025
7.	Staff who make decisions regarding housing, medical care, and behavioral health treatment will have specialized training in meeting the needs of transgender, nonbinary, and gender-diverse individuals. Work with advocacy organizations to develop and deliver training on procedures for supporting gender diverse individuals.	Falcon Group contract is in place.	Falcon contract complete summer of 2025 Additional training will require more time 2026
8.	Actively engage facility and agency leadership in reinforcing positive facility culture, reducing dehumanizing behaviors and addressing opportunities for improvement.	CCCF Executive Team (ET)	Ongoing
9.	Increased leadership, management, department head visibility, and engagement with staff and AICs, including opportunities for recognition. Hold scheduled and unscheduled leadership team member tours (several times per week) to make important observations and facilitate communication between the facility leaders, managers, staff, and AICs (e.g., develop a schedule that will specify when different levels of management will visit different areas of the facility).	CCCF ET - workgroup will meet with ET to develop/articulate a plan around this effort.	TBD
10.	Use musters and shift changes to deliver training, reinforce expectations, amplify successes, identify challenges and ideas, and boost morale. Leadership will leverage opportunities to communicate with staff, reinforce expectations regarding professionalism, and promote staff well-being.	CCCF Operations – on hold due to staffing crisis, muster is very brief due to overtime relief needs.	TBD
11.	Improve communications regarding policy and procedure changes and enhancements to staff and residents, including memos, messages on AIC tablets, shift change meetings, formal staff-supervisor communications, in-service trainings, and community meetings.	CCCF Operations and workgroup will work with stakeholders to create a plan.	November 25
12.	Actively involve staff in the development of policies and practices for women and consult them on the best ways to implement changes. Support ongoing improvement by encouraging managers and others in authority to identify	CCCF Operations	TBD

	and present innovative practices, including grant opportunities and other funding opportunities.		
13.	Enhance staff support for those working in the Special Housing Unit (SHU) – including acknowledgement from all departments and levels of management – and concrete opportunities for staff to take breaks, especially from targeted responsibilities such as extended suicide watches and close observations.	CCCF Operations	TBD
14.	Adhere to a zero-tolerance policy regarding the use of derogatory language and terms, swearing, yelling, and use of racist, sexist, misogynist, homophobic, and transphobic terms.	Respectful Workplace Policy in place – increase communications to employee and contractors.	Workgroup will work with the CCCF ET to immediately implement
15.	Document successful outcomes of gender-responsive improvements to boost morale and strengthen the culture.	Identify key indicators (ie. sick leave usage reduction, CO retention, etc.).	TBD

Work that Requires Policy Option Package/Funding Approval	
1.	Engage a subject matter expert to conduct a comprehensive staffing analysis and implement a staffing structure that aligns with gender-responsive and trauma-informed principles and practices. Utilize the findings to implement a gender-responsive staffing structure, including targeted recruitment efforts consistent with gender-responsive and trauma-informed practices.
2.	Partner with a third party to conduct post-separation interviews and utilize data gathered to inform staff retention efforts.
3.	Enhanced training will be provided annually and be supplemented with periodic presentations on relevant and emergent topics.
4.	Supervisors will receive training to prepare them to conduct on-the-job coaching with staff and reinforce core gender-responsive and trauma-informed practices. Enhance staff consistency through clarification and documentation of procedures, training, coaching, supervision, and accountability.
5.	Provide specialized training for officers transporting women for prenatal care, labor, delivery, and post-partum care and for staff overseeing visitation, including trauma-informed interactions with children and families.
6.	Develop additional resources to support staff who are experiencing vicarious trauma.
7.	Support staff wellness by expanding indoor and outdoor spaces for staff self-care. Implement or enhance existing staff wellness committee, including more activities to mitigate the impacts of stress and vicarious trauma.

3. Establishing Comprehensive Supports for Successful Release & Reentry

Goal: Implement gender-responsive practices and expand access to resources that address the unique needs of women and support their successful return to their communities.

	Current Work Commitments	Status	Estimated Completion Date
1.	Partner with supportive housing programs to serve Severely Mentally Ill (SMI) women.	DOC Health Services (HS) staff partners with Department of Human Services (DHS) on high needs cases to identify eligibility for supportive housing.	Complete*
2.	Actively work with community-based organizations to provide releasing AICs with basic necessities, including hygiene items, outerwear, and other items.	All releasing female AICs are provided with a backpack, hygiene kit, and clothing (if requested).	Complete*
3.	Implement an intensive transition system for moderate to high-need women similar to Washington's Offender Re-entry Community Safety Program.	Need to research WA program and determine what is possible with current resources.	TBD
4.	Work with AIC, advocacy organizations, and community resource agencies to create a release checklist that is posted to AIC tablets to identify specifically who is responsible for assisting AICs with each item on the checklist.	In progress. NOTE: getting it on the tablets will take more time.	Paper: December 2025 Tablets: March 2026
5.	Review and enhance reentry programs and availability of resources to women preparing for release to include those who have significant time remaining on their sentences.	In progress. Current reentry program (<i>Road to Success</i>) is under review and other resources are being considered. Community capacity and availability of resources are a potential limiting factor.	March 2026
6.	Continue to develop CCCF Transition Unit, including peer support and self-help options to work on reentry preparation activities.	In progress. CCCF Transition Unit is a few months old and continues to expand its array of available resources to releasing women. Exploring reentry models.	March 2026

7.	Ensure detainer checks and monitoring for additional charges are conducted on a regular basis.	Detainers (additional charges) are entered into DOC's system and AICs are notified as soon as requests from law enforcement agencies are received. DOC has no control over <u>when</u> these requests are made.	Complete*
8.	Develop a work release program for CCCF minimum custody AICs, allowing for a family wage job opportunity upon release.	In progress.	March 2026
9.	Develop written policy that clearly identifies roles and responsibilities of Release Counselors and Transitional Coordinators – educate AICs on the roles of each and what services they can expect.	In progress.	March 2026
10.	Establish release/reentry benchmarks and develop and implement quality assurance process.	Not yet begun.	March 2027
11.	Retrain release staff and educate AICs regarding county-of-release policies, emphasizing that AICs have the option of <i>requesting</i> to be released to a county other than their county of conviction if sufficient ties exist.	In progress. Counties have the authority to determine acceptance of any waiver.	December 2025
12.	If a county waiver is necessary, work with county community corrections agencies to prioritize those that will promote successful reentry and support AIC safety.		TBD
13.	Prior to release, connect women with a local or regional support organization or mentoring program so they are positioned to receive services immediately upon reentry to the community.	ION and WorkSource Centers serve this purpose. Both are optional resources.	Complete*
14.	Implement training, education, and policies aimed at reducing risks for post-release trafficking, abuse, and exploitation.	In progress. Working with Western Oregon University to create educational material and curriculum.	March 26

Work that Requires Policy Option Package/Funding Approval	
1.	A dedicated Housing Coordinator position will assist individuals with securing transitional, short-term, and long-term housing options within their community.
2.	Work with federal, state, and local criminal justice agencies to ensure adequate resources are dedicated to sustainable housing for reentering citizens.
3.	Ensure releasing women have the opportunity to schedule necessary follow-up medical care prior to release.
4.	Identify reentry needs during intake and provide opportunities to address those needs throughout incarceration.
5.	While in custody, AICs will have access to apply for low-income housing program waitlist openings as they become available. Implemented on a limited basis. In cases where Transitional Coordinators have awareness of waitlists and openings, and housing programs allow AICs to be added to waitlist while still incarcerated, this is facilitated.
6.	Partner with supportive housing programs to serve releasing women with moderate to high needs to include co-occurring disorders and medium to high criminogenic risk. Implemented on a limited basis. The vast majority of releasing women fall into these categories. DOC works closely with community corrections to ensure the most appropriate housing available is identified. This work is impacted by severely limited housing resources across Oregon's 36 counties.
7.	Work with the Governor's Office and the Department of Motor Vehicles (DMV) to increase the number of AICs who release with DMV-issued identification.
8.	Require AIC mothers of minor children and their caregivers (and any other necessary parties, including ODHS Child Welfare) be offered an opportunity to participate in a facilitated meeting to develop a plan for post-release contact and necessary custodial transitions. Implemented on a limited basis.
9.	Ensure case plans and reentry plans are culturally responsive and address women's diverse, intersecting identities.
10.	Use partnerships with community-based resources, advocacy organizations, and contracts with private entities to ensure that women have safe, reliable transportation to their release.
11.	Implement sentence calculation review checkpoints in addition to those at time of intake and six months from release.

4. Infusing Gender-Responsive and Trauma-Informed Practices into All Aspects of Operations

Goal: Maintain a custodial setting that furthers the goals of safety and security while providing opportunities for personal growth and rehabilitation in a gender-responsive and trauma-informed environment.

	Current Work Commitments	Status	Estimated Completion Date
1.	Establish a procedure requiring security staff to document deviations from BHS crisis prevention plans and implement periodic reviews to promote consistent use.	In progress. Plan is consistent, need to add tracking.	November 2025
2.	Partner with Trauma Informed Oregon and/or other trauma subject matter experts to conduct periodic trauma walk-throughs to identify strategies to make the prison environment more trauma informed.		TBD
3.	Ensure lighting is appropriate to maintain security while not interfering with AIC sleep quality.	In progress.	August 2025
4.	When residents who are receiving behavioral health services are facing discipline, allow BHS staff to evaluate their ability to understand their alleged infraction and the hearing process, dismiss infractions for cases where the alleged infraction is directly associated with an act of self-harm or a suicide attempt, identify if their mental health status contributed to the alleged violation, and determine if sanctions should be modified.	Current ORS 291-105-0066 includes input from BHS. Will review current process and if additional services can be expanded.	TBD
5.	Investigate alternatives to placing AICs in segregation while they are under investigation for alleged disciplinary violations. Where AICs must be placed in segregation, reduce timelines for investigation where feasible.	Will review operational process and proposed changes. May have additional cost associated based on recommendations.	TBD
6.	Establish a contract with a vendor to support a sustainable small/large shoe program to ensure residents can consistently access the correct size shoes.	In progress.	July 2025
7.	Develop and implement a specific plan to improve the quality of the food and nutrition at	In progress with grant funds from Lettuce Grow 9/1/2025.	January 2026

	CCCF. Expand the utilization of facility gardens to provide fresh produce		
8.	Modify existing policy to allow additional fruits and/or vegetables to be taken from the chow hall for later consumption.	Need to address security concerns.	September 2025
9.	Update and expand the written grievance policies and procedures so they are clear and consistent; allow external and AIC input during this process.	Hearings will need to provide input.	January 2026
10.	Consistently utilize the preferred-gender search policy and ensure searches are conducted in a manner that respects personal dignity and privacy.	Policy and procedure change.	January 2026

Work that Requires Policy Option Package/Funding Approval	
1.	After the body scanners are installed, develop a recordkeeping structure to track necessary unclothed searches.
2.	Maintain data on race/ethnicity of AICs who are strip-searched to identify potential discrimination in strip searching practices.
3.	Expand the use of Performance Awards and Special Meritorious Awards to recognize CCCF residents who demonstrate exemplary performance or make beneficial contributions to the operation of the facility.
4.	Transition from paper kytes to an electronic communication system to allow residents to appropriately direct requests and track their status.
5.	Install and use Public Address (PA) systems on units to eliminate the need for security staff to yell. In the Medium Facility, investigate options for mitigating the noise levels generated by the doors opening and closing during line movements.
6.	Ensure security staff policy, training, and actual practice reinforces the principle of using the least invasive search methods necessary to ensure security.
7.	For women experiencing suicidal ideation or engaging in self-harm: BHS and security should work jointly to develop alternative to current strip-search/isolation protocols.
8.	Purchase additional tablet devices so each resident can have their own.
9.	Work with members of the Advisory Panel and individuals with lived experience to revise policies and procedures related to the use of disciplinary segregation. Thereafter, yearly reviews of existing policies should be conducted to ensure compliance and promote continuous quality improvement.

5. Providing timely and appropriate medical care to all AICs

Goal: Promoting AIC wellness through the effective delivery of quality medical care and wellness resources.

	Current Work Commitments	Status	Estimated Completion Date
1.	Establish clear policies regarding special diets and ensure AICs with specific nutritional needs are able to get those met.	Policy exists. Medical diets: PD05.	Complete
2.	Set benchmarks for HS response to AICs, audit and address lapses in compliance.	This is included in the Electronic Health Record (EHR).	December 2025
3.	Make a system to track routine and follow-up appointments. The system should be able to show target service dates, identify which were achieved, and flag delays so they can be addressed promptly.	This is included in the EHR.	December 2025
4.	Develop care timeliness benchmarks for initial encounters and follow up care. Require periodic compliance reporting.	This is included in the EHR.	December 2025
5.	Include external stakeholders when identifying data and reporting needs for the incoming EHR.		Ongoing
6.	Following EHR implementation, conduct ongoing assessment to identify improvements and refinements.	This is part of the EHR implementation plan.	Ongoing
7.	Investigate ways to improve/replace the Therapeutic Levels of Care (TLC) care utilization system.	Enhancements/improvement are in progress.	June 2026
8.	Assess whether it would be appropriate/possible to contract with community- based healthcare providers to manage health services.	We are evaluating institution needs and will contract with specialty care providers as needed for both onsite care and telehealth.	Ongoing
9.	Begin putting health/wellness information on the tablets. Solicit feedback from AICs about what type of information they would like to see.	Some options are available today. More options will be considered after EHR implementation due to competing priorities.	July 2026
10.	Partner with outside agencies to bring in workshops, seminars, or informational sessions on women's health and wellness issues.	Once the new management structure is in place at CCCF, the team can take on this additional work.	January 2026
11.	Immediately create more opportunities for patients to access telehealth.	There are spacing limitations and other	Ongoing

		complicating factors. However, telehealth is being expanded where feasible. More attention will be given to this upon implementation of the EHR.	
12.	Peers working as health and wellness supports for other AICs should be appropriately trained and compensated, with an avenue to achieve certification(s) that transfer to post-release settings.	All AIC peers are now compensated and trained. Most receive certifications that transfer to post-release settings.	Complete
13.	Establish a way to solicit regular, anonymous feedback from staff and AICs regarding health services policies and practices and provide that feedback to the Governor's Advisory Panel and the Corrections Ombudsperson.	Town halls are in place and are providing valuable information. Once the new management structure is in place at CCCF, they will fully implement this recommendation.	January 2026
14.	Incorporate AICs and staff into discussion/policy development processes. This can help to bring the perspectives of all to address policies and practices being developed or modified, while providing a mechanism for information from each group to be communicated to the others.	In progress.	February 2026
15.	Stop requiring AICs to forfeit PRAS points due to medical/behavioral health appointments. (Either pay people for those days or ensure after-hours and weekend appointments are available.)	This is a larger DOC policy discussion. DOJ coordination needed to determine if this change falls within statute.	December 2025
16.	Provide patients with a written after-visit summary that includes any diagnoses, test results, self-care recommendations, and care plan.	EHR will generate after visit patient education. Other enhancements could take additional resources.	Education component December 2025
17.	Develop a way for medical services and other facility staff to anonymously report issues with the provision of healthcare services.	Once the new management structure is in place at CCCF, the team will take on this task.	January 2026
18.	Provide releasing AICs patient-centered contraceptive counseling and the contraception method of their choice upon release, with enough refills to last until they can reasonably access health care.	This work occurred with the OHA Smart Start program which ended in December. However, the contract will be restarted.	December 2025

		Until then, CCCF's OB/GYN is providing some of this work.	
19.	Identify a point person to ensure individuals are released with a 30-day supply of all medications. Develop a written process to quickly address those situations where release meds are not provided and provide this in writing to the releasing individual.		TBD
20.	Perform an intake-to-release systems audit at the facility to identify where a) policies are in place but are not being followed, or b) policy development or clarification is needed.	This is completed during NCCHC audits.	TBD
21.	Streamline processes for obtaining low-cost adaptive needs such as hearing aids, eyeglasses, and dentures.	A process exists for hearing aids and eyeglasses. A team is evaluating the inclusion of dentures. Resources may be needed.	December 2025
22.	Establish a procedure for medical staff to appropriately document work restriction and dietary need recommendations and a procedure for individuals to timely address incidents where these are not being documented or honored.	This is currently tracked in DOC400 and will be in the EHR. Once in the EHR, it will be easier to track and access.	Complete*
23.	Eliminate the practice of modifying prescription/aftercare instructions provided by outside specialists. If a modification is necessary, require that it not be done without the approval of the outside specialist.	TLC has eliminated this practice.	Complete*
24.	Health services statistical reports (per NCCHC best practices) should be made at least monthly and provided to the facility administrator, agency leadership, the Corrections Ombudsperson, the Governor's Advisory Panel, and others as appropriate.	Statistical reports are being reinstated. The information will be shared with institution leadership, Health Services leadership, and the ombuds. A quarterly reporting structure will be developed for the Governor's Advisory Panel.	October 2025
25.	CQI committee meeting minutes and summaries as well as the written annual review of the effectiveness of the CQI program (per NCCHC best practices) should be provided to facility administrator, agency leadership, the Corrections Ombudsperson, the Governor's Advisory Panel, and others as appropriate.	The information will be shared with institution leadership, Health Services leadership, and the ombuds. A quarterly reporting structure will be developed for the	October 2025

		Governor's Advisory Panel.	
26.	Modify intake procedures to require individuals receive an initial medical clearance to work in the kitchen and other areas.	A broader DOC policy discussion is needed to determine if the recommendation would be helpful.	Policy decision by December 2025

Work that Requires Policy Option Package/Funding Approval	
1.	Utilize the Pregnancy Coordinator, Registered Nurse position being added through the GIPA POP process to identify women's healthcare needs and advance women's health initiatives.
2.	End strip searches after medical procedures.
3.	Activate electronic kytes/medical care requests on tablets, which would 1) eliminate "lost" communications, 2) preserve patient confidentiality, and 3) allow for tracking timeliness of responses to medical care requests.
4.	Reinstate the Chronic Disease Self-Management Program.
5.	Implement a boundary spanner/patient advocate role within the facility.
6.	Periodically engage medical services staff to identify ways to address burnout and compassion fatigue.
7.	Create a shared recreational space at CCCF (gym/multipurpose building).
8.	Assign a medical staff member to meet with individuals in advance of their release to ensure they have the resources and connections they need to ensure continuity of care.
9.	Implement a Community Health Worker (peer) training and certification program.

Implementation – Phase Two

As phase one work progresses, work in the following areas will commence, with the order of implementation to be determined based on available resources, stakeholder input, and evolving needs.

Parenting and Family Connections

Building on the foundation laid in phase one, DOC will strengthen programs that promote family reunification, parenting skills, and maintaining family connections during incarceration. This will include expanding parenting education programs, facilitating family visits, and offering mentorship opportunities for women with children to help them prepare for reintegration into family life post-release.

Community Engagement

In phase two, DOC will expand its outreach and collaboration with community organizations and support networks. Partnerships with local agencies, service providers, and advocacy groups will be integral in ensuring incarcerated women have the resources and guidance they need upon release. These efforts will include strengthening pre-release coordination with community resources to provide stable housing, employment, and mental health services upon return to the community.

Data/Monitoring/Oversight

DOC will continue to enhance its data systems to improve monitoring and oversight of reentry outcomes, program effectiveness, and gender-responsive care. This will include updating tracking systems to evaluate AIC progress, identify areas for improvement, and inform future programming. Enhanced reporting mechanisms will be implemented to ensure transparency, accountability, and ongoing evaluation of reentry-related efforts.

Access to Justice

DOC will work to increase access to justice for incarcerated women by ensuring they have the resources and support they need to engage with the legal system. This will include offering legal assistance for women navigating parole hearings, sentence modifications, and other legal processes, as well as expanding access to legal representation for those who need it. The goal is to ensure fair treatment and equitable outcomes for women involved in the justice system.

Behavioral Health Services

Expanding behavioral health services will be a key component of phase two. DOC will focus on providing comprehensive mental health care, substance abuse treatment, and trauma-informed therapy to incarcerated women. These services will address the unique needs of women, including the impacts of childhood trauma, intimate partner violence, and substance use disorders, ensuring they are better equipped to heal and succeed post-release.

Physical Facility

To support the implementation of these initiatives, DOC will also assess and address the physical needs of the facility. This includes creating dedicated spaces for reentry-focused programming, such as peer support, family visits, and educational opportunities, as well as ensuring the facility is safe, accessible, and equipped to support women's unique needs. Considerations will also include improvements to housing and security protocols that allow for greater autonomy and safety for incarcerated women.

Other Work Related to GIPA

As part of DOC's ongoing commitment to gender-responsive and trauma-informed practices, positive changes will be implemented that cross multiple initiative areas. Key priorities include:

- **Transgender AICs:** Expanding housing, healthcare, and support services to ensure safety and inclusion.
- **Work Release/Alternatives to Incarceration:** Increasing access to community-based programs that support successful reintegration.
- **Disabled/Special Needs/Neurodivergent AICs:** Improving accommodations, services, and resources for AICs with disabilities or neurodivergence.
- **Telecommunications:** Modernizing communication systems to strengthen AIC connections with family, legal resources, and support networks.
- **AIC Survey:** Gathering direct input from AICs to inform policy and operational improvements.
- **Performance Recognition Awards System (PRAS):** Review and suggest changes to ensure AICs are appropriately awarded for work inside the institution.
- **Food/Nutrition:** Evaluating and improving dietary services to meet health, cultural, and sustainability needs.

End Notes

*Project teams will work with Advisory Panel to assess completion.