

**GENDER INFORMED PRACTICES ASSESSMENT (GIPA)**  
**Report of Findings & Opportunities**  
**Coffee Creek Correctional Facility (CCCF)**  
*2023*



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The Gender Informed Practices Assessment (GIPA) was supported by the following team of individuals who contributed their time and expertise to this process:

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## Acknowledgements

The process of implementing the Gender-Informed Practices Assessment (hereafter, GIPA) is extensive and transformative. States that elect to participate in such a process are demonstrating a commitment to engaging in a challenging but deeply rewarding process of self-reflection and to building gender responsive, trauma-informed and evidence-based policies and practices for and with justice-involved women.

### Oregon State Legislature

We would like to thank the Oregon State Legislature for supporting the work of the Gender Responsive Workgroup and for allocating the funding that made this assessment possible.

### Department of Administrative Services

We would also like to thank the Department of Administrative Services (DAS), specifically Sherry Kudna, for shepherding contracting and logistics.

### Office of the Governor

Special thanks to the Office of the Governor for establishing the state's first Gender Responsive Coordinator; in particular, we would like to thank Constantin Severe, Public Safety Advisor and Mia Ruston, Gender Responsive Policy Analyst for supporting this process.

### Oregon Department of Corrections


We would like to thank the Oregon State Department of Corrections (hereafter, OR DOC) leadership for providing support throughout this process.

Specifically, we express our appreciation to the following individuals:

- Heidi Steward, Acting Director
- Rob Persson, Assistant Director of Operations
- Erik Domenighini, Research Analyst
- Ken Jeske, Westside Institutions Administrator
- Lisa Hall, Correctional Case Management Administrator

### Coffee Creek Correctional Facility (CCCF) Leadership and Staff

We would also like to thank the Coffee Creek Correctional Facility (hereafter, CCCF) leadership team for their commitment to the GIPA process. In order to ensure a meaningful process, members of the team engaged in a variety of activities, including planning and scheduling onsite



activities, responding to emergent needs, and debriefing outcomes. They ensured that the GIPA Team had adequate access to departmental policies, facility operations and programs, staff and incarcerated women. In particular, we would like to thank:

- Nichole Brown, Superintendent
- Christine Popoff, Assistant Superintendent General Services
- Polly Rowland, Assistant Superintendent Correctional Rehabilitation
- Chad Naugle, Assistant Superintendent Security
- Josie O'Leary, Correctional Rehabilitation Manager

We would also like to sincerely thank two exceptional OR DOC staff members, **Brianna Winkler** and **Deborah Sprint**, for their assistance throughout the GIPA process. These individuals helped the GIPA team gather needed data and coordinated many logistics, often working long hours to ensure the team had the most helpful information possible.

## CCCF Staff

We would also like to thank the numerous CCCF staff who participated in the GIPA process. They welcomed us, supported all data collection activities, and shared their experiences and ideas. Corrections work is hard, and staff accommodated the GIPA team with patience and interest while also managing their ongoing responsibilities.

## CCCF Residents and Former Residents

We would like to express our deep gratitude to the residents and former residents of CCCF who courageously and generously shared their experiences and ideas. These individuals shared personal and insightful perspectives, all while navigating the complexities of incarceration/reentry. Regardless of their sentence length or time in the community, residents and former residents showed a powerful interest in improving outcomes among those currently incarcerated and those returning home. The GIPA team was deeply moved by their resilience, innovation, commitment to offering solutions, and collaborative spirit.

## Stakeholders and Community Partners

There were a number of stakeholders and community partners who participated in the GIPA and offered valuable insight. These included, but were not limited to:

- The Oregon Justice Resource Center
- The Office of the Governor Corrections Ombuds
- Prison Advisory Committee
- Portland State University
- Family Preservation Project
- The Pathfinder Network



## STRUCTURE OF THIS REPORT

This report is organized into the following sections:

### Executive Summary

The Executive Summary provides an overview of the report's content. It does not include all findings and recommendations; rather, it highlights key themes from the body of the report.

### Section 01

Section 01 describes the Gender Informed Practices Assessment (GIPA) tool and methodology and provides information on the impetus for the GIPA at Coffee Creek Correctional Facility (CCCF).

### Section 02

Section 02 includes findings; specifically, strengths, challenges, and opportunities to improve gender responsive policies, practices and programs at CCCF. Findings are presented for each of the 12 domains explored by the GIPA:

- |                              |   |
|------------------------------|---|
| 1. Leadership and Philosophy | 7. Resident Discipline                    |
| 2. External Support          | 8. Classification and Assessment          |
| 3. Facility                  | 9. Case/Transitional and Reentry Planning |
| 4. Management and Operations | 10. Research-Based Program Areas          |
| 5. Staffing and Training     | 11. Services                              |
| 6. Facility Culture          | 12. Quality Assurance and Evaluation      |

As the GIPA instigates and supports immediate improvements to policies, practices, and programs, Section 02 also includes information on progress and actions taken throughout the GIPA that address findings and implementation recommendations.

### Appendices

- Appendix A provides information on the profile of women in custody and on community supervision and preliminary data on targeted outcomes among women at CCCF.
- Appendix B provides information on women's unique pathways into the criminal justice system and the rationale for and definition of gender responsive approaches with women.
- Appendix C includes the results of the staff, stakeholder, and resident surveys.




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# EXECUTIVE SUMMARY



The Oregon Department of Corrections was one of the first departments in the nation to embrace gender responsive approaches with women. Since then, it has invested, albeit sporadically, in meaningful gender responsive and trauma-informed programs at Coffee Creek Correctional Facility (CCCF); sought out training and technical assistance on gender responsive practices; and championed an impressive 2012 statewide rollout of an evidence-based gender responsive risk/needs assessment tool.

Despite the success of key initiatives, CCCF has struggled with sustainability and consistency regarding implementation of gender responsive practices with women. Chronic under-resourcing of key, gender responsive programs has been disruptive and has limited women's access to important supports. Staffing shortages and the pandemic only intensified these issues and brought unique challenges to CCCF.

In 2022, the Gender Responsive Work Group, which was significantly elevated by the powerful advocacy of formerly incarcerated women, created the awareness and political will that generated legislative support to fund the Gender Informed Practices Assessment (hereafter, GIPA). The GIPA provides prisons with a measured assessment of their adherence to sound principles of gender responsive, trauma-informed, and evidence-based policies, programming, and practices, from admission to release. Specifically, it explores the degree to which a facility has implemented these approaches in 12 domains (see Section 01).

The following is a brief summary of key findings and recommendations by GIPA domain, followed by the Top 12 Implementation Priorities. For a detailed description of GIPA findings and recommendations, please see Section 02.


## **Domain 1: Leadership**

There are committed, experienced leaders who support the implementation of gender responsive practices for women at CCCF and throughout the department, from the executive level (headquarters) to the facility level. While there have been some impressive accomplishments, much of this work has been driven by individuals and siloed special projects, rather than supported by an appropriately resourced departmental infrastructure that truly embeds gender responsiveness into all policies and operations. This has hampered the department's ability to sustainably address the unique strengths and needs of the women's population and fully respond to chronic and emergent challenges.

## **Domain 2: External Support**

CCCF has deeply committed partners, stakeholders, and providers who are invested in the success of the facility and who have actively supported the department's efforts to implement gender responsive and trauma-informed policies, practices, and programs for women. However, there is need to improve communication and coordination with these entities and better leverage





resources to support CCCF's needs. Additionally, the department's budget has not supported a targeted investment into women's correctional services, nor has it been rooted in equitable distribution of resources. This has undermined CCCF's ability to sustain and scale meaningful women-centered programming and make needed investments in community partnerships.

### **Domain 3: Facility**

CCCF was intentionally located near the most populated area of the state. Like other corrections departments, OR DOC decided to house women with multiple needs in one setting to leverage and coordinate services. However, due to its singular location, it is inaccessible for women and their families who are not from the area. Consistent with many facilities across the country, it largely has the qualities of a more traditional carceral setting, does not reflect a human-centered design, and is more suited to a higher-risk population, rather than a high-need population that requires therapeutic spaces. Various features of the environment can be highly triggering for women, most of whom are survivors of trauma, and there is a need for more space for essential activities, including recreation and programming.

### **Domain 4: Management and Operations**

CCCF is a complex facility where administrators and staff are challenged to manage several different sub-populations, including a multi-gender intake unit and a special housing unit (SHU) that manages six special populations. While the facility leadership has a strong vision for the implementation and expansion of gender responsive and trauma-informed policies and practices, this vision is not being translated throughout the facility's operations and this is especially evident on the housing units and throughout restrictive housing. Persistent challenges, including lack of faith in PREA and grievance protocols, are linked to limited bandwidth, post-pandemic barriers, a crisis-driven culture, staffing shortages, and a significant lack of staff training and coaching regarding effective interventions with women.

### **Domain 5: Staffing & Training**

While many staff are dedicated to their jobs, chronically low staffing levels and accompanying overtime and mandates are creating significant barriers to implementation of gender responsive and trauma-informed practices with women. Due to a significant lack of training, staff lack knowledge on women's pathways into the justice system, including their risks, strengths, and needs, and how this must impact day-to-day interactions. Veteran staff with traditional attitudes about incarcerated women, plus an influx of new, inexperienced staff who lack essential trauma-informed communication skills, has contributed to inconsistent operations and troubling and harmful interactions with women that are compromising physical and emotional safety. CCCF also lacks a gender responsive and trauma-informed staffing model that includes key positions for women (e.g., additional medical and mental health staff) and is equitable relative to the male facilities.



## Domain 6: Culture

Many staff are incredibly hardworking, dedicated, and committed to doing what is needed to improve CCCF, and the residents show tremendous resilience despite the challenges they face in their lives and while incarcerated. However, COVID-related demands and chronically low staffing that results in constant mandates have introduced significant challenges to safety and building and sustaining a gender responsive and trauma-informed culture. There is low morale among staff, and the majority of women reported that they do not feel emotionally safe or respected. In the absence of needed staffing and adequate training, supervision and accountability regarding effective approaches with women, many staff are reportedly engaging in harmful, discriminatory and harassing behaviors, while other staff feel powerless to address it. This is also instigating safety and security issues and having specific impacts on women who are struggling with medical and mental health needs.

## Domain 7: Resident Discipline (Motivation and Empowerment)


DOC has a clear commitment to reducing disciplinary segregation and has maintained important attention to the national landscape on restrictive housing. However, there is an immediate need to provide staff with the training and information on effective discipline protocols with women. Staff rely on a few gender-neutral tools to respond to various behaviors, including those that signal mental health needs, and use harmful language and practices that uphold a punitive, para-military culture. Positive reinforcement is lacking, and sanctions can be quite lengthy, causing women to lose privileges for unnecessarily long periods of time. These kinds of disciplinary practices reenact trauma, cause harm, and have numerous short- and long-term impacts on women, including restricted access to housing, programs, treatment, education/vocational opportunities, earned time and good time.

## Domain 8: Classification & Assessment

The Automated Criminal Risk Score (ACRS) classification tool is used at CCCF to determine the dosage, frequency, and intensity of services provided by Correctional Counselors. This tool focuses on static risk factors and was not designed or validated for women. Historically, risk assessment tools have misclassified women and failed to capture their treatment needs. Efforts are underway to implement an approach that is more responsive to women. CCCF is also using the Women's Risk Need Assessment (WRNA), a gender responsive risk/need assessment tool that has also been implemented statewide through the probation and parole system. This presents an important opportunity to provide a continuum of care from facility to community.

## Domain 9: Case & Transitional Planning

The Correctional Case Management (CCM) tool and the case management services provided by Correctional Counselors are significant strengths at CCCF. Women who receive case management services have an opportunity to address survival needs such as housing, family reunification,



employment, and treatment earlier in their incarceration. A significant challenge, however, is that the majority of women at CCCF do not receive a comprehensive Case Plan or Reentry Plan. This is highly problematic given the plethora of research demonstrating how important it is to work with women to address gender-specific need areas while they are incarcerated and through their transition and reentry, including those related to relationship safety and economic stability. Housing is a significant barrier for women and their children, and comprehensive reentry planning is desperately needed to ensure women have safe, non-coercive options.

## **Domain 10: Research-based Programs Areas**

CCCF has implemented a number of evidence-based programs that are gender responsive and trauma-informed for women. However, residents' access to these programs is limited, particularly those assessed to be lower risk. The reduction in programs during the COVID pandemic has led to concern and confusion regarding available options, and the use of outside providers is extremely limited. Reentry programming and services are sparse, vocational programs are insufficient, and there are inequities across education and work programs. There were also numerous concerns about the lack of substance use treatment for women and reports that current protocols punish women who are struggling with ongoing substance use issues by denying them access to needed treatment.

## **Domain 11: Services**

CCCF provides a number of mental health and medical services to women; however, there is a need ensure such services are accessible as well as gender responsive and trauma-informed. There were consistent reports that medical and mental health care is inadequate, delayed or denied, poor in quality, and not calibrated to the needs of women (e.g., reproductive health). There is an immediate need to provide staff with training on effective responses to women who are managing and/or struggling with mental and/or physical health needs, improve communication and coordination across functions to prevent unnecessary escalation of symptoms, and bolster responsiveness to women's unique and emergent medical and mental health concerns. There is also a need to strengthen legal support access for women, especially supports that address parenting and personal safety issues, improve food services for women, and expand victim/survivor support services that address women's unique safety and healing needs.

## **Domain 12: Quality Assurance and Evaluation**

DOC/CCCF has established quality assurance protocols for the Women's Risk Needs Assessment (WRNA), evidence-based programs, and case management. While medical and mental health services have their own quality assurance protocols, findings suggest that there is a significant disconnect between what is being measured and what women and staff are experiencing. It also appears that quality assurance protocols for operations and security are limited and do not include measures and protocols that are important for women.



## Top 12 Priorities

1. Create a formal department-level authority to oversee women's services and develop a multi-year Gender Responsive Strategic Plan for Women.
2. Ensure an equitable budgetary scaffolding to support sustainable gender responsive programs; ensure that external stakeholders who influence budget decisions are aware of the department's goals regarding women so that they can support adequate and much needed funding for women's operations, programs and services.
3. Invest in a robust network of services provided by community-based partners and consider under what circumstances the department is the most suitable vehicle to provide women with needed services, and when it is more appropriate to resource targeted services outside the confines of the corrections system; explore creative partnerships that leverage the expertise of providers who are located within the communities to which women will return.
4. Make immediate improvements to the telecommunications system, family visitation space and access, and recreational and programming spaces; address space disparities between Coffee Creek (CCCF) and the men's prisons; immediately improve the Special Housing Unit (SHU) space and protocols and ensure that new policies and practices uphold human dignity and integrate research and best practices on effective interventions with women.
5. Address staff shortages and design and implement a gender responsive staffing model; create a resourced facility structure to support oversight and implementation of gender-informed and evidence-based operational and security practices, including an additional assistant warden dedicated to implementation of gender responsive approaches with women across functions, a full time Prison Rape Elimination Act (PREA) Compliance Manager, and additional Family Advocates.
6. Provide immediate training and skills to staff to improve staff professionalism and address the code of silence regarding behavior that is unprofessional, disrespectful, dehumanizing and harmful; implement operational practices, including daily routines and peer supports on each unit, that actively meet women's needs, prevent problems and crises, and ensure a physically, sexually, and emotionally safe culture.
7. Improve the integrity and effectiveness of reporting and response processes, including Prison Rape Elimination Act (PREA) protocols and grievance protocols; provide staff and residents with additional, high-quality education and training on these protocols and their responsibilities within them, and address concerns about retaliation.
8. Reduce over-reliance on punitive sanctions, improve the privilege and incentive system, and implement a more human-centered, gender responsive approach to discipline and disciplinary segregation; ensure any practices introduced to CCCF to improve culture, discipline and restrictive housing have been developed specifically for women and/or integrate the research on women.

9. Continue efforts to create a gender responsive classification tool and protocol and reconsider the use of ACRS (consider using the WRNA to determine treatment dosage and inform case management decisions).
10. Expand case management and reentry support, which is currently restricted to a small percentage of women, so more women can access resources and services; ensure that all women have access to reentry planning throughout their period of incarceration.
11. Implement creative strategies to expand program and treatment access (e.g., expand the role of Correctional Counselors, expand peer-led programming and supports, expand engagement of community partners, and provide opportunities for women to access self-help options) and remove access barriers.
12. Ensure that all staff receive essential training, coaching, and supervision regarding effective work with women, and implement immediate training and teaming across functions to ensure women's access to needed care, paying particular attention to communication and coordination between security, Behavioral Health Services (BHS) and medical personnel.

## Conclusion

From a national perspective, because system-impacted women are a smaller population than men, their needs are chronically unmet by corrections systems. This negatively impacts outcomes among women and their children and has a domino effect whereby other systems must manage the fallout (e.g., child welfare, mental health). All gender groups share similar risks factors for incarceration; however, the research has clearly revealed that women have unique risks, strengths and needs that must be addressed in order to ensure facility safety and improve individual and system outcomes (see Appendix B).

GIPA data reveal an immediate need for the state of Oregon to invest in the women and staff at CCCF and attend to the recommendations in this report in a structured and carefully sequenced manner, paying particular attention to stabilizing staffing, providing staff at all levels with vital training on gender responsive and trauma-informed approaches with women, and strengthening communication and response protocols across functions, especially security, medical and behavioral health.

Charting a new course in Oregon, including addressing the recommendations outlined in this report, is a shared, statewide responsibility that requires dedicated resources, key positions at the department and facility levels, cross-sector collaboration, the expertise and leadership of system-impacted women, and meaningful stakeholder dialogues about sustainable solutions.



# SECTION 01



## What is the Gender Informed Practices Assessment (GIPA)?

The GIPA<sup>1</sup> is intended to inform and guide facility-level efforts to enhance gender responsive, trauma-informed, and evidence-based approaches to facilitate the effective supervision of justice-involved women. The process serves the goal of improving the safety and welfare of staff and women, reducing recidivism, increasing community safety, and enhancing a variety of outcomes. It provides prisons with a measured assessment of their adherence to sound principles of gender responsive, evidence-based, and trauma-informed policies, programming, and practices, from admission to release.

Specifically, it explores the degree to which a facility has implemented these approaches in 12 domains. These domains include:

The GIPA facilitates a deep facility-level analysis to assist facilities in improving policies and practices across these 12 operational and programmatic areas. Because the GIPA process produces comprehensive information, it also provides an opportunity to identify ways to enhance correctional practices for justice-involved women department-wide.

The following table shows the 12 domains explored by the GIPA.

GIPA Domains	
1. Leadership and Philosophy	7. Resident Discipline
2. External Support	8. Classification and Assessment
3. Facility	9. Case/Transitional and Reentry Planning
4. Management and Operations	10. Research-based Program Areas
5. Staffing and Training	11. Services
6. Facility Culture	12. Quality Assurance and Evaluation

---

<sup>1</sup> Funded by the National Institute of Corrections, the GIPA was developed by a team of experts, including Drs. Alyssa Benedict and Marilyn Van Dieten. Experts worked collaboratively to summarize the available research and to create a comprehensive evaluative process designed to provide women's correctional facilities with a measured assessment of their adherence to the principles of evidence-based and gender-responsive practices. Agencies that have implemented the GIPA have reported several outcomes, including the effective application of gender responsive principles, assessments, and programs; improved safety and welfare of women and staff; and targeting of critical factors that reduce institutional misconduct, revocation, and reincarceration.



## The GIPA Process, Team & Methodology<sup>2</sup>

### GIPA PROCESS

The GIPA process begins with a series of meetings with facility and department leaders. These meetings are designed to: 1) provide foundational information on the research and evidence regarding justice-involved women and the gender responsive, trauma-informed and evidence-based approaches that yield improved outcomes among women, their families, and communities, and 2) prepare the department and facility for data collection activities.

The GIPA assessment team was comprised of the following individuals:

### GIPA TEAM

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<sup>2</sup> Inspired by the dynamic GIPAs that were led by CORE Associates and the Women's Justice Institute in Illinois and Washington State, which included data collection that is beyond the scope of a traditional GIPA (see the Women's Justice Assessment-State-Level, 2017), the state of Oregon sought a GIPA process that would provide similar additional information and insight. Accordingly, the Oregon GIPA included additional data collection and analysis including, but not limited to, population trending, medical and mental health data, operational outcomes, and discipline. This additional data informed GIPA recommendations and can be leveraged to support implementation efforts.



  
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## Multi-Method Assessment

Following extensive preparation, data collection began in December 2022 and included a dynamic blend of in person and virtual data collection, including a comprehensive site visit, which took place January 30 - February 3 2023. As part of the process, the GIPA team spent five days at CCCF: observing operations and programs, with coverage of all three shifts; reviewing reports, policies, and related materials; interviewing staff and stakeholders; and conducting staff, resident and stakeholder focus groups and surveys. Specific data collection collected is set forth in Table 1: Summary of GIPA Data Collection Outcomes.

### Document Review

Dozens of policy and program documents were reviewed including, but not limited to, organizational charts, department and facility-level mission statements, facility schedule and handbook, profile of facility staff, resident profile and data (e.g., demographics, length of stay), classification tool, assessment tool, case management protocol, sample case plan, and targeted policies, programs, and procedures that relate to each of the 12 domains.

### Interviews

53 interviews were conducted, and included facility leaders, managers, department heads and staff; targeted headquarters staff; union representatives; and targeted stakeholders (e.g., providers, Corrections Ombuds, Prison Advisory Committee).

### Focus Groups

11 staff focus groups were conducted with facility staff and stakeholders/community providers, including: supervisory uniform staff; supervisory non-uniform staff; correctional/line officers; program staff, case correctional counselors. 14 focus groups were also conducted with residents, including residents with diverse levels of participation in programming, levels of security/classification, lengths of stay, and disciplinary histories, and residents from different housing units within the facility. Participants were randomly selected, participation was voluntary, and participants were not required to provide their names or any other identifiers. One focus group was conducted with former residents.

Five focus groups were conducted with stakeholders and community partners. Stakeholders were identified by OR DOC and prioritized those who are actively involved at CCCF.

## Surveys

Surveys were distributed to staff, residents, and targeted stakeholders and community partners. As with focus groups, completion of surveys was completely voluntary, and respondents were not required to provide their names or any other identifiers.

## Observations

Over 40 observations were conducted and included, but were not limited to: all living units, Special Housing Unit (SHU), intake, recreation, movement, Multidisciplinary Team (MDT) meetings, Medline, shift change, Executive Leadership Team meeting (facility), mailroom, assessment, case planning, treatment groups, education, and meals/food service and various operations in medium, minimum, and intake.

The table below provides a summary of GIPA data collection outcomes.

<b>Summary of GIPA Data Collection Outcomes</b>	
Interviews (department, facility, stakeholders, former residents, and providers)	53 conducted
Focus Groups: Residents	15 conducted; including 1 with former residents
Focus Groups: Staff (managers, security staff, and non-security staff)	11 conducted
Surveys: Residents	575 completed; 61% of the population as of 1/30/23  212 respondents provided additional comments, which was optional <sup>3</sup>
Surveys: Staff (managers, security staff, and non-security staff)	165 completed; 30% of the staff as of 1/30/23  58 respondents provided additional comments, which was optional <sup>4</sup>
Surveys: Stakeholders and community partners	10
Observations	40+

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<sup>3</sup> See Appendix C

<sup>4</sup> See Appendix C



## Purpose and Use of this Report

This report identifies strengths, challenges, and opportunities for improving gender responsive, trauma-informed, and evidence-based practices in all aspects of CCCF's management, operations, and programs, including post-release planning and reentry preparation. Findings are designed to inform a multi-year strategic plan(s) that includes specific actions that can and should be taken to enhance correctional practices with women at the facility and department levels.

## Documentation of Progress

As the GIPA instigates and supports immediate improvements to policies, practices, and programs, the GIPA team documented progress and actions taken throughout the GIPA to address findings and implement recommendations.

## Note on Language and Abbreviations

Throughout this report those who identify as women are referred to as "justice-involved women", "incarcerated women" or simply, "women." CCCF also houses individuals who identify as transgender, nonbinary, gender non-conforming, and intersex. To ensure inclusivity and to honor the various ways in which individuals incarcerated at CCCF identify, this report also refers to individuals housed at CCCF as "residents" and "individuals."

Additionally, the following abbreviations are throughout the report:

- Oregon Department of Corrections - OR DOC
- Coffee Creek Correctional Facility - CCCF
- Gender responsive - GR
- Trauma-informed - TI
- Adult in Custody - AIC



## History of Gender Responsive Efforts at the Oregon Department of Corrections

The Oregon Department of Corrections (hereafter, OR DOC or department) was one of the first departments in the nation to embrace gender responsive approaches with women. While intermittent and often siloed, these approaches were seeded as far back as the early design and siting phases of Coffee Creek Correctional Facility (hereafter, CCCF), which opened in 2001 to address dramatic increases in women's incarceration rates. A commitment to implementing gender responsive approaches with women has also been evident through the department's adoption of gender responsive risk/need assessment tools and programs.

### Coffee Creek Correctional Facility: Responding to Skyrocketing Women's Mass Incarceration in Oregon

Like most states across the nation, Oregon experienced a dramatic rise in women's incarceration that began in the 1990s and has increased steadily until very recently. This has been attributed to harsher drug enforcement and sentencing related to crimes that are tied to addiction and poverty.

As the population skyrocketed, the department constructed CCCF, which expanded the number of women's beds from 400 to over 1,200. At the same time, the department started to proactively seek out various solutions to address the unique challenges faced by women in their custody.


### Early Adoption of Gender Responsive Approaches and Meaningful Statewide Initiatives

Acknowledging that the majority of incarcerated women are mothers and caregivers, the department worked with stakeholders to ensure CCCF - the state's only women's prison - was constructed near the communities with the highest women's prison admission rates. This reduced barriers to visitation and provided access to the kinds of resources and support women need to stay connected to their children and address their gender-specific needs.

Since then, the department has made sporadic investments toward meaningful gender responsive and trauma-informed programs at CCCF and sought out training and technical assistance on gender responsive practices. In 2012, the department championed an impressive statewide rollout of an evidence-based gender responsive risk/needs assessment tool that informs case planning for women from the facility-level throughout the community corrections system in all of Oregon's 36 counties. While periodically disrupted due to funding and other challenges, the department has invested in noteworthy collaborations with key stakeholders that have formed model programs to help maintain bonds between the high population of incarcerated mothers and their children.

### Ongoing Challenges with Sustainability, Consistency & Resources

Despite the success of key initiatives, CCCF has struggled with sustainability and consistency regarding the implementation of gender responsive practices with women. In addition, the



department has undertaken several initiatives that do not integrate the research on women and their unique needs.

In general, CCCF has faced ongoing challenges across-the-board for a variety of reasons, including leadership changes and staffing shortages that have disrupted efforts, lack of a facility-wide understanding of and commitment to gender responsive approaches with women, and an insufficient budgetary, leadership, policy, and operational scaffolding to support implementation and oversight of needed gender responsive practices, and programs.

Chronic under-resourcing of key, gender responsive programs has been disruptive and has limited women's access to important supports that have been identified in the research and promoted by various national and international governmental and non-governmental organizations. The pandemic only intensified these issues and brought unique challenges to CCCF.

## **Building a Foundation for Change: Powerful Stakeholder Engagement and Advocacy Rooted in the Expertise of Women with Lived Experience**

As the department has continued working to overcome challenges and find ways to address the specific needs of women and overcome challenges, legislative interest and stakeholder engagement has grown. These efforts were substantively informed by various policy and advocacy initiatives, as well as a presentation<sup>5</sup> on justice reinvestment with women at the 2019 JRI Summit of the Oregon Criminal Justice Commission, and subsequent discussions on the ways that the Gender Informed Practices Assessment (GIPA) was leveraged by the Women's Justice Institute (WJI) and the Illinois Department of Corrections (IDOC)<sup>6</sup>.

The collaboration between the WJI and IDOC led to the passage of sweeping, national model legislation requiring comprehensive implementation of gender responsive policies and practices throughout the state prison and parole system, the establishment of a dedicated IDOC Women's Division, implementation of a mandatory gender responsive training program for both prison and parole staff, and the establishment of a statewide women's justice task force to address women's mass incarceration.


### **Gender Responsive Work Group**

Inspired by these and other efforts, stakeholders successfully advocated for the formation of a Gender Responsive Work Group, consisting of advocates, formerly incarcerated women, leaders from various sectors, legislators, and corrections officials, to explore bringing similar opportunities

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<sup>5</sup> Benedict, A. (2019). "Gender Responsive Approaches with Girls & Women: Critical Next Steps." Justice Reinvestment (JRI) Summit, February 13-15, 2019. Oregon Criminal Justice Commission.

<sup>6</sup> See Benos, D. & Benedict, A. (2021). Redefining the Narrative. The Women's Justice Institute. April 2021.



to Oregon. In 2022, the Work Group, which was significantly elevated by the powerful advocacy of formerly incarcerated women, created the awareness and political will that generated legislative support for the GIPA and nurtured the collaboration that is needed to ensure sustainable implementation of gender responsive approaches throughout the department. The Work Group's recommendations included, but were not limited to, the following components:

- 1. Gender Informed Practice Assessment (GIPA).** A requirement that the state implement a Gender Informed Practices Assessment (GIPA) of Coffee Creek Correctional Center to: a) understand the strengths, challenges, and opportunities for implementing gender responsive practices, and to b) establish a baseline for a strategic plan designed to inform improvements.
- 2. Gender Responsive Coordinator.** Establishment of, at minimum, a Gender Responsive Coordinator in the Governor's Office to: a) support the GIPA process, b) create a Gender Responsive Advisory Council (see below), c) convene Community Listening sessions (see below), and c) generate a report to the legislature that summarizes outcomes of the foregoing and offers policy recommendations.
- 3. Gender Responsive Advisory Council.** Establishment of a Gender Responsive Advisory Council that includes incarcerated women, formerly incarcerated women, families of CCCF residents, as well as stakeholders with knowledge of gender responsive and trauma-informed policies, practices, programs, and services.
- 4. Community Listening Sessions.** Launch of a series of statewide listening sessions to help promote ongoing engagement and development of solutions with the women, children, families, and communities most directly impacted by mass incarceration, as well as meaningful culture change.

### **Gender Informed Practices Assessment (GIPA)**

The State of Oregon awarded a contract to the Women's Justice Institute (WJI) and the Center on Effective Public Policy (CEPP) to conduct the Gender Informed Practices Assessment (GIPA) at CCCF to inform its development of a strategic plan and guide implementation of gender responsive approaches.

By bringing together these two leading national organizations, which have collaborated on numerous successful GIPAs across the nation, the State of Oregon is positioning itself to improve well-being and outcomes among the women in the department's custody, enhance public safety and community outcomes, and become a national leader in the advancement of evidence-based and innovative gender responsive and trauma-informed practices.



## An Unprecedented Opportunity

From a national perspective, because system-impacted women are a smaller population than men (7.5% of the total prison population in Oregon), their needs are chronically unmet by corrections systems. In the wake of this neglect, their numbers have skyrocketed for years in most states, and have increased at a higher rate of growth than the men's population. Oregon has mirrored these national trends.


According to a study from the Vera Institute of Justice, between 1980-2017, the number of women in jail rose by 601%, and the number of women in prison increased 1,223% in Oregon. These dramatic increases were largely fueled by the failed war on drugs and harsher state sentencing measures for crimes tied to addiction and poverty that disproportionately impact women, particularly women of color. Beyond the harmful and cascading impacts on women, their children, and families, increases have also carried an array of infrastructure and budgetary challenges for systems ill-equipped to manage them, including overcrowding of women's facilities, staffing shortages, and reductions in clinical services and programming.

CCCF was constructed in 2001 in response to this growth (with a capacity of 1,280 beds). However, the women's incarceration rate in Oregon continued to rise faster than the men's population, and CCCF quickly became overcrowded. In response, OR DOC sought approval to open a second women's prison to address the growth, but was denied in December 2016 by the Oregon Legislature's Emergency Board.

Like many states, it was not until the onset of the COVID-19 pandemic that overcrowding was eased by considerable reductions in the women's prison population at CCCF. Crisis-driven responses to the pandemic, as well as other factors, accelerated population reduction in dramatic ways that benefited women at higher rates than men – a reverse of previous trends.

Specifically, data collected during the GIPA revealed that Oregon's women's prison admissions and average daily prison population declined at a higher rate than the men's population between 2019-2022. While admissions decreased among men by 25% at the onset of the pandemic (2019-2020), they declined by 34% for women during that same period. In addition, the Oregon men's average daily prison population declined by 16% between 2019 and 2022, while the women's population declined by 28%.

These declines, when combined with creation of an infrastructure dedicated to advancing gender responsive practices with and for incarcerated women, offer an unprecedented opportunity for the state. With meaningful action, investment and community collaboration, Oregon is poised to chart a transformational new course that reduces harm and improves well-being and outcomes among justice-involved women, their children, families, and communities.



This opportunity is not without potential barriers, including budget challenges, ongoing staffing shortages, and the looming question of whether prisons will rebound to their pre-pandemic levels and replicate previous challenges with overcrowding. However, it is essential for the OR DOC to closely examine the often overlooked, gender-specific data surrounding women’s unique risks, strengths, needs, and pathways – all of which impact them before, during, and after incarceration.

Most importantly, charting a new course is a shared, statewide responsibility that requires multiple systems and cross-sector collaboration. It also requires direct attention to inequities among historically marginalized groups. Importantly, the process must elevate the wisdom and expertise of currently and formerly incarcerated women, their families, and communities, as well as other stakeholders, in a meaningful dialogue about sustainable solutions (Benos and Benedict, 2021).





# SECTION 02



## Domain 1: Leadership


Domain 1 examines the extent to which executive leadership and facility management demonstrate commitment to both evidence-based and gender-informed practices for justice-involved women in critical ways. Key indicators include:

- A high-level position, such as a director of women’s services for the department of corrections, has responsibility for oversight of women’s services and coordinates all aspects of department-level efforts to implement gender-informed principles and practices.
- An organizational structure exists (e.g., workgroup or task force) to guide and direct gender-informed practices.
- Department-level mission statements acknowledge the importance of gender-informed practice, and a strategic plan exists through which leadership develops, pursues, and communicates gender-informed principles and practices throughout the department.
- At the facility level, a gender-informed mission statement is clearly articulated and prominently displayed throughout the facility. The facility’s goals and objectives identify both intermediate and ultimate outcomes that are relevant for women.
- Written policies and procedures, including all requests for proposals, contracts, and memoranda of understanding (MOUs), reflect clear expectations regarding gender-informed principles and practices for all prison- and community-based services.

## Summary of Findings

*There are committed, experienced leaders who support the implementation of gender responsive practices for women at CCCF and throughout the department, from the executive level (headquarters) to the facility level. While there have been some impressive accomplishments, much of this work has been driven by individuals and siloed special projects, rather than supported by an appropriately resourced departmental infrastructure that works to embed gender responsiveness into all policies and operations. This has hampered the department’s ability to sustainably address the unique strengths and needs of the women’s population.*

*The successful implementation of a gender responsive (GR), trauma-informed (TI), and evidence-based corrections system must be embraced at every level of leadership and integrated into all levels of departmental and facility operations. There has never been a dedicated role, office, or division within headquarters with the authority to ensure that department-wide operational policies and budgets take the unique needs of the women’s population into account. This has prevented alignment between headquarters and CCCF regarding priorities and the resources that are needed to improve outcomes among incarcerated women and the staff who work with them every day. Additionally, multiple changes*



*in leadership and accompanying changing priorities (especially at the facility level), and persistent prioritization of gender-neutral models, have diluted the ability of CCCF to advance GR and TI policies and practices in meaningful and sustainable ways.*

*The implementation of a gender responsive framework represents a landmark opportunity for the state to build the philosophical, operational, and budgetary scaffolding needed to address these challenges. Recent legislation and the ways in which the department, facility, and key stakeholders have rallied to support it, can fuel the collaboration that is necessary to advance post-GIPA implementation efforts.*

## **Strengths**

### **The OR DOC has a history of implementing gender responsive programs and practices**

Over the years, the department has invested in GR and TI programs at CCCF, including some meaningful peer-led programs, sought training and technical assistance on GR practices, and championed an impressive 2012 statewide rollout of an evidence-based GR risk/needs assessment tool that informs case planning for women from the facility-level throughout the community corrections system in all of Oregon's 36 counties.

### **Department-level leaders have firsthand knowledge of CCCF, including management challenges and resource needs**

Key leaders at the department and facility levels have direct experience in working with women; this has sensitized the leadership to the challenges faced at CCCF, and the resources that are needed to truly and sustainably implement GR and TI policies, practices, and programs for women.

### **The Oregon Legislature has provided important resources to support the implementation of gender responsive practices**

The legislature's dedication of specific resources to support essential improvements at CCCF represents a landmark opportunity for Oregon to chart a new course and build the budgetary, philosophical, and operational scaffolding needed to implement, GR, TI, and evidence-based policies, practices, and procedures at CCCF and department-wide. These resources have provided essential support for implementation of the Gender Informed Practices Assessment (GIPA), the establishment of a Gender Responsive Coordinator in the Governor's Office, the creation of a Gender Responsive Advisory Council (which will be convened by the Gender Responsive Coordinator), and the development of a strategic plan to advance the recommendations of the GIPA. The department and facility leadership have fully embraced these goals and are well positioned to make significant progress.



## **The facility-level leadership is committed to building on strengths and addressing challenges**

Despite challenges, the CCCF facility leadership team is hard-working, has deep knowledge and experience, and is highly committed to and energized by the opportunity to implement GR, TI, and evidence-based policies, practices, and programs for women.

## **A facility-level strategic plan is guiding important efforts to ensure quality programs and operations and ongoing innovation**

At the time of the assessment, CCCF had a strategic plan that is guiding facility level efforts to build on strengths, address challenges, respond to department-level initiatives, and move forward with the implementation of GR and TI approaches throughout the facility's operations.

## **Challenges**

### **Ongoing staffing shortages and funding barriers keep leaders focused on crisis-driven operations**


Leaders at CCCF have had to manage some of the highest staffing shortages in the department (see Domain 5: Staffing and Training, and Domain 11: Services), as well as inconsistent revenues to support needed resources and programming. These challenges were all intensified by the pandemic. As a result, leaders have had to operate in chronic crisis mode, which has made it virtually impossible to enact needed changes and implement sustainable strategies that address the unique and often marginalized needs of women.

### **Constant facility-level leadership changes disrupt efforts to address the needs of women**

Implementing changes at CCCF has been hindered by constant changes in leadership and staffing, which creates ongoing disruptions due to changing priorities and philosophies as new leaders rotate in and out of various positions. This kind of disruption makes it very challenging to implement needed reforms sustainably. Until stability is achieved it will be very difficult to implement and sustain reforms.

### **Gender-neutral statewide initiatives and priorities dilute the facility's bandwidth to implement gender responsive approaches with women**

While headquarters and facility-level leaders acknowledge the need for GR and TI policies, practices, and programs, this has not been reflected in the way the state has rolled out statewide



priorities. For example, the department has launched large initiatives, such as the Oregon Way<sup>7</sup>, which are gender-neutral and based on approaches that were designed for male populations and have not actively accounted for the research on women. Resources are limited at CCCF, and implementation of gender-neutral models that do not address the unique needs of women not only creates risks, but dilutes the ability of CCCF's leadership and staff to implement much-needed GR policies, practices, and programs for women in a sustainable manner.

### **Structure of department-level functions and associated reporting processes create barriers to unified gender responsive and trauma-informed practice**

There is a critical lack of communication and coordination between security and BHS staff that causes conflict and disruptions at CCCF regarding managing BHS plans for residents and responding to crises (see Domain 4: Management and Operations, Domain 6: Culture, and Domain 11: Services). Additionally, due to established reporting processes, BHS staff do not report to the CCCF Superintendent; this makes it difficult to address barriers to the implementation of GR and TI practices and interventions and enact solutions to emergent needs promptly and systematically.

### **Lack of a formal department-level authority to oversee women's services perpetuates the marginalization of the women's population**

There has never been an individual, office or division within headquarters that is 1) dedicated to the women's population and implementation of department-wide operational policies and programs that address the unique needs of the women, and 2) has the authority and influence to advocate for equitable resources. Additionally, the department's mission does not address GR or TI care, even though upholding both is essential to ensuring successful outcomes among women that extend to their children and communities. As women represent only 7.5% of the overall state prison population, their needs are ultimately eclipsed by the men's population as it relates to department-wide budget and policy priorities.

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<sup>7</sup> For information about the Oregon Way, see <https://www.oregon.gov/doc/about/pages/oregon-way.aspx>



## Opportunities

### *Department-level*

#### **Address funding barriers and sustainability of gender responsive approaches for women**

It is critical that the department work with statewide leaders to address the lack of sustainable resources to support the broad implementation of GR and TI approaches with women, and develop innovative and reliable revenue streams. Until resources are properly secured, it will be challenging to seed and maintain strategies that are essential to women's safety and success (see Domain 2: External Support).

#### **Address frequent facility-level leadership changes**

Create a comprehensive leadership development, training, and retention program that is specifically designed to provide emerging leaders with essential knowledge on the women's population (e.g., women's pathways and needs) and the accompanying research and evidence-based practices that are needed to properly manage a women's facility. Create a communications and marketing strategy to generate excitement about this program and ensure that it includes incentives for leaders to commit to CCCF.

#### **Create a formal department-level authority to oversee women's services**

Fund a high-level function (position, office, or division) within headquarters that will have responsibility and authority to oversee women's services department-wide, including implementation of GR policies and practices at CCCF. This position should be different from the Gender Responsive Policy Coordinator through the Governor's Office and an essential complement to that position. While the Gender Responsive Coordinator is an important component of the state's efforts to address women's long-sidelined needs, it is insufficient. A department-level function with requisite knowledge, scope, and authority is needed to ensure broad implementation of GR approaches with the women's population, especially at CCCF. This high-level function would work in partnership with the facility leadership at CCCF and serve as a critical liaison regarding needed resources, barriers, and solutions.

#### **Ensure that statewide, gender-neutral initiatives do not dilute CCCF's bandwidth to implement much-needed gender responsive approaches with women**

The leadership at CCCF should be provided with opportunities to implement required statewide, gender-neutral initiatives in a manner that is GR and TI for women. Accordingly, recommendations from the GIPA should be prioritized by the facility and implemented with the support and resources of the department.



## **Address departmental policies that create barriers to unified gender responsive practices**

The department should address policies that bifurcate reporting functions at CCCF (e.g., BHS staff reporting directly to headquarters). Ensure that the CCCF Superintendent has either formal authority or, at minimum, reasonable local influence to 1) facilitate inter-departmental communication and collaboration and 2) hold all functions accountable to unified GR and TI policies, practices, and procedures. In the long term, explore alternative organizational reporting models that ensure high quality and efficient resident care, and ensure safety and improved outcomes among residents and staff.

## **Develop a multi-year Gender Responsive Strategic Plan for Women**

Develop a multi-year Gender Responsive Strategic Plan for Women to guide the development and implementation of GR policies and practices that promote public safety, healthy communities, and decarceration. This plan should be properly resourced, data-driven, guided by the GIPA report and upcoming statewide listening sessions, and bolstered by input from CCCF leaders and staff, current and former residents and their families, providers and volunteers, and other stakeholders. The Gender Responsive Strategic Plan for Women should also create pathways to the development of the following:

- GR policies and procedures that govern the care and custody of women department-wide and at CCCF.
- GR quality assurance and evaluation strategies, including partnerships with academia and other stakeholders who can provide external research and evaluation support.
- Protocols to support the implementation and sustainability of GR and TI practices across the department's key functions (e.g., health services, reentry, and community corrections) and at CCCF.
- Integration of gender responsive principles and practices for women into all department initiatives.

Ensure that the Gender Responsive Strategic Plan for Women is integrated the department's larger strategic plan.

### ***Facility-level***

## **Integrate GIPA recommendations into the facility's strategic plan**

CCCF has a Strategic Plan that guides facility programs and operations, as well as improvements and innovations. It also guides local implementation of larger departmental initiatives and improvements. It is recommended that the leadership work inclusively to integrate GIPA recommendations into this plan and use it as a vehicle to represent and ensure the implementation of GR and TI approaches with women.



## **Resource a leadership infrastructure at CCCF to support sustainable implementation of gender responsive policies, protocols, and programs for women throughout the facility**

Given that the leadership is consumed with management responsibilities related to post-pandemic and other operational requirements, persistent low-staffing and related consequences, and statewide gender-neutral initiatives - not to mention the day-to-day demand of running a complex facility - it is critical that the department resource a leadership infrastructure at CCCF to ensure successful implementation of gender responsive practices. This should include the following:

### **Fund a facility-level management position to support ongoing implementation and innovation**

It will be challenging to address persistent challenges, including those instigated by the lack of GR policies and practices, and make improvements at CCCF without expanding staff resources. Thus, it is recommended that the state fund an additional management position at CCCF, such as an Assistant Superintendent of Gender Responsive Operations and Programs, that can focus on the implementation of GR and TI approaches with women across facility functions, ensure adaptation of statewide gender-neutral initiatives for women, and support ongoing innovation. This position will provide essential support to the Superintendent and help direct and track GR implementation efforts.


### **Integrate a gender responsive focus into leadership and departmental meetings**

Too often, efforts to implement GR and TI approaches are contained by task forces and committees that do not impact established leadership and departmental meetings where important initiatives and action steps are generated and monitored. Consequently, they end up serving a largely symbolic function. While these kinds of task forces and committees are useful and can help inform and guide important work, they are not sufficient. Thus, it is recommended that CCCF:

- Embed a GR focus into all leadership meetings. Meeting structures should be specifically designed to allow dedicated time for discussion and decision-making regarding implementation of GR and TI policies, practices, and programs (connected to the above-noted CCCF Strategic Plan); and removal of barriers to cross-departmental implementation and innovation.
- Embed a GR focus into all department meetings. As mentioned above, these department-specific meetings should be designed to allow dedicated time for discussion and decision-making regarding implementation of GR and TI policies, practices, and programs; removal of barriers to implementation; and development of new department-focused efforts.
  - It is also recommended that each department develop a GR Work Plan designed to enhance GR and TI approaches in its purview; each department's GR Work Plan should include intentional and creative linkages with other departments.

This report identifies clear opportunities for the CCCF leadership to take specific steps to improve outcomes among women and staff. It also shows an urgent need for each CCCF department to





take responsibility for the focused implementation of GR and TI policies and practices. All functions have a responsibility to address current harms and improve the health, wellbeing, and outcomes among residents and staff.

### **Engage impacted women, staff, providers/volunteers, and stakeholders**

Strategically and intentionally engage impacted women (including current and former residents), staff, providers/volunteers, and other stakeholders in all efforts to address GIPA findings and implement GR and TI approaches. This should include, at minimum,

- A facility-level advisory group, including impacted women and external partners, who can inform and support multi-year implementation and ongoing quality improvement plans related to GIPA recommendations.
  - Utilize CCCF Resident Representatives (see Domain 6: Culture) to support the above efforts.
- Regular data collection (qualitative and quantitative) to inform facility and departmental efforts and ensure responsiveness to emergent issues. Use dynamic data collection methods to explore and effectively respond to emergent issues raised by incarcerated and reentering women, families, staff, providers, and other stakeholders (e.g., surveys, focus groups, listening sessions, and testimonials).
  - Use the above-noted data to inform evaluations of successful implementation and support quality assurance.

## **Actions Taken**

The GIPA process often instigates and supports immediate improvements to policies, practices, and programs. The following are actions that the department has reportedly taken since the GIPA process began:

- The Superintendent has hired a consultant to support organizational change, leadership development, and change management. As part of this engagement, the CCCF managers representing Health Services, Security, Behavioral Health Services and Correctional Rehabilitation are creating a shared leadership development model that will affirm the commitments each section has to problem solving and collaboration in order to improve residents' access to care and reduce the number of unusual incidents where collaboration was not present.
- The CCCF Executive Team has participated in the 360-degree ASCENT Leadership Development training to better understand team members' individual leadership styles, as well as strengths and weaknesses. The team will participate as a group in a 4-hour course in September 2023, "The Promise of Leadership."



## Domain 2: External Support

Domain 2 examines the external support from system stakeholders, funders, and community partners for the department's mission regarding gender-informed and evidence-based practices for women. This support can be reflected in several ways, for example:

- The department's budget process acknowledges that women require different funding levels to address their unique needs and circumstances.
- Dedicated funds are available to support both evidence-based and gender-informed services for women.
- The funding sources can be identified, and funding levels are tracked over time.
- External stakeholders in the governor's office, legislature, other state human service agencies (e.g., substance abuse and mental health services, housing), and women's commissions are aware of the department's goals about women and support adequate funding for women's services.
- Facility leaders value and encourage community partnerships as demonstrated by formalized relationships with state agencies and local organizations, a community advisory body, and regular efforts to engage and educate local groups regarding the facility's mission, the needs of women, and partnership opportunities.

## Summary of Findings

*CCCF has deeply committed partners, stakeholders, and providers who are invested in the success of the facility and have actively supported the department's efforts to implement gender responsive (GR) and trauma-informed (TI) policies, practices, and programs for women. These partnerships should be strengthened and expanded alongside a robust effort to properly resource women's correctional services. Historically, the department's budget has not supported a targeted investment into women's correctional services and has not been rooted in equitable distribution of resources. This has undermined CCCF's ability to sustain and scale meaningful GR and TI programming and make needed investments in community partnerships. What resources are in place are unevenly distributed across the male facilities and CCCF. Innovative collaborations and dedicated funding will support the sustainable implementation of evidence-based, research-supported, and innovative GR and TI programs and practices.*



## Strengths

### **Several stakeholders and providers are deeply committed to meeting the needs of incarcerated and reentering women, and are invested in the success of CCCF**

Several stakeholders and providers are invested in the success of the CCCF and have actively supported the department's efforts to implement GR and TI policies, practices, and programs for women. These include, but are not limited to, the Governor's Office, various elected officials, the Corrections Ombuds, the Family Preservation Project (FPP), The Pathfinders Network, Head Start, The Prison Advisory Committee (PAC), the Oregon Justice Resource Center (OJRC), Disability Rights Oregon, and Portland State University. In fact, directly impacted leaders have created awareness of the importance of GR and TI policies and practices with women, and initiated change efforts through advocacy for the GIPA.

### **Due to the commitment of strong community partners, CCCF has been able to sustain key programs despite challenges (e.g., funding cuts, COVID)**

While the department has faced considerable challenges related to acquiring and sustaining needed resources, and these issues were intensified due to the pandemic, the strong commitment of community partners enabled the continuation of key programs and supports for women despite disruptions.

### **Partnerships with organizations that focus on the specific needs of women, including those that focus on mothers and their children, are nationally significant**

CCCF has deeply committed partners who focus on the specific needs of mothers and their children and families, are deeply attentive to women's specific pathways, and take critical steps to elevate the wisdom of women with lived experience (e.g., the Family Preservation Project, The Pathfinder Network, Oregon Justice Resource Center). These kinds of partnerships are responsive to research and best practices on effective interventions with system-impacted women and children and are nationally significant.



## Challenges

### **Historically, the department's budget has not supported a targeted investment into women's correctional services, and has not been rooted in equitable distribution of resources**


The department's budget process has not accounted for the resources needed to address women's unique research-based needs and circumstances. There are at least two challenges to note:

1. Lack of consistent budgeting and unreliable revenue streams undermine CCCF's ability to sustain and scale meaningful GR and TI programming and invest in community partnerships.
2. What resources are in place are unevenly distributed across the male facilities and CCCF. There were numerous reports and unequal and inequitable distribution of resources. For example, it was reported that:
  - While the male facilities have separate areas for their SHU populations, CCCF must manage their sub-populations in a combined space (see Domain 4: Management and Operations).
  - While male facilities have various outdoor and indoor recreational spaces, women's recreational spaces are limited.
  - Male facilities have various staff positions (e.g., law library staff) that are not available for women.
  - Male facilities have programs to support family connection and healthy coping outlets (e.g., music rooms, special event days), while women have comparatively fewer.
  - Male facilities have more vocational opportunities both within and outside the fence.

This uneven distribution of resources extends to areas particularly important for women, such as family and parenting support. There is also a notable lack of investment in staff training and programs that are needed to improve policies, practices, and outcomes among women.

### **Community partnerships and expertise are a critical, underutilized resource that, over the years, have either been reduced or defunded**

While community partners play an important role in engaging women and their families, helping to identify and address their needs and preparing them for successful reentry, the value placed on cultivating and expanding community partnerships needs to be more consistent and less dependent on leadership preferences, commitment, and bandwidth. While some extremely valuable partnerships have been cultivated, survey, focus group and interview data suggest that the elimination and underutilization of valuable partnerships continues to negatively impact



women during their incarceration, and when they are navigating their return to the community. Lack of sufficient community partnerships that include connection and support while women are incarcerated creates harmful barriers for women, and negatively impacts children, families, and communities.

In addition, the department has eliminated successful programs provided by external partners with valuable expertise, and then hired CCCF staff to operate them in order to conserve resources. Residents, staff, and stakeholders report that this has not yielded success or improved outcomes, and in some cases, has created barriers to women's access to needed supports (e.g., Family Advocate position).

The following is also noteworthy:


- CCCF is nested in the hub of the most highly populated and resourced urban center in the state. This has catalyzed some opportunities, but the department and CCCF have not been able to fully capitalize on community partnerships.
- There were several reports of community providers not being permitted to run programs in the facility during COVID, and reports of an adversarial relationship between the department and community stakeholders, some of whom provide desperately needed supports and services to the women at CCCF.
- Residents, staff, and stakeholders reported significant reduction and/or elimination of programs, including critical services, at CCCF as a result of the pandemic, and believe that many challenges could have been avoided by engaging stakeholders in collaborative problem-solving.

## **Tensions between providers/ stakeholders and the department prevent the collaboration that is essential to CCCF and the department's success in meeting the needs of women and staff**

While they appreciate efforts made by the department and the facility to address the needs of women and staff, the majority of community partners surveyed believe DOC and CCCF undervalue them, and that there is no sustained commitment to addressing the unique needs of women or preparing them for successful reentry.

While a limited number of stakeholders completed the survey, the majority reported that:

- There are insufficient opportunities for stakeholders to connect with headquarters and the facility leadership about the needs of incarcerated women.
- Headquarters does not seek input from their organization about opportunities to improve outcomes among women, or take action in response to their organization's input about opportunities to improve outcomes among women.
- CCCF does not have adequate programs for women, and is not preparing women for successful reentry.



It is important to note that focus group and survey data showed that many stakeholders have a deep respect for the CCCF leadership, noting that the Superintendent and their team are dedicated and responsive, as well as committed to addressing women's needs. DOC and CCCF staff reported that they do value community partners, and that community partners may not understand the various constraints that are operating at any given time; constraints that influence the department's decision-making and capacity regarding implementation of GR and TI approaches with women.

*"As a Wilsonville community member and volunteer my perspective is mainly with the CCCF leadership and staff. I have been impressed with the dedication, hard work and desire to make a positive impact in the lives of the AIC's." -CCCF stakeholder*

## **Nationally significant and impactful services for women, including mothers and their children, have been reduced or eliminated**


Despite their reported success, nationally significant and impactful services for mothers and their children have been reduced or eliminated at CCCF. This was reportedly because the department questioned their impact and believed that there were better ways to invest resources (e.g., bring services in house). For example, the department eliminated funding for the Family Preservation Project (FPP) due to perceived high costs and a reported lack of impact on recidivism. As a result, FPP successfully worked with the legislature to restore funding so that they could continue to support a limited number of pregnant and parenting women and their children. However, some programs were not restored and a sustainable form of revenue has not been developed. This elevates an important consideration regarding the role community partners play in creating a continuum of care that addresses women's pathways, including the vital roles women play in their communities and as mothers, well beyond the system.

## **Opportunities**

### **Ensure that a budgetary scaffolding is built to support sustainable gender responsive and trauma-informed programs at CCCF**

Dedicated funding is essential to support the sustainable implementation of evidence-based, research-supported, and innovative GR and TI programs and practices.

- Leverage the findings of the GIPA to establish priorities for the 2023-2025 biennium and ensure that future budgets provide the resources necessary to address the unique needs and circumstances of women.

- 
- Ensure that the department’s budget has dedicated funds to support evidence-based and gender-informed programs and services for women, and that the budget process allows for a periodic review of funding for women’s services.
  - Ensure equitable distribution of resources across the department (e.g., programs, reentry supports, staffing functions, and ratios)

## Invest in a robust network of services provided by community-based partners

It is well-documented that the department has struggled with resources, and it is laudable that it is seeking ways to reduce costs and responsibly spend limited resources. However, there is a need to consider when the department is the appropriate vehicle to provide women with needed services, and when it is more appropriate to resource certain services outside the confines of the corrections system. More recent calls to engage and resource community safety nets with and for system-impacted women are relevant here (see for example, Benos & Benedict, 2021).

### ***Meeting the Complex Needs of Justice-Involved Women through Community Engagement<sup>8</sup>***


*Meeting the complex needs of women and preventing their system entrenchment, including reincarceration, requires that departments of correction actively engage community-based organizations that are embedded in the very communities to which women will return – community-based organizations that have the expertise to provide women with the wraparound supports they need to be successful. Actively engaging community-based organizations, especially those staffed and led by directly impacted women, is not only the right thing to do, but it also offers departments concrete and innovative ways to address barriers to the implementation of gender responsive interventions and supports, including low staffing.*

*To the degree that comprehensive services for women are more costly compared to those provided to men (e.g., it has been well documented that medical care for incarcerated women carries more costs due to women’s reproductive health needs), departments are encouraged to consider a cost-benefit analysis that explores the long term, multi-sector impacts and benefits of gender responsive interventions, especially those that require more resources up front. Importantly, impacts and measures of “success” should not rest squarely on recidivism but include other often ignored but equally important indicators that are essential for women and tell a more accurate and comprehensive story about what women need and the power of front-end investments.*

Benos, B. & Benedict, A. (2021). Redefining the Narrative. Women’s Justice Institute.

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<sup>8</sup> Benos, B. & Benedict, A. (2021). Redefining the Narrative. Women’s Justice Institute.



Work to create a continuum of care for women that intentionally leverages the expertise of community partners, including those who embrace the leadership of directly impacted women. Community partners should understand women’s unique risks, strengths, and needs while incarcerated and the challenges they face as they reenter their communities, including those that relate to parenting and navigating the often-conflicting requirements of multiple systems.

### **Ensure that external stakeholders who influence budget decisions are aware of the department’s goals regarding women so that they can support adequate funding for women’s operations, programs and services**

The Gender Responsive Coordinator and the Gender Responsive Advisory Council should ensure that external stakeholders (e.g., legislators, governor’s office, women’s commissions, task forces, mental/behavioral health providers, and housing) who influence budget decisions are aware of the department’s goals regarding women so that they can support adequate funding for women’s operations, programs, and services.

- Ensure that listening sessions are used to raise awareness and mobilize partnerships, resources, and culture change. Engage the governor’s office and legislature in a series of convenings to educate them about the findings of the GIPA and key priorities to optimize the funding commitments that are necessary to ensure the broad implementation and sustainability of desperately needed GR operations and programs.
- Engage with and educate external stakeholders such as state human service agencies (e.g., substance abuse and mental health services, child welfare, housing) and explore opportunities to partner and leverage resources to create seamless models of care for women, their children, and their families (e.g., community-based supported reentry centers for women that support basic needs and co-locate child welfare and social services).

### **Improve communication and collaboration between the department, CCCF and stakeholders**

Stakeholders are a valuable resource for women and staff at CCCF and play essential roles in women’s successful reentry. The department and CCCF should develop a strategy for regular engagement with stakeholders to share ideas on ways to improve programs and services for the residents of CCCF and their families, as well as the staff responsible for their custody and care.

Ultimately, neither the department nor CCCF can do the work that is required to sustainably implement GR and TI approaches with women in isolation. Community partnerships are essential to the success of any system’s efforts to meet the needs of women. Therefore, it is essential that the department overcome obstacles to communication and collaboration with committed stakeholders, and work intentionally, authentically, and strategically with them to ensure the health, wellbeing, and improved outcomes that women and staff deserve.





## Actions Taken

The GIPA process often instigates and supports immediate improvements to policies, practices, and programs. The following are actions that the department has reportedly taken since the GIPA process began:

- CCCF has a Prison Advisory Committee (PAC) that met during the pandemic, and each member completed a survey. The results of the survey show that the PAC members would like to diversify their membership and form a work group for New Recruitment which will identify a new application process with the intention of improving the diversity and engagement of the PAC. The PAC has been active since the opening of the facility and members are eager to engage the community in advocating and problem solving at CCCF.
- Pre-COVID, CCCF had the most active volunteers of all facilities statewide. The leadership team has hired a staff position to specifically re-engage CCCF volunteers, contractors, and other agency partners to provide essential programs and social support services to the population. CCCF has also dedicated staff to work through post-pandemic non-employee reinstatement and access challenges (e.g., training requirements, facility orientation, fingerprinting and photos for obtaining an ID card).



## Domain 3: Facility


Domain 3 examines multiple aspects of a facility's location, physical design, and conditions regarding their gender-appropriateness for women. Primary considerations include:

- The geographic location affords accessibility to critical community services (e.g., medical, mental health, and social services) and to the families of the women.
- Housing, showers, restrooms, and booking and admission areas are adequate for the number of women in the facility and are designed to provide essential privacy and safety for women.
- Privacy considerations include the assignment of female staff persons to each shift and housing unit and written policies requiring female staff to conduct pat and strip searches except in emergencies. Attention is paid to the adequacy and appropriateness of basic living conditions (cleanliness, heating, cooling, comfortable furnishings, and visual environment). Further, the facility design and operations match the demonstrated security requirements of the women (not a higher security environment than warranted by women's behaviors).
- There is sufficient program space for a confidential assessment and treatment and for various group programs, including space for physical exercise and spiritual expression.
- Because relationships are important to women's well-being in prison and success after release, the facility provides user-friendly and adequate visitation space. It treats children and families respectfully and promotes efforts to assist families who need transportation to the facility.

## Summary of Findings

*By design, CCCF was located near the most populated area of the state, where many of the women incarcerated at CCCF are from. Like other corrections departments, OR DOC decided to house women with multiple needs in one setting to leverage and coordinate services. However, due to its singular location, CCCF is often inaccessible for women and their families who are not from the area. While there are some advantages to centralizing prison operations and programs at one location, this poses challenges and barriers related to family connection, reunification, reentry planning, and preparation. Since over 80% of women in prison are mothers and are returning to their communities, this presents significant challenges. Additionally, maintaining large facilities over time is extremely costly to corrections departments and makes it difficult to sustain consistent staffing levels needed to operate and address the needs of a complex population.*

*CCCF is generally clean and well maintained, and the leadership and staff have made clear efforts to create motivating visual spaces. However, consistent with many facilities across the country, CCCF resembles a more traditional carceral setting that does not reflect a human-centered design. The design*



*of the facility is more suited to a higher-risk population, rather than a high-need population that requires therapeutic spaces. Various features of the environment can be highly triggering for women, most of whom are survivors of trauma. There is also a need for more space for essential activities, including recreation and programming, and family visitation. Several staff and residents reported that the outdoor space is unequal and inequitable compared to men's facilities, which have larger areas to support diverse recreational activities, and superior exercise equipment. Specific areas such as the Special Housing Unit (SHU) require immediate attention. It is essential that CCCF take immediate steps to develop more human-centered, gender responsive (GR), trauma-informed (TI), and growth fostering spaces in both its medium and minimum-security environments.*

## **Strengths**

### **CCCF is in a location that is accessible to community resources, and, for many women, their children and families**

By design, CCCF was located near the most populated area of the state where many of the women incarcerated at CCCF are from. The facility is approximately 20 minutes from Portland, an urban center with diverse resources and services (e.g., medical, mental health and social services).

### **Overall, the physical plant is in good condition, and steps have been taken to uphold women's privacy and safety**

CCCF is generally clean and well-maintained and includes essential features that address women's safety and privacy needs. For example, showers and toilets have doors or curtains for privacy.

### **There are some areas of the facility that have been intentionally designed to be gender responsive and trauma-informed**

Several areas in medium security have natural light (e.g., large floor-to-ceiling windows on units) and inspiring wall art created by incarcerated or formerly incarcerated women. The medical unit has large pieces of nature photography that create a sense of tranquility, the main hallway has various inspirational messages posted on the wall, and the chapel is filled with color and stocked with well-labeled, diverse resources for women. The minimum-security area has stunning art in the main hallway and a green, park-like courtyard space. It also includes a bright dedicated program space with various motivating and inspirational features (e.g., wall art, empowering messages, relevant information for women, and non-carceral round tables and chairs).

### **Staff wellness spaces are available**

Staff wellness spaces have been intentionally created to offer staff a place to go and relax while on a break.



## Challenges

### **CCCF's singular location separates women from their families and poses a barrier to step down and work release**

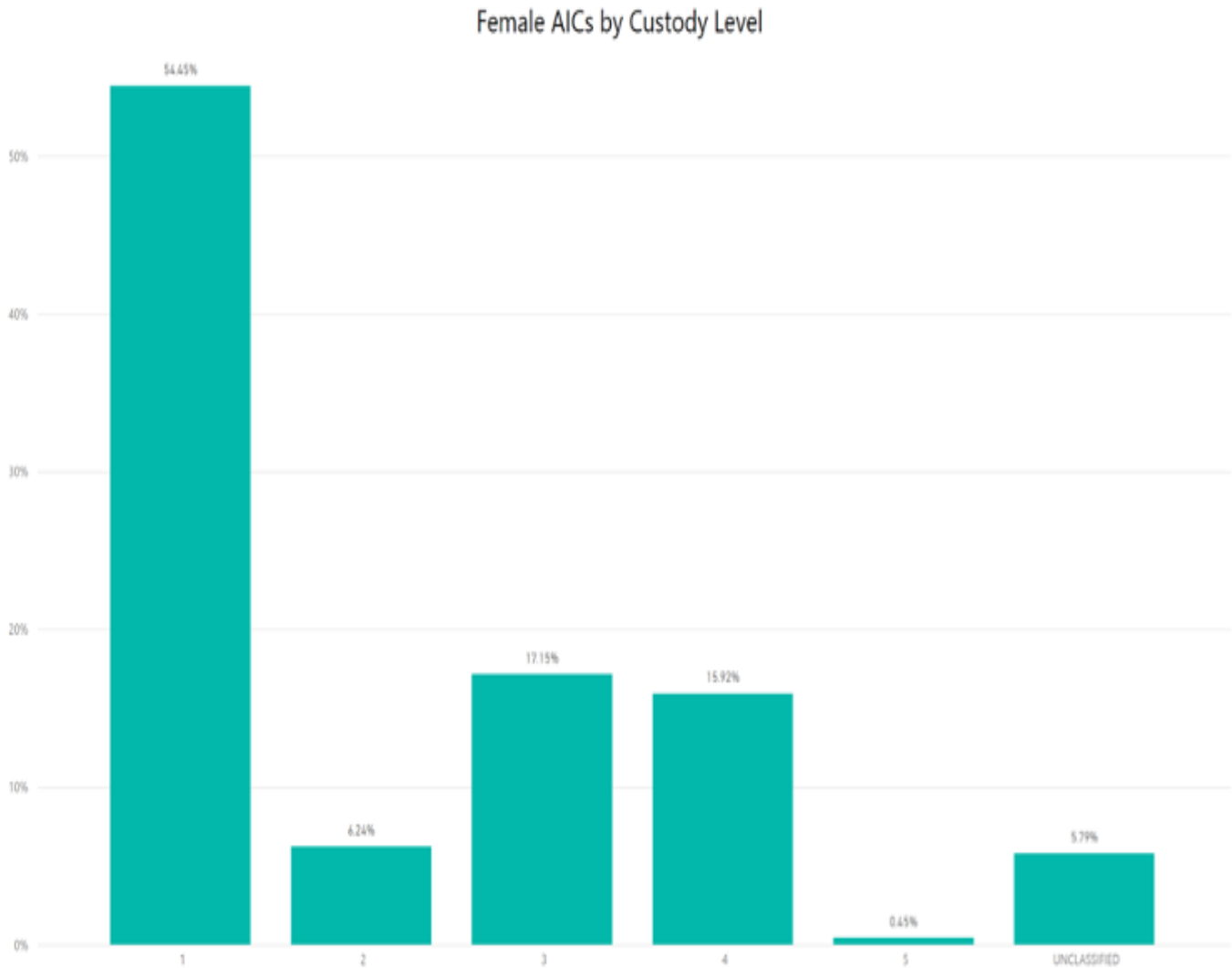
Due to its singular location, CCCF is often inaccessible for women and their families not from the area. While there are some advantages to centralizing prison operations and programs at one location, this poses challenges and barriers related to family connection, reunification, reentry planning, and preparation.

In addition, DOC does not take advantage of work release and other similar programs that offer women opportunities to gain valuable work experience, earn money to support their reentry, and “step down” to less secure environments. It was reported that DOC has a limiting practice of only using these options to address overpopulation, versus using it to support best practice approaches to reentry. It was also reported that while the DOC is considering work release opportunities for men, there are no plans to expand these opportunities for women (see also Domain 9: Case/Transitional Planning and Reentry).

### **Facility design and operations do not match the security requirements of the women**

Overall, the facility design and operations do not match the security requirements of the women; thus, CCCF functions as a higher security environment than is warranted (in both medium and minimum). It is noteworthy that, at the time of the assessment, over half of the residents had a level 1 custody classification, which is the least restrictive.


The following chart shows percentages of women at CCCF by custody level<sup>9</sup>.



### **Despite clear efforts to ensure a gender responsive and trauma-informed space, CCCF largely has the qualities of a traditional carceral setting**

Despite the beautiful artwork and other features noted above, CCCF largely has the qualities of a traditional carceral setting and reflects a design that is more suited to a higher risk population, rather than a high need population that requires therapeutic spaces. Various features of the

<sup>9</sup> Data provided by request by the Oregon Department of Corrections.



environment can be highly triggering for women, most of whom are survivors of trauma. For example, while there is a plethora of signage regarding PREA; there are comparatively fewer materials that address themes that are important for women (e.g., resilience, hope, ability) and provide information on how they can pursue growth and healing while incarcerated and upon reentry. Other space concerns include:

- There is no dining room in medium; all residents walk to the hallway and bring their meal back to their living area.
- Phone and video call access are either located in hall areas or in the middle of the day room on a unit, both of which are noisy and lacking in privacy.
- It was reported that the industries space is large but not serving enough women.


### **Family and visitation areas are lacking**

There is a lack of appropriate space for visitation across the facility. In minimum, visits are held in the cafeteria; the space is not properly set up or equipped to support children and families. In medium, the visitation space is small and insufficient to support meaningful family interactions, including and especially with children. It was reported that women and their families are sometimes required to cut visits short due to limited space. This is problematic for various reasons, not the least of which is the fact that many families travel long distances to attend visits with their loved ones. The department acknowledges the challenges with visitation; officials noted that they work to accommodate families as best they can. For example, they ask people who travel a shorter distance and are local to move to the back of the line so they can prioritize visits for families who have traveled further. This is not ideal but is reportedly “the best we can do” with limited space and resources.

### **Recreation space and equipment is insufficient, as well as unequal and inequitable compared to male facilities**

It was widely reported that CCCF’s recreational spaces are inadequate, poorly maintained, and both unequal and inequitable compared to men’s facilities, which have large indoor and outdoor areas with diverse recreational opportunities, and superior equipment. Women do not have adequate time or space to recreate together; consequently, when they try to find ways to connect (e.g., the chapel), they resort to behaviors that constitute a rule violation that can result in disciplinary action. For women who have long sentences, this is even more problematic. This is a powerful example of how a robust schedule supported by adequate space and staffing can prevent women from resorting to coping behaviors that result in disciplinary action.

Also, each unit has shared recreation space with the adjacent unit. Depending on the unit, time in the recreation area is split between units, which creates competition for space and issues related to scheduling. Also, several outdoor spaces do not have grass (e.g., medium) and lack shelter for inclement weather. Recreation equipment (indoor and outdoor) and spaces (e.g., workout rooms,



gyms), are lacking, and with that, so are opportunities to engage in diverse, healthy, growth fostering activities that prevent behavioral problems, offer support for residents who are struggling, and build community.

### **Space is limited for essential activities**

There is lacking space for essential activities, including confidential assessment and treatment, diverse programming, and legal calls and processes (see Domain 11: Services). For example, it was reported that the sewing program has slots for up to 60 participants, however, at the time of the assessment only 15-16 were enrolled due to lack of space.

There is also insufficient space for women to come together for larger programs and community building events, including unit/community meetings. Consequently, each unit operates separately, providing little opportunity for normalization and resident interaction across locations.

### **The Special Housing Unit (SHU) is one of the least dignified and trauma-informed spaces at CCCF**


The SHU appeared unclean, unmaintained, stark, and overall lacking in a human-centered, dignified, GR and TI design. It is painted in institutional colors, and various features of the environment are not only inattentive to trauma but can be trauma-inducing, including the shackles chained to the walls, the floor-to-ceiling closet-sized cages, and restraint desks. Space for programming is seriously inadequate, and what is available has a carceral feel. This is particularly problematic given that the residents placed in the SHU are often experiencing deep levels of distress. In its current condition and as currently designed, it is virtually impossible for the SHU to function as a space where residents can achieve stabilization. In fact, despite staff efforts, the visual space, physical environment, and operational practices within the SHU are reportedly causing serious mental, emotional, and physical distress among residents and high levels of stress among staff (see Domain 4: Management and Operations).

### **The intake space is neither gender responsive nor trauma-informed**

The all-gender intake space is neither GR nor TI. While well-intentioned efforts are made to keep the populations separate, it is nearly impossible to maintain this function with integrity, and this presents several challenges (see Domain 4: Management and Operations).

### **While the minimum-security facility has various strengths, there is a lack of privacy, it is under-utilized, and kitchen items are in disrepair**

The open-dorm style housing in minimum does not provide privacy or personal space and does not uphold women's dignity. Women must engage in a variety of activities communally. Several residents supported not wanting to go to minimum, even if they qualify, because it lacks privacy, is overstimulating, and "feels chaotic." The design of the housing units, including where staff are



located (i.e., posted), does not align with a lesser security environment, and the unit spaces have a traditional carceral feel. While there is a robust culinary program, major items (e.g., walk in refrigerator, dishwasher) were not functional at the time of the assessment, and had reportedly been unavailable for some time. Overall, minimum is an under-utilized space with potential to become more GR and TI.

*"I can't even think in here sometimes." -CCCF resident*

*"We have to yell out to the women all the time; it's the only way they can hear us." -CCCF staff member*

*"I never want to go to minimum – there is no privacy there, and everyone is always in your space." -CCCF resident*

## Opportunities

### Expand opportunities for work and accelerated release within and outside of the CCCF campus

Create work and accelerated release opportunities for women. For example:

- Within the CCCF campus, consider adding or repurposing spaces to accommodate work furlough programs specifically designed for women.
- Outside the CCCF campus, explore opportunities to partner with counties and transitional housing contractors. For example, there are counties throughout the state that offer work release programs that would be closer to home and important options for women who live farther away from the metro area.

All work release programs for women should be GR and TI for women, as placing women in programs designed for men is counterproductive and ineffective.

Also, it is recommended that DOC create a system of alternatives to incarceration throughout the state that might serve as "regional justice centers for women" (see Benos & Benedict, 2021). Maintaining large facilities over time is extremely costly to corrections departments, and makes it difficult to sustain consistent staffing levels needed to operate and address the needs of a complex population.





## **Make immediate improvements to the current facility space so that it reflects a more human-centered, gender responsive and trauma-informed atmosphere**

Explore creative and cost-effective ways to enhance existing spaces.

- Enhance and create opportunities for privacy and personal space within basic safety and security parameters (e.g., provide safe areas for women to engage in wellness and self-care in addition to that provided by their rooms).
- Implement visual enhancements in all units, common spaces, and program spaces. Consider a facility-wide effort to make CCCF a “community” that supports the safety and growth of residents and staff (e.g., place items on the walls that offer hope and encouragement).
  - Expand efforts to ensure that visual space and materials are co-designed by/with women.
  - Display resident work (within confidentiality parameters); important program information (e.g., facility values and expectations, basic schedule, visiting hours); important community values (e.g., resident rights); empowering and strength-based images and words about women (e.g., self-advocacy); and culturally diverse images and words.
- Work with the residents in each unit to create a plan for enhancing the visual space. Form standing committees, run by the women, that attend to visual space and beautification needs throughout the year; these committees can plan decorations for holidays and key observances.
- Engage women in hands-on and self-reflective activities that will allow them to create artwork. Such activities function to improve the visual space and offer women opportunities to engage in productive activities that support mental health.

## **Improve family visitation space and access**

Identify creative alternatives/supplements to the current visitation spaces (in medium and in minimum), including creative use of outdoor areas. To address hardships related to facilitating visits between incarcerated mothers and children, work with community groups to assist families with transportation for visitation. For example, the Reunification Ride in Illinois brings children to see their mothers in prison. Facilitated by a coalition of nonprofit organizations, including the Women’s Justice Institute, Moms United Against Violence and Incarceration, Nehemiah Trinity Rising, and Ascend Justice, the Reunification Ride facilitates the essential connection between children and their mothers, and increases the probability of family reunification and decreased recidivism.

Enhance visiting spaces to better support productive and nurturing visits with family, children, and other approved individuals. Ensure that the space allows for private conversations (within basic safety and security parameters), is child-friendly (e.g., toys and activities for children are provided,



changing areas for infants/toddlers, healthy and affordable child friendly snack options in vending machines), and that residents have sufficient access to their children.

## **Create additional spaces where staff can engage in vital self-care activities during their shift**

Build upon efforts to create accessible spaces for and with staff that support their health and well-being. Co-design these spaces with staff to ensure they are useful and accessible.

## **Create a plan to improve and expand recreational and programming spaces, including the possible use of trailers, and address disparities between CCCF and the men's prisons regarding indoor and outdoor spaces and equipment**

### **Improve and expand programming spaces**

While expanding space may not be possible, current space can be used more creatively and purposefully to enable women to come together for connection, skill-building, and engagement in programming.

- Explore opportunities to designate creative spaces for women on the units and in targeted areas within the facility where they can engage in quiet reflection (e.g., tranquility rooms) and meaningful small group activities.
- Create dignified, GR and TI spaces where women can de-escalate; these should never include the floor-to-ceiling, closet-sized cages located in the SHU.
- Create a plan to increase available outdoor recreational/exercise space.

Explore the use of trailers to address the above.

### **Address disparities between CCCF and the men's prisons regarding indoor and outdoor spaces and equipment**

Conduct a review that explores 1) widely reported disparities between women's and men's access to meaningful recreation areas and equipment, program areas, and supplies, including creative activities (e.g., music programs) and 2) the specific needs of women such as the need for small and large group spaces, and spaces where women can engage in family and parenting activities, including infant bonding and nursing.



## Make immediate improvements to the Special Housing Unit (SHU) space and protocols

In tandem with the recommendations offered in Domain 4: Management and Operations, address the following in the SHU:

- Install frosted films for coverage in all cells where possible and ensure that no one can look into the cell when a resident is showering.
- Remove the floor to ceiling closet-size cages and remove shackles from the wall; implement alternative approaches to safe and secure resident movement/transfer within the SHU that are more human-centered, dignified, GR, and TI.

The above will require a cross-disciplinary approach and planning process, and intentional engagement of security, BHS and medical staff, as well as residents, especially those that have spent time in the SHU.

## Implement immediate improvements to intake for women, and move to eliminate all-gender intake

Women must be provided with a GR and TI intake space and process. Because staff are managing all genders in the intake area, it is difficult to meet the specific needs of women. While efforts are clearly being made (e.g., site separation), they are insufficient given best practices on effective work with women. Intake is an incredibly challenging time for women, most of whom are survivors of abuse and gender-based violence. Proximity to males is therefore ill-advised and can cause psychological distress. It is recommended that intake be spatially and functionally separate for women for the same reasons that there are separate facilities for men and women throughout the state.

*"We are the only women's facility, so we bear the brunt of it all...we are really running four facilities here, not one." -CCCF staff member*

## Redesign the main housing units in the minimum-security facility

Eliminate open-dorm style housing and replace with divided rooms where small groups of women can be housed. Dedicate larger program spaces within or adjacent to units. Consider replicating the design of the Alternative to Incarceration (AIP) area.



## Actions Taken

The GIPA process often instigates and supports immediate improvements to policies, practices, and programs. The following are actions that the department has reportedly taken since the GIPA process began:

- The CCCF Wellness Committee has elected a new chairperson, and the team has a new vision to work with other committees such as the Fitness Center Committee and Employee Recreation Committee to co-host events and leverage resources and staff support for wellness. The committee has already purchased a new refrigerator for the Health Services break room as part of the overall goal to remodel of the breakroom. Additionally, there will be a re-launch of the wellness room in CCCF medium with new massage chairs along with a water ice machine.
- The medium side now has an outdoor break area that was designed to provide privacy for staff and includes art and landscaping reminiscent of Tuscany. The area is adjacent to the Barista cart, which will be re-opening this summer with a new business plan so staff and residents can enjoy a beverage and residents can acquire valuable work skills.
- The CCCF team, under the leadership of Sergeant Hester and others, has successfully purchased new exercise equipment for each housing unit. Resident fitness and wellness will be a focus in the future. Additionally, CCCF has already hosted two Pickle Ball tournaments. With the Life Skills section fully staffed with 3 FTEs, CCCF will host more events that promote resident positive health and well-being.
- The education community has approached CCCF with an idea for placing a modular structure on site to provide classrooms for expanded college/post-secondary opportunities. The CCCF team looks forward to working with their education partners in the community to fundraise and support efforts to bring needed infrastructure and supports to the facility.



## Domain 4: Management and Operations

A frequent challenge to administrators responsible for incarcerated women is the integration of gender-informed practices in every aspect of operations within the facility's security requirements. There are several important considerations. Among these are the following:

- Effective institutional management begins with strong leadership that understands gender-informed policy and practice and has a clear strategy for their implementation.
- Leadership effectively communicates gender-informed principles to managers and staff and holds them accountable for effective practices.
- There is a management structure for the oversight and implementation of gender-informed operational and security practices in all areas: security, programming, medical, mental health, other services, contractors, and volunteers.
- There are established (written) policies and procedures for the implementation of gender-informed practice in critical areas such as the women's property list, hygiene products, transportation of pregnant women, cross-gender supervision, privacy, pat and strip searches, and sexual harassment/PREA.
- Gender-informed practices are part of the day-to-day operations in post-orders and both formal and informal communications.
- Facility managers are accessible to staff and women through informal and formal avenues (e.g., grievance procedures, surveys, listening sessions, and other forms of data collection).

## Summary of Findings

*CCCF is a complex facility where administrators and staff are challenged to manage several different sub-populations, including a multi-gender intake unit and a Special Housing Unit (SHU) that manages six special populations. While the facility leadership has a strong vision for the implementation and expansion of gender responsive (GR) and trauma-informed (TI) policies and practices, this vision is not being translated throughout the facility's operations. Some of the greatest challenges include limited bandwidth related to gender-neutral statewide initiatives, post-pandemic challenges, a crisis-driven culture, staffing shortages, and a significant lack of staff training and coaching (see Domain 5: Staffing and Training).*

*An overarching gender responsive strategy is needed to contain various efforts, including those related to meeting the needs of diverse, historically underserved populations, including residents of color, those who identify as LGBTQI+, those who are gender diverse, and those with significant mental health needs. An appropriately resourced leadership and management structure can facilitate the development and implementation of GR and TI policies and practices that will enhance safety and security for both women and staff, while also contributing to successful intermediate and ultimate outcomes for women.*

## Strengths

### The facility leadership is highly committed to the implementation of a gender responsive operations throughout CCCF


During the planning and implementation of the GIPA, it was abundantly clear that the facility leadership team is aware of the importance of broad and sustainable implementation of GR and TI approaches across the facility. The facility leadership team also showed a solid commitment to developing the GR and TI policies, practices, and programs needed to improve outcomes.

### The Special Housing Unit (SHU) staff are working hard to manage a complex mix of residents, and there have been recent improvements in communication and coordination between the SHU security staff and BHS

Despite the challenges of the SHU (noted in Domain 3: Facility and below), the SHU captain and staff are working hard to manage six sub-populations (see table below) in a limited space, and with limited resources and staffing. It was reported that there have been recent improvements in communication and teaming between security and BHS staff, which is essential for managing such a diverse population within persistent constraints. This includes the implementation of weekly meetings between security staff and the SHU treatment team at a time when the day and swing shifts can collaborate. Also:

- CCCF is reportedly using population reduction strategies for targeted SHU residents. For example, DSU residents may qualify for early release to the general population (GP) (i.e., within a week of seg release) if they meet certain safety criteria (e.g., non-violence).
- In Jan 2023, CCCF reduced the maximum sanction for DSU residents in the SHU from 180 days to 60 days. (While this is a step in the right direction, further reductions are recommended; see below.)
- The SHU leadership recognizes the need for professional communication and the importance of staff self-care in such an intense environment (e.g., offering staff breaks).

Six Populations in the Special Housing Unit (SHU)	
1. IMU	Intense Management Unit
2. BHU	Behavioral Health Unit
3. DSU	Disciplinary Segregation Unit
4. MHU	Mental Health Unit
5. MHI	Mental Health Infirmary
6. At Hold	Security Hold



*"We are personable but not personal. We take the time to listen but do not violate boundaries. The staff here in the SHU are naturally compassionate." -CCCF staff member*

*"We walk a fine line, though. We can't let fear and paranoia set in." - CCCF staff member*

*"We think differently in Oregon" -CCCF staff member*

## **The Unusual Incident Report (UIR) dashboard is one of the most promising and potentially impactful management tools created by the department**

The UIR dashboard provides metrics from across the state on Unusual Incidents Reports (UIRs) (e.g., attempted suicide, contraband, resident assault, medical emergencies, planned use of force, staff assault). Some managers have access to and are trained on this dashboard. Having this kind of data available to managers is essential and can support enhancements to operations via data-driven decision-making and staff training. For example, if there is a spike in certain kinds of UIRs, managers can explore reasons and enact responses, including corrective training and interventions with staff and residents.

## **CCCF leadership convenes regularly for Multi-Disciplinary Team (MDT) meetings**

The CCCF leadership regularly convenes for Multi-Disciplinary Team meetings (MDTs). These meetings offer an important opportunity for cross-function communication, think tanking, and decision-making. As noted below, MDTs can be improved and used to 1) support the development and implementation of GR and TI policies, practices, and programs, and 2) be responsive to emergent issues that are unique to women.

## **The department has taken specific steps to meet the needs of transgender residents**

DOC and CCCF staff engage in individualized assessment of the housing and other needs of transgender residents.

## **Challenges**

### **There is not a resourced structure to support oversight and implementation of gender-informed operational and security practices across departments**

Changing philosophies and inconsistent leadership, coupled with insufficient staff training, support, and accountability, have prevented CCCF from implementing and sustaining GR and TI approaches across facility operations. Staff across functions do not operate according to a common set of principles regarding effective approaches with women, and there is an overall lack of established (i.e., written and disseminated) GR policies/ procedures in several areas.



## Women face barriers to accessing their gender-specific basic needs (commissary and clothing)

Women are struggling to access needed clothing and shoes, including appropriately sized bras and shoes that fit. Many mentioned that there are not enough shoes offered in various sizes (e.g., there are fewer size medium options) and that they are forced to wear shoes that do not fit, which causes discomfort and, in some cases, medical issues.

*"We have been defeminized from shoes to clothes." -CCCF resident*

*"I have dents in my shoulders because I don't have a proper bra." -CCCF resident*

*"I want the right kinds of underwear because I am self-conscious." -CCCF resident*

*"Not one bra fits all." -CCCF resident*

## Staff over-rely on managing population dynamics through resident movement and punishment

Lack of GR operations is creating survival behaviors among women which violate facility rules (e.g., going into other residents' rooms to experience connection). It has been well established in the literature that women have different developmental pathways, communication styles, and coping mechanisms; however, these are not addressed by the CCCF culture and operations. In particular, because operational practices are not GR or TI, they are actually instigating coping patterns among the women that are subsequently misunderstood and mismanaged by staff (e.g., through punitive disciplinary responses and cell/unit moves) (see Domain 6: Culture and Domain 7: Resident Discipline).

*"One of the most common reasons for resident moves is for relationship conflicts" -CCCF staff*

*"We get comfortable in the unit and then they move us." -CCCF resident*

*"They put fighters in the same cell." -CCCF resident*

## There are significant challenges in managing acute behaviors across functions

Staff are struggling to manage acute behaviors among women, including behaviors that are linked to mental health issues and conditions and ineffective prison practices, especially in the SHU. Security and BHS staff are struggling to engage in effective teaming when these behaviors present, especially in the context of low staffing levels. This is compromising resident and staff safety and outcomes. Differing philosophies and lack of staff training are leading to conflict between functions, and both are preventing staff across disciplines from effectively supporting women.



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## Staff and residents report that facility managers are not visible

Staff and residents reported that the facility leadership and managers are not visible. For example, Town Hall and other meetings with facility leaders and managers are described as performative.

*"A few upper people are accessible." -CCCF resident*

*"Town Hall meetings are smoke and mirrors...they are trying to give us a feeling of power and say things like 'this is your community' - in reality they just give a briefing on COVID, upcoming events, and praise themselves...they are not responsive to our concerns." -CCCF resident*

## There is a significant lack of communication and coordination between staff at all levels (e.g., between shifts and departments), and, consequently, inconsistent operations and application of policies

Lack of communication and coordination has introduced serious barriers to the application of GR and TI policies and practices and prevents staff from proactively addressing the needs of women. This is uniquely problematic for women struggling with mental health issues and worsened by staffing shortages. It is also causing stress and trauma among residents and staff.

### Lack of communication and coordination between Security and Behavioral Health Services (BHS) staff


Overall, security and BHS staff are not aligned in philosophy and not engaging in sufficient or effective teaming; this is compromising safety, security, care, and positive outcomes among residents and staff.

Security staff report that:

- They often do not agree with BHS plans, and, when they do agree with the substance of a plan, cannot support its implementation due to time constraints, population size, and insufficient staffing.
- BHS staff are "not security minded", "overstep" security concerns, give residents unhealthy power, and do not focus on resident accountability.
- BHS staff accuse them of being "too harsh" with women when they are "having an episode."
- They are concerned about changes in how resident behaviors are being managed (e.g., residents being permitted to be out of their cell versus celled in).

*"I am supervising [over 100] AICs - even if we were fully staffed, it would not give us enough support." -CCCF staff member*

BHS staff report frustration with plans not being followed and concern that the work they are doing with women is not being supported from a philosophical or operational perspective.



Residents report that “officers do not like our BHS plans,” that they feel unsupported, and that they are often confused about how to proceed when they have a BHS plan that will not or cannot be followed by security staff.

*“If I am struggling...I’m in crisis...I need help, I need to tell them I have a BHS plan, if no paper – grieved”  
-CCCF resident*


*“Doors scare me, I don’t want to be alone in my cell; if I don’t have a paper allowing me out of my cell, I am told no.” -CCCF resident*

### **Multi-disciplinary Team (MDT) meetings need to be improved to better support management and operations, and effective implementation of GR and TI interventions with women**

MDT meetings need to be improved to better support cross-department/function communication, coordination, and decision-making. As currently designed, these meetings address too many salient issues regarding the management and operations of the facility. It was reported that as a result of the pandemic, other meetings were incorporated into the MDTs (e.g., IPCs). This has created a situation where the facilitators and attendees are managing a massive agenda and are unable to give the time and attention to important items (e.g., PREA, resident moves, behavioral health needs, discipline issues).

### **There are lacking operational practices that assist staff in managing job-related stress**

As a result of persistent gaps in staffing, all levels of staff are experiencing high levels of unrelenting stress. Additionally, there is a lack of operational practices that assist staff in managing job-related stress while they are working a shift or multiple shifts. Staff report that this is impacting their interactions with residents, and one another, and causing relational conflicts with loved ones at home. Staff also reported that this stress is impacting them emotionally and physically, and that they feel “trapped” by mandates and over time (see Domain 6: Staffing and Training).



Staff also reported that while the agency encourages them to engage in self-care, there are few actual opportunities to do so. As a result, staff report feeling that they are not truly supported by the state, and that calls for self-care are “hypocritical” and “insulting.” The following data is noteworthy:

- Over half (53%) of staff surveyed reported that CCCF is not a psychologically safe facility for staff, and another 30% neither agreed nor disagreed.
- Less than half (42%) of staff surveyed reported that they are encouraged to practice self-care (e.g., engage in stress management activities at work and at home), another 22% neither agreed nor disagreed.

### The communications system poses significant barriers

There were consistent complaints about telecommunications overall, including concerns about the phone and video system (cost and quality) and user validation requirements, which provide access to individuals who are approved to communicate with residents.

#### Cost and Quality

Residents report that the phone system is of poor quality and too expensive (“We can only hear every other word, the system is overloaded, and it’s 9 cents a minute for a call”). Residents also report that video calls are expensive (\$6.00) and of poor quality (e.g., the videos freeze), and that they have difficulties navigating “three different systems” (for video, email, and phone) for communication.

*“We need money in 3 different places.” -CCCF resident*

#### **Communications Justice<sup>10</sup>**

*Ensure Communications Justice for incarcerated women by making phone calls, emails, and tablets free – especially as it relates to communicating with children and working to secure housing and employment. States should ensure that women do not have to pay exploitative fees to communicate with their loved ones or providers with whom they are working to secure employment, housing, and other necessities for successful reentry. This includes, but is not limited to, access to free phone calls, emails, video calls, and tablets.*

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<sup>10</sup> Benos, B. & Benedict, A. (2020). *Communications Justice: Confronting the Exploitative Costs that Compromise Women’s Connections to Children, Family and Community Resources*. Women’s Justice Institute, 2021)

*Technology and communications, which should be used to create opportunities for connection, often carry exploitative costs for their use and become yet another economic burden for [women in prison]. This is problematic given that women's prisons are often far from women's homes and the reality that their incarceration creates harmful ruptures in communication with family.*

*Communication Justice exists when incarcerated women can access free and affordable forms of communication with their children, family, and key supports without being exposed to price gouging and other forms of exploitation that cause them psychological harm, create isolation, and deepen their economic insecurity.*

Benos, B. & Benedict, A. (2020). Communications Justice: Confronting the Exploitative Costs that Compromise Women's Connections to Children, Family and Community Resources. Women's Justice Institute, 2021)


## **Validation Requirements**

Staff, residents, providers, and stakeholders reported significant concerns about more recently enforced expectations for validation. All noted that the 22-step validation system (which requires, for example, that users provide a credit card, phone bill, and a valid driver's license) introduced new requirements without information and support to users, has created significant barriers, is causing disruption to residents' vital relationships and supports, and is causing psychological harm. Some family members may not be able to navigate the system, while others may not be able to provide credit cards or licenses. This is reportedly causing family separation and further marginalization (e.g., some family members do not have online access). There is a question as to whether a racial impact study was completed before the department enacted these requirements. The validation system has reportedly:

- Resulted in barriers to contact with family, DHS, and non-profit providers
- Created unique barriers for incarcerated mothers who are involved with DHS and need assurances that their children are safe and/or need to make safety decisions about their children
- Caused harmful gaps in residents' communication with needed supports, including family, DHS case workers and attorneys, and reentry supports

It was also reported that:

- Users may not know validation is now required, as proper notice was reportedly not provided (some lost validation and some courts and reentry providers may not know that they need to get validated).
- Many are struggling to register (e.g., elderly family members who need navigational assistance).

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- The system may present unique barriers to family members in congregate care settings (e.g., nursing homes, hospitals, group homes).
  - The system is particularly stress-inducing for residents during intake, as they are managing the trauma of separation from children and families, do not yet have money on their commissary, and cannot establish essential communications.

DOC shared information about the reasons for the validation, and the process they used to enact changes (e.g., messages were sent to all numbers ever dialed within the facilities). Despite this, the fact that residents, families, providers, and other stakeholders reported so many persistent concerns suggests that residents and families need additional communication and assistance with meeting validation requirements.

*"I thought my mom had not called me in weeks." -CCCF resident*

*"My mother is in her 90s and has no idea how to do what is needed to get validated." -CCCF resident*

*"I have had to use back channels to get in contact with DHS." -CCCF resident*

*"I have only one person with their number validated and thank god it's the one who has my kids." -CCCF resident*

## **There are numerous concerns about the kyte system**

Residents are required to communicate needs and requests to staff through the submission of untracked and non-confidential written requests, known as kytes. The kyte system is reportedly problematic, inefficient, and not trusted. Perceptions among residents that kytes are not taken seriously by staff are contributing to an adversarial culture (see Domain 6: Culture). There were numerous reports of residents sending kytes to the mailroom, medical, and BHS and experiencing significant response delays. It was also reported that in many cases, no related accommodations were made for residents to have additional time to respond when they received a delayed response.

## **PREA protocols are reportedly ineffective, and the current staffing model does not support a holistic, comprehensive protocol to address PREA concerns and complete investigations**

According to the OR DOC's CY2021 Annual PREA report, CCCF had among the highest number of substantiated and unsubstantiated PREA reports for sexual abuse and sexual harassment in nearly every reporting category (including those that involved both AIC-AIC cases and Staff-AIC cases), as well the overwhelming majority of ongoing investigations that year. While some facilities, which are larger, have more overall allegations, CCCF still has the highest volume of lawsuits and individuals involved.



### **Lack of fully-dedicated staff**

CCCF has faced challenges with PREA-related issues over the years, and has been engaged in a corrective action planning process. This process has resulted in improvements, including the placement of 30 additional mirrors and cameras throughout the facility, additional privacy barriers in shower and toilet stalls, as well as the placement of windows on various closet doors. However, the greatest challenges are tied to the lack of qualified, well-trained, sustainable, and fully-dedicated staff - particularly as it relates to appointing female staff, as women often feel most comfortable sharing issues related to sexual assault with other women. In particular, despite the higher number of investigations, CCCF only has access to a part-time PREA Compliance Manager, who has several other responsibilities outside of this work. The following is noteworthy:

### **Concerns about investigations**

While there is consistent attention to PREA, and the majority of residents reported that they have been provided with information regarding their right to be protected from physical and sexual abuse (80% of residents surveyed), and that they know how to report an incident of physical, emotional or sexual abuse (74% of the residents surveyed), staff and residents reported concerns about the quality and timeliness of PREA investigations, as well as the protocols that are used after allegations are brought and during and after an investigation.

### **Lack of faith in the reporting process**

Focus group and interview data revealed that several residents and staff lack faith in the reporting and investigative processes. For example, reporters/victims are allegedly placed in solitary confinement “for their own protection” (as one resident noted, “separation is a euphemism for solitary”). This is leading them to adopt various behaviors to keep themselves safe within a system they do not trust.

### **Consequences of reporting**

Staff and residents reported that allegations of sexual misconduct (“PREAs”) are leading to punitive and retaliatory responses. For example, residents reported facing various forms of retaliation in the wake of reporting staff sexual misconduct, including mistreatment from staff, being placed in segregation, transferred from minimum to medium, and taken off jobs. It was reported that when a resident makes an allegation, she is often reassigned to another unit pending the outcome of an investigation. Residents are not provided information about the reason for these moves, the investigation protocol, or anticipated timelines. These actions are perceived as a punishment and create a dangerous situation where residents do not feel safe to report.



## Disparate perceptions

It is noteworthy that interview, survey, and focus group data show that staff and residents have opposite perceptions about PREA. For example:

- Residents reported that PREA calls go to the DOC Security Captain: “PREA calls are routed to the DOC Security Captain, so it’s *in-house*.” Residents also reported that instead of reporting staff sexual misconduct (for fear of a punitive response), they intentionally break rules to be removed from certain areas/jobs where they are feeling unsafe. One resident reported, “I broke a rule so I would be taken off that job. I lost time, and it was a good job.”
- Staff reported that residents call the IG hotline if they “don’t like staff” and not as a result of actual misconduct. They described instances where residents “get together to manipulate the system” and reported that when residents falsely accuse staff, they are not held accountable. Staff also reported being moved in the wake of an allegation and having to wait long periods of time for findings, and needing to explain why to spouses.

These disparate perceptions signal the need to actively build a GR and TI culture that is supported by GR and TI operations and communications with women and staff (see Domain 6: Culture).

*“When I first started here, I asked about false accusations and was told that residents who falsely accuse would be held accountable. They aren’t.” -CCCF staff member*

*“We can’t talk about PREA because we are targeted if we do...the PREA people work for DOC. It gets back that you did it.” -CCCF resident*

*“The officers’ friends investigate PREA.” -CCCF resident*

*“I am waiting until I am out to report a PREA.” -CCCF resident*

## Existing protocols are insufficient to meet the unique needs of incarcerated mothers and families

At the time of the onsite assessment, 80% of the women at CCCF were mothers, and 8 were pregnant. Residents, former residents, and providers/ stakeholders report that incarcerated mothers are invisible, stigmatized, subject to specific forms of discipline (e.g., contraband) and that their motherhood is “weaponized.” For example, it was reported that staff frequently reference residents’ status as mothers when they break a rule (e.g., if a woman has a food item that is not permitted a staff member will say: “What are you doing? How is that being a good mom?”).

Also, while the harmful practice of shackling is not permitted during childbirth, it is still permitted as part of routine protocols (e.g., during transportation and while waiting to give birth).



## Limited activities

It was reported by residents and staff that there are limited activities for friends and families at CCCF (compared to the male facilities) and that men have more opportunities to strengthen their relationships (e.g., remote dinner parties).

## Barriers to visits

It was broadly reported that the visitation process needs to be improved. In particular, the visiting space needs to be expanded (see Domain 3: Facility). There were several reports that the visiting process is not attentive to women's rights and needs. Specifically, women are told to wrap up their visits prematurely due to space limitations. It was also reported that changes to the visitation protocol during COVID were not family-centered, unnecessary as it relates to safety, and that many have persisted despite stabilization. For example, residents reported that some family members and loved ones are not permitted to visit even though they are on the list. It is noteworthy that only half (52%) of women reported that they can connect with their children and other important people in their life while incarcerated, and an additional 18% neither agreed nor disagreed.

At the time of the assessment there was only one Family Advocate at CCCF. The lack of family advocacy creates a situation wherein residents cannot address barriers to contact with family (e.g., getting visitors approved, managing the requirements of the validation system), meet the requirements of other systems including the courts and DHS (e.g., completing needed forms).


## Lacking infrastructure to meet mothers' unique needs

There is a reported lack of infrastructure to address mothers' unique needs. For example, the room where women go to process termination of their parental rights is the same room where mother-infant bonding takes place. Family members with a criminal history cannot be present at birth. It was also reported that birthing and post-natal protocols are not dignified or supportive, that women are not provided with supportive pre- and post-natal support and counseling, and that birth plans are not supported by staff.

## DOC decisions on access to children

There were numerous reported concerns that DOC is "over-reaching" regarding permitting incarcerated mothers' access to their children and not qualified to decide what is in the best interest of children. While some of these issues are related to state laws or court orders, there were specific concerns that DOC is exerting power over DHS, including usurping DHS assessments of child safety. This reportedly occurs most commonly when there are charges of neglect, which are disproportionately, and often unfairly, applied to women. Of note, the Children of Incarcerated Parents Bill of Rights Task Force documented many of these challenges and published a series of recommendations to address them via legislation.





*"I have been waiting to see my kids for a long time because of the process to get approval. I can't bond with my family." -CCCF resident*

*"There is one shot to do it right." -CCCF resident*

*"Men get to build relationships, men get their families to come, men get to throw remote dinner parties...they say they are all about family in the mission statement, but we can't even have a meal with our families." -CCCF resident*

*"Now I can't speak to my stepmother." -CCCF resident*

*"Forms are confusing, and moms feel terror...there is no one to explain how to fill out forms appropriately, and if they do not fill them out correctly, they are denied, can only appeal the denial once, and then be potentially denied for a year." -CCCF stakeholder*

*"These women are huge parts of their families, and they need opportunities to connect with them." -CCCF staff member*

## **The grievance process is not functioning effectively and needs immediate attention**

There were broad concerns reported about the grievance process. This included, but was not limited to, concerns about the length of time it takes to receive a response or a decision, questions regarding due process and the decision-making process, experiences of retaliation following submission of a grievance, and concerns about the types of grievances that can be filed and the number of grievances that were filed but not accepted for processing.

According to data provided by the department, the number of grievances filed from residents at CCCF are disproportionately lower than the numbers filed at men's facilities. However, these figures do not include those that were not accepted, and therefore does not fully represent trending among women.

**The percentage of accepted grievances that receive late responses is significantly higher at CCCF in every category compared with men's facilities statewide.**

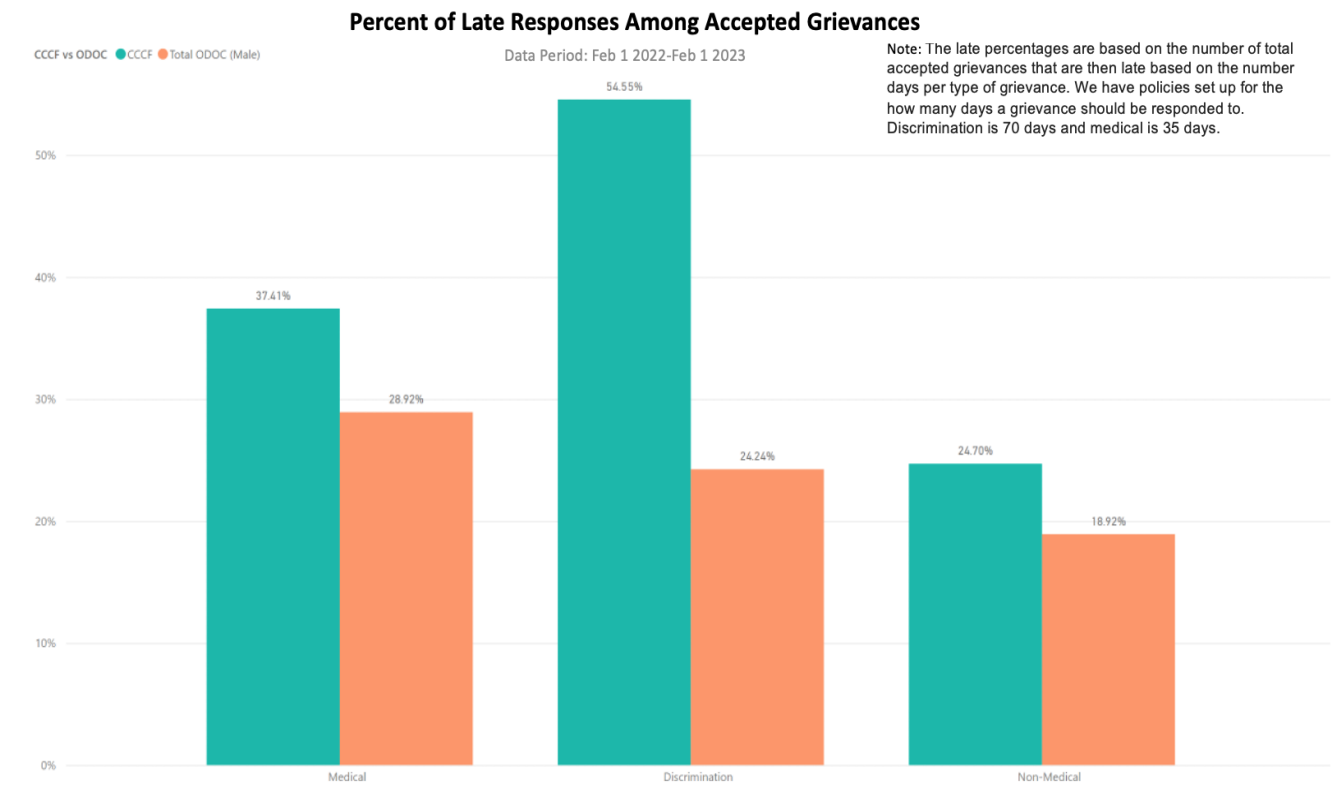
The percentage of accepted grievances that receive late responses is significantly higher at CCCF in every category compared with men's facilities statewide. Specifically, late responses to resident's medical grievances at CCCF was 37% vs 23% at male facilities; 55% vs 24% for those related to discrimination; and it is 25% vs 19% for those related to non-medical issues. (There are policies requiring responses to discrimination within 70 days and medical within 35 days.) This data demonstrates the need for further inquiry into women's grievances and how they are perceived, processed, and responded to.

Residents reported that grievances are routinely rejected, and that the Grievance Coordinator “finds reasons to deny grievances” and “processes their own grievances...the ones we make about them.” They also reported that staff make false claims about timeline requirements, or provide responses so late that the resident has less time to respond in the context of the overall timeline. They also reported that when they request assistance writing grievance or discrimination complaint and/or learning about the process, they are dismissed. Instead, they rely on their peers and Survival Coaches for support. Even then, it was reported that when Survival Coaches request copies of grievance process flow charts, they are told no.

*“They told me my grievance was rejected because I submitted it after 14 days, but I did submit it within the 14-day window.” -CCCF Resident*

*“We are shut down.” -CCCF resident*

The following chart shows that the percentage of accepted grievances receiving late responses is significantly higher at Coffee Creek in every category compared with men’s facilities statewide<sup>11</sup>.



<sup>11</sup> Data provided by request by the Oregon Department of Corrections.



## **The privilege/incentive system is not gender responsive or trauma-informed**

There were multiple complaints about the privilege/incentive system (see Domain 7: Resident Discipline).

## **The intake process requires an immediate overhaul**

As designed, key aspects of the Intake process, from the reception throughout the first few months of orientation, instigates a sense of dysregulation and trauma, and exacerbates vulnerability among residents.

### **Statewide intake for men and women presents challenges**

Challenges begin with the fact that CCCF services the intake process for all men and women statewide, and is not solely dedicated to delivering a GR, TI process specifically designed for women. While well-intentioned efforts are made to keep the populations separate, it is nearly impossible to maintain this function with integrity, and presents the risk of several challenges.

### **Lack of meaningful orientation process**


While it was reported that women are provided with material describing the intake process, there is little-to-no orientation process for recently admitted residents. There is insufficient information to explain the process to them, or offer them an opportunity to learn and understand the facility's rules and operations. This leaves many with a sense of fear and dysregulation due to the lack of information. This trauma is intensified by reports that staff become frustrated with women's lack of knowledge of operations, yell or shout orders at them that they do not understand, and then give them disciplinary reports for not complying with those orders.

### **Insufficient access to basic needs**

Residents are not provided with sufficient support addressing their basic needs or information on how to access them. Instead of expediting their access to the canteen so that they can buy the things they need, new residents are provided with a limited hygiene packet, which is unrealistically expected to meet their needs for one month. As it is insufficient, residents reportedly engage in various behaviors that are technically not permitted (e.g., trying to get canteen from other residents). This could result in disciplinary action or force them to trade with other residents (e.g., "I'll give you three days' worth of dessert for coffee if I can get some deodorant"). Residents describe having to "hunt" to get the things they need.

### **Residents housed with the general population (GP) during intake**

Residents are housed with GP during the intake process, which may place them in a vulnerable position because they lack knowledge and awareness on the rules, operations, and general culture of the facility. While many residents reported that they support one another, there were concerns raised that some residents take advantage of new resident intakes, particularly as it relates to their lack of access to basic needs.



*"We need to be able to order stuff to take care of ourselves and we can't, so we try to get what we need and then we get in trouble." -CCCF resident.*

## **The Special Housing Unit (SHU) poses significant barriers psychological and physical safety for residents and staff**

While the SHU staff are working hard with limited resources, the SHU needs significant improvements to its operations. The SHU currently houses six different populations that including the Intensive Management Unit, Behavioral Health Unit, Disciplinary Segregation Unit, and Intensive Mental Health Unit. This makes effective management of each population difficult. It is noteworthy that in the male facilities, these populations are housed separately. This has been further complicated by the use of half of the SHU (left side, 30 beds) for COVID management, thus requiring staff to manage these populations in an even smaller space. Additionally, SHU practices are reportedly harming versus facilitating health and well-being. Residents described that they are "getting worse" in the SHU and that the sensory deprivation is unbearable, and in many cases either worsens or instigates challenging and distressing mental health symptoms.

*"Restrictive housing is a hot topic here in Oregon, but we fall short with women. We have gender-neutral training. What we need is to specialize our training for women." -CCCF staff member*


### **Too restrictive**

Overall, SHU practices are too restrictive (e.g., limited outside time, out-of-cell time), and there is a lack of dignified care and supportive interventions for the residents housed there. This has unique implications for women who are struggling with mental health issues and conditions. Many of the movement and containment protocols within the SHU are contraindicated for all residents, posing unique barriers for those in crisis and those with significant mental health needs, and appear to have been developed in response to management needs, versus the needs of the population. Many of these protocols would not be permitted outside a carceral environment and can erode versus support resident stability, growth and mental health.

### **Criteria**

Residents are being sent to the SHU when they would be better served in a different environment. For example, women are placed in the SHU (i.e., disciplinary segregation) for refusing to go to minimum, a behavior that is categorized as being in an "unauthorized area." Given the high level of restriction that occurs in the SHU, it is essential that this space be reserved only for those residents who cannot achieve safety and stability in another space.

Women may also be placed in the SHU accidentally. For example, one woman was placed in the SHU due to a paperwork issue; she had a hold from BHS not to go that was not in the system yet. This was corrected; however, given the conditions of the SHU, it is harmful, and there should be stronger mechanisms in place to avoid it.



Overall, residents in the SHU lack space, incentives, and support for the management of acute behaviors. This is compounded by the fact that there is inadequate staffing and staff support.

*"We have to put on a brave face, it is weighing heavily on sergeants." -CCCF staff member*

*"We have too many statuses in one place." -CCCF staff member*

*"We desperately need the DSU side." -CCCF staff member*

*"We have too many statuses in one place." -CCCF staff member*

## Opportunities

### **Create a resourced structure to support oversight and implementation of gender-informed and evidence-based operational and security practices in all areas**

There is a need to create a resourced structure to support oversight and implementation of gender-informed and evidence-based operational and security practices in all areas that is supported by staff training and coaching (see Domain 5: Staffing and Training).

Create a local position to support the development, implementation and oversight of GR and TI policies and practices for women across departments (e.g., an Assistant Superintendent of Gender Responsive Operations and Programs; see Domain 1: Leadership and Philosophy). This position can facilitate teaming and collaboration across functions and work in tandem with the headquarters position and the Gender Responsive Coordinator in the Governor's Office (see Domain 1: Leadership and Philosophy). Also:

- Implement gender responsive policy and practice enhancements in a deliberate, sequenced manner.
- Formally and regularly seek suggestions from staff and women on operational challenges, the impact of current policies, needed changes, and possible solutions.
- Actively involve staff in the development of policies and practices for women, and consult them on the best ways to implement changes. If policy and practice changes are not implemented thoughtfully and alongside staff communication and training, they could compromise safety and security at CCCF.
- Communicate policy and procedure changes and enhancements to staff and residents using various means. While memos are important, changes and enhancements should also be communicated through roll calls, formal staff-supervisor communications, in-service training, community meetings, etc.



## Enhance staff communication and coordination, paying particular attention to security, BHS and medical

Supported by the above recommended position, as well as security and BHS administrators at the headquarters level, immediately address conflicting philosophies and disjointed communication between security and BHS staff through the development of GR and TI operational policies and procedures, cross-training programs, and teambuilding. This should include, but not be limited to, job shadowing across both the security and BHS functions to build awareness and understanding of each department's role and associated strengths and challenges. In line with the above:

- Ensure that case staffing includes representatives from security and BHS (these functions must work in tandem to implement approaches with residents).
- Create clear protocols for the development of BHS plans to ensure that they are both attentive to resident strengths and needs and can be realistically supported given operational factors, including and especially, security considerations and staffing levels.
- Ensure that BHS staff maintain evening and weekend hours (see Domain 5: Staffing and Training and Domain 6: Culture).
- Explore expectations of BHS staff to work set hours each day on the housing units to support the implementation of BHS plans and proactively address issues among women. This can create efficiency as residents are “constantly” sending kytes to BHS to be seen for various reasons (e.g., extending expired BHS Plans, and accessing needed services and supports). Consider expanding the use of volunteers and interns to support residents (see Domain 10: Programs).
- Clarify the role of security staff vis-à-vis BHS plan implementation.
- Clarify expectations regarding two-way communication (written and verbal) between security and BHS staff.
- Provide immediate training on enhanced protocols and expectations across functions.

## Enhance multi-disciplinary team (MDT) meetings

There are ongoing needs for teaming and decision-making regarding various operational practices including, but not limited to PREA, group living and resident moves, special housing, and crisis response. MDT has become a place for key managers to come together to discuss all of these and other issues.

Revisit the purpose of MDT meetings and ensure essential facility functions are represented and prepared to lead discussions that fall within their purview. To ensure efficiency and high-quality discussion and decision-making, it is recommended that targeted functions (e.g., IPC, SNEC, and PREA) and related discussions be separated from MDT and addressed at separate meetings.



Also:

- Clarify expected attendance (e.g., BHS) and the conversations managers should be having with their own teams to prepare for MDT meetings. Support these preparatory discussions by sending minutes from previous meetings and upcoming meeting agendas in advance. Also, clarify what kinds of decisions are made at MDT and how they are made (e.g., consensus building, vote).
- Consider using MDT meetings to drive GR and TI policy and practices implementation across functions, and support decision-making and innovation with data from the UIR dashboard and other sources.
- Scale the successes of other smaller MDTs that have a more focused agenda and address specific sub-populations (e.g., minimum, SHU).

### **Implement operational practices that assist staff in managing job-related stress**

It is important to ensure that staff have various places (see Domain 3: Facility) and processes to support their wellness while at work. Accordingly, it will be important to expand available indoor and outdoor spaces for staff self-care, and ensure that staff not only have adequate breaks but are also encouraged to take them (e.g., it was reported that some staff do not take breaks even though they are offered/permitted). It is recommended that CCCF create a staff-led wellness committee that can lead information and idea gathering across CCCF's workforce and identify concrete staff support strategies that are operationally feasible. These strategies should include expanded and more frequent staff acknowledgement protocols.

### **Adopt gender responsive versus gender-neutral policies that address the unique needs of women and CCCF's diverse population of residents**

Ensure a commitment to the implementation of GR management and operations across the facility leadership and departments.

- Ensure this philosophy and approach contains comprehensive efforts, including those related to meeting the needs of diverse, historically underserved populations.
- Ensure that broad departmental initiatives (e.g., Oregon Way, Amend) are implemented within and do not conflict with this larger GR and TI philosophy and approach. For example, the Resource Team model can be adapted to address the unique needs of the women's population.
- Ensure policies and procedures related to commissary and clothing are gender-specific and culturally responsive and do not overlook women (cisgender and transgender women), as well as the needs of transgender men who are being housed at CCCF in lieu of being housed in male facilities.



## Implement a communications justice and support strategy

Take steps to ensure communications justice for women.

### Communications justice<sup>12</sup>

Improve phone and video quality and address concerns about the trifurcated communications system noted above.

### Validation

Provide immediate support to assist residents with validation:

- Identify residents having challenges validating family members and other key persons and provide immediate individualized intervention and support.
- Address the unique barriers faced by incarcerated mothers who are involved with DHS and those who need to communicate with attorneys about active cases, and those who are preparing for reentry.
- Consider a grace period for validation for residents during the intake and orientation process for 60 days.

## Improve the efficiency and responsivity of the kyte system

Track trending in kytes including appeals and outcomes (see Domain 6: Culture).

## Improve PREA staffing model and protocols


Hire a full time PREA Compliance Manager (captain-level) and ensure this position is properly resourced, can implement investigation processes that are GR and TI, and can account for the reality that women are often more comfortable sharing information about sexual assault with other women. (The current position has been on rotation for seven years). Also:

- Hire a full-time sexual assault liaison; this function is currently embedded within a staff position that is also responsible for group living and other operations.
- Enhance training opportunities to ensure that those who occupy these positions are well versed in GR and TI implementation of PREA, including appropriate investigation processes, etc.

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<sup>12</sup> Benos, B. & Benedict, A. (2020). Communications Justice: Confronting the Exploitative Costs that Compromise Women’s Connections to Children, Family and Community Resources. Women’s Justice Institute, 2021); Benos, B. & Benedict, A. (2021). Redefining the Narrative. Women’s Justice Institute.




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- Ensure all PREA calls are routed to the IG's office and that those answering such calls are properly trained in GR, and TI approaches to PREA. Also, ensure that women are clear on who they are speaking to and the limits of confidentiality.
  - Explore the Ombud's role regarding PREA allegations that come through the Ombuds hotline, site visits, snail mail, etc., given their statutory role.

## **Improve support for pregnant and parenting mothers and their children**

In addition to creating more family-friendly spaces (see Domain 3: Facility), expand visiting hours, family events, and activities (leveraging the support of volunteers, interns, and the Prison Advisory Committee). Also, enhance protocols designed to meet the unique needs of pregnant and parenting incarcerated mothers.

- Immediately end all forms of shackling of incarcerated pregnant women.
- Address barriers to family connections. For example:
  - Improve communication and coordination between DOC and DHS to ensure that incarcerated mothers and their children can stay connected during their incarceration.
  - Explore DOC criteria for denying access to children.
  - Hire at least four full-time Family Advocate positions (two positions for medium and two positions for minimum) to support residents' contact with families and address barriers to visitation. These positions should provide regular reports to the superintendent, headquarters, and the Prison Advisory Council regarding barriers to family connection (e.g., number of families denied visits and reasons for such denials) so DOC and CCCF can 1) work toward barrier removal, engaging with key persons and entities (e.g., currently and formerly incarcerated women, directly impacted leaders, the legislature, courts, DHS, the Children of Incarcerated Parents Bill of Right Implementation Team, and the Gender Responsive Advisory Council), and 2) ensure effective communication with residents and families about legislative, policy and other considerations that impact family contact.

Consider whether the Family Advocacy roles should be held by DOC employees or contracted with a community-based provider (see Domain 2: External Support). Community-based providers may be better equipped to provide a continuum of support to women and their families and may have more flexibility to address the collateral needs of children. If these roles stay internal to DOC, Family Advocates should be required to work regularly with community partners, including directly impacted women leaders, to understand the complex needs of incarcerated and reentering mothers and the supports and advocacy they need to be successful.



Create an infrastructure to address the health, wellbeing, and safety of incarcerated pregnant women, supported by:

- A Pregnancy Coordinator position
- Peer-led doula support for pregnant mothers
- Safe and nurturing spaces for mother-infant bonding and breastfeeding
- Birthing and post-natal protocols that provide essential self-determination and supports to incarcerated moms
- Staff training on how to facilitate the development of and uphold mothers' birth plans within security protocols. [DOC has birth plans that govern basic operations regarding the birthing process This is different that the birth plans that are designed to empower women to specify preferences regarding the birth environment and delivery/post-partum processes (e.g., preferences regarding lighting, music, pain management). In addition to the DOC birth plan, women reported that they want to be able to develop and realize their own both plans.]


### **Implement a gender responsive and trauma-informed philosophy and approach to management and operations that integrates relational and dynamic security, and is applied at all times, including when staffing levels are low.**

See Domain 5: Staffing and Training and Domain 6: Culture

### **Improve the grievance process and related staff-resident communication protocols**

Enhance the efficiency and credibility of all grievance processes, including those that relate to medical and mental health. Specifically, implement a grievance process review that includes focus groups and surveys with staff and residents (current and former). In the meantime, ensure that women have clear and consistent access to reporting mechanisms (i.e., anonymous reporting options), and communicate the grievance process to all staff and women regularly (through roll calls, unit meetings, etc.). Also:

- Revisit grievance protocols, including requirements and timelines for filing grievances and appeals.
- Provide in-service training to staff on the components of the grievance protocol and their duties within that protocol.
- Hold community meetings on each unit to ensure that women know their rights and responsibilities regarding grievances, including the grievance process and timelines and appeals.
- Establish a monitoring protocol to identify when staff retaliate against women who file grievances (e.g., a 90-day review period wherein the management monitors disciplinary actions that take place after grievances have been filed).

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- Formally monitor and track staff adherence to processes, especially while they are being corrected/ enhanced (e.g., meet with women and staff regularly, distribute surveys).
  - Create a routine process for the tracking of trends in grievances (e.g., regarding discipline, medical and mental health). Ensure the tracking of all grievances, not just those that have been accepted, and ensure metrics include reasons for acceptance or denial.
  - Establish a clear, GR and TI protocol for responding to identified grievance trends (e.g., multiple women filing the same grievance, women who grieve frequently) so that the process is dynamic and attentive to all women.
  - Share this information with MDTs and staff on a regular basis, and explore opportunities to safely review lessons learned with women (i.e., related to identified trends) so that women know that they are being heard.

Perceptions women have about the grievance process are an important indicator of a facility's culture. In the absence of a functional and credible grievance process, women's needs remain unmet, and some may resort to coping behaviors that place them at risk.


### **Expand the Unusual Incident Report (UIR) dashboard to track metrics that are important for women**

Identify types of data that should be collected that will provide important information on the experiences, perceptions, and behaviors of women (e.g., data related to medical/mental health, grievances, and disciplines), how often such data should be collected, and how such data will be used to support data-driven decision making, data-driven staff coaching, and guide policy, practice, and program enhancements.

### **Launch a gender responsive and trauma-informed intake and orientation process**

The intake process, including the first few months of orientation to a facility, occurs during what is arguably one of the most critical periods for a resident, during which they are the most vulnerable and at high risk of adopting coping mechanisms that are related to trauma and could lead to discipline and sanctions. Intake represents one of the greatest opportunities to provide support and reduce harm.

- Conduct a review of the intake process, identifying opportunities to be more GR and TI. It is noteworthy that during the onsite assessment, a unit director was appointed and seemed to be very interested in working proactively to make needed improvements.
- Leverage the peer-led Survival Coach program to create a robust orientation process that begins immediately upon admission and offers women essential information, as well as ongoing support and mentoring, throughout the first three months of incarceration.
- Create a GR and TI intake and orientation handbook that, at minimum: describes resident rights and expectations, programs and service offerings, education and employment



opportunities; is broadly accessible (e.g., to non-English speakers and the visually impaired) and user-friendly.


## **Enhance the schedule so that it facilitates productivity for staff and women and addresses women's gender-specific needs**

Enhance the unit schedule to allow for more out of cell time, productivity, and programming. For example, replicate real life routines as much as possible; ensure productive activities throughout the day, and have a basic structure for down time. Ensure that staff and women are engaged in meaningful activities and interactions to build skills, address challenges, create a culture of support, and strengthen community. The absence of a purposeful schedule contributes to boredom and other psychological phenomena that can lead to fights, self-harm, and other behaviors that create safety and security issues, and distracts women from goal setting and skill building that are essential for success in the facility and in the community upon release. It can also create fertile ground for the worsening of mental health symptoms and conditions.

## **Make immediate improvements to the SHU**

Prioritize steps to create a more therapeutic, GR and TI environment in the SHU.

- Explore opportunities to create separate spaces for the six sub-populations currently housed in the SHU (as is the case in every male facility statewide).
- Revisit criteria for placement in the SHU, especially for those identified as DSU (see Domain 6: Culture and Domain 7: Resident Management).
- Dramatically reduce time in isolation for all sub-populations in the SHU and create GR, TI and clinically appropriate step-down protocols for all SHU residents. This will require an increase in staffing.
- Implement GR and TI security practices in the SHU, including those that relate to same-sex supervision and privacy.
- Explore additional strategies for the improved management and support of the most acute and highest risk residents, including exploration of other therapies, individual and group treatment, and alternative placements within and outside of CCCF if available.
- Enhance staff support for those working in the SHU, including acknowledgement from all departments and level of management, and concrete opportunities for staff to take breaks during work time, take breaks from targeted responsibilities such as extended suicide watches and close observations, and scheduled breaks from working in the unit overall.



Also, if CCCF plans to implement Resource Teams or Activity Teams<sup>13</sup> (i.e., based on the Amend model), their structure and function should be modified to ensure responsivity to women’s unique strengths and needs.

## **Improve the visibility and accessibility of management**

Enhance the visibility and accessibility of the facility leadership and managers and implement diverse methods for obtaining information, ideas, and feedback from staff and women.

- Hold scheduled and unscheduled tours (several times per week) to make important observations and facilitate communication between the facility leaders, managers, staff, and women (e.g., develop a schedule that will specify when different levels of management will visit different areas of the facility).
- Increase visibility of the facility leadership, including during movement, on housing units, and in all departments and develop benchmarks for the time facility leaders and managers spend “on the floor.”
- Seek input/data from staff and women about facility strengths and challenges regarding implementation of GR practices, using discussions, ad-hoc meetings, and surveys.
- Analyze disciplinary actions, grievances, and mental health and medical requests to identify trends and inform communications and corrective actions.
- Ensure that a Resident Council is fully functional (e.g., is used to facilitate productive discussions about facility/unit strengths and challenges to draw out ideas and solutions; ensure that representatives can bring issues to management and that real action steps follow identified needs.
- Act on information gained from staff and women via written corrective action plans and memos. Communicate steps taken and evaluate results.

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<sup>13</sup> Research shows that long-term isolation is harmful and ineffective – it doesn’t support behavior change – and that working in segregation units takes a unique toll on staff’s physical and mental health. The Resource Team approach empowers uniformed staff to work safely and effectively with the highest-risk, highest-need incarcerated individuals to dramatically increase time-out-of cell and ultimately support them to live safely and successfully without isolation. A Resource Team is based in a restrictive housing unit; an Activity Team is mobile, working throughout the prison, and focuses on people who are self-isolating and other high-risk individuals who need extra support to stay on track and out of restrictive housing. Resource and Activity Team members receive extensive additional training, and dedicated project time, to work effectively with the most complex individuals (from Snake River Correctional Institution Issue Brief – Special Edition).



## Actions Taken

The GIPA process often instigates and supports immediate improvements to policies, practices, and programs. The following are actions that the department has reportedly taken since the GIPA process began:

- CCCF/DOC is creating a Shared Leadership Model to ensure coordination, collaboration, efficiency, and high-quality care.
- Staff at headquarters are conducting focus groups and working with individual residents on phone validation concerns. Trust in the process seems to be the predominate concern for residents and their families. Staff have scripted talking points which appear to be helpful with families who have struggled to validate within the new phone system.
  - Effective May, 2023, Coffee Creek has implemented three distinctly separate MDT meetings, each structured with an agenda to target the needs of specific populations. These include a weekly MDT (Multidisciplinary Team), a weekly SPM MDT (Special Population Management Multidisciplinary Team), and a weekly IMU MDT (Intensive Management Unit Multidisciplinary Team), which was formerly known as IPC (Inmate Programs Committee).
- Special Housing:
  - Plans are being created for a Video Visit Kiosk that will allow for more structured out of cell time. New program chairs have been installed and a team of staff is identifying new program interventions and behavior change plans to improve special housing.
  - In June 2023 two managers attended Resource Team training at OSP with the team from Norway/Amend and the CCCF team is committed to implementing SHU protocols and processes that integrate the research on women and are attentive to their unique needs.



## Domain 5: Staffing & Training


A well-run facility is grounded in a workforce that is committed to the facility's mission and is hired and trained to carry out the daily requirements of gender-informed practice. In difficult budget times, department and facility leadership are challenged to value and maintain a commitment to gender responsive training and staff development. This domain considers items including the following:

- The hiring process is designed to identify staff with adequate awareness, commitment, education, and experience to work effectively with women and contribute to the mission of the facility.
- The staffing pattern supports the operational requirements of working with women and pays particular attention to the number of female staff overall, including same-sex supervision at important times. Critical functions of the institution are adequately staffed (medical, mental health, security, programming, case management and visitation).
- Initial and booster training is provided to all staff and volunteers in content areas critical to successful work with women. There are planned opportunities for coaching and meetings with staff to problem-solve difficult issues and reinforce effective skills and practices.

## Summary of Findings

*While many staff are dedicated to their jobs, chronically low staffing levels and accompanying overtime and mandates are creating significant barriers to implementation of gender responsive (GR) and trauma-informed (TI) practices. Overall, staff lack knowledge of women's pathways, including their risks, strengths, and needs, and how this impacts day-to-day interactions. There are some notable exceptions to this; Correctional Counselors, behavioral health staff, targeted security staff, and outside agencies appear to have an understanding of gender responsive approaches with women and why such approaches are needed.*

*While training on GR and TI approaches is essential to provide staff with critical information and skills that will help them to maintain safety and security and improve outcomes, the department lacks a comprehensive GR and TI training program for both management and staff. Essential training regarding the unique needs of women is virtually absent, as is training and support on how to effectively meet the needs of diverse groups of residents, including women of color, residents with significant mental health needs, those who identify as LGBTQI+ and those who are gender diverse. There were a variety of reports and observations suggesting that staff do not apply GR and TI practices. Veteran staff with traditional and limited attitudes about incarcerated persons, and women, plus an influx of new, inexperienced staff who lack essential GR and TI communication skills has contributed to inconsistent operations and troubling and harmful interactions with women.*



*From the academy to facility-specific training, the current approach to the training, coaching, and supervision of custody staff, who play a vital role, is inadequate and must be improved to facilitate meaningful and sustainable culture change. There is also a need for a GR and TI staffing model that accounts for the needs of women and staff. The current staffing model reflects traditional carceral norms and does not account for women's unique needs, including those related to their role as primary caregivers and disproportionate trauma histories. Finally, CCCF lacks needed staff positions, and is under-resourced compared to the male facilities.*

## **Strengths**

### **Staff are aware of the challenges at CCCF and working hard to provide custody and care and support one another**

Many staff are aware of the challenges at CCCF and clearly working hard to provide effective custody and care to the residents. For example, many asked about the GIPA process and report and expressed hope that it would make a difference. Staff are also doing their best to support one another in a very difficult climate.

### **Many staff are interested in receiving training on gender responsive approaches so they can do their jobs more effectively**

Many staff are interested in receiving training on GR and TI approaches so they can do their jobs more effectively. While sharing challenges with staffing and navigating the complex needs of women, staff also expressed the need for and genuine interest in training and skill development that will help them better engage with women and diverse residents. Staff also have concrete ideas about how to better address women's needs (e.g., offering more recreation space and activities and more access to needed programs).

### **The leadership team has knowledge of women's pathways and needs**

Although in many ways constrained by staffing shortages, gender-neutral philosophies and practices, and other barriers identified in this report, members of the CCCF leadership team have knowledge about the pathways and needs of women; this knowledge can be leveraged to make dramatic improvements to the facility and its operations and programs.

### **There are innovative programs designed to enhance staff members' understanding of women, including their pathways and needs while incarcerated**

The Resident Panel (where residents share information regarding their lives and needs with staff) provides powerful opportunities for staff to engage with residents in healthy ways and learn about residents' perspectives. Opportunities like this are essential to changing an adversarial culture,





and staff can use this information to better understand and meet residents' needs (see Domain 6: Culture).

## Challenges

### **The hiring process is not designed to identify staff with adequate awareness, commitment, education, and experience to work effectively with women**

The hiring process is the same for all facilities; there is no emphasis on prior experience, interest in, or aptitude for working with women. It was reported that DOC recently lowered the required education level of staff; staff are no longer required to have, at minimum, an associate's degree. If minimum education levels are going to be adjusted in this way, staff training becomes even more essential.

### **Staffing at CCCF is not equal or equitable in relation to men's facilities**


Staffing at CCCF is not equal or equitable in relation to men's facilities. It was reported that there is a lack of equality in staffing positions between the CCCF and the men's facilities (i.e., men's facilities have positions that are not represented at CCCF). It was also noted that CCCF does not have a staffing model that has been specifically designed to meet the unique need of women (see below).

### **The staffing model has not been intentionally designed to address the needs of women or meet the needs of CCCF's diverse population**

Critical functions of the institution are not adequately staffed for women or combined ineffectively (e.g., PREA, medical, mental health/BHS, security, programming, case management, visitation). It is recommended that OR DOC/CCCF consider the recommendation made throughout this report to 1) add key positions, 2) resource existing positions, and 3) eliminate bifurcated positions in key areas.

### **The current staffing model does not account for women's unique needs**

Overall, the staffing model tends to reflect more traditional carceral norms and has not been modified to account for women's unique needs, including those related to their role as primary caregivers and disproportionate trauma histories (and unique responses to trauma). Staff reported that the current security staffing model is very limited and that there are not enough BHS or support staff. For example: on day shift there is one officer for every unit and the corporal ("bounces around"); on graveyard shift there are times when one officer is managing two units and there is reportedly limited or no support staff. In high need areas, the staffing model cannot support effective GR and TI custody and care.



CCCF's staffing model does not support the operational and programmatic requirements for working with women and CCCF's diverse sub-populations (e.g., intake, SHU), and ensuing challenges are exacerbated by chronic staffing shortages. Because CCCF manages male residents in various units at CCCF, this creates additional challenges as well.

In the absence of an adequate staffing model that matches the size and gender-specific needs of a diverse population, staff resort to resident management strategies that are not evidence-based, GR or TI (e.g., facility and unit lockdowns). These practices function as potent triggers for women, cause harm, instigate survival behaviors, worsen mental health issues and conditions, and end up requiring additional operational responses from an already over-burdened staff. This also creates a toxic environment on housing units rather than one focused on supporting healing and restoration among the residents.

*"We have one staff on the unit and cannot see what is going on. We do checks once per hour on day shift. Accountability is out the window, we end up putting AICs next to each other so they are not out of bounds." -CCCF staff member*

### **The current staffing model does not support adequate mental health staffing and leads to reliance on restrictive responses**

The BHS staffing model is insufficient, and BHS staff maintain a schedule that negatively impacts custody and care (see also Domain 4: Management and Operations). While medical staff are available 24/7, BHS staff do not work evenings or weekends, when women may face additional mental health challenges (e.g., trauma triggers that directly relate to evening routines and disconnection from family, which can be felt even more strongly on weekends). It is well known in the literature that evenings and weekends can be particularly challenging for women due to their trauma histories and separation from children. This pervasive absence of BHS staff support means that security staff and medical staff must respond to women's emergent needs at these times.

Lacking GR and TI training, skills, and capacity, security and medical staff implement responses that are often not helpful. For example:

- Many women are placed on suicide watch, which requires an extreme operational response that includes them being "stripped down" and placed in isolation without the support of a trained mental health professional. This also requires that staff be pulled from other responsibilities, which lasts through the weekend if a crisis happens on a Friday night.
- For some women, placement on suicide watch may not be clinically indicated; rather, it is driven by staffing limitations. This not only strains an already stretched-thin workforce, but perpetuates a cycle whereby women's needs are not being met and behaviors escalate.



## Chronic staffing shortages pose significant barriers to custody and care, implementation of GR and TI policies and practices, and staff wellness

Throughout the GIPA assessment, ongoing concerns were raised regarding significant challenges related to low staffing, turnover rates, overtime, and frequent mandates. For example, many staff reported working multiple shifts, often to their own detriment. This typically involves spending time away from their children and families and associated stress and emotional hardship. Staff also reported that limited staffing requires them to rely on frequent lockdowns and to cancel recreation activities. It was noted that the Mental Health Unit (MHU) is particularly short-staffed. These challenges were supported by follow up data that was requested by the GIPA Team.

*"We are mandated all the time. We work, go home, sleep and come back to do it all over again." -CCCF staff member*

*"Our hands are tied." -CCCF staff member*

*"Staff just don't show up." -CCCF staff member*

*They can't keep staff – there are mandates, over time...we see how it is here. Staff miss their kids and then they take out on us." -CCCF resident*

*"If you are sick, it does not matter. You work three posts; the population is out of control. You used to be able to ask for a day off. Now you can't so staff call in. They have family needs, Then there's a paper trail on us!" -CCCF staff member*

### **CCCF has the third highest correctional staff vacancy rate in the state<sup>14</sup>**

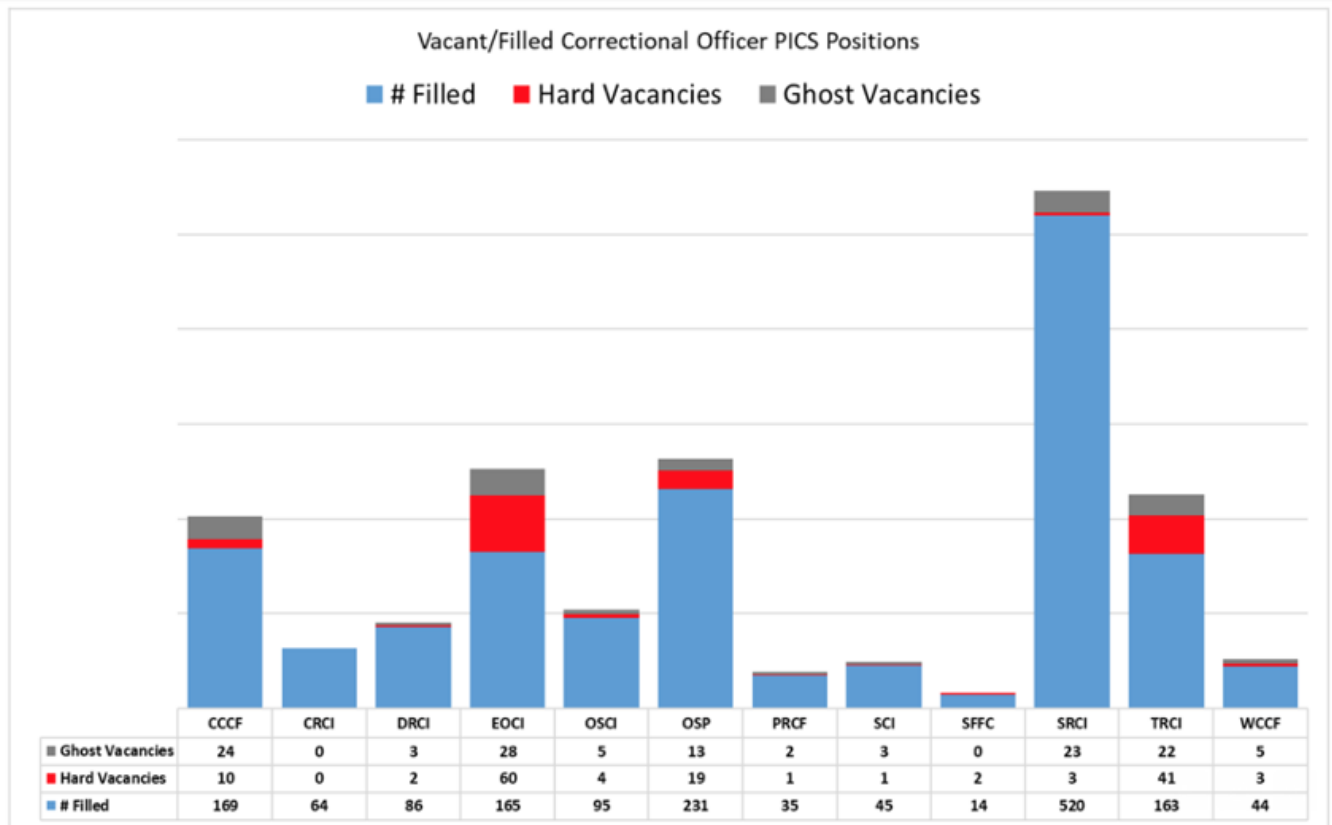
As of January 30, 2023, CCCF had the third highest total vacancy rate among correctional officers in the state (16.8%). The total vacancy rate combines the hard vacancy rate (nearly 5%), which ranks the sixth highest in the state; and a "ghost vacancy" rate (11.8%), which ranks the highest in the state. Ghost vacancies are positions that are "unworked" due to protected leave, such as military deployment or long-term medical leave due to health issues.

**CCCF has the third highest total vacancy rate among correctional officers in the state.**

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<sup>14</sup> Data provided by request by the Oregon Department of Corrections.

The following chart shows the statewide vacancy rates by facility. CCCF has the third highest total vacancy rate among correctional officers in the state (16.8%) (as of January 2023).<sup>15</sup>



### Medical staffing shortages are the highest in the state

There are significant medical staff shortages. Specifically, CCCF has the highest medical staff vacancy rate of all 12 prisons statewide (see Domain 11: Services).

### Female staff are dramatically underrepresented in the operations division, as well as during key shifts.

While women are represented in key areas of staffing (e.g., Administrative Services and Correctional Services), they are dramatically underrepresented in the Operations Division, which is the majority of staff and requires the most direct contact with incarcerated women. Specifically, only 31% of all operations staff are women. Furthermore, this disproportionality persists on each shift, and is most dramatically represented on first shift (“graveyard”) from 9:30 pm to 6:00 am, where there are only 12 female officers. As women have unique needs and operational

<sup>15</sup> Data provided by request by the Oregon Department of Corrections.

requirements on each shift, this underrepresentation of female staff raises various barriers to GR and TI custody and care. As certain functions can only be performed by female staff, this adds burden and stress to female officers and creates delays and wait times for women. The following table shows the CCCF staff profile by gender. Female staff are dramatically underrepresented in the Operations Division<sup>16</sup>.

Division (group)	Female	Male
<b>Administrative Services Division</b>		100%
<b>Correctional Services Division</b>	72%	28%
<b>Director's Office</b>	80%	20%
<b>Employee Services Division</b>	67%	33%
<b>Health Services Division</b>	75%	25%
<b>Operations Division</b>	31%	69%
<b>Grand Total</b>	45%	55%

The following table shows the CCCF security staff gender distribution by shift.<sup>17</sup>

Shift	Total Staff	Male	Female
<b>First Shift</b>	57	45	12
<b>Second Shift</b>	130	93	37
<b>Third Shift</b>	102	71	31

### Diversity of staff

In general, White staff dominate all facility functions. While this percentage is consistent with the demographics of the statewide population in Oregon, it does not address the overrepresentation of women of Color throughout the prison system. Overall, Native American and Black/African

<sup>16</sup> Data provided by request by the Oregon Department of Corrections.

<sup>17</sup> *ibid*

American women are the most disproportionately impacted by incarceration in Oregon, compared with the size of their population in the community (e.g., Native American women are 5% of the state’s incarceration population, yet Native Americans represent 1% of the state’s population; Black/African American women are 8% of the state’s incarcerated population, yet Black/African American individuals represent 2% of the state’s population).


The following table shows CCCF’s division staffing profile by race and ethnicity<sup>18</sup>.

Division	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific	Two or more Races	White
Administrative Services					17%		83%
Correctional Services		4%	4%	8%	1%	5%	77%
Director’s Office						20%	80%
Employee Services							100%
Health Services	2%	7%	2%	6%		4%	79%
Operations	3%	3%	4%	14%	1%	3%	72%
Grand Total	2%	4%	4%	12%	1%	4%	75%

### Overall, staff feel unsupported, and security staff have unique concerns and needs

Due to staffing shortages and other factors, staff feel unsupported, as well as physically and emotionally exhausted. They also reported being unable to take care of themselves or their families and had deep concerns about not being able to fulfill their obligations at home and be present for those they love. They reported missing their children’s activities and birthday parties,

<sup>18</sup> Data provided by request by the Oregon Department of Corrections.



not being able to support their partners with day-to-day family and other responsibilities, and facing ensuing conflicts with the people they love.

While GIPA Assessors could not verify this, staff broadly reported that staffing challenges are related to the fact that the state pays considerably lower wages compared to counties. It was also reported DOC is at the bottom 10% for pay and has been 32% behind COLA since 2000.

*"This work is fulfilling, but we just don't feel valued." -CCCF staff member*

*"I don't want to promote. It's not worth it. There is no incentive, especially when I will be blamed for things outside of my control." -CCCF staff member*

*"The state needs to pay more to get better staff." -CCCF staff member*

*"The AICs are the easy part." -CCCF staff member*

*"We are seen as negative and hidden away...no one knows we are here saving lives." -CCCF staff member*

*"I'd rather be in Iraq." -CCCF staff*

## **There are concerns that staff are being promoted in the absence of demonstrated skills and capacity**

There were numerous reports from staff that, in general, staff are promoting too fast and in the absence of having demonstrated knowledge, skill and experience. This is reportedly related to short-staffing and favoritism.

*"You should have to prove you can do your job." -CCCF staff member*


*"People are just promoting their friends." -CCCF staff member*

*"Some of the brass and facility leadership have never worked a unit." -CCCF staff member*

*"There are a few good officers, but the bad ones get promoted and cause more problems for inmates." -CCCF resident*

## **There are reported unchecked, toxic dynamics associated with families who work together in the facility**

There were also reported concerns about unchecked, toxic dynamics associated with families who work together in the facility. Specifically, there were numerous reports that spouses and relatives engage in unprofessional behavior that targets residents. Residents reported that spouses and



relatives “play off each other” in harmful ways that erode a safe and secure culture. For example, if a staff member has a negative interaction with a resident, they will inform their spouse or family member, who, in turn, will retaliate against the resident. Residents noted, “They take what you say to their kid and take it out on you.” Residents reported that members of the same family are represented through the chain of command; accordingly, they feel like they have no recourse for mistreatment and are continually targeted and perpetually scared. Nepotism was also reported: “If you are a [family surname], you get a job.”

### **Statewide initiatives are viewed as disruptive, unrealistic, and ineffective**

As has been stated throughout this report, large scale, gender-neutral initiatives being promoted by the state, such as the Oregon Way (which is based on the Norway model), are having unique impacts on CCCF. While efforts to bring these and other models to the state are laudable and demonstrate the state’s commitment to improvement, staff report that the goals of these efforts will be difficult to achieve given the current challenges being faced by CCCF. Many believe that these initiatives must be implemented on top of a strong foundation of knowledge about women’s pathways and needs, and with important corresponding adaptation for women. In general, these initiatives are generally perceived by staff as well-intended but inattentive to the day-to-day realities they face, and preliminary implementation efforts do not appear to be having the intended impact.

*“We talk a good game... we talk about going to the Superbowl but can’t even make the playoffs.” -CCCF staff member*


*“The Norway Model is really the ‘no-way’ model.” -CCCF staff member*

Staff also reported that they have been left behind in discussions and actions related to Destination 2026, the department’s 10-year strategic plan that established “an overarching goal of making the department the public safety employer of choice with innovative employees who transform lives.” This is of particular interest as it relates to staff support at CCCF, given that the initiative was instigated, in part, due to the absence of any meaningful leadership development opportunities for current or new managers. Staff reported that there has been a decade of budget instability, and it is estimated that the department will turn over more than 50 percent of its staff (including managers) during the next five years due to retirement, issues that staff continually raised throughout the GIPA.

### **There is a lack of training in gender responsive and trauma-informed approaches that are needed to maintain safety and security and improve outcomes**

From the academy to facility-specific, the current approach to security staff training and coaching is inadequate, lacks attention to key concepts and practices with women, and must be improved to facilitate meaningful and sustainable culture change. Security staff reported that what training





they do receive is online; they watch videos and the content is not specific to women. They also reported not getting needed training on special topics (e.g., it was reported that they receive an hour of training on mental health).

While many staff are committed to their work and working incredibly hard in an under-resourced and understaffed environment, they lack essential information and skills on effective work with women and diverse populations (see Domain 6: Culture). Overall, CCCF lacks a comprehensive gender responsive and trauma-informed training program for both management and staff. For example:


- Many staff do not understand women’s development or their unique pathways into and through the criminal justice system.
- There is a lack of awareness of trauma and its impacts, and how to translate this awareness into improved operational practices “on the ground” and extended to diverse groups of residents.
- Training for staff and volunteers regarding the unique needs of women and diverse groups of residents, including women of color, residents with significant mental health needs, those who identify as LGBTQI+ and those who are gender diverse, is lacking.

It is important to note that how trainings and discussions on effective approaches with women and diverse populations are framed is critically important to culture building and to the prevention of stereotypical, discriminatory, and harmful treatment of women residents, including those from historically marginalized groups.

### **There is a significant lack of staff support, coaching, supervision, and accountability, particularly among security staff**

Staff coaching has been identified as essential by implementation science, however there was no evidence of a security staff support and accountability strategy, which is essential given the influx of new and inexperienced staff (i.e., 30% of the current CCCF workforce). Staff have limited, if any, opportunities to access formal coaching to address difficult situations and reinforce effective skills and practices.

- There were a variety of reports and observations of staff not implementing GR and TI practices.
- Outdated approaches of veteran staff combined with an influx of new, inexperienced staff, both of whom lack essential GR and TI communication skills, has contributed to inconsistent operations and troubling and harmful interactions with women. This lack of critical skills is exacerbated by the aforementioned lack of GR policies and practices and the lack of communication and coordination across facility functions.

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- It was reported that CCCF has been trying to access the CR/2™ training, but has been unsuccessful due to funding barriers. CR/2™ is specifically designed to equip staff with concrete self-care strategies and essential GR and TI communication skills that have been shown to reduce negative operational outcomes (e.g., assaults, self-harm) and increase staff morale.

Staff supervision and accountability is lacking. Current labor policies make it difficult to hold staff accountable, and management effectiveness is impaired when they try to hold staff accountable because the process is so arduous.

## Opportunities


### Improve hiring protocols for staff who work with women

Ideally led by the previously recommended headquarters level function (see Domain 1: Leadership and Philosophy), and the CCCF leadership team, the department should define the knowledge, attitudes, skills, and competencies required to work with women and incorporate these elements into hiring and screening procedures.

- Enhance the hiring process to identify candidates with aptitude, interest, and experience in working with women.
  - Department-level: Develop and implement a screening process for new employees prior to employment to gauge whether the employee will be able to appropriately interact/work with women.
  - Facility level: Develop and implement a pre-employment screening tool to help the facility identify staff who are suitable/unsuitable for working with women.
- Enhance/develop job descriptions to reflect expectations regarding effective work with women, including those with diverse racial, ethnic, and social identities, and residents who are gender diverse. In general, define professionalism to include treating all residents with dignity and respect. Emphasize the importance of viewing women's behaviors in the larger ecological context in which they developed, and acknowledge the role of trauma-informed approaches in preventing the re-victimization of women, enhancing facility safety and security, and improving facility and community-based outcomes.

### Design and implement a gender responsive and trauma-informed staffing model that accounts for the needs of women and staff

This should involve intentional work with both security and non-security staff to identify and overcome challenges, including those related to overtime mandates and disruptions to caregiving and other responsibilities.

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- Conduct a comprehensive staffing analysis and identify staffing goals that align with GR and TI principles and practices. For example, staffing goals should be responsive to women’s unique strengths and needs, such as their focus on relationships and relational abilities, their different communication and processing styles, and their disproportionate exposure to gender-based violence. These factors must be considered alongside program requirements and safety and security priorities. The department and CCCF should consider that a GR and TI staffing model can actually enhance safety and security for women and staff.
  - Considerations include, but are not limited to, ensuring the availability of: female staff on each shift and each unit; ensuring that the staff reflect the ethnic, social and cultural diversity of residents; adequate staffing in each functional area - medical, mental/behavioral health, case management, programming, security, and visitation; effective utilization of volunteers; adequate female supervisory staff to ensure that all aspects of security can be adequately trained and monitored; and staffing (and space use) protocols for dealing with over-capacity.

### **Address staffing challenges and build a gender responsive staffing plan that leverages creative solutions to staffing such as use of non-uniform support staff, social work and mental health practitioners, and interns**

If the department takes steps to implement the recommendations in this report, CCCF will become a healthier and more fulfilling work to work, and staff retention will improve.

#### **Fill and restructure key staff positions to ensure equality, equity, and quality of care for women**

Fill and restructure key staff positions to 1) bolster equality and equity in relation to the male prisons and 2) ensure that CCCF has a robust staffing model that meets the specific needs of women and the staff who work with them. This should include, at minimum, the following:

- Assistant Warden of Gender Responsive Programs and Operations that reports directly to the Superintendent (see Domain 1: Leadership and Philosophy and Domain 4: Management and Operations)
- A full time PREA Coordinator with requisite team/support staff (see Domain 4: Management and Operations)
- A dedicated Grievance Coordinator with requisite support staff (see Domain 4: Management and Operations)
- A dedicated Group Living Coordinator with an expanded role and scope (see Domain 6: Culture)

Each function should include proper training and supervision to ensure that individuals implement GR and TI policies and practices within their specific role and scope.



## Address staffing shortages

CCCF has extremely high staffing shortages that are leading to high levels of staff mandates. Low staffing presents unique barriers to implementation of holistic GR programs and operations. Women tend to be more communicative and often have complex and different needs than men; for this and other reasons, women's facilities need more staff to address their gender-specific issues. It is also important to explore/expand internships, apprenticeships, practicums, and other opportunities through strategic partnerships with higher education and local organizations. Such opportunities enable students and professionals to gain important experiences while also strengthening programs and supports for women at CCCF.

- Launch an internship program within each department through intentional collaborations and Memoranda of Understanding (MOUs) with local universities and colleges.
- Collaborate with institutions of higher education to provide staffing for ongoing and ad hoc programs. These collaborations are vital and can support CCCF in its efforts to provide specialized and other services to women (e.g., medical and mental health clinics that focus on women's specific needs). They also offer important opportunities to educate students and others about the work taking place in the justice system. Ultimately these collaborations have two-way benefits and bring in innovative thinking and programming that keeps facility programs and operations fresh and cutting-edge.
- Strengthen and expand the volunteer program.
- Consider special appointments for positions that require a specific skill set (e.g., staff who oversee visits).

## Maintain open dialogues between CCCF leadership and the union and work together to create specific initiatives that are responsive to the recommendations in this report

There have been promising communications between the CCCF leadership and the union about CCCF's challenges, and realistic solutions that balance multiple interests and needs. These communications should continue alongside intentional efforts to work together to launch initiatives that respond to specific issues identified in this report. For example, the CCCF leadership and union can collaborate to develop an actionable staff recruitment, retention, and wellness campaign at CCCF.

## Provide immediate training and skills to staff in a manner that is realistic given current staffing shortages

While it will be essential for DOC/CCCF to implement a comprehensive GR staff training and support protocol, it is essential that staff be provided with immediate knowledge and skills on the effective application of basic GR and TI practices. CCCF leadership can leverage shift change and other opportunities to provide needed information to staff, reinforce expectations around professionalism, and offer clear, easily manageable pathways to self-care while at work.



## Launch a comprehensive, gender responsive Staff Training and Support Protocol that supports staff wellness and is required for all management and staff, as well as those making decisions that impact women's facilities at headquarters

The protocol should provide managers and staff across departments with the information, skills, support, and accountability needed to 1) implement GR policies and practices and 2) create a GR environment that upholds the dignity of all residents, staff, and stakeholders. Ensure that the training protocol includes a robust curriculum on GR and TI communication skills.

- Enhance the academy-level training to provide accurate information on working effectively with justice-involved women and build staff skills. Ensure high quality content and bolster the skill set of all trainees regarding GR, TI, and evidence-based correctional practice. This will solidify the value of these topics, address and reduce negative attitudes about women, debunk myths about working in a women's facility, and begin to dispel attitudes that working with women is a lesser job and tantamount to a demotion. It will also provide essential introductory training to staff that may, at some point, work in a women's facility. Include essential topics noted in Table 7 and ensure alignment with facility training regarding effective work with women.
- Enhance the facility-level training to ensure a comprehensive understanding of women's development and pathways, women's risks, strengths and needs, and application of GR and TI approaches, including essential topics noted in Table 7.
- Provide booster and in-service training on special topics (e.g., working to support women's mental health, including proactive strategies and effective interventions with women who are experiencing symptom escalation and/or a mental health crisis).
- Implement training requirements for all staff who have ANY contact with women residents, including, but not limited to, dietary staff, transportation staff, clerical staff, correctional officers, counselors, volunteers, and contracted providers. This inclusive training approach has been recommended by various national organizations and federal entities.
- Provide specialized training for supervisors to prepare them to conduct on-the-job coaching of staff and reinforce core GR and TI practices.
- Implement a staff coaching protocol to ensure the transfer of content from the classroom to the floor.

The following table provides information on essential training topics for staff who work in women’s facilities.<sup>19</sup>

<b>LEVEL 1: ACADEMY TRAINING SHOULD, AT MINIMUM, INCLUDE:</b>
<ul style="list-style-type: none"> <li>● DOC’s vision, mission and values regarding the custody and care of women</li> <li>● Overview of women’s development and socialization</li> <li>● Common myths and stereotypes about working with women</li> <li>● Overview of women’s pathways into the criminal justice system and rationale for gender responsive and trauma-informed practices with women</li> <li>● Evidence-based correctional practices with women</li> <li>● Overview of culturally responsive correctional practices</li> <li>● Overview of women and mental health, including links between trauma and behaviors such as substance abuse, self-harm, and aggression</li> <li>● Staff wellness and self-care</li> </ul>
<b>LEVEL 2: FACILITY LEVEL TRAINING SHOULD, AT MINIMUM, INCLUDE:</b>
<ul style="list-style-type: none"> <li>● CCCF’s vision, mission, and values regarding the custody and care of women</li> <li>● Women’s development and socialization, including family and community roles</li> <li>● Profile of women served, including women’s pathways into, within, and out of the criminal justice and other systems; women’s risks, strengths, and needs; pregnancy/parenting issues</li> <li>● Gender responsive principles and practices, including relational theory and practice; trauma theory and practice; strengths-based approaches; women and substance use; women and mental health; evidence-based practices with women; gender responsive communication and professional boundaries; and balancing support and accountability</li> <li>● PREA standards and their application to women</li> <li>● Trauma-informed care: principles and practices</li> <li>● Supporting women’s mental health and effective approaches with women who have significant mental health needs</li> <li>● Cultural responsiveness and intersectionality</li> <li>● Understanding the unique strengths and needs of those who identify as LGBTQI+</li> <li>● Operational practices with women, including: creating a safe and effective facility culture; effective discipline with women, and crisis intervention</li> <li>● Understanding women’s relational dynamics, including encouraging safe and healthy interactions between women; addressing relational aggression; facilitating conflict resolution with women</li> <li>● Staff wellness and self-care</li> <li>● Applying gender responsive and trauma-informed principles to specific functions, including: assessment, case planning, education/vocational, mental health and medical</li> </ul>
<b>LEVEL 3: BOOSTER AND IN-SERVICE TRAINING ON SPECIAL TOPICS</b>
<ul style="list-style-type: none"> <li>● Booster training offered biannually to reinforce the content of Level 2 training.</li> <li>● In-service training to address special or emerging topics such as effectively dealing with self-harm, managing women’s relational dynamics, supporting pregnant and parenting women, effective group facilitation with women, and working with women who have complex mental health needs.</li> </ul>

<sup>19</sup> Benedict, A. (2016). Essential Training Topics for Staff who Work in Women’s Facilities. CORE Associates LLC Publication.



## **Develop a staff coaching, supervision, and accountability strategy**

This strategy should support the implementation of GR approaches with women and include a specific protocol and schedule. Also:

- Develop a staff accountability strategy (especially during the implementation of the recommendations contained in this report). While there are many staff members that will respond to training and coaching on how to appropriately treat and interact with women, it is possible that some will not. It is essential to have a clear mechanism to address this that includes corrective action and accountability.
- Integrate expectations regarding the effective application of GR principles and practices in staff competencies (e.g., maintaining effective boundaries; healthy relationship building; trauma-informed practice; listening skills; implementation of GR operational practices) and ensure the annual performance appraisal process includes a review of these competencies.

## **Ensure training, communication, and supervision protocols for external providers and volunteers regarding gender responsive expectations and practices**

Ensure a robust orientation to and adequate training in GR principles and practices.

- Select contractors, volunteers, and special event themes/ providers using GR criteria.
- Ensure a formal feedback loop exists regarding interactions between external providers and facility staff (e.g., external providers communicate with facility staff about goals and outcomes of their work/interactions with women).

## **Introduce more training and wellness activities to the program and custody staff to mitigate the impacts of stress and vicarious trauma.**

Conduct surveys and/or listening sessions with staff to identify barriers to self-care and practical options that will mitigate stress while at work and offer realistic options for self-care. Implement the staff wellness committee (see Domain 4: Management and Operations).



## Actions Taken

The GIPA process often instigates and supports immediate improvements to policies, practices, and programs. The following are actions that the department has reportedly taken since the GIPA process began:

- To address chronic staffing shortages, CCCF (under the leadership of Captain Donald) is reaching out to colleges and universities to identify new candidate pools and discuss corrections as a career with college students and academic programs in the community.
- The Professional Development Unit (PDU) is fully supportive of CCCF's movement to become GR and TI, and the new PDU administrator is committed to providing training that meets the unique needs of CCCF.





## Domain 6: Culture


Domain 6 examines the facility environment and assesses the extent to which women and staff feel physically and emotionally safe and respected, including issues of cultural competence that acknowledge the disproportionate impact of incarceration on women of color. It also explores the “reporting culture” of formal and informal methods to report sexual, physical, and emotional abuse. Emerging research funded by PREA legislation points to the direct impact of a positive and respectful culture and associated reductions in reports of sexual abuse. Key considerations for this domain:

- Staff encourages respect and civility among women and consistently responds to unsafe behaviors between women.
- Women understand that the facility takes all allegations of sexual or physical abuse seriously.
- Women and staff understand and have confidence in the reporting and grievance processes, including the process to address medical and mental health concerns.
- Women have opportunities to participate in decisions regarding program design, operations, and services.
- Staff are expected to interact professionally and respectfully with women, maintaining appropriate staff-to-resident and staff-to-staff boundaries. Staff encourage respectful language, model effective problem solving and conflict resolution, and exhibit consistent practice across shifts. Likewise, women treat each other respectfully and maintain safe boundaries.

## Summary of Findings

*CCCF is a culture in transition. The facility leadership and many staff are committed to doing what is needed to improve the facility, and the residents show tremendous resilience despite the challenges they face in their lives and while incarcerated. However, COVID-related demands, chronically low staffing, and lack of population-specific training have introduced significant challenges to building and sustaining a gender responsive (GR) and trauma-informed (TI) culture. There is low morale among staff, and the majority of women reported that they do not feel emotionally safe or respected by staff.*

*To support safety and security, as well as resident growth and healing, CCCF must take specific steps to implement a culture of respect and dignity. This starts with making specific efforts to boost staff morale and implement an operational scaffolding for staff wellness. It is recommended that CCCF take immediate steps to create a human-centered, GR and TI culture that supports growth, healing, wellness, and community. CCCF should also implement culture-enhancing protocols that build on women’s strengths and create opportunities for residents to connect in healthy ways, lead, and hone skills that*



*are essential for growth and success in and outside of prison. This should include expanding peer-led supports that provide valuable guidance to other residents and offer relief to an overextended workforce.*

## **Strengths**

### **Many CCCF staff are incredibly hardworking, dedicated and committed to doing what is needed to improve the facility**

Interviews, focus groups and observations revealed that there are several staff, across departments, who are aware of the challenges at CCCF and are committed to implementing best practices with women. These include staff who have been working at CCCF for many years, and hold deep institutional knowledge, and newer staff who want to implement interventions and programs that are useful for women and residents who have been historically marginalized.

Despite disruptions due to COVID and chronic staffing gaps, staff are showing up to work, and many are interested in learning about how to better meet the needs of the women. Many showed a genuine interest in improving the culture of CCCF. Some staff have become advocates for residents and support increases in job pay, and more equitable recreational and educational opportunities (relative to the male facilities).

### **The women at CCCF show tremendous resilience despite the challenges they face in their lives and while incarcerated**

Despite facing numerous barriers, residents show tremendous resilience. This was evident during focus groups, observations of programs and operations, and during walks through the units. During focus groups, women were quick to offer their perspectives and ideas, able to identify what is going well at CCCF (not just concerns), and took time to recognize the contributions of some staff. They described the various ways they cope with the hardships of their lives and their incarceration and offered powerful examples of the ways in which they support one another “on the inside.”

Residents also described the ways they hoped to contribute to their own growth as well as the overall culture of the facility. For example, several expressed interest in becoming peer leaders and mentors, and women across minimum and medium expressed a genuine interest in participating in educational, mental wellness, and other programs, if they had access. This is consistent with the research on system-impacted women, which has continually shown that they are motivated to enroll in and complete treatment, and eager to engage in mutual support with other women.



*"As peers we come together when we are sick or hurt...we advocate for one another". -CCCF resident*

## **The "AIC Panel" is a powerful culture builder that offers an important opportunity for staff to better understand the strengths and needs of residents**

One of the most innovative practices at CCCF that has great potential to improve the culture is the AIC Panel where residents are given an opportunity to share their stories with staff and discuss the kinds of support they need while incarcerated. Both staff and residents noted that this program was impactful and should be expanded and made a permanent part of staff training and development (see Domain 5: Staffing and Training).

*"Changes are happening...the AIC panel is great. AICs get to talk to new hires coming in from the academy. [It is] a diverse group. We share our stories and get important messages to officers so they can do their job and be respectful to us. With those encounters there becomes a connection."*  
-CCCF resident

## **Peer support programs strengthen the facility culture and offer important opportunities for residents and staff**

Peer support programs were repeatedly cited by residents and staff as important components of CCCF's facility culture, including the Survival (Life) Coach program and the Hospice program. For example, there are 8 Certified Survival Coaches at CCCF who are specially trained to provide peer support to other residents. Survival Coaches provide various kinds of assistance to their peers, including mediation and crisis response support. For example, residents can request a Survival Coach if they are experiencing a mental health challenge or a crisis (if they are unavailable, BHS is called). It is noteworthy that Survival Coaches receive a peer support specialist certification, which includes an 80-hour training from the Oregon Health Authority.

There is also a peer-led Hospice program where residents are specially certified to provide individualized support to their peers who are on hospice care.

*"I use the survival coach system to navigate life in here." -CCCF resident*

*"I use [survival coaches] as a sounding board, to help with good stuff or stress. They are added support and a place to get validation from, to share what you're feeling and get guidance." -CCCF resident*



## Challenges

### **Lack of gender responsive and trauma-informed policies and practices, coupled with insufficient staff training and support has created a harmful environment for both staff and residents**

In the absence of implementing and maintaining an intentional GR and TI culture at CCCF, a punitive, para-military atmosphere is too often the default. This does not work for any justice-involved individuals, is uniquely harmful to women, and antithetical to human-centered, GR and TI principles and practices. Implementing GR and TI policies and practices is also challenging when staff are expected to implement other gender-neutral initiatives such as the Oregon Way. Staff reported that these statewide efforts have value; however, in the absence of intentional integration with GR and TI approach, they are also causing confusion.

*"They want to normalize the environment, but it is anything but normal here...we have so many staff vacancies and have no time to do the other stuff." -CCCF staff member*

*"We saw a video, and the message is that we should be sitting with residents and shaking their hands...but we already have boundary issues here." -CCCF staff member*

### **There is overwhelmingly low morale among staff tied to a sentiment that CCCF is the least prioritized, most under-resourced and unsupported facility in the state**

In numerous focus groups and interviews, staff expressed that they feel that CCCF is not a priority for the state and is the least supported facility in the entire department. Referencing issues including, but not limited to, the lack of investment into the infrastructure of the facility to address women's unique operational needs, inadequate training programs, and failure to address critical staffing shortages, they stated that it is increasingly difficult to take pride in their work.

*"I used to take pride in our work... now I tell my kids not to work in this field." -CCCF staff member*

*"CCCW is like a big money laundering scheme... it looks like the department is running a women's facility, but where is the money going? It is like a big coverup. Where is the success?" -CCCF staff member*

*"CCCF is like the Titanic... the worst in the state." -CCCF staff member*

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## The majority of women report that they do not feel emotionally safe<sup>20</sup> or respected by staff, and experience discrimination and harassment

Women consistently reported that they do not feel emotionally safe or respected by staff, and experience misogyny, discrimination, and harassment. This was evident across data collection methods and corroborated by facility staff and managers, providers, and stakeholders.

*"We are still respectable human beings, [staff] pick on, 'teach us lessons', are authoritative, and create a negative space between inmates and staff." -CCCF resident*

### Harmful treatment and terminology

Residents report that staff are emotionally abusive and that officers yell at them on the unit, threaten "cell ins" and punishments, treat them "less than human" and "without dignity", belittle them, make fun of them, and taunt them. They also reported being infantilized, experiencing gaslighting, being demeaned as part of routine practices (e.g., strip and pat searches), and being subjected to various forms of harassment and misconduct (e.g., physical, emotional, sexual). This kind of treatment reenacts abuse (see Appendix to review comments from the women). Women also reported that they are not free from harassment and discrimination. For example:

- 64% of the women surveyed reported that staff do not treat them with respect, and another 23% neither agreed nor disagreed.
- 67% of the women surveyed reported that they are not free from harassment and discrimination based on their race/ ethnicity; 23% reported that they are not free from harassment and discrimination based on their gender and sexuality.
- Residents who identify as LGBTQI+ report feeling targeted by staff for discipline.

There are also a number of terms staff use that contribute to a dehumanizing culture. For example, residents in intake are referred to as "dirty" or "clean" and the holding area is referred to as a "tank." Various operational technologies and what they are called also contribute to a dehumanizing culture (e.g., "rage cages" and shackles bolted to walls in the SHU).

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<sup>20</sup> Emotional safety is a psychological state wherein an individual feels safe to share their thoughts, feelings, experiences and needs without facing disrespect, judgment, mistreatment, or reprisal.



## Punitive approach

A punitive philosophy leads to practices and decisions that are neither GR or TI. The following are noteworthy:

- 59% of the residents surveyed reported that they do not feel emotionally safe at CCCF, and another 23% neither agreed nor disagreed.
- 67% of residents surveyed reported that staff do not see their strengths and help them to develop them, and another 23% neither agreed nor disagreed.
- 72% of the residents surveyed reported that they could not disagree with (have a different opinion than) staff without being punished, and another 19% neither agreed nor disagreed.

Residents reported that staff respond to minor things in a “harsh and demeaning way” and reported numerous examples of staff not providing them with needed supports, such as kindly reminding them of a rule or talking to them for a few minutes if they have a concern. A punitive approach is antithetical to evidence-based research and prevents staff from interacting with women in a way that creates the emotional and psychological safety necessary to create culture that fosters growth and reduces safety and security risks.

## Inconsistency

Women reported high levels of inconsistency among staff regarding their interactions with residents. For example, 86% of the residents surveyed reported that staff do not interact with residents in the same way.

## Culture of acceptance and code of silence

Staff and residents reported that there is an on-ground culture of acceptance and code of silence regarding the harmful treatment of women. For example, staff reported that harmful treatment is not documented by security and non-security staff. This allows such behavior to perpetuate unchecked and sends the message to residents and staff that it is acceptable and even deserved.


*“We have a bad culture in the way staff interact with the population...cussing at them, telling them ‘Get the fuck away from me’.” -CCCF staff member*

*“People don’t believe AICs.” -CCCF staff member*

*“We have done a lot of trauma to [the residents] as a system.” -CCCF staff member*

*“We only have a little here, and what we do have, we value.” -CCCF resident*

*“I have no family or friends on the outside.” -CCCF resident*



*“Some staff are old school, and protect one another...they want to get back to basics and that is not GR.”  
-CCCF staff member*

*“We must change the culture”. -CCCF staff member*

*“We are the Titanic”. -CCCF staff member*

*“The culture is rough right now. People are tired... they are being mandated to overtime hours at least 2x per week... there are challenges with turnover... lots of staff are working short-term there... so staff more co-exist, rather than work together and it creates division among the staff. It is different than a commitment to a higher purpose, and staff is not courteous or kind to each other.” -CCCF staff member*

## **Staff and residents have different perceptions about various aspects of CCCF’s safety, programs, and operations**

Staff and residents have different perceptions about various aspects of CCCF’s safety, programs, and operations. This was evident across data collection methods. For example, while 64% of the residents surveyed reported that staff do not treat women with respect, 64% of the staff surveyed reported that staff do treat women with respect. Such widely disparate perceptions perpetuate harmful divisions between staff and residents that erode, versus strengthen, the facility culture.

## **The current culture at CCCF is not only failing to function as a safe and healing environment for women, but it is undermining other efforts to create these opportunities for women**

It is important to note that while programs and services are essential for incarcerated women, the culture itself can serve as a powerful vehicle for healing and restoration.

The current culture at CCCF is not only failing to function in this capacity, but it is undermining other efforts to create these opportunities for women. The disrespect that women experience outside of GR and TI programs can make it difficult for them to be present to those programs. For example, during an observation of an education program that took place during the onsite assessment, a resident could not focus on the discussion because she was too upset about an interaction she had with staff on her unit.

It is also important to note that this kind of bifurcated culture, where women experience dignity in respect in some areas (e.g., programs and case planning) and not others (e.g., on the units), creates confusion and ensuing mistrust of the environment that can be very disruptive, especially for trauma survivors (most of the residents at CCCF), pose significant barriers for those struggling with mental health issues, and instigate the very behaviors that compromise safety and security.



## **Despite broad awareness about the Prison Rape Elimination Act (PREA), staff and residents are concerned about its application**

Staff and residents reported concerns with PREA, including the lack of effective response and investigative protocols. Staff reported feeling unsupported as part of the investigation process and reported that residents unfairly target them. Residents reported that they do not feel safe to report, and, when they do, they experience punitive responses and retaliation from staff. Robust attention to PREA is an essential contributor to a safe and stable culture, and a safe and stable culture reduces sexual misconduct among staff and residents (see Domain 4: Management and Operations).

## **Women do not have faith in the grievance system**

Residents reported that grievances are not taken seriously, and do not feel safe filing grievances due to fear of retaliation. They also reported that filing a grievance impacts their ability to be released on time or to remain in lower security status (see Domain 4: Management and Operations).

## **Peer support and resident leadership programs are an underutilized resource**

Staff, stakeholders, and residents highlighted the value of the peer support programs offered at CCCF; however, they are limited and under-utilized. These programs are very limited (e.g., there is only one Survival Coach for the general population (GP); the others live on J/K Unit) and the punitive culture noted above contributes to their under-utilization. For example, residents shared that the officers often choose not to call a Survival Coach when one is requested.

At the time of the onsite assessment, no unit-based or other kinds of resident councils were used to contribute to and enhance the CCCF community. Such programs can not only have a positive impact on the culture (e.g., create opportunities for meaningful connection and proactive problem solving, both of which prevent problems from arising or escalating), but offer important practical value, as they provide useful vehicles for information dissemination and community building.

## **Well-intentioned attempts to meet the needs of a diverse population is causing confusion about the role and function of CCCF**

Based on multiple reports from staff and managers, it appears that CCCF is considered the safest option for most of the state's population that identifies as transgender. Accordingly, staff have been told that the facility should no longer be referred to as a women's facility and that the facility should be considered gender-neutral. For example, staff members reported that they are not allowed to say that CCCF is a women's facility and cannot refer to "women" or "ladies."





## A philosophy and practice of gender-neutrality

While laudable efforts have been made to meet the unique needs of the transgender population, making spaces and protocols gender-neutral versus gender responsive obscures the needs of diverse gender populations, and is counter to best practices. Individuals of all gender identities should be treated in a dignified manner at all facilities; however, a focus on gender-neutrality risks undermining this goal, and pits long marginalized populations against one another instead of uplifting and addressing their unique identities and needs.

A philosophy and practice of gender-neutrality can also prevent DOC from acknowledging and responding to women's needs (cisgender and transgender women), which have been long overlooked at the state and national levels. For example, staff and residents noted that gender neutrality is creating barriers to women accessing basic items (e.g., clothing such as “female cut” shirts). Instead of providing multiple clothing options to address the needs of all gender identities, staff have reportedly been told, “If we do this for the women at CCCF we need to do it for everyone.” This is a failed logic given the significant inequalities in resources between CCCF and the state’s male facilities.

## Challenges with terminology

Alongside gender neutrality, DOC is also reportedly struggling with terminology. For example, staff have been told that they cannot call the shirts that women are requesting “female cut” and instead need to call them “slim fit.” It is important to note that calling shirts “slim fit” is not indicated, as it erases the reason that women are suggesting this kind of clothing in the first place (i.e., to accommodate their actual bodies). It also introduces a potential harmful label (“slim”). For years, women in prisons across the country were forced to wear men’s clothing (e.g., boxer shorts) because they were invisible in policy and practice. This kind of policy and narrative sets back important efforts to address women’s needs.


*“We are not allowed to call this a women’s facility.” -CCCF staff*

*“Women are already not recognized and have no voice.” -CCCF staff member*

*“I totally support making sure that trans people get what they need here, but it should not mean that women don’t get what they need.” -CCCF resident*

## Staff report serious concerns about their wellness

When staff feel unsupported and are overworked, it impacts how they treat the residents and one another, and the culture suffers. Staff reported that they do not feel safe with each other. Approximately 40% of the staff surveyed reported that they are not encouraged to practice self-care at work and at home, and an additional 22% neither agreed nor disagreed. The culture was described as a “bucket of crabs,” with staff reporting that they fear being reported or retaliated



against for “doing their job and following the rules.” (See Domain 4: Management and Operations, Domain 5: Staffing, and Domain 6: Culture)

*“DOC preaches staff wellness. They tell us to get 8 hours of sleep and practice good nutrition...how are we supposed to do that?” -CCCF staff member*

*“We are supposed to be awake and aware after working for hours with no breaks and no time to see our families.” -CCCF staff member*

*“Our diet suffers when do doubles, our health suffers. The life expectancy after retirement is 5 years. The emails we get are frustrating.” -CCCF staff member*

*“We can be mandated 4x/week, 16-hour day 4 x per week. It is causing staff stress, and staff against staff.” -CCCF staff member*

## Opportunities

### Implement an operational scaffolding for staff wellness and enhance physical and psychological safety for staff

This can be achieved by:

- Implementing specific and realistic operational practices that support self-care (e.g., short mindfulness breaks).
- Increasing the visibility of and contact with facility leaders and managers (see Domain 4: Management and Operations) and showing staff gratitude by implementing staff recognition and incentives. For example, leaders, managers, and department heads should take the time to connect with staff in general, and even more so during this difficult time of low-staffing and high stress (see Domain 4: Management and Operations).
- Providing immediate training and coaching (in addition to designing and implementing the comprehensive, long-term staff training strategy described in Domain 5: Staffing and Training).
- Implementing robust staff communication protocols. For example, “musters” and shift changes offer critical opportunities to reinforce expectations, anchor to CCCF’s mission, identify challenges and ideas, amplify successes, complement staff who demonstrate GR and TI competencies, and boost morale.



## **Immediately improve staff professionalism and ensure staff adherence to the zero-tolerance policy for behavior that is unprofessional, disrespectful, and dehumanizing**

To support safety and security, as well as women's growth and healing, CCCF must take specific steps to implement a culture of respect and dignity. This starts with making specific efforts to boost staff morale (see above). It also requires that CCCF 1) ensure that staff are adhering to the zero-tolerance policy for behavior that is unprofessional, disrespectful, dehumanizing, and lacking in basic civility (with women and other staff), 2) actively address CCCF's culture of tolerance and code of silence regarding the mistreatment of women, and 3) take steps to ensure consistent use of humane, dignified and strengths-based language across departments and units. Specifically, CCCF should take immediate steps to:

- Communicate expectations to all staff (through the chain of command) regarding expected communication and interventions with women and be clear on consequences if staff do not adhere to these expectations.
- Hold staff accountable to the zero-tolerance policy regarding the use of derogatory language and terms, swearing, yelling and use of racist, sexist, misogynist, homophobic, and transphobic language.
- Ensure alignment and coordination with the union on the zero-tolerance policy.
- Introduce specific language alternatives to those phrases that are dehumanizing and can trigger trauma-based reactions.

## **Take immediate steps to create a gender responsive and trauma-informed culture that is anchored in human dignity and respect**

Take immediate steps to create a human-centered, gender-responsive, and trauma-informed culture.


### **Eliminate punitive, para-military approaches**

Eliminate punitive, para-military approaches and implement a dynamic, responsive environment that supports women's growth, healing, and wellness, and builds community. Leverage women's strengths and create opportunities for them to connect in healthy ways, lead, and hone skills that are essential for growth and success in and outside of prison.

### **Implement GR and TI procedures that uphold women's dignity**

Implement procedures that are specifically designed to enhance physical and psychological safety for women. For example:

- Create unit (Community) identities that include a shared purpose, thoughtful and productive schedule, and programming (in medium and minimum). Currently, units are identified by letters, and residents are placed on a particular unit based on custody level and job. In the absence a clear mission, a unit identity can emerge that reflects a facility's



struggles versus its aspirations. For example, it was reported that and D Unit is perceived as the “bad unit.”

- Use terms, references, and names that create a humane and motivating culture. For example, eliminate the use of carceral and traumatizing words like the “tank” in all communications, and replace terms such as “offender” and “AIC” with more human-centered and dignifying references such as “resident” and “person.”
- Engage the women in renaming the units and other spaces using more motivating GR and TI terms.
- Create a change of shift communication with women that is designed to create stability, increase physical and psychological safety, and enhance motivation (e.g., engage women as leaders by having them make important announcements).
- Implement gender responsive and trauma-informed population-level debriefs following a critical incident (e.g., if there is a fight, once safety has been restored, communicate with the women, and use such communication as a way to offer information and reassurance, and prevent more incidents).
- Implement regular, weekly unit-based “community” meetings that reflect the principles of GR and TI practices with women; implement morning/afternoon/evening rituals on each unit that are stabilizing, mobilizing, and setting a positive tone.
- Make immediate improvements to the culture of all units in medium, paying specific attention to D Unit and all units in minimum, the latter of which have been identified as stressful for women due to the open dorm structure.

### **Expand peer-led supports, including the Survival Coach Program**

Expansion of peer-led supports is a critical next step in building the culture at CCCF. Immediately expand peer support and peer led programs that provide valuable assistance to other residents, assist staff (who are already stretched thin), and contribute to a positive and GR culture. Expanding these programs will contribute to the facility’s culture and stability, as they provide essential opportunities for skill building, leadership healthy connection, and proactive conflict resolution. Ensure that women are properly trained (and possibly certified) and supported in these roles. Where possible, tie participation to an earned privilege system and earned credits (see Domain 7: Resident Discipline).

It was reported that the lifer’s program was recently restored. Rename and expand this and other programs that create opportunities for women serving long sentences to hold roles that build their skills and contribute to the facility’s culture and programs.

Finally, and most importantly, peer support and peer-led programs should be developed in collaboration with and led by directly impacted women (currently and formally incarcerated).



### **Educate staff on the value of peer-led programs**

Educate staff on the value of peer-led programs that build a healthy program culture. Ensure that staff know how to use them and offer staff opportunities to support their development and implementation.

### **Expand the Survival Coach program and ensure that each unit has dedicated coaches available to assist their peers on each unit**

Each unit should have at least three Survival Coaches who are trained and certified to provide essential support to their peers.

#### **Model to Consider: The Women's Village at Washington Correctional Center for Women**

The Women's Village was created by women with staff to encourage, and foster an atmosphere of mutual support by harnessing women's unique strengths. Women are provided with opportunities to share their personal experiences and knowledge to inspire each other to change and make positive contributions to the community in which they all live. When it was fully functional, the Women's Village included a village council comprised of about ten women that provided leadership and direction. As the project evolved, women identified their passions and formed sub-councils that provided incarcerated women with opportunities to engage in meaningful activities. These included: Violence Reduction Team; Health and Wellness Team; Educational Team; Environmental Team; Peer Support Team; Morale Building Team; Reentry Team; Spirituality Team; and Family Support.


### **Create opportunities for women to participate in facility decision-making, including culture and other improvement efforts**

Implement standing and ad hoc resident committees (see examples in Domain 3: Facility), expand the availability of suggestion boxes (include a suggestion box in each unit instead of select areas only), and reignite (and rename) the unit representative system.

### **Implement a Resident Council on each unit**

Implement a Resident Council in each unit. Resident Councils can be powerful vehicles for decision-making and idea generation among the women and function as important liaison between residents and staff. The facility leadership should interface with these councils regularly, supporting important two-way information that allows for collaborative think-tanking and problem-solving.

Also, work with resident and staff to create a safe, healthy environment for diverse groups of residents, including residents of color, those who identify as LGBTQI+, those who are gender



diverse, and those who struggle with serious mental illness. This can include bringing in community partners with expertise to facilitate meaningful discussions and mutual learning.

## **Implement a comprehensive staff training and coaching strategy, as well as clear supervision and accountability protocols**

See Domain 5: Staffing and Training

## **Provide staff and residents with additional, high-quality education and training on PREA**

In addition to the recommendations offered in Domain 4: Management and Operations, implement processes on each unit that support residents' and staff members' understanding of PREA and offer confidential and anonymous opportunities for women and staff to share concerns about safety, reporting, responses, and investigations. This can include bimonthly surveys and listening sessions.

Actively implementing the recommendations contained in this report can have a direct impact on PREA outcomes. As staff are trained and supported in implementing GR and TI approaches and policies, and as programs and services are enhanced to address women's strengths and needs, including needs for healthy connection and supported conflict resolution, it is expected that PREA-related incidents will be reduced.

As staff engage with women more effectively across departments and as women correspondingly have access to an environment of respect and dignity where they have opportunities to use their voice, make healthy choices, and grow, they are less likely to rely on potentially harmful coping patterns and develop institutionalized behaviors that reenact trauma and are palpable barriers to growth and healing.

## **Revise the Resident Handbook to reflect the principles of gender responsive and trauma-informed practices with women and use it as a tool to support a healthy culture for women and staff**

Revise the Resident Handbook to reflect the principles of GR and TI practices with women, and use it to support a healthy culture for women and staff. Leverage the revision process as an opportunity for women and staff to work together and for residents to contribute their creativity (e.g., through art, poetry) and access healthy leadership and opportunities (e.g., women can lead circle discussions with new residents and offer peer support regarding handbook content).



## **Enhance the efficiency and credibility of all grievance processes, including those that relate to medical and mental health**

In line with the recommendations offered in Domain 4: Management and Operations, immediately review and improve the grievance process, clarifying staff expectations and ensuring that women understand their rights and responsibilities.


## **Create a unified, gender-responsive culture at CCCF**

There is a need to create a unified culture at CCCF, including facility-wide buy-in regarding overarching principles of a GR, TI, and evidence-based approach, and specific efforts to operationalize this approach on ALL units and in all departments.

- Ensure department heads and unit supervisors work together to unify their mission regarding work with women.
- Update the facility mission and ensure that it is broadly understood and applied on all units. While some units may have specialized goals and objectives, these should be seen as additive to a basic, foundational facility mission.
- Have unit supervisors work on the recommendations contained in this report together to enhance consistency across units and support one another in needed practice adaptations.
- Maintain the interest in implementing and enhancing GR and TI practices by attending to more straightforward and easy-to-implement recommendations in this report.
- Document successful outcomes of a GR approach (e.g., through memos, emails, shift change announcements, the facility newsletter) to boost morale and strengthen the culture.
- Enhance staff consistency through clarification and, as needed, documentation of procedures (especially those unique to women), training, on-the-floor coaching, staff communication, staff supervision, and staff accountability.
- Cultivate staff strengths by documenting, evaluating, and, where appropriate, scaling creative interventions that embody a gender-responsive and trauma-informed approach.
- Increase staff consistency throughout the facility. This can be addressed through the implementation of recommendations noted in Domains 4: Management and Operations, and Domain 5: Staffing and Training. This is essential to culture building and will disrupt the institutionalized behaviors among staff and residents that are compromising safety and productivity and functioning as barriers to women's healing and growth.

## **Implement routines that create a reliable, stable, and safe culture for women and staff**

Implement routines that create a reliable and stable culture for women and staff, and that motivate residents to engage in safe, effective, and supportive behaviors. This requires that CCCF develop and implement operational practices as part of each shift that are GR and TI.

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- Implement protocols that provide women with the opportunity to interact in healthy, purposeful, and productive ways (e.g., structured recreation time).
  - Develop clear protocols about how to deal with women’s conflicts and train staff in these protocols (e.g., conflict resolution, peer support).
  - Reduce “down time” on the units and increase productivity.
  - Improve access to programs, including educational programs and employment opportunities (see Domain 10: Research-based Programs).
  - Provide staff with immediate training and support regarding how to handle complex resident behaviors (see Domain 5: Staffing and Training). While a long-term training and support plan is required to ensure effective interventions with women who have mental health challenges and those who have been identified as Seriously Mentally Ill (SMI), staff need immediate direction on how to respond to common behaviors in a manner that does not create harm or destabilization (e.g., women who are engaged in self-harm).

## Actions Taken

The GIPA process often instigates and supports immediate improvements to policies, practices, and programs. The following are actions that the department has reportedly taken since the GIPA process began:

- The resident-led Positive Improvement Committee is developing a proposal to reinstate the AIC Town Halls which were a positive support to residents and kept them informed of efforts during the pandemic. The CCCF team is committed to continuing these in a format that meets the needs of the population post-pandemic and reinstate them consistently by September 2023.
- The CCCF team will be supporting the creation of a healing space at CCCF. A memorial healing garden is being created by the residents and Mr. Kurisu “H.K.” who designed the garden at OSP. CCCF residents have provided initial input and will meet with HK this summer to finalize the design plans. A healing space within a natural setting is essential to residents and staff making use of the space. This will be a multi-year project with fundraising and community engagement.
- Since the onsite portion of the GIPA, CCCF has hosted two GED graduations and two for work-based education. These were well attended with outside guests of residents, formerly incarcerated individuals as guest speakers and supporters from the community.



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## Domain 7: Resident Discipline (Motivation and Empowerment)


Domain 7 examines the gender-appropriateness and clarity of rules and expectations, the methods for motivating positive behaviors, and the disciplinary practices of the facility. Some of the key indicators in this area include:

- Staff and women have a clear understanding of the rules and expectations and know what to expect if a rule or expectation is violated. Management ensures that staff throughout all shifts apply rules consistently. Staff members are monitored regarding their ability to enforce expectations, and women are held accountable to the same expectations.
- Staff members work intentionally to address problems that arise with women struggling with the rules, and communicate these problems and needs to incoming shifts.
- Staff members demonstrate the ability to set a positive tone in interactions with women, use affirmations and reinforcers instead of inappropriate confrontation, acknowledge strengths and assets, and use problem-solving techniques to de-escalate problems.
- Immediate and informal sanctions, incentives, and rewards are recognized as effective methods to modify behavior.
- Disciplinary actions and responses to unsafe women behaviors are communicated in a respectful way and applied in the least punitive manner. Infraction responses are appropriately matched to the women's behaviors, and do not place them in overly high offense or security categories.

### Summary of Findings

*DOC has a clear commitment to reducing disciplinary segregation and has maintained important attention to the national landscape on restrictive housing. Accordingly, CCCF has made some important improvements to disciplinary segregation and the management of women struggling with mental health issues. However, there is an immediate need to provide staff with the training and information on effective discipline protocols with women.*

*It was broadly reported that staff employ ineffective approaches with women, and rely on overly punitive measures. Staff lack the training, skills, and supervision they need to respond to behaviors, including those that signal mental health needs. Positive reinforcement is lacking, and sanctions can be quite lengthy, causing women to lose privileges for unnecessarily long periods of time. This is problematic, as disciplinary and sanctions practices have numerous short- and long-term impacts on women (e.g., they can impact access to housing, programs, education/vocational opportunities, earned time and good time).*



CCCF's discipline system also includes language and practices that are neither GR nor TI, and uphold a punitive, para-military culture. It was broadly reported that, in general, staff utilize punitive responses to women's requests and concerns, and tend to incorrectly assess women's behaviors as compromising safety and security. It is recommended that CCCF take steps to implement proactive approaches to discipline with women, including gender responsive (GR) and trauma-informed (TI) communication, misconduct and sanctions prevention and reduction strategies, and conflict resolution.

## Strengths

### **There are clear efforts to better support women who are struggling with serious mental health challenges and those who have been identified as seriously mentally ill (SMI)**

CCCF has taken steps to enact specific responses to women who are struggling with serious mental health challenges and those who have been identified as seriously mentally ill (SMI). This includes providing them with specific supports such as additional out of cell time and avoiding punitive sanctions such as segregation. There are specific policies that address discipline and sanctions with residents identified as SMI.

### **DOC/CCCF has enacted some specific discipline reforms**

CCCF has taken steps to reduce the overall time spent in segregation for women who are serving time in DSU (see Domain 4: management and Operations). Through the Safe Alternatives to Segregation Initiative in 2016, DOC worked with the Vera Institute of Justice to address segregation use, length of stay, and disproportionate use of segregation with individuals struggling with mental health issues, including those identified as seriously mentally ill (SMI). This initiative included a specific exploration of trending among women in segregation and provided substantive recommendations on how to reduce segregation and improve interventions with residents.

### **Some departments and programs utilize gender responsive and trauma-informed approaches to discipline, including incentives and motivators that are meaningful to women**

Departments such as BHS and targeted programs (e.g., education) more frequently utilize GR and TI approaches to discipline. GIPA Assessors observed staff in these departments and programs utilizing effective responses to challenging resident behaviors (e.g., eye rolling, sighing in frustration, refusing to comply with a task). These included, but were not limited to, employing effective micro skills that address root causes of women's behaviors, encouraging safe behavior, and teaching healthy coping skills. These kinds of interventions are proactive and prevent the "misconducts" that lead to sanctions.



## Challenges

*It is important to view this domain in context. The challenges with discipline noted herein do not develop in isolation, or from malintent on the part of staff. They are linked to using a system designed for men, inadequate staff training and support, and the dominance of a traditional carceral culture instead of one that promotes GR and TI approaches that balance support and accountability. It is also important to note that security staff bear a unique burden regarding the implementation of discipline and sanctions with women. They are managing large units of women with limited resources, often at times when few motivators are present and when women are managing complex dynamics and triggers.*

### **Overall, CCCF lacks a gender responsive and trauma-informed approach to resident discipline**


CCCF's discipline and sanctions system was designed for a male corrections population and does not reflect evidence-based, GR, or TI principles and practices. Overall, data suggests that disciplinary interventions and responses do not align with the research on behavior motivation and change or best practices with incarcerated women. There are little to no efforts to provide residents with the support, and few mechanisms in place to support women who are struggling.

Protocols to support women who are struggling are underutilized and insufficient. Due to a lack of training and support, staff are misunderstanding women's behaviors, including those related to PTSD and other conditions. It was also widely reported that women who are struggling with difficult mental health symptoms are not receiving needed support, making them vulnerable to ineffective discipline responses.

As noted in Domain 5, BHS is providing important support to women, however BHS caseloads are small, and hundreds of women are not receiving services. Women who are not on a BHS caseload lack needed support managing day to day concerns and symptoms. Data indicates that this is creating a situation wherein women have chronically unmet mental health needs, their symptoms worsen, and their attempts to get relief are either dismissed or punished. It was also reported that staff respond in ways that are contraindicated and cause more harm.

### **Rules and expectations are not gender responsive or trauma-informed**

While clear rules and expectations exist, they are not GR or TI. For example, rules and expectations do not address topics that are important for women such as psychological safety, indirect and relational aggression, and healthy ways to meet relational needs. Responses to women's behaviors (including violations/infractions) are inconsistent among staff within and across shifts. Consequently, women do not know what staff expect of them, or what staff will do in response to an alleged misconduct/rule violation. This has unique impacts on women who are



new to the facility (see Domain 4: Management and Operations). For example, 86% of the women surveyed reported that staff members do not interact with women in the same way.

### **Proactive motivation is largely absent, especially on housing units**

As noted in Domain 6: Culture, CCCF has a largely traditional carceral culture, especially on the housing units. Use of affirmations, reinforcers, encouragers are not prioritized as part of the discipline system, and staff do not acknowledge the strengths and assets of women as often as their challenges; instead, staff rely on confrontation and punishment. There did not appear to be any formal protocol for communicating with residents as part of shift change, and this represents a missed opportunity for staff to set a positive tone for each shift, offer important information, acknowledge successes, and proactively respond to concerns. There also did not appear to be any formal protocol for collaborative problem solving to prevent and de-escalate problems.

Outside of specific programs where women are engaged in productive education and treatment programs and activities, there are lacking spaces where women have opportunities to engage in healthy behaviors and interactions, including those that offer effective outlets for stress relief and coping. As confinement functions as a trigger for women, the absence of these opportunities creates a perfect storm where at least two outcomes are common: 1) Women seek to create these opportunities for themselves and may be punished for doing so. For example, many women are disciplined for “being in an unauthorized area” when they make attempts to connect with their peers, and 2) Women reach a breaking point where, in the absence of getting their needs met, may escalate and “act out.” It also undermines the progress women make as part of the one-on-one support they receive from Correctional Counselors and BHS staff, and in the programs that they attend throughout the day.

*“They teach us to manipulate them to get our needs met, it's all really traumatic.” -CCCF resident*

### **Punitive sanctions are over-used and sanctions/disciplinary actions do not reflect gender-responsive principles and practices**

Staff over rely on the use of sanctions to respond to women’s behaviors, and efforts to ensure minimal use of sanctions/disciplinary infractions are limited. Violation/infracton codes were developed for a largely male corrections population, do not account for women’s unique behaviors and responses, place them in overly high offense categories, and mislabel behaviors. Consequently, staff may elevate or misuse penalties.

For example, a woman can be penalized for being in an “unauthorized area” if she refuses to go from medium to minimum, or vice versa. Instead of examining possible reasons for this refusal, which are reportedly common among women and often linked to unmanaged relationship and safety needs, staff use sanctions to control and coerce women. This prevents staff from getting to the root causes of women’s behavior, many of which are linked to survival (including survival of



prison culture and conditions) and offering women opportunities to bolster skills and problem solve.

It was also reported that stacking occurs (i.e., giving women multiple sanctions for the same infraction), and that this results in longer and more severe discipline.

The most common tools used as part of discipline and sanctions are cell-ins, Loss of Privileges (LOP), daily fails, program fails, and disciplinary segregation. It is important to note that these kinds of sanctions are not evidence-based, especially in the absence of any intervention, skill building, or supportive programming.

### **Cell-ins**

Residents can be sanctioned with a “cell-in” for misconduct, where they are confined to their cell with reduced privileges for a designated amount of time. This was reportedly designed to be an alternative to segregation; however, it is not having the desired impact, and is neither GR nor TI. In fact, it appears that cell-ins are being used as a proxy for segregation. For example, instead of being sent to DSU, residents can be “celled-in” by staff for up to three days, and it was reported that the maximum time allowed is being increased to 5 days.

One of the most problematic issues regarding cell-ins is that staff can reportedly apply them at their own discretion, and there are no checks and balances to ensure that they are administering this sanction appropriately. For example, it was reported that a resident can roll their eyes at a staff member or “talk to them the ‘wrong’ way”, be written up, and given a 24-hour cell-in.

- It was reported that there are no formal, documented ways for residents to appeal what they perceive to be an unfair or misapplied cell-in. If a resident requests to see an Officer in Charge (OIC) after being given a cell-in by a staff member, the staff member does not have to permit the request.
- Residents can work when they are “celled in”, however, cell-ins can impact a resident's record, good conduct credits, etc. Therefore, unfair and misuse of cell-ins by staff can have long-term consequences.
- Being “celled-in” involves restrictions on what women can have in their room, and these restrictions are not connected to the behavior in question and are therefore perceived as arbitrary and punitive. For example, when women are “celled in” they are not permitted to have hot water, and hot water is required for various food items. This also has adverse impacts on their roommates.

*“I have tried to talk to a captain to appeal a cell-in but they just back their staff.” -CCCF resident*

*“We have no way to address what we think is unfair and it affects our record, our conduct and really the next 6-12 months.” -CCCF resident*



### **Daily fails/program fails**

A “Daily Fail” is a tool used to sanction women when they break the rules while at work. If a woman receives a daily fail, she does not receive her daily points, and may also be given a cell-in. Three daily fails constitute a “Program Fail”, which may affect a resident’s level, record, housing, good time, and overall record. It was also noted that any good conduct credits lost to a program fail cannot be earned back, and, consequently, can extend length of stay.

### **Loss of Privileges (LOP)**

Women can be sanctioned with a “Loss of Privileges” (LOP), which is another form of isolation where women are confined to their cells with reduced privileges for a designated amount of time. Women with an LOP sanction are not permitted to work and are required to stay in their cells for a longer period (compared to a cell-in). An LOP sanction can result in loss of visits with children and families.

### **Disciplinary segregation**

Despite efforts to reduce the use of disciplinary segregation, there were multiple reports that it continues to be overutilized, and that women may spend unnecessarily long periods of time in segregation while awaiting a review.

According to DOC data, the average length of time that women spend in disciplinary segregation is 10 days. It is important to note that when women are in disciplinary segregation, they are not engaged in meaningful programs or provided interventions that will help address concerning behaviors and coping patterns. Instead, they are locked in their cells for 22 hours a day, which is a form of sensory deprivation that is a barrier to stability and learning. This kind of response does not motivate or change behavior and has been proven to cause psychological and physical harm.

**The average length of time that women spend in disciplinary segregation is 10 days.**

### **Use of force (planned and reactive) is higher at CCCF**

According to data provided by DOC, CCCF has the fourth highest number of instances where planned use of force was used. They also have the fourth highest number of instances where reactive use of force was used. While a thorough examination of these trends was beyond the scope of the GIPA, this data requires further analysis so that lessons learned can guide reforms.



## **There is a reported movement toward punishment and away from preventive and supportive responses**

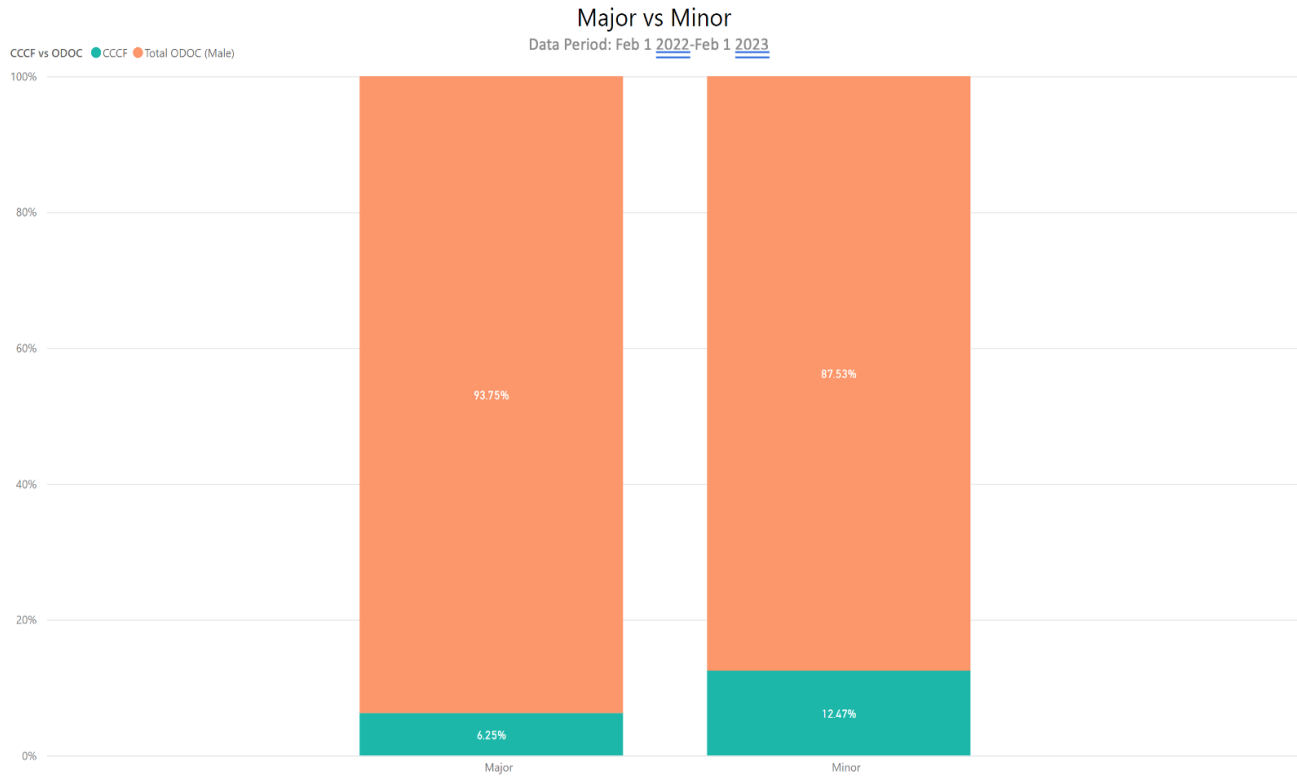
It was reported that in the past, CCCF used more preventive and supportive approaches to working with residents and responding to concerning behaviors. For example, previously, staff used verbal warnings to address concerning behavior among residents. It was also reported that cell-ins were given in smaller time increments (e.g., 4, 8, and 16 hours). The four- and eight-hour options reportedly no longer exist.

It was also reported that, in the past, a resident “had to commit a serious rule violation” to go to Disciplinary Segregation (DSU). Identifying placement in disciplinary segregation as a last resort was part of an effort from the leadership to reduce segregation and associated harms and financial costs. Staff were encouraged to not write disciplinary reports (DRs) and various conversations and posters urged staff to use alternatives. It was reported that these efforts “didn't go over well”, and the facility then went in the opposite direction. As one resident reported, “Now they added 24-, 48- and 72-hour cell ins.”

### **Extreme responses to minor infractions**

Overall, it appears that staff are using the discipline system to implement extreme responses to minor infractions (see Domain 6: Culture). Data provided by DOC shows that women disproportionately receive minor disciplinary infractions compared to men for behaviors such as “Disrespect II” and “Disobedience.” While women represent 7.5% of the state’s prison population, they represent 12.5% of those who receive minor infractions.

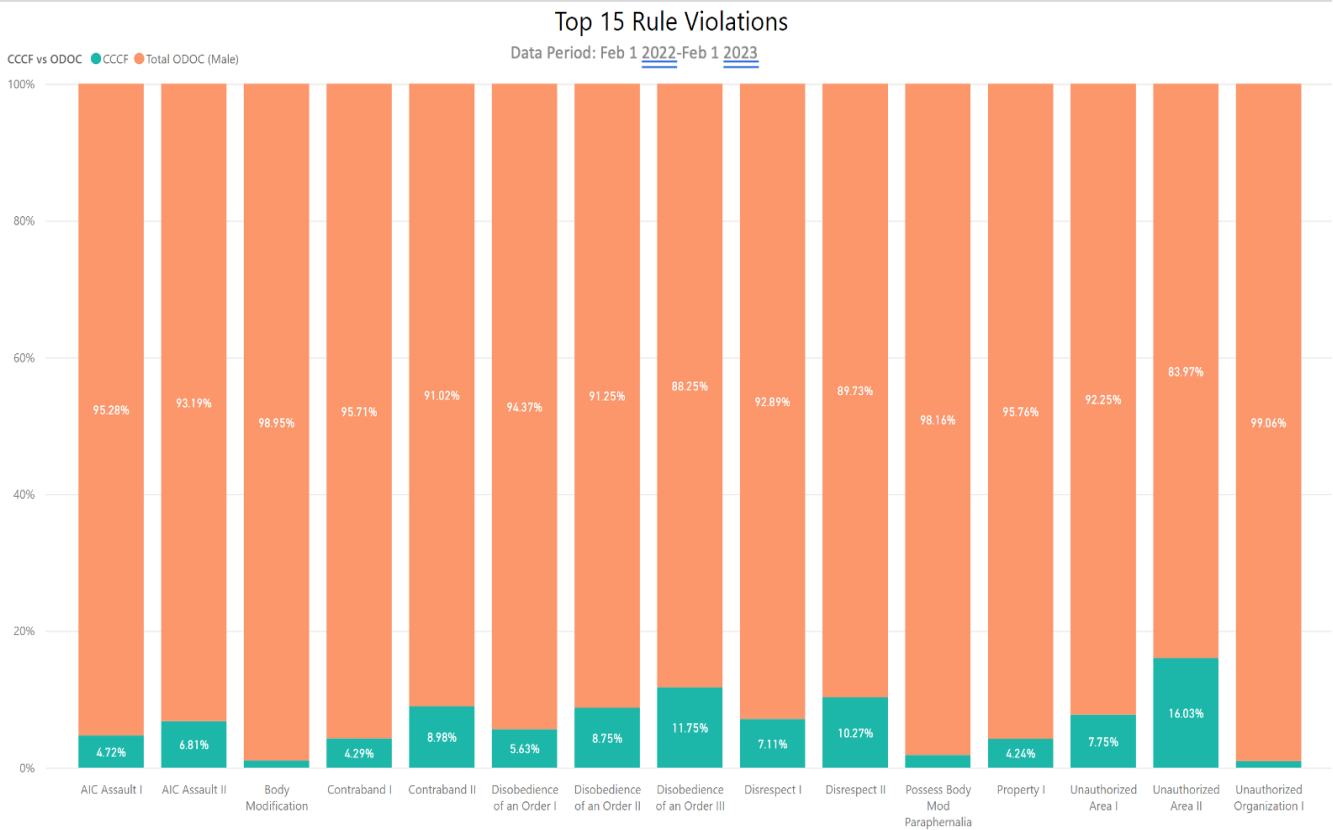
The following chart shows women’s proportion of major and minor misconduct violations<sup>21</sup>. CCCF is overrepresented in their proportion of minor misconduct violations and reports lower rates of major misconduct violations in comparison to men’s facilities statewide.



<sup>21</sup> Data provided by request by the Oregon Department of Corrections.



The following chart shows the top 15 rule violations statewide<sup>22</sup>. CCCF is overrepresented in the following areas: Contraband II (9%), Disobedience of an Order (9%), Disobedience of an Order II (12%), Disrespect II (10%) and Unauthorized Area (16%).



Additionally, there were broad reports of extreme responses to these minor infractions. This was observed on various occasions during the onsite assessment. For example, in minimum, GIPA Assessors observed a facility-wide call on the radio for first responders to go to F-400 because an “AIC was being disrespectful.” In response to this call, 6-8 officers rushed to a unit to respond to an alleged incident with a resident. As the officers arrived, another officer was escorting an elderly resident off the unit. The resident, who was not resisting, asked the officer to “please reconsider” his response, and explained that there had been a misunderstanding. Even though the resident was clearly demonstrating signs of stability (she was in control and de-escalated), the officer made her turn around, secured her wrists, and dismissed her comment that the handcuffs were “a little tight.” Despite her continued signs of stability, the 6-8 officers who responded to the call still escorted her off the unit. This is an excessive response to a resident who is allegedly “speaking disrespectfully” and not exhibiting any signs of violence.

<sup>22</sup> Data provided by request by the Oregon Department of Corrections.



In general, it appears that staff overreact to feeling disrespected by residents.

### **Group punishment**

Residents reported that staff use group punishment to manage difficult behaviors among residents, including those who are struggling with mental health challenges. For example, if a resident with mental health needs “acts up” it was reported that all the residents are “celled-in” and cannot be in the day room. Residents also reported having to wait long periods of time in lockdown while a resident with serious mental health needs is “situated.” Finally, there were various reports of needed programs and supports being taken from many women because one resident broke a rule. For example, the music program was allegedly removed because one resident deleted music. One resident noted, “They told us a full investigation was done but it did not conclude. Now we don’t have access to our music and another coping skill that mattered to us is gone.”

*“If a couple of people write on tables, we all lose dayroom time.” -CCCF resident*

### **Discipline and sanctions have harmful collateral consequences and can result in keeping women in prison longer**

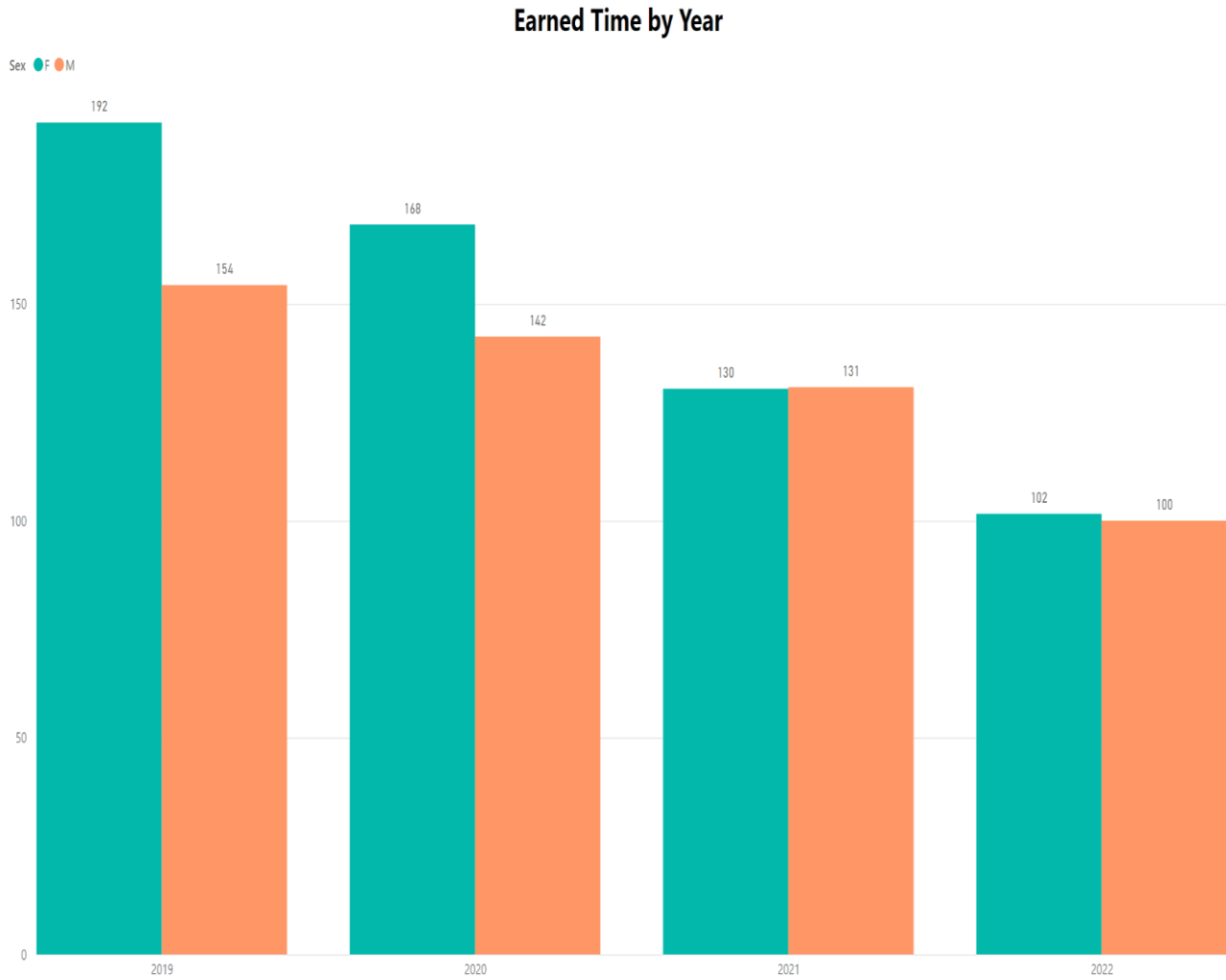
Various documented and undocumented collateral consequences are associated with CCCF’s discipline and sanctions system. Throughout the department, the amount of earned time that women and men can earn has decreased since COVID, and punitive responses can impact women’s good time credits. Good time credits offer incentives and rewards for women who complete approved programming by allowing them to earn a set number of days off their sentence. Since the onset of the pandemic, programmatic disruptions have resulted in dramatically reduced opportunities for women (and men) to earn this time. Punitive disciplinary responses that result in program failures and other sanctions that revoke opportunities to earn credits create the risk of women staying in prison longer than is necessary.

*“There is not enough good time, and no way to earn good time back.” -CCCF resident*

*“There used to be more good time opportunities here...it gives people a reason to stay out of trouble.” -CCCF resident*

Reduced access to Earned Time credits due to discipline and program reductions can result in longer prison stays among CCCF residents.

The following chart shows earned time among the state’s prison population by gender<sup>23</sup>.



Residents also reported that they have been subject to various forms of retaliation in the wake of receiving a sanction. For example, one resident reported that even though she was found not guilty at her disciplinary hearing, she lost her job and gate clearance without any explanation.

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<sup>23</sup> Data provided by request by the Oregon Department of Corrections.



## Staff apply discipline and sanctions inconsistently

Residents reported that they face inconsistent staff responses for the same general behaviors. Women with serious mental health needs may receive fewer sanctions. For example, a woman with serious mental health needs who had multiple DRs did not lose good time, while other residents with one DR did lose good time. Residents reported that all women, not just those struggling with serious mental health issues, should not have to worry about losing good time.

Expectations of appropriate resident behavior are not maintained across shifts, and responses to women's behaviors (including violations/infractions) are not consistent among staff within or across shifts, creating high levels of unpredictability. There is limited communication regarding disciplinary and related issues between shifts and specific situations are poorly communicated, thus escalating many problems. Staff do not appear to communicate individual and population level needs to the oncoming shift.

*"There is no consistency here." -CCCF resident*

*"The only thing that is consistent here is the inconsistency." -CCCF staff member*

*"We appreciate it when officers don't enforce petty rules...but others are trained to hit you for every tiny thing there is." -CCCF resident*

*"You get punished for things that are not a threat to safety and security, like having a tie around your waist, not having your shirt tucked, and attire for certain call outs. These are petty rules, especially when we are doing things like using a waist toe because our pants are too big or not tucking our shirt in because it's too big and will be uncomfortable. Are these things really hurting anyone?" -CCCF resident*

*"They pay all this attention to our attire when they could be using that time to really help someone." -CCCF resident*

*"They are like bullies." -CCCF resident*

*"We need more rehab programs versus a half assed discipline facility." -CCCF resident*

*"Cell-ins cause psychological harm that is different than seg...you see people out of their cells which is worse than seg...you have a cellie doing more things." -CCCF resident*

*"The rules here are antisocial promoting." -CCCF resident*

## Overall, gender responsive privileges and motivators are absent

There is a lack of formal mechanisms to reward prosocial behaviors (e.g., through acknowledgments, incentives), women are rarely encouraged and reinforced for adhering to rules and personal goals, and achievements are rarely recognized through tangible methods (e.g., certificates) unless they are tied to program completion and educational achievements. GR incentives and rewards that reinforce progress are lacking, and there are not enough special events planned to honor accomplishments such as completion of programs, GED, etc.

### Formal procedures to proactively motivate women are underutilized

CCCF lacks an adequate incentive system for women in general, and specific incentive systems for special populations (e.g., long-term women). Affirmations, reinforcers, and/or encouragers are lacking, and women's strengths/ assets are not highlighted. Collaborative problem solving and other tools are under-utilized to prevent and de-escalate problems.

### The incentive system is not gender responsive or trauma-informed

With some exceptions, GR incentives, privileges, and motivators are not utilized. There are few incentives or rewards for safe, effective, and supportive behavior. While CCCF does have an incentive system, it is ill-conceived and instigates a survival mode among women and creates conflict. Many of the privileges that exist in CCCF's three-level incentive system conflate basic needs such as access to the open space of the day room.

For example, residents on level 1 have the fewest privileges, residents on level 2 have comparatively more privileges, and residents on level 3 have the most privileges. The privileges associated with each incentive level center primarily on access to canteen, housing, dayroom, fundraisers, and jobs. Privileges are rooted primarily in basic needs and additional privileges for women such as access to leadership opportunities are virtually absent. Also:

- Residents reported that it is difficult to earn access to a better incentive level and it takes long (e.g., in some cases a year).
- It was broadly reported that many women do not have access to better incentive levels and that most incentives are provided to residents who are on J/K Unit.

*"You need to wait for a lifer to get in trouble to have access [to a better incentive level]." -CCCF resident*

*"Women with a lower incentive level should have access to education." -CCCF resident*

*"I'm 21 years and a level 3, it's hard to be good, LOP in my room 10d." -CCCF resident*

*"It's the mental aspect...the walls close in, you hear voices, and you spiral.... then it's your celly's job to become a therapist or active engager...they call it white wall syndrome." -CCCF resident*

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*"This place messes with your mental state." -CCCF resident*

## Opportunities

### **Provide immediate training and skills to staff in a manner that is realistic given current staffing shortages**

While it will be essential for DOC/CCCF to implement a comprehensive GR and TI discipline and sanctions system, it is essential that staff be provided with immediate knowledge, skill, and guidance on effective approaches to discipline. CCCF leadership can leverage shift change and other opportunities to provide needed information to staff, reinforce expectations, and offer realistic responses that maximize safety and positive outcomes.

### **Implement a comprehensive gender responsive and trauma-informed behavior motivation and empowerment system for women that promotes growth, healing, learning and skill acquisition<sup>24</sup>**


Implement a comprehensive GR and TI discipline and sanctions system for women that is motivating and empowering and promotes growth, healing, learning, and skill acquisition. Transform the way in which staff approach discipline at CCCF, including, but not limited to, viewing women's behaviors more accurately (e.g., through a GR and TI lens). Components of a GR discipline and sanctions include, but are not limited to (see the CORE Gender Responsive Behavior Motivation Model<sup>25</sup>):

- Tools that promote positive reinforcement, restoration, and self-determination.
- Positively stated expectations alongside basic facility rules that highlight important concepts for women, such as self-care, relational aggression, and emotional and physical safety
- Circle processes and other restorative approaches that safely and effectively utilize peer mediation/support
- Formal procedures to proactively motivate women, and gender responsive motivators and incentives that are low cost but yield high rewards
- Utilization of affirmations, reinforcers, and encouragers instead of confrontation

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<sup>24</sup> Benedict, A. (2017). Beyond Behavior Management: Creating a Safe, Trauma-informed Program Culture Using the CORE Gender Responsive Behavior Motivation Model. CORE Associates, LLC Training Curriculum.

<sup>25</sup> Benedict, A. (2012). The CORE Gender Responsive Behavior Motivation Model for Females: Implementation Manual. CORE Associates, LLC Publication.

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- Acknowledgement of the strengths/assets of women as often as challenges
  - Setting a positive tone for each shift and utilizing collaborative problem-solving techniques to prevent and de-escalate problems
  - Balancing support and accountability

## Reduce over-reliance on punitive sanctions

Implement skill building and solutions focused approaches to discipline, including informal interventions that leverage peer supports and empower staff to use GR and TI communication and collaborative problem-solving. See Gender Responsive Discipline and Sanctions Guide for Women's Facilities<sup>26</sup> and Beyond Sanctions and Discipline: The CORE Gender Responsive Behavior Motivation Model for Females.<sup>27</sup>

It is also recommended that OR DOC examine the misconduct grid and develop a guiding protocol that is specific for women given their research-based risks, strengths, and needs.

*"We should not respond to women the same way we respond to men. They are so different, yet we all go to training where we are told to talk to people the same." -CCCF staff member*

## Improve staff-staff communication (all levels) about expectations and rules, as well as required discipline, sanctions, and supports

Develop a method by which all staff can be apprised of ongoing issues/situations identified in their work area by a previous shift. Mandate the frequency and type of communication that is required to facilitate appropriate discipline and sanctions, including following through on supports and/or consequences during subsequent shifts. Communicate individual and population level strengths, challenges and needs to the oncoming shift.

## Ensure a gender responsive and trauma-informed hearing process

Ensure that disciplinary hearings are intentionally designed or facilitated to be trauma-informed (e.g., taking trauma into account as part of review, analysis, and decision-making; implementing trauma-informed hearing procedures). Where possible and indicated, incorporate mental health support protocols into this process.

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<sup>26</sup> Benedict, A. (2013). Gender Responsive Discipline and Sanctions Guide for Women's Facilities. National Resource Center on Justice Involved Women; Bureau of Justice Assistance.

<sup>27</sup> Benedict, (2010). Beyond Sanctions and Discipline: The CORE Gender Responsive Behavior Motivation Model for Females. CORE Associates, LLC Publication



## **Improve the privilege and incentive system and ensure that it does not anchor to basic needs or reinforce a culture of scarcity**

Convene a work group or committee (or subcommittee of an existing committee) to explore and enhance the incentive system so that it is GR and TI, and so that more women have access to relevant incentives. Ensure that each unit has an incentive system and that incentives are not conflated with basic needs. Also ensure that incarcerated women, security staff, BHS staff, and other relevant functions are represented in these discussions and ultimate decisions. Develop an incentive system that:

- Can be applied to all women, including those who adjust well and adhere to expectations
- Includes incentives for women with longer sentences and other special populations. For example, develop a system whereby women with longer sentences can “earn” their privileges and security levels back if lost early in their incarceration.
- Includes gender-specific motivators. For example, those who display safe, supportive, and effective behavior should have access to identified gender responsive privileges and responsibilities, including opportunities to provide leadership, peer support, and peer programming.

## **Implement a more human-centered approach to disciplinary segregation, including gender responsive and trauma-informed step-down protocols**

Build on the segregation reduction efforts and implement a more human-centered, gender responsive, and trauma-informed approach to Restrictive Housing (see Domain 4: Management and Operations), including gender responsive and trauma-informed step-down protocols for those in DSU.

## **Implement a communication and culture-building strategy regarding improved approaches to discipline**

Improvements to discipline will require staff training (see Domain 5: Staff Training) and an intentional communication strategy that can help build new norms regarding approaches to discipline with women. This should include, but not be limited to, regular communication with staff (e.g., during staff meetings), visits to each unit to observe and connect with staff and residents, and modeling healthy and effective interactions with women.





## Actions Taken

The GIPA process often instigates and supports immediate improvements to policies, practices, and programs. The following are actions that the department has reportedly taken since the GIPA process began:

- The CCCF team has reviewed Gender Responsive Discipline and Sanctions Policy Guide for Women’s Facilities<sup>28</sup> to deepen knowledge on how to improve approaches to discipline with women in alignment with the principles of gender responsive and trauma-informed practices.

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<sup>28</sup> Benedict, A., Ney, B., & Ramirez, R. (2015). Gender Responsive Discipline and Sanctions Policy Guide for Women’s Facilities. National Resource Center on Justice Involved Women. A project supported by Grant No. 2010-DJ-BX K080 awarded by the Bureau of Justice Assistance.



## Domain 8: Classification & Assessment


This section examines procedures for determining custody level, assessing dynamic risks and needs, and identifying women who may be vulnerable or predatory (PREA draft standard). Research and prevailing guidelines recommend using actuarial assessments over subjective judgments alone. It is important that the tools be valid (predictive) for women and relevant to women's needs and pathways to offense-related behavior. Historically, most correctional assessments were developed for men, validated on male populations, and applied to women with little concern for their relevance or validity. This practice has contributed to over-classification, where women are housed or supervised under more austere conditions than their behavior warrants. It also directs inadequate attention to the needs most relevant to reducing the future risk of offending among women in the justice system. In recent years, some gender-responsive assessments have been developed for assigning custody levels, predicting the risk of community recidivism, and determining needs.

Key indicators in this domain include:

- Using an objective tool for custody (external) classification that has been validated on a sample of women offenders in the facility. The tool includes items relevant to women, ensures placement in the least restrictive environment possible, and is dynamic (can reflect changes in a woman's behavior and circumstances).
- An objective tool and process exist to conduct a PREA assessment that identifies those who exhibit either predatory behavior or vulnerability to aggressive sexual behavior.
- The facility uses an objective and valid assessment of risk of reoffending to guide reentry planning.
- Dynamic risk/need factors and strengths are assessed and determined to be valid. These include needs and strengths relevant to women.
- The assessment of risk, needs, and strengths guides the development of an individual case plan and recommends access and referral to critical services.

### Summary of Findings

*The department has taken important steps to implement gender responsive approaches to classification and assessment with women. While CCCF currently uses a gender-neutral classification tool and process, there are efforts underway to create a tool and approach that is more responsive to women. This tool is currently being integrated into the Offender Management System (OMS). CCCF is also using the Women's Risk Needs Assessment (WRNA), a gender responsive risk/need assessment tool that has not only been implemented at CCCF but statewide in every county through the probation and parole system. This presents an important opportunity to provide a continuum of care from facility to community.*



*The Automated Criminal Risk Score (ACRS) tool is used at CCCF to determine the dosage, frequency, and intensity of services provided by Correctional Counselors. This tool focuses on static risk factors and was not designed or validated for women.*

*It is recommended that the department continue efforts to create a gender responsive classification tool and protocol. It is also recommended that the department review the need for and usefulness of the ACRS tool and consider using the WRNA to determine treatment dosage. Finally, the assessment process should be supported by accessible, gender responsive program options for women.*

## **Strengths**

### **There are clear protocols to support information gathering as part of women's initial reception (intake) into the facility**

Initial reception includes clear protocols designed to assess medical and mental health needs, as well as a PREA. For example:

#### **Screenings**

- Women participate in a medical and mental health screen that is administered by nursing staff to identify women with chronic and severe mental health issues. This information is used to guide housing placement and to assist with treatment recommendations.
- The medical screen includes a brief family medical history, an exploration of existing medical problems, current medications used, and a history of alcohol and drug use. It was reported that there is currently more contact with the counties to get medical information, which helps to ensure access and to verify the accuracy of self-report information.
- Behavioral Health Services (BHS) conducts a brief mental health screening, including a suicide risk assessment.
- During the initial screening, residents able to specify their gender identity. If a client identifies as transgender, the receiving officer and/or staff will ask the resident which gender they feel most comfortable with to conduct the screening and searches.
- Women are provided with a limited supply of toiletries, given that they do not yet have access to the commissary (see Domain 4: Management and Operations).



## PREA

- The PREA Risk Assessment is typically completed in reception within 24 hours. This assessment is designed to reduce incidents of sexual assault and abuse at CCCF.
- The assessment results can be used by the facility to guide decisions with respect to housing decisions.
- Women with a history of sexual abuse are seen by the Sexual Assault Response Team (SART). This team helps to ensure that safe housing options are provided for women who are assessed as vulnerable or who request protection.

## CCCF is in the process of implementing a gender responsive classification tool (under development)

While CCCF currently uses a gender-neutral classification tool and process (described below), a new tool has been created that is responsive to women.

### Current gender-neutral classification

- The current classification tool was developed by the DOC research division and is used primarily to guide housing decisions. This tool uses escape history, sentence remaining, detainers and outstanding charges, and institutional behavior to generate a violence predictor score.
- There are five classification levels. A resident can only qualify for Level 1 or 2 with less than 48 months (4 years) until release. Level 3 residents have 48-120 months (4-10 years) to release, and Level 4 has those with more than 120 months (10 years). Level 5 is only for residents who have demonstrated serious management concerns, have a sentence of death, or have murdered another resident or staff. Women classified as Level 1 and 2 are generally placed in minimum, and women with a designation of 3 and 4 are typically placed in medium. Women with a Level 5 rating require intensive management, so they are placed in the Mental Health Unit or Behavioral Health Unit.
- A Work Housing Assignment Level Evaluation (WHALE) assessment is also conducted at intake on all residents classified as Level 1 or 2 to determine if the resident can work outside the secure perimeter or be housed in an unfenced facility.
- Information to determine classification is entered by various departments and staff from county jails into the DOC 400 system. This system interfaces with the Offender Management System (OMS).
- For Levels 1-4, a review of classification is conducted when new information is received that could affect that classification scoring, including changes to detainers and misconducts.
- Sentence length is a critical element of the current classification system. Therefore, all women who have a sentence of greater than sixty months are housed in medium. A reclassification is triggered when a woman has less than sixty months left in her sentence or 12 months after a resident receives a serious misconduct.



## Upcoming gender responsive classification

The department is working to develop a GR classification tool that ensures women are being appropriately classified based on their unique pathways and needs. Specifically, the DOC has been working with Dr. Patricia Hardyman to revise and update the classification tools used by the department. She has provided them with four tools: Female Initial Classification and Reclassification, Male Initial Classification, and Reclassification.


These tools are currently being integrated into the OMS software, with full implementation anticipated before the end of the year. They were described by DOC as more robust, inclusive of evidence-based and gender responsive items, and will reportedly yield more accurate classifications. For example, the new classification tool will integrate information gathered from the WRNA (e.g., WRNA total score and initial score on the Anger/Hostility Scale).

## CCCF has implemented a gender responsive risk/need assessment tool

Due to the department's leadership, a gender responsive risk/need assessment tool was implemented at CCCF and statewide in every county through the probation and parole system. Having a gender responsive assessment tool presents an important opportunity to elevate women and ensure that their gender-specific needs are driving case planning, treatment, and reentry support.

The Women's Risk Need Assessment (WRNA) is an actuarial tool that is used at Intake for all women entering CCCF. This tool was designed for and validated with incarcerated women and includes static and dynamic risk factors, needs, and protective factors. The following is also noteworthy:

- This assessment was developed in collaboration with the National Institute of Corrections and the University of Cincinnati and has been validated in several sites.
- Training, coaching, and quality assurance protocols to support the use of the WRNA have been developed and carefully implemented at CCCF.
- The assessment is currently being validated for CCCF's population by an external evaluator, Dr. Krista Gering.
- Policies and procedures have been established to assess all women at intake within 30 days, and a reassessment occurs annually.
- The WRNA and supplemental assessment results (Texas Christian Instruments, etc.) are fully integrated into the OMS, and the information garnered from these assessments is used to generate a Behavior Change Plan that is completed by the Institutional Counselors (see Domain 9). This process was designed to ensure that information from the assessment is used to inform the case plan and constantly updated during a reassessment or when significant changes have occurred.
- The Intake Counselor is responsible for administering all WRNA assessments and has been trained to administer the assessment using a gender and trauma-informed approach.



(Note: If someone is missed at intake, there is a mechanism whereby trained CCs can administer.)

## Challenges

### **The current classification tool is gender-neutral and does not address factors that are important for women**

The classification tool currently used at CCCF is no longer considered useful by the department and will be replaced by a tool developed for women. Concerns related to the current tool include the fact that it has not been validated for use with women, the likelihood of misclassification regarding housing placement and when women are reclassified after receiving a misconduct, the focus on criminal history, and the static nature of the items.

### **ACRS (Automated Criminal Risk Score) is not a gender responsive tool, and its value at CCCF is questionable**

Consistent with the Risk Principle of the Risk-Need-Responsivity (RNR) model, the ACRS score is used at CCCF to determine the dosage, frequency, and intensity of services provided by Institutional Counselors. Specifically, ACRS is a computer-generated statistical calculation to predict the risk of reoffending. Information used to determine the ACRS score includes age, earned time, revocations, sentence length, custody number, thefts committed, prior incarcerations, and person-to-person crimes.

- Generally, a low score on the ACRS (less than .2) results in placement on a Low Supervision caseload. Residents in this category can request an in-person meeting with their counselors if they have an emergency or special request.
- A score higher than .2 on the ACRS results in either High (Intensive) or Medium (Intermediate) supervision. This includes regular meetings with the Institutional Counselors every 30-60 days. An individualized Behavior Change plan is developed, and residents are referred to relevant cognitive interventions.

The ACRS tool has not been validated for women and focuses on static risk factors to determine the need and eligibility for case planning and treatment. Static risk assessment tools have historically failed to identify women who present as low-risk but have many varied needs that can elevate risk if they are not addressed. Notably, the Institutional Counselor can initiate an override for women who receive a low ACRS score, but demonstrate moderate to high needs on the WRNA. Each case is reviewed at the Multidisciplinary Team Meeting (MDT). However, the current model prevents a significant number of women from receiving access to support and case planning.



## Opportunities

### **Continue efforts to create a gender responsive classification tool and protocol**

The department has worked with a national expert to review and develop a new classification tool that is informed by the research on women. The tool will be used to guide housing assignments. Further it can be used to:

#### **Address issues related to reclassification**

A resident who receives a misconduct may be housed in medium for twelve months, depending on the seriousness of the behavior. At the present time they are eligible for reclassification after twelve months, or if the case is given a positive review during MDT. With a more dynamic classification tool and approach, this protocol can be revised to inform MDT and ideally, reduce time spent in more restrictive housing.

#### **Expand opportunities for alternative housing**

This tool can be used to expand opportunities for women to participate in unfenced and community-based work programs/assignments. At the present time, a small number of residents can participate in forest fire crews and the work crews for the General Distribution Center. Additional options for women to work outside the fence and reengage with the community are strongly recommended (See Domain 3: Facility).

### **Revisit the use of ACRS and consider using the WRNA to determine treatment dosage**

A validation study of the WRNA is currently under review. Assuming that the WRNA is predictive of outcomes that are important for women, it might serve as a replacement for the ACRS score and ensure that women with high needs are identified. At present, the information generated by the WRNA is used to guide case management protocols and programming. The usefulness of this information can be more fully realized for all women in the facility by identifying reentry needs during intake and providing residents with enhanced program options and opportunities (see Domain 9: Case/Transitional and Reentry Planning and Domain 10: Research-based Program Areas).

### **Continue to validate assessment tools and processes and ensure they are culturally responsive and address women's diverse, intersecting identities and experiences**

There has been concern about racial bias regarding the use of risk assessment and classification tools to inform sentencing, security and housing decisions, and access to treatment. DOC is encouraged to disaggregate data and validate the use of these assessments across gender, race, and LGBTQI+ populations to ensure responsiveness and equity.



## Domain 9: Case & Transitional Planning

Appropriate case and transition planning involve addressing women's individual and unique needs, particularly those related to future offending in the community, personal growth, and overall life satisfaction. The role of case management in this process is to match women to programs and services according to their assessed needs and strengths. A growing body of research demonstrates that addressing needs with evidence-based programs can have a significant impact on recidivism and other outcomes. Case management contributes directly to positive outcomes when the following elements are present: women are involved in the decision-making process to prioritize and develop goals; staff use a gender-responsive and strengths-based approach, staff provides opportunities for skill practice and modeling, and a continuum of care is in place to facilitate the transition of incarcerated women into the community.

### Summary of Findings

*The Correctional Case Management (CCM) tool and the case management services provided by Correctional Counselors are significant strengths at CCCF. Protocols have been carefully developed to train and supervise the counselors and to ensure the delivery of quality services. Women who receive case management services have an opportunity to address survival needs such as housing, family reunification, employment, and treatment earlier in their incarceration.*

*A significant challenge at CCCF is that the majority of women do not have a comprehensive Case Plan or Reentry Plan. This is highly problematic given the plethora of research demonstrating how important it is to work with women to address gender-specific need areas while they are incarcerated and through their transition and reentry. Case management and reentry support carry unique significance for mothers, who are managing parenting responsibilities and challenges while behind bars, and who will face specific barriers to successful parenting and reunification upon release. Housing is a significant barrier for women and their children, and reentry planning is desperately needed to ensure women have safe, non-coercive options. Many women are carrying multiple responsibilities upon reentry and navigating multiple systems that often have conflicting requirements. In the absence of substantive reentry support, most women at CCCF remain at greater risk of harm and recidivism.*





## Strengths

### **CCCF has made substantive efforts to implement a Correctional Case Management (CCM) model and protocols for moderate and high-risk women**

The WRNA and Behavior Change Plan is fully integrated into the Offender Management System (OMS) and provides a temporal narrative of goals achieved, need areas addressed, programs completed, and the resident's response to intervention.

#### **Behavior Change Plans**

The Behavior Change Plans serve to address individualized needs, provide a continuum of care and are developed in collaboration with the resident. These and other practices listed below are fully supported by the available research.

- The Behavior Change Plan is populated from information elicited during the WRNA (see Domain 8: Classification and Assessment) and completed by the Classification Counselors. This information is entered into OMS, which records progress and signals counselors when a reassessment is due.
- The OMS provides a record of resident participation in case planning and progress on the Behavior Change Plans throughout their incarceration.
- The Behavior Change Plan incorporates many core elements that are updated and reviewed by the Correctional Counselor, including Criminogenic Need Addressed, Stage of Change, Problem statement, SMART goal, Barriers/Strengths, Intervention/Reinforcers, most recent Office Visit, BCP Progress Note, and Action Plan.
- Counselors use the Behavior Change Plan to work collaboratively with the women to specify SMART goals and action steps and to introduce them to a variety of targeted skills and strategies.

#### **Pathways to Change Manual**

Pathways to Change is a case management tool consisting of a series of interventions that can be introduced by Correctional Counselors to residents. Strategy and skill worksheets are anchored to the WRNA domains to support residents as they work on SMART goals within their Behavioral Change Plans. This material was created to ensure that each case management session is structured and meaningful.




## Correctional Counselors

In addition to the strengths noted regarding the CCM tools and process, there are eight highly trained and committed Correctional Counselors (four serving medium and four serving minimum housing). The Correctional Counselors are provided with training, annual booster training, and ongoing clinical supervision. All counselors participate in an intensive quality assurance process (See Domain 12: Quality Assurance and Evaluation), ensuring fidelity to the CCM model. Other strengths include:

- The CCM process is fully documented, and policies have been established to specify the duties and responsibilities of the Correctional Counselors, caseload sizes, and to provide guidance for professional overrides, record keeping, etc. For example, by policy, information entered in OMS is updated after every session by the assigned Classification Counselor. Counselors are also encouraged to update OMS if there has been a significant change (e.g., completion of a change plan, special circumstances indicating a need for a case review).
- Correctional counselors are trained to use a collaborative and strengths-based approach when completing the Behavior Change Plan and introducing women to new skills and strategies.
- The counselors work collaboratively with the resident to generate SMART goals that address targeted needs within the Behavior Change Plan. They also identify cognitive skills and coping strategies that facilitate goal attainment. These materials are drawn primarily from the following sources: Pathways to Change, Carey Guides, and EPICS, and involve identifying worksheets that address specific needs. For example, residents who struggle to use executive functioning skills might be introduced to worksheets designed to introduce and provide practice in decision-making, problem-solving, and goal-setting.

## Reentry and transition planning is available to some women

For a limited number of women, there is access to reentry and transition planning. These services are supported by transition counselors and a coordinator who help prepare women to return to the community.



A Release Plan is completed for each paroling resident to communicate information to the parole board and relevant community corrections agency.

- Residents work with a reentry counselor as well as a transition coordinator.
- Reentry counselors and the transition coordinator appear to be skillful and passionate.
- Residents previously on a CCM caseload are transferred directly to the release counselors.
- Reentry classes are offered by the transition coordinator to women two to three months prior to release. The curriculum for these classes is provided by one staff member and offered on a voluntary basis. Classes include:
  - Employment
  - Landlord/Tenant
  - Money Management
  - Family/Community
  - Working with your Probation Officer

## Challenges

### The majority of women at CCCF do not have a comprehensive Case Plan or Reentry Plan


While clear efforts have been made to establish and implement comprehensive case management protocols that are tied to the WRNA, there are several challenges noted below.

#### Caseload sizes and frequency of contact for women

The department has set caseload sizes to ensure the integrity of the CCM model. Specifically, Correctional Counselors have two caseloads. The first is a high/medium caseload, which can range from 48-71 residents. The second is a low caseload, which can range in size from 105-290 residents. Residents on these caseloads are seen every 30-60 days. It was reported that this level of contact is not enough. It was also reported that Correctional Counselors cannot be expected to see their cases more frequently because it is not the standard. As one staff member noted, "It is a matter of what we know is needed versus what we can expect Correctional Counselors to do."

#### Lacking case management services

It was broadly reported by residents and staff that women with low ACRS scores have limited opportunities to receive case management and access needed services and programming. The WRNA helps the counselor identify priority needs and targets for moderate and risk high-risk women; however, for the majority of women that receive a low ACRS score, there is very limited contact with the correctional counselors. Many women in focus groups indicated that they have never seen their Correctional Counselor and are only scheduled for a session when there is an emergency or significant problem.



The ACRS tool assesses a significant number of women at CCCF as ineligible for the CCM process described above. This is creating a situation where women who do not meet the ACRS threshold for services do not get needed support. Case management staff reported that for women unable to meet this threshold - "It's just not enough."

It was reported that 70% of women have "no or very limited contact" with correctional counselors. The following is noteworthy: Of the women surveyed, 72% reported that they do not believe that staff understand their needs as incarcerated women.

**It was reported that 70% of women have "no contact" with correctional counselors.**

### **Lacking reentry services**

The potential of OMS and the CCM process is also not fully realized for the majority of women that are transitioning from CCCF. The following is noteworthy: Of the women surveyed, 68% reported that they are not provided with sufficient resources and information on services in the community, and over 62% reported that they did not feel the facility was preparing them for success.

- It is unclear how information entered into OMS for moderate and high-risk women is used to guide the reentry process and build a continuum of care.
- It is unclear if Probation and Parole and other stakeholders in the community are invited to come into the facility before release to facilitate the transition process.


### **Housing challenges**

One of the greatest challenges faced by women transitioning to the community is safe, stable, non-coercive, and affordable housing (Benos & Benedict, 2021). Oregon, like many states, is experiencing a housing crisis that was exacerbated by the COVID pandemic. Women are required to return to the county where they were convicted. Unfortunately, many counties have limited or no housing resources, especially those specifically designed for women.

- According to staff, CCCF has a large population of residents who were homeless prior to incarceration. It is not unusual for residents to stay in prison longer when they are unable to get approval to leave without demonstrating the ability to procure stable housing or shelter.
- According to residents and staff, transitional housing is virtually impossible to find, and it is not unusual for women who have completed their sentence to be released without a viable option for sheltered housing.

### **Case management resources do not address critical topics and needs for women**

Case management resources are either gender-neutral or do not address critical topics and needs for women. For example, the Pathways to Change manual provides counselors with a series of



interventions to address priority targets identified during the WRNA. However, it was not designed to provide women with a comprehensive program calibrated to ensure sufficient dosage and content to fully address a specific need. For example, the material available to explore “anger” does not address potential links to trauma or other types and causes of anger; settings where aggression is used (e.g., family, intimate partner relationships, friends), and important skill components that are useful to build self-regulation and healthy communication. A number of staff expressed concerns that women are not receiving sufficient skill practice and the necessary resources to build resilience across need areas.

## **Program and service options are not currently available to address the major need areas identified in the WRNA**

Staff and residents consistently raised concerns regarding the lack of available program options and services to address need areas identified during the WRNA (see Domain 10: Research-based Program Areas and Domain 11: Services).

## **Opportunities**

### **Expand case management and reentry at CCCF so that more women can access support and services**

Women identified as moderate or high need receive ongoing counseling services and access to programming. Unfortunately, the majority of women at CCCF do not meet this threshold and as a result do not receive a comprehensive Case Plan or Reentry Plan. It is important to provide all women with case planning and reentry support to ensure a seamless transition to the community. Counselors should connect women directly to service providers and to natural supports in the community prior to leaving the facility.

### **Refresh and expand case management resources**

Create dosage requirements and expand the menu of resources and materials that would help women more fully address specific needs. Also, provide counselors with additional guidance to identify resources and materials that can be used during case planning sessions.

### **Expand the use of peer-led facilitation to increase access to case and reentry planning**

A number of women in the Alternative Incarceration Program (AIP) self-selected to participate in a peer-led reentry group. Members of this group set the agenda and rotate into the role of facilitator. A Senior Correctional Counselor provides guidance in identifying resources and materials and necessary assistance to coach women as they facilitate the group. Given the success of this endeavor, there is an opportunity to expand this kind of support by leveraging the expertise of community providers (see Domain 2: External Support) and certified peer counselors.



Once trained and certified, individuals could participate in the quality assurance protocol already established at CCCF.

## **Work alongside counties to bolster gender responsive and trauma-informed reentry support**

The women residing in minimum expressed a strong desire to access programs, services, and resources that will support their successful return to the community. OR DOC, with representation from CCCF, should work collaboratively with each county to support successful reentry with and for women. For example, after-care and booster sessions could be offered in the community to women who have completed core programs on the inside.

The number of justice-involved women in Oregon are not only limited to those at Coffee Creek, but the much larger number that are on probation or parole supervision in the community. The majority of counties operate their own probation and parole system, but a very limited number of counties have opted for the Oregon Department of Corrections to manage their community supervision. Overall, there are 6,677 women in prison (898), or on probation (5,665) or parole (114) in Oregon<sup>29</sup>.

Overall, there are 36 counties in Oregon, and the top 10 counties where currently incarcerated women were from accounted for 661 women or nearly 74% of the entire women's prison population.

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<sup>29</sup> Data on local jail populations was not obtained during the GIPA.

The following table shows the top ten counties of entry among women residents at CCCF<sup>30</sup>.

Top 10 Counties of Entry Among Women Residents at CCCF		
Country of Entry	Number of Women	Percentage of CCCF Population
Marion	107	11.9%
Washington	99	11%
Multnomah	90	10%
Clackamas	86	9.5%
Lane	71	7.9%
Jackson	57	6.3%
Josephine	49	5.4%
Linn	41	4.5%
Klamath	31	3.4%
Deschutes	30	3.3%

**Ensure that all women have access to reentry planning and implement a gender responsive and trauma-informed continuum of care from incarceration through reentry**

Consistent with the research on reentry, women’s individualized needs should be identified using a gender responsive assessment at intake and then updated as women transition from prison to the community. The OMS offers the potential to update and monitor a woman’s progress from intake to discharge into the community. To maximize the potential of this system, CCCF is encouraged to develop a GR and TI continuum of care with community stakeholders to ensure that basic and other needs are addressed well in advance of release.

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<sup>30</sup> Data provided by request by the Oregon Department of Corrections.



## **Develop a community resource center that is designed and supported by women**

There is an opportunity to ensure that all women at CCCF have access to reentry planning, information, and programming prior to release. For example, CCCF should consider developing a Community Resource Center where agency stakeholders are invited to describe services that are available in their respective communities prior to discharge. Staff, volunteers, and women could be asked to submit information to a coordinator to contribute to the development of the Center that addresses one or more of the following reentry needs:


- Treatment for substance use disorders
- Mental health support
- Physical and reproductive health care
- Culturally competent services
- Trauma healing and recovery services
- Healthy relationships and family reunification support
- Legal support and advocacy
- Information and support for payment of justice system fines and fees
- Peer-led supports

## **Work collaboratively to address women's housing needs, as well as those that relate to parenting and relationship safety**

Women's access to stable housing is essential to their reentry success, yet ensuring the availability of housing for women has become a serious challenge for local and state governments across the country. It is critical that CCCF develop protocols to support women (especially those at risk of housing instability) in secure, safe, stable, and non-coercive housing during the reentry planning phase.

- CCCF, with guidance from homeless services systems, is encouraged to prioritize this need and to work with federal, state, and local criminal justice agencies to ensure adequate funding is dedicated to this issue and to identify housing options that align with individual risk for housing instability.
- Several innovative temporary and low-cost housing assistance services have been implemented for people reentering the community who do not need the long-term subsidies and intensive services provided by supportive housing. For these individuals, reentry planning could be expanded to include in-reach programs that involve community-based housing providers and housing authorities. We learned that prior to the COVID pandemic, volunteers provided in-reach to support women at CCCF with housing and other stability needs. This practice should be revitalized. Other innovative practices include housing vouchers, making housing with family an effective reentry option, etc.
- A small number of women at CCCF who have been diagnosed with serious mental illness and behavioral health needs may require more intensive housing support. The use of





supportive housing for this group has been consistently demonstrated in the research. These programs ensure access to stable housing and provide an array of intensive counseling and support services. For example, several programs have demonstrated reductions in recidivism and housing stability when the Forensic Assertive Community Treatment Model (FACT) is provided. FACT eligibility criteria may vary from program to program; however, it is designed to respond to the needs of people who are criminal justice-involved, are living with SMI or co-occurring disorders, and have medium to high criminogenic risk.

- The Offender Re-entry Community Safety Program (ORCS) offered in Washington State provides another example of an intensive transition program for moderate to high-need women. Before release, the multi-system care planning team meets with each woman to develop a transition plan that continues into the community. After release, clients meet with a designated case manager in the community to assist with stabilization. This program has been evaluated by the Washington State Institute of Public Policy (WSIPP) and demonstrated positive outcomes. Components of this model, including individualized case planning, continuity of care, team meetings, and agency collaboration are critical to the success of this program and could be replicated.

### **Ensure case and reentry plans are culturally responsive and address women's diverse, intersecting identities**

Take steps to ensure that reentry plans are culturally responsive and address women's diverse, intersecting identities and experiences. This is essential to ensure comprehensive responsiveness and equity.



## Actions Taken

The GIPA process often instigates and supports immediate improvements to policies, practices, and programs. The following are actions that the department has reportedly taken since the GIPA process began:

- The CCCF leadership plans to utilize the empty housing unit at Minimum to create a transition unit. A new grant (see below) will fund a Worksource Office inside and residents will have assistance from the community in preparing for transition.
- A Department of Labor (DOL) grant was awarded to the Oregon Worksource Partnership to expand services across DOC in Oregon. This will provide all residents the opportunity to engage in enhanced employment preparation services across all institutions with the goal of preventing recidivism by securing meaningful employment prior to release or as quickly as possible after release. A portion of this grant will support IT infrastructure needs to support the computer resource rooms to allow WorkSource to provide services 60-90 days prior to release. The CCCF leadership team is committed to ensuring that related implementation is attentive to the unique needs of women.



## Domain 10: Research-based Programs Areas

This domain examines the implementation of core programs along six dimensions: gender-responsive intent, evidence-based foundation, availability of manuals and treatment guides, use of clear criteria for program eligibility, efforts to monitor outcomes, and quality assurance.

Specific attention is placed on programming offered across seven critical need areas: a) employment and education; b) healthy relationships with children, family, and significant others; parenting skills and domestic violence; c) trauma-informed services; d) substance abuse treatment; e) emotional expression (managing anger, anxiety, depression, grief, and loss); f) cognitive/problem solving and coping skills; and g) life needs (e.g., hygiene, nutrition, financial budgeting, exercise, spiritual well-being). A review of programs in this domain is informed by a large and growing body of research on evidence-based and gender-informed interventions for women.

### Summary of Findings

*CCCF has implemented a number of evidence-based programs that are gender responsive (GR) and trauma-informed (TI) for women. However, resident access to these programs is limited. At present, there are very few options (programs) available for women, particularly those assessed to be lower risk. The reduction in programs during the COVID pandemic has led to concern and confusion regarding available options, and the use of outside providers is extremely limited. Reentry programming and services for women who are exiting CCCF are limited, vocational programs are insufficient, and there are inequities across education and work programs. There were also numerous concerns about the lack of substance use treatment for women and reports that current protocols punish women who are struggling with ongoing substance use issues by denying them access to needed treatment.*

*To build on strengths and successes and address palpable challenges, it is recommended that CCCF expand implementation of women-centered programs across the facility by growing community partnerships and peer-led programs, implementing creative strategies to ensure program access, and expanding the role of Correctional Counselors.*



## Strengths

### **CCCF The facility has implemented a number of evidence-based programs that are gender responsive and trauma-informed**

CCCF has implemented a number of evidence-based programs that are gender and trauma-informed (see Table below). Programs with an \* have been peer-reviewed by researchers and have clearly stated outcomes. Many of these programs have training and quality assurance protocols, facilitator guides, participant materials, and clearly stated eligibility criteria. Together, the available programs address the seven critical need areas for women, described below.

#### **Educational programs**

- Residents are assessed at intake using the Comprehensive Adult Student Assessment System (CASAS) and the Intake Reading and Math Appraisal (IRMA) to determine educational needs.
- GED, ABE, and special education classes are available.
- College courses are offered by Portland Community College, Portland State University, and the University of Oregon.
- Observations of courses offered by Portland State University showed that these courses include robust content and generate a high level of engagement, participation, and enthusiasm by the students. The popularity of these courses is evidenced by the number of women who attend, in one case, standing room only, and the expressed desire of many women to continue with college courses upon release.
- A College Success group is offered through Portland Community College. This course is designed to prepare women for a college education. During the observation of this class, the women were engaged and expressed their interest and enjoyment of the materials and instruction.

#### **Many vocational programs offer transferable skills**

- Vocational programs currently available at CCCF are highly regarded. Some of the work-based educational/vocational programs include: Hair Design (medium only), Beekeeper Apprenticeship (minimum only), Fire Crew (minimum only), Eyeglass Recycling (minimum only), off-site work crews (minimum only), Heavy Equipment Operator Certificate (medium only); Oregon Corrections Enterprises (OCE) (medium-only) offers the DMV Call Center, CAD Curriculum, Textiles, Access to Online and Electronic Scanning.
- Some of these programs provide women with transferable skills, and all are highly valued by the residents. For example, women who were accepted into the Cosmetology program expressed contentment with the opportunity and optimism about their ability to obtain employment upon release. Another example is the Access to Online program, which trains women to audit websites for accessibility issues. This program offers an innovative and



highly useful certification process with the Department of Homeland Security. Access to Online has full enrollment and a reported 100% job placement rate.

### **Healthy Relationships**

Several evidence-based programs are offered to address healthy relationships across settings. For example, Parenting Inside Out focuses on children; Moving On and Beyond Violence (coming soon) explores intimate partner relationships and provides women with essential skills to recognize abusive relationships and practice alternatives to violent and aggressive behavior.

Moving On currently runs three times per week and is facilitated by The Pathfinder Network, a community contractor. Observations of the Moving On Group suggested that the facilitator had an excellent rapport with the women, used active listening, and adhered to the curriculum as designed.

### **Trauma-Responsive Programs**

Behavioral Health counselors implement a variety of evidence-based programs that were designed to address trauma and its impacts, including- Seeking Safety; Healing Trauma; Dialectical Behavior Therapy, etc.

### **Substance Misuse Treatment**

Substance use treatment represents a critical need area for residents at CCCF. Alternative Incarceration Program (AIP) is a highly structured program in minimum that includes treatment and cognitive behavioral therapy interventions such as Helping Women Recover; SMART Recovery, etc. Women are in AIP for a minimum of 270 days and must be statutorily eligible to participate.

In addition to AIP, Medical and Behavioral Health provide a MAT program (see Domain 11: Services), and BHS counselors have been trained to offer a variety of trauma-informed substance abuse curriculum (See Table below).

### **Emotional Expression**

Women are introduced to a variety of strategies and skills to manage stress and regulate emotions such as anger, depression, and anxiety. The Correctional Counselors introduce emotional regulation skills during individual sessions (see Domain 9: Case and Transitional Planning) and within several core programs, including DBT, Parenting Inside Out, Healing Trauma, and Moving On.

### **Cognitive Skills**

Several core programs such as Moving On, Seeking Safety, and DBT Skills provide women with the opportunity to enhance executive functioning skills such as problem-solving, decision-making, goal setting, cognitive reappraisal and perspective taking, etc. These skills are introduced to women on moderate-high caseloads during one-to-one sessions by Correctional Counselors.

## Living Skills

Core programs such as Moving On and Seeking Safety help women focus on finances and budgeting and help women identify resources that will assist them in coping with challenges upon reentry.

It is noteworthy that in addition to the structured programs listed above, women can participate in several spiritual programs, including religious services for close to 30 different religions, religious activities (such as bible studies and fellowship opportunities), and religious special activities (such as Native American Special Events). Weight and exercise equipment are available to the women in the common area of every unit.

The following table shows the program options provided at CCCF.

Program Options		
Need Area	Medium	Minimum
Employment and education	General Education Development (GED) Adult Basic Education (ABE) Special Education College Courses (Portland Community College, Portland State University) Vocational Trades Cosmetology (PCC) Access 2 Online (OCE) Textiles (OCE) DMV Call Center (DMV) Butterfly conversion lab	General Education Development (GED) Adult Basic Education (ABE) Special Education College Courses (Portland Community College, Portland State University) Vocational Trades Beekeeper Apprenticeship Eyeglass Factory (PCC) Fire Crew
Healthy relationships with children, family, and couples; parenting skills and domestic violence	Parenting Inside Out * Moving On * Certified Peer Support Beyond Violence (coming soon) *	Parenting Inside Out * Moving On * Certified Peer Support
Trauma	Seeking Safety * Healing Trauma	
Substance misuse treatment	AA/NA Celebrate Recovery MAT (Sublocade, Narcan, Vivitrol)	SMART * Alternative Incarceration Program (AIP) <ul style="list-style-type: none"> <li>• The Change Companies Residential Drug Abuse Program</li> <li>• Seeking Safety *</li> <li>• DBT</li> <li>• Relationships in Recovery</li> <li>• Healing Trauma *</li> <li>• The Change Companies Wellness and Recovery</li> </ul> SMART Substance Use Disorder Program <ul style="list-style-type: none"> <li>• DBT</li> </ul>

		<ul style="list-style-type: none"> <li>• Helping Women Recover *</li> <li>• Living in Balance</li> <li>• Start NOW</li> <li>• Relationships in Recovery</li> <li>• Inside Out: a SMART Recovery Correctional Program</li> </ul> Substance Use Disorder Program MAT (Sublocade, Narcan, Vivitrol)
Emotional expression	Moving On * DBT Skills (only in MH unit) * Parenting Inside Out * Beyond Violence (coming soon) *	Moving On * DBT Skills (MH unit) * Parenting Inside Out *
Cognitive/problem-solving and coping skills	Moving On * DBT Skills (only in MH unit) * Beyond Violence (coming soon) *	Moving On * DBT Skills (MH unit) * Parenting Inside Out*
Life needs (e.g., hygiene, nutrition, financial budgeting, exercise, spiritual well-being)	Moving On * DBT Skills (only in MH unit) * Library Services Companion Dog Program Yoga	Moving On * DBT skills * Library Services

## Powerful peer-led groups play an important role at CCCF

Coffee Creek has developed a Life Coach Program with the purpose of providing opportunities for residents to meet with veteran residents who can answer questions about the incarceration experience at CCCF. They also provide support to residents in both General Population and Special Housing who may be facing challenges related to their incarceration, both during the intake process and after. These residents have received specialized training through the Oregon Peer Training and Innovative Center through the Mental Health Addiction Association of Oregon in order to be Peer Wellness Specialists and are Certified Recovery Mentors. Life Coaches have received QPR (Question, Persuade, and Refer) Gatekeeper training and are Certified Change Agents with The Change Company's Instructor Training. The Life Coach Program encompasses the following classes:

- QPR
- Trauma in Life
- Women in Recovery
- Women's Relationships
- Responsible Thinking
- Yoga
- Science of Yoga
- Metta Meditation
- Anger Management
- Family Ties
- Nutrition and Exercise for Wellness and Recovery (NEW-R)



## Culturally-specific programs are available

The reentry supports and reentry-based programs brought in from the community are culturally specific. For example, Red Lodge Transition Services offers a Native American women's transition program, The African American Program is provided through Multnomah County. The Women First Transition and Referral Center focuses on African American Women, and the Family Preservation Project and the A&D Treatment programs offer some culturally specific programs and will expand opportunities to link women to culturally-specific resources.

## Challenges

### Many women at CCCF lack access to needed programs

The most significant challenge in this domain is the lack of available programming. Many of the evidence-based programs identified above are provided by the Behavioral Health Counselors or only available within specific units (BHU, MHU, AIP). The following is noteworthy:

- Women are prioritized for programming based on ACRS score and release date, and program options for many low-risk women are extremely limited or not available.
- Correctional counselors review case plans and maintain lists of women referred for programming. When a new group starts, they meet to determine which women are most appropriate and who should be placed in programming. Because program capacity is limited, many women are denied the opportunity to be in a group.
- An outside contractor (Pathfinder Network) provides Moving On and Parenting Inside Out to the women at CCCF; however, it appears they are only offered on a rotational and infrequent basis.
- The primary concern expressed by residents with a low ACRS score and/or residents who have a sentence greater than five years was related to the lack of program options.
- A consistent message from the residents was that time at CCCF is "wasted time." Many were told by the court that they would receive treatment while incarcerated. However, women in the focus groups and across the surveys expressed frustration and deep concern that they were denied access to programs, services, and vocational opportunities.
- Access to self-help materials, workshops, or formal programs is limited or unavailable. These resources would help to inform, comfort, and build resilience among people who identify as gender diverse, who are unable to speak English, who have different cultural interests. For example, several Indigenous women reported that there are few opportunities to practice important rituals and see elders, etc.
- In one instance, the craft program, which residents identified as providing them with important opportunities for coping, was eliminated. This reportedly affected over 200 residents and had a negative impact on the culture.





## Delayed programming is creating barriers for women

Women consistently reported that they need access to programming at the beginning of their sentences rather than at the end. They specified that if they have access to programming earlier, they can learn and practice skills while incarcerated and better navigate the overwhelm and challenges that accompany women's reentry.

## Vocational programs are insufficient, and there are inequities across education and work programs

Inequities across education and work programs were evident. For example, staff raised concerns that participation on work crews is prioritized over education (e.g., women are paid to participate on work crews). Despite the importance of attaining a GED to advance education and employment opportunities as residents transition from the facility, there is no effort to incentivize residents to complete their GED. Also:

- The available vocational programs, though highly valued, are insufficient and provide opportunities to a very small percentage of women at CCCF. Concerns were also expressed regarding the lack of sufficient resources to ensure that residents have access to tech programs.
- There were a variety of Life Skills programs prior to COVID, including Crafts, Yoga, Quilting, Between the Lines, Girl Scouts Beyond Bars, and a Theatre group. The women expressed a desire to have these opportunities return.
- There were few formal or instructor-led exercise classes (e.g., weight training, fitness, nutrition)

## Women's involvement in OCE prevents them from accessing education and programs


It was reported that women's participation in some OCE programs restricts their access to education and programming (e.g., women who participate in DMV cannot attend classes). Women should not have to choose between having a job and getting support. Some industries' jobs are also inflexible about callouts. Women on fire crews can access transferable life skills that lead to certification; this is not the case for women who work at the call center/DMV.

*"These jobs make or save money...they happen no matter what." -CCCF staff member*

*"We need to ask ourselves which programs are benefiting women and which ones are benefiting the department." -CCCF staff member*

## Women are exclusively relied upon to work at the Corrections Distribution Center (CDC)

It was reported that while women represent 7.5% of the prison population in Oregon, they are exclusively relied upon to work at the CDC in Salem. Even though there are three male prisons in the area, women are transported there to "pull canteen for the entire state." Staff reports that this



is the case because women are perceived as more responsible (e.g., do not steal). Consequently, the department “takes advantage of women” and prevents them from accessing education and other programs and supports.

*“There is such injustice happening.” -CCCF staff member*

## **Substance use treatment is seriously lacking, and current protocols punish women who are struggling with ongoing substance use issues by denying them access to needed treatment**

Nationally, substance use is a leading driver of women’s mass incarceration. While Oregon became the first state in the nation to decriminalize possession of small quantities of illegal drugs in 2021, the impact of addiction on women’s prison trajectories is high statewide. Specifically, data indicates that 71% of incarcerated women at CCCF have been assessed as suffering from drug dependency or addiction. It was reported that Alcoholics Anonymous (AA) was previously running weekly; at the time of the assessment, it was reportedly running once per month.

There were multiple reports from staff, residents, providers, and stakeholders that substance use treatment is lacking, leaving hundreds of women unable to access needed support and interventions. In fact, substance use treatment is only provided to women in minimum. This means that women in medium or those sent to medium due to an infraction are deprived of needed recovery support. It was also reported that instead of getting access to needed treatment, women who are struggling with substance use get punished instead of getting help.


**71% of incarcerated women at CCCF have been assessed as suffering from drug dependency or addiction.**

## **Opportunities**

### **Conduct a comprehensive program review**

CCCF is encouraged to conduct a comprehensive analysis of available programs, prioritize gaps, establish metrics and outcomes, and consider a variety of innovative alternatives to ensure that core programs are accessible to all.

- Residents expressed a strong interest in additional programming that can be accessed by people across the facility.
- CCCF has identified a number of strategies to increase opportunities for residents to participate in programming. For example:

- 
- CCCF plans to engage Pathfinders (a community partner) to deliver additional core programs, such as Beyond Violence, to the current rotation of Moving On and Parenting-Inside-Out. The program offered will be selected based on the identified needs of women in the facility and provided on a rotational basis.
  - Correctional Counselors are extremely well-trained and work directly with women assessed to be at greatest risk. Several of the Correctional Counselors have been trained to deliver Beyond Violence, and this program will be offered to six participants in the near future.
  - Several residents from the AIP program in minimum have created an informal, unstructured peer-led group that is supervised by a Senior Correctional Counselor.

## **Implement creative strategies to expand program access**

The strategies identified above are promising but will not be sufficient to bridge the gap in demand and need for programming. CCCF is encouraged to consider a variety of other options, including:

### **Expand the role of Correctional Counselors**

Correctional Counselors have access to training, coaching, and quality assurance that could be utilized to increase the number of group programs offered at CCCF. Correctional Counselors could bring women who share similar needs and SMART goals together to facilitate the evidence-based group programs offer.

### **Expand peer-led programming and ensure peer leaders receive training and support**

There is also an opportunity to prepare and certify incarcerated women to deliver a variety of interventions, including evidence-based programs. For example, a number of correctional agencies across the US have defined training content, hours, testing, and coaching protocols to endorse a cadre of Certified Peer Support Specialists (CPSS) and Group Facilitators that provide impacted women with facilitator training. See, for example, the Michigan Department of Corrections (MDOC) and the California Department of Corrections and Rehabilitation (CDCR). The outcomes of these initiatives are overwhelmingly positive. Incarcerated women have greater access to programming, the women that facilitate these groups leave the facility with marketable skills, and the message to everyone is that incarcerated women should be valued and respected.

### **Expand engagement of community partners**

Engage/reengage community partners to provide additional programming in the facility. To ensure high-quality programming, agency partners can be invited to offer specific programs that are reviewed by DOC. The quality of programs offered by external agencies can be assessed using tools like the Program Evaluation Tools (see, for example, the Michigan Department of Corrections). Alternatively, agency partners can be invited to participate in core program training offered to staff in Moving On, Parenting Inside Out, Beyond Violence, etc.



## **Provide opportunities for women to access self-help options**

Residents require access to self-help information that supports psychological and spiritual well-being, mental health, and gender transition, etc. Several correctional agencies have introduced tablets (e.g., Edovo tablets). The tablets provide women with access to hundreds of computer-based programs. Women can set their own goals, collect certificates, and earn incentives such as listening to music or watching movies.

One of the greatest challenges reported by women returning to the community is familiarity with and access to technology (e.g., cell phones, computers, internet, etc.). It is critical to increase opportunities for all residents to participate in computer labs and provide them with information about resources available in the community (e.g., public libraries to get on the internet).

## **Implement routine feedback protocols to evaluate success and direct investments**

BHU counselors frequently distribute Client Satisfaction Questionnaires upon program completion. This information should be systematically collected for all programs to inform changes in delivery and monitor pre/post achievements across program outcomes.

## **Increase the number of vocational trades for women**

There is an opportunity to increase the number of vocational trades for women. Many women asked for additional programming in trades that can transfer into job opportunities in the community. Additional computer training courses and access to the cosmetology program were commonly cited.

## **Expand educational programs**

Women reported enjoying the educational courses offered. An increase in these practices would help support women who may never have access to core programs. For example, the horticulture program produced food last year that was used in the facility. The women would like to grow food that could be used inside. This would give them healthier, fresh food options and provide the opportunity to teach women about nutrition.

## **Eliminate punitive responses to drug use that pose barriers to substance use treatment**

Ensure women have access to substance use treatment and eliminate protocols that punish women for drug use in prison. Addiction is a serious public health issue and treatment should be viewed as a necessity, not a privilege or an incentive.

It is noteworthy that 61% of women reported that the facility has not provided them with support in dealing with their substance use issues; an additional 19% indicated that they neither agreed or disagreed.



## Ensure the availability and access to culturally responsive programs that address women's diverse, intersecting identities and experiences

Take steps to ensure the availability and access to culturally responsive programs that address women's diverse, intersecting identities and experiences. This is essential to ensure comprehensive responsiveness and equity.

### Actions Taken

The GIPA process often instigates and supports immediate improvements to policies, practices, and programs. The following are actions that the department has reportedly taken since the GIPA process began:

- U-Pact Pre-Apprenticeship: The Ironworkers, Cement Workers and Brick Layers have designed a new curriculum being implemented at CCCF to engage women in non-traditional trades. The curriculum is approved by the State of Oregon Bureau of Labor and Industries. It was developed by women in leadership in the trades. The first cohort graduated July 2023.



## Domain 11: Services

Domain 11 explores critical service areas regarding important attributes of gender-informed practice: medical, mental health, nutrition, legal services, and victim services. Due to the scope of the CCCF GIPA, this domain was limited to a higher-level review of the availability of gender responsive services.

It is not uncommon for correctional agencies across the nation to be plagued with challenges related to the provision of medical and mental health care and navigating related lawsuits. As such, it is important to note that the GIPA was not designed to be an audit of any service, a comprehensive assessment of any service, or a form of accreditation. Instead, data collection is designed to identify areas that require additional exploration, specifically as it relates to the alignment of services with gender responsive and trauma-informed principles and practices.

### Summary of Findings

*CCCF provides a number of mental health and medical services to women; however, there is a need to improve access to these services and ensure that they are gender responsive (GR) and trauma-informed (TI). Additionally, there is an immediate need to provide custody staff with training on effective responses to women who are managing and/or struggling with mental and/or physical health needs, improve communication and coordination across functions to prevent unnecessary escalation of symptoms, and ensure responsiveness to women's chronic and emergent medical and mental health concerns.*

*There is also a need to strengthen legal support for women, especially those that address parenting and personal safety issues. Finally, there are opportunities to improve food/nutrition and victim/survivor services for women.*

### Medical Services

*CCCF reportedly provides a range of medical services to women, and peer support protocols support women who are in hospice care. Reported concerns regarding medical care are substantial and centered on the availability of GR and TI care, women being taken seriously when they report symptoms or a need to be seen by a provider and accessing appropriate and needed care in a timely manner. Many of these issues are instigated by the lack of a GR and TI culture and training and worsened by ongoing, considerable challenges with maintaining proper staffing levels.*



## Strengths

### **CCCF offers a range of medical services, including access to specialists**

CCCF offers several services that are delivered by outside providers. For example:

- A bus comes to provide mammograms, physical therapy, and ultrasound. There are also specialists who provide a number of services, including, but not limited to, dental care, OBGYN, oncology, and hospice.
- People who receive gender-affirming surgeries, including vaginoplasty, and orchiectomy, receive post-operative care at CCCF.

### **Medical services are enhanced by meaningful peer support programs**

There is a peer-led hospice program where women can provide needed support for residents who are in hospice care.

### **Medication Assisted Treatment (MAT) and Narcan are accessible to residents**

The MAT Expansion Pilot Program was introduced at CCCF to explore the use of medications for opioid use disorder (MOUDs) in preventing post-release overdose among women released from prison. This program is delivered jointly by medical and BHS staff. MAT combines the use of medication with behavioral health therapy and has been demonstrated to decrease post-release overdose deaths. It is anticipated that MAT will have a substantial impact on rates of diversion/contraband in CCF, resident recidivism, and post-release opioid overdose and death.

- Sublocade is available to women diagnosed with moderate or severe opioid use disorder within 12 months of release. In addition, residents entering DOC custody with less than a 13-month sentence are eligible for Sublocade therapy until release.
- Vivitrol is available to residents diagnosed with moderate or severe opioid use disorder who are within 5-7 days of release<sup>31</sup> and are eligible to receive injectable extended-release naltrexone.<sup>2</sup>
- Narcan is available to all residents at release whether or not they have a concurrent diagnosis or opioid use disorder.

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<sup>31</sup> Vivitrol is a long-acting form of the drug naltrexone. It is injected once a month by a nurse or doctor to help prevent relapse in people who have stopped using opioids. Vivitrol is not a narcotic. It helps to prevent people from getting high even if they relapse.



## Challenges

### **There are broad concerns about women's access to timely, gender responsive, and trauma-informed medical care**

Significant numbers of women expressed concerns about medical care, and it was broadly reported by staff, women, and stakeholders that women's medical needs are not being met. The following data is noteworthy:

- 68% of women surveyed reported that the facility has not provided them with support in dealing with their physical health needs; an additional 13% indicated that they neither agreed nor disagreed.
- 67% of women surveyed reported that medical services are not available when they need them; an additional 14% indicated that they neither agreed nor disagreed.

While GIPA Assessors could not follow up on the validity of all complaints, it is clear that there is a strong perception among the women that medical care is inaccessible, not responsive to their unique needs as women, and not being delivered in a timely manner.

*"I sent 7 kytes and it didn't make a difference." -CCCF resident*

*"They just don't believe us." -CCCF resident*

### **Staff and residents report that there are limited medication options and that women are over-medicated**

It was reported by women and staff that women have access to a limited number (i.e., 11) of psychotropic medications, and that this prevents them from accessing individualized care. There were also numerous reports that women are over-medicated at CCCF.

Data provided by OR DOC showed that medication use among incarcerated women at CCCF has consistently been higher than that of those incarcerated at men's facilities statewide.



The table below shows medication use among men versus women.

<b>Males</b>
Medication Orders: 35,430 Number of Patients Received Orders: 7,072 Average Number of Rx per Month: 5
<b>Females</b>
Medication Orders: 5,683 Number of Patients Received Orders: 581 (of 898 total women) Average Number of Rx per Month: 6.67

The above information (measuring the 30-day period dating from 1/14/23 to 2/14/2023) shows that incarcerated women were prescribed 33% more medication than male counterparts in the last 30 days.

A more in-depth inquiry is needed to identify the root causes of this trend. Women generally report greater mental health needs than men, which might offer some explanation, however there are also concerns that medications are being misused with women and that women are over-medicated and not provided with needed supports and other therapeutic interventions that might complement or even prevent the need for medication.

## **Medical services staffing is insufficient, and CCCF has the highest vacancy rate of all 12 prisons statewide**

The number of medical staff is reportedly insufficient to meet the needs of residents at CCCF. This is worsened by significant vacancy rates. For example, the vacancy rate in medical is reportedly 40%. This makes it difficult to provide timely and consistent medical care to women, who tend to have complex medical needs related to trauma, reproductive health, and menopause.

Vacant nurse positions are often filled by traveling nurses from other states who reportedly get paid better than DOC staff, receive paid lodging, and do not get difficult assignments due to their lack of experience in corrections. This causes DOC nurses to be resentful and leave, resulting in high turnover.

It is noteworthy that CCCF has the highest vacancy rate of all 12 prisons statewide. This number does not include those who may be out on extended medical leave, daily sick call ins, and scheduled vacations. As stated above, this is particularly problematic for women who tend to have greater medical needs.



*"They don't respond." - CCCF resident*

## **There are reported delays in care and concerns about the quality of care**

To receive medical services, a resident will put in a sick call or kyte. The medical team is required to see them within 24 hours. Residents reported that they do not get responses to medical kytes for several days and that when they ask questions about these delays or report worsening symptoms, security staff respond by shaming them, minimizing their concerns, or dismissing them.

*"You have to be dying to see medical." -CCCF resident*

Some women reported delays in care that resulted in worsening conditions, including cancer, while others reported experiencing trauma related to lengthy wait times for medical appointments to address frightening symptoms. There were several reports of women sending multiple kytes for medical concerns and waiting two or more months for a response. Others reported long wait times for needed surgery or being denied such surgeries. There were also reports of women receiving recommendations from outside specialists that were not followed by OR DOC. Women also reported being disrespected and mistreated by medical staff (not taken seriously, made fun of, criticized) during communications and appointments.

There were numerous reports of cisgender women not having access to needed care (e.g., menopause support) and transgender residents being denied or delayed access to needed care, including hormone replacement therapy. This creates significant medical and mental health issues for some residents, including gender dysphoria.

*"I had been accessing prescriptions at the county. I did not get it when I got here...I sent several kytes, but they kept bumping me to different places. Now I've gotten my period twice. It's been terrorizing and humiliating." -CCCF resident*

There were also concerns about how CCCF is managing populations with specific medical conditions. For example, women expressed a concern that those who have tested positive for TB are living with other residents in the housing units and not masking.

## **Unusual Incident Report (UIR) data shows unique challenges for women**

The UIR dashboard shows unique challenges for women that warrant further inquiry.



## Medical Emergencies

- Nationally, incarcerated women have more complex medical and mental health issues compared to men due to the impact of the inequities they experienced in the community, as well as their reproductive health care needs.
- While medical emergencies trended downward at facilities statewide from February 1 2022-2023, CCCF was overrepresented by the higher rate of medical emergencies reported among women compared with the overall men's population. CCCF not only reported the second highest number of medical emergencies of any facility but 16% of all medical emergencies among incarcerated individuals statewide were reported at CCCF, despite it only representing 7.5% of the entire statewide population.

## Suicide Attempts & Self Injury

- CCCF was overrepresented in the number of reported suicide attempts, as well as self-injuries among the incarcerated women there.
- While women represent the smallest prison population in the state (7.5%), CCCF, the state's only women's prison, reported the highest number of suicide attempts (20 of a total of 70) of any facility statewide, representing 29% of the total from February 1 2022-2023.
- In addition, CCCF reported the second-highest number of incidents of self-harm among incarcerated individuals statewide, representing 21% of all reports statewide.

## Out-of-facility medical trips are disproportionate for women

The CCCF population represents 7.5% of the prison population statewide. Data shows that medical trips are disproportionate for women. For example, in 2022, the department had approximately 9,135 out-of-facility appointments—this included scheduled appointments and emergency/ambulance trips. Of the 9,135 trips, 1,102 (12.06%) were for females, and 8,033 were for males. This could suggest that women's unmet needs are reaching a crisis point that then requires out-of-facility care. This warrants further exploration to ensure that DOC/CCCF can be responsive to trends among women and enact preventative measures to ensure high-quality care as soon as possible.

## Concerns about the MAT program

There were broad concerns about the MAT program. Several staff, women, and stakeholders expressed concerns about the integrity of this program, including reports that women are being placed in the program inappropriately and not receiving adequate care while in the program. Many believe that MAT is dangerous, that women who have been opioid-free for a significant period of time are being reintroduced to the drug, and that the program is effectively promoting relapse and endangering participants. Staff indicated that the MAT program is largely responsible for drugs that are being used as contraband in the facility.



## Opportunities

1. Expand peer support for women regarding physical health (e.g., peer led or supported health support clinics).
2. Expand telehealth opportunities.
3. Ensure that all medical staff receive essential training, coaching, and supervision regarding effective work with women and diverse groups of residents, including those who have been historically marginalized. Ensure that their responsibilities include delivering GR, TI, and culturally responsive care to residents, and that clinical supervision processes are in place to provide them with needed support and accountability to humane and women-centered standards of care.
4. Implement immediate training and teaming across functions. Provide custody, case management/program staff, and volunteers with immediate training and guidance on how to effectively respond to women who communicate medical concerns. Enhance the teaming across roles and functions to ensure consistent quality of care.
5. Implement proactive and responsive communication protocols regarding medical care. Communicate with residents about medical needs and the ways in which medical services are being provided and enhanced and clarify protocols proactively and when needed. Implement protocols to provide women with opportunities to share medical concerns, such as unit rounds/visits and open houses; these kinds of processes create additional opportunities to engage in proactive communication and problem-solving.
6. Ensure medical clinics address the unique needs of women and diverse groups of residents, including preventive care, wellness, diabetes, reproductive and prenatal care, menopause and perimenopause, cardiovascular disease, cancers, HIV/AIDS, sexually transmitted diseases, eating disorders, and osteoporosis.
7. Ensure that medical requests/kytes and grievances are tracked to identify and respond to trends. Explore opportunities to safely share responses and lessons learned with residents (i.e., related to identified trends) so that they know that they are being heard and responded to. Share trends with staff so that they can address concerns proactively and according to established protocols.
8. Explore MAT protocols and make enhancements as needed and in alignment with best practices. Provide women and staff with education about the MAT program. Both staff and residents are concerned about the drugs used and program outcomes and would benefit from additional information and opportunities to explore myths versus facts.
9. Provide women with educational materials and flyers to expand their knowledge about healthcare and self-care. For example, provide women access to Web MD, CDC health, and other resources.
10. Partner with universities and set up career and job fairs to educate the community about employment opportunities at CCCF.



*\*Note: Some of these actions can be creatively implemented alongside those recommended for mental health care improvement.*

## ***Mental Health Services***

*As with medical, CCCF reportedly provides a range of mental health services to women, and peer support protocols support women who are struggling. As with medical services, reported concerns regarding mental health care are substantial and centered on the availability of GR and TI care, women being taken seriously when they report symptoms or a need to be seen by a provider, and being seen in a timely manner. Many of these issues are instigated by the lack of a GR and TI culture and worsened by ongoing, considerable challenges with maintaining proper staffing levels.*

## **Strengths**

### **Peers provide important support to residents**

The mental health unit includes peer support. Residents can be trained to provide assistance with daily living (ADL) (e.g., they assist staff with mobility and help in the infirmaries). Survival Coaches play a vital role in assisting residents in the medium who need mental health and other supports (see Domain 6: Culture).

### **A mental health infirmary (MHI) is available**

### **BHS is offering high-quality support to targeted women**

BHS has various strengths, including processes to support residents and reports of some dedicated, well-trained, high-quality providers who work to deliver services in a trauma and gender responsive way.



## Challenges

### **There are broad concerns about women's access to timely, gender responsive and trauma-informed mental health care**

Nationally, incarcerated women have higher rates of trauma, PTSD, and mental health diagnoses, many of which may be related to dramatically higher rates of gender-based violence, such as sexual assault and domestic violence. At CCCF, nearly 68% of incarcerated women at CCCF have been assessed as having a severe mental health issue or the “highest treatment need” for mental health services (see Appendix A).

Mental health conditions can be created or even worsened due to the impact of confinement.

As with medical care, significant numbers of women expressed concerns about mental health care, and it was broadly reported from staff, women, and stakeholders that women's mental health needs are not being met. The following data is noteworthy:

- 52% of women surveyed reported that the facility has not provided them with support in dealing with their mental health needs; an additional 21% indicated that they neither agreed nor disagreed.
- 52% of women surveyed reported that mental health services are not available when they need them; an additional 23% indicated that they neither agreed nor disagreed.


Women report that their mental health needs are not met unless they have been identified as high need or are in crisis. Many women reported not having access to mental health care and that this results in worsening of symptoms.

### **Lack of access to mental health supports, including crisis intervention, is impacting safety and security, and outcomes**

Staff are concerned that the lack of mental health support is creating barriers for many women, and specific challenges among those with serious mental health issues. For example, staff note that assaults are increasing among the mental health population; this is reportedly due to the lack of staff communication and coordination across functions, lack of specialized training, and low staffing.

*“Yesterday, there were 5 staff assaults here...there is a lot of spitting... how are staff supposed to safely work with the mental health population?” -CCCF staff member*

*“We don't work together and there is a lot of problems that happen that could have been avoided.” - CCCF staff member*



*"We are doing no service to the serious mental illness population. The MH services are a joke." -CCCF staff member*

*"We need additional BHS staff to support the needs of the women." -CCCF staff member*

*"BHS staff are not here in the evenings or on the weekend. That is very problematic...women end up dealing with security and other staff that don't understand their needs." -CCCF staff member*

### **BHS caseloads focus primarily on women who have been identified as high need leaving other women unsupported until they have a crisis**

There were also broad concerns that most women, unless they are on a BHS caseload, do not have timely access to mental health support when they need it. This can lead to worsening symptoms and/or women resorting to coping behaviors that result in sanctions. There were multiple resident reports that security staff members do not know how to effectively respond when women are struggling with mental health issues and may worsen the situation by criticizing, making fun of, and dismissing women's concerns. Many security staff reported that they struggle to manage the needs of women struggling with mental health issues and crises, emphasizing that it is difficult because they lack specific training and are overwhelmed by staffing shortages and resulting mandates.


### **BHS plans are not supported due to differences in philosophy, poor communication, and low-staffing**

Due to differences in philosophy and poor communication among BHS and security staff, and worsened by low staffing, BHS plans are inconsistently implemented or ignored altogether (see Domain 4: Management and Operations and Domain 6: Culture). It was noted that security staff are unlikely to support a BHS Plan unless a resident is on D Unit (Mental Health Unit/MHU). Security staff expressed their disdain for BHS Plans outwardly and claimed that residents use them to manipulate staff. Residents report that security staff "make fun of plans" and make derogatory comments and gestures when residents reference them (e.g., reading the plan and then giving the resident the middle finger).

It was broadly reported by staff and residents that security staff do not understand the mental health needs of women and engage in behaviors that are triggering and harmful, for example taunting women, including those who are having a mental health crisis.

### **BHS plan may expire and lack continuity**

BHS Plans may be temporary, lasting only a few weeks. It was reported that at the conclusion of the plan, BHS does not always check in with the resident; plans "expire," and residents need an appointment to renew the plan. Some women reported having to "chase down" BHS to get an



appointment to ask for more help. The staff tell residents to send a kyte to BHS to get help, but responses are very slow (e.g., a week or more).

## Reporting structure

BHS staff report directly to headquarters. While this may be necessary, it introduces some barriers to local decision-making that can be disruptive to the continuity of care (see Domain 4: Management and Operations).

## Unusual Incident Report (UIR) data shows unique challenges for women

Unusual Incident Report (UIR) data shows specific trends among incarcerated women. Specifically, data shows that the majority of women at CCCF have mental health needs. Also, while CCCF represents only 7.5% of the total prison population, over 25% of all Unusual Incident Reports (UIC) that involved a resident with a mental health issue were reported by CCCF (228). CCCF was overrepresented by 300% as it relates to the proportion of Unusual Incident Reports (UIRs) that involved a resident with a mental health need compared with other facilities statewide.

This requires a specific, more in-depth inquiry to identify the root causes of unique trends among women that can be overshadowed by a large number of incarcerated men.

The following is noteworthy:

- Over 81% of the individuals incarcerated at Coffee Creek have been assessed as having a moderate-to-high need for mental health services and support.
- Specifically, 45% of the entire CCCF population has been assessed as having a “severe mental health problem” (45%), 21% as having the “highest treatment need,” and 15% as having a “moderate treatment need.” In addition, another 6% were identified as individuals that would “benefit from treatment.”

## Staff endorse the use of “cage” in the SHU to address women’s mental health needs and crises, an inhumane practice that is antithetical to evidence-based practices and trauma-informed care

On numerous occasions, GIPA Assessors were told that the 3 “cages” in the SHU, which are floor-to-ceiling closet-sized spaces, are used by security and BHS staff to address women’s mental health needs, including when women are in crisis or need a time out. Staff and residents also reported that these contraptions serve as “rage cages” and, in addition to being used as holding areas for SHU residents, are used to provide women with a time-out. In the absence of accessible alternatives, residents request to be placed in these contraptions out of a desperate need to “get space” from “chaotic” units where they are yelled at, belittled, and dismissed when they are struggling.





*"It took me 8 months to get to a BHS provider." -CCCF resident*

*"They only offer 11 medications for mental health issues; this is very limited and what we give is sometimes not what the women need."- CCCF staff member*


*"They won't give us counseling or a therapist, but they give a lot of medications." -CCCF resident*

*"You have to be in a state of emergency to get help." -CCCF resident*

*"You have to go Hollywood to get to D-UNIT." -CCCF resident*

## Opportunities

1. Expand peer support for behavioral health (e.g., peer education on PTSD and chronic conditions).
2. Expand telehealth opportunities.
3. Ensure that all mental health staff receive essential training, coaching, and supervision regarding effective work with women and diverse groups of residents, including those who have been historically marginalized. Ensure that their responsibilities include delivering gender responsive, trauma-informed, and culturally responsive care to residents, and that clinical supervision processes are in place to provide them with needed support and accountability to humane and women-centered standards of care.
4. Implement immediate training and teaming across functions. Provide custody, case management/program staff, and volunteers with immediate training and guidance on how to effectively respond to women who communicate mental health concerns. Enhance teaming across roles and functions to ensure consistent quality of care.
5. Implement proactive and responsive communication protocols regarding mental health care. Communicate with residents about mental health needs and the ways in which mental health support services are being provided and enhanced, and clarify protocols proactively and when needed. Implement protocols that provide women with opportunities to share mental health interests, needs, and concerns, such as units rounds/visits and open houses; these kinds of processes create additional opportunities to engage in proactive communication and problem-solving.
6. Provide women with information on mental health support protocols. Specify protocols for residents who have various levels of need, including those that are urgent and who are experiencing a mental health emergency.
7. Implement mental health clinics that address the unique needs of women and diverse groups of residents. Ensure clinics that address relevant mental health issues for women, wellness, self-care, and managing difficult symptoms.


- 
8. Create a routine process for the tracking of trends in mental requests/kytes and grievances. Explore opportunities to safely share responses and lessons learned with residents (i.e., related to identified trends) so that they know that they are being heard and responded to. Share trends with staff so that they can address concerns proactively and according to established protocols.
  9. Explore opportunities to improve emergency protocols and immediately eliminate placement in the SHU “cage” as a viable/allowable mental health intervention.
  10. Implement mechanisms to provide ongoing mental health support to women, including those who do not qualify for more intensive mental health interventions but are struggling. Consider creating a “Care Level System” (supported by peer-led programs) that ensures women have timely access to mental health support by offering guidelines for regular contact and graduated care that correspond to the research on women.
  11. Ensure that behavioral health requests/kytes and grievances are tracked to identify and respond to trends. Explore opportunities to safely share responses and lessons learned with residents (i.e., related to identified trends) so that they know that they are being heard and responded to. Share trends with staff so that they can address concerns proactively and according to established protocols.
  12. Improve close observation and suicide watch protocols to be gender responsive and trauma-informed.
  13. Provide more behavioral health education materials to women, including information on grief management and counseling.
  14. Create a women’s wellness council that can serve as a liaison to the facility leadership, staff, and mental health providers.

*\*Note: Some of these actions can be creatively implemented alongside those recommended for medical health care improvement.*

## ***Legal Services***

*Women have several intersecting legal needs, including, but not limited to, those related to personal safety and parenting. While the GIPA Team could not confirm this, it was reported the percentage of women with pending legal matters to manage is at least double than that of men. Reported concerns regarding legal services center on access and understanding of the unique legal challenges faced by women that are directly linked to their unique pathways and needs.*

*Overall, the women at CCCF face significant and varied legal barriers during their incarceration, reentry, and reintegration into their communities. This is often accompanied by a civil legal services gap, which has particularly adverse impacts on women given that most have unique legal needs that directly relate to their experiences as mothers and as survivors of gender-based violence. The civil legal needs of*



*incarcerated women, including those that relate to parenting, custody issues, and orders of protection, are frequently misunderstood and not prioritized. Consequently, women continue to face barriers to accessing legal support and fulfilling legal obligations.*

## Strengths

### A legal library is available

CCCF has a legal library and women can access important information and forms.

### CCCF's relationship with the Oregon Justice Resource Center is providing women with essential support

Women receive various legal support services from the Oregon Justice Resource Center (OJRC), including those that address civil matters such as those related to child custody, and orders of protection. While there were significant barriers to women's access to legal support during the pandemic, access has reportedly improved.

Indeed, one of the greatest strengths of CCCF's legal services centers on the support being provided by OJRC. OJRC is providing essential, research-based, and nationally significant services to women at CCCF, and the CCCF leadership is committed to keeping the lines of communication open to ensure that women can access vital information and assistance.

## Challenges

### Disruptions Due to COVID

It was reported that, due to COVID, in March 2020, women were not permitted to see their attorneys in person, legal calls were restricted, and attorneys had to "prove" a need to talk to their clients. Associated decisions on DOC's criteria governing women's access to legal calls were unclear and attorneys were reportedly expected to justify relevant legal matters to DOC. This posed significant barriers to important legal actions, such as filing deadlines. It was reported that for several months, various legal services were provided via mail.

*"The panic in prison was unbelievable." -anonymous*

While legal calls are now available statewide, the circumstances during the pandemic have created concerns among women. It was also reported that the way legal calls and professional visits happen varies by facility, and because of this, the rules are not always clear (efforts are reportedly underway to standardize this process throughout the department).



*“Lack of access to legal support can jeopardize a lot.” -CCCF staff member*

*“Access to other really important cases are not well set up.” -CCCF stakeholder*

## **Space limitations and other barriers mean women cannot be full participants in legal proceedings that affect them and their families**

### **Space and scheduling**

It was reported that CCCF has two rooms that women can use to address various legal needs, and one scheduler, who manages all professional calls and visits (e.g., DHS, visits, court related). These two rooms are in demand “all the time” and there are restrictions on when they are available that conflict with the typical business hours when legal communications and proceedings take place. It was reported that women can access these two designated rooms for an estimated three hours over the course of day due to scheduling and operational conflicts.

### **Perceptions**

It was reported that that staff are dismissive of the importance of women’s legal matters. It was also reported that women may be shamed for having to navigate any family related legal matters in the first place, particularly those who are mothers.

### **Access to attorneys and civil court**

There were numerous reports of barriers to accessing attorneys and courts. While women have access to court proceedings for criminal cases, it was reported that they lack access to other civil court proceedings that address critical issues such as child custody. Attorneys are reportedly placed in a position where they need to make repeated calls to CCCF, that women do not get the call outs they need to engage in legal work, and that these court proceedings are not treated as priority. For example, video hearings are not available for family court (this is only available for tribal court or out of state court).

### **Operational barriers**

Hearings are reportedly “a mess” and women are reportedly missing important hearings about their parental rights, child custody, etc. Operational challenges are reportedly posing barrier to women’s access to legal proceedings. It was reported that women frequently do not have access to a room where they can attend proceedings virtually (see above), and that communication between the facility and the courts about dockets is lacking. Women’s cases are reportedly called without any sensitivity to the challenges posed by their incarceration. For example, a case may be called more than thirty minutes late, after a woman has been sent back to her dorm. Operations reportedly pose other barriers as well. For example, counts can interfere with women’s ability to participate in court hearings.



## **Other barriers to taking care of legal needs**

Other barriers to legal needs include, but are not limited to, access to legal forms and barriers to communication regarding fee waivers, filing deadlines, managing counties with different rules, and financial costs. For example, women:

- Have to order envelopes in advance, buy them from the commissary, then send off their only copy of a legal filing and “hope for the best.”
- Have to pay for forms that are available for free online.
- Are not provided with sufficient information on key processes and supports (e.g., mediation) or their rights (e.g., custody and parenting time).

## **Women have unequal and inequitable legal services compared to men, and law library access and related supports are inadequate**

It was reported that women do not have equal or equitable access to legal services compared to the male prisons. For example, the male prisons have trained people who can walk residents through forms. It was also reported that there are problems with women’s access to the legal library, which is an essential service at CCCF. Women are reportedly not provided with sufficient opportunities to spend time in the legal library, and do not receive needed support from personnel. For example, the legal library will not facilitate legal calls. Counselors end up facilitating these calls, which reportedly violates confidentiality.

## **The larger climate of legal services presents challenges for women**

The larger state climate regarding legal services for system-involved women is problematic. For example, it was reported that there is a public defender crisis in Oregon and that too many lawyers “write women off” and do not provide essential advocacy for the women they represent.

## **Lack of information on restraining orders and contact with children**

Women are also having difficulty accessing important information on restraining orders and contact with children. There are significant concerns about decisions being made regarding women’s permitted access to their children. It was broadly reported among stakeholders and women that it is unclear how these decisions are being made and by whom. For example, in some cases, when women ask for a copy of a non-expiring restraining order, they are reportedly denied access due to their charges.



## Opportunities

It is recommended the DOC partner with stakeholders who have the legal expertise to implement the following:

1. Create and implement a plan to improve access to legal services, including those that address the unique needs of women.
2. Offer regularly scheduled legal clinics. Ensure clinics cover issues of particular interest to women, such as child custody and access, parental rights, and restraining orders, equal protection, access to programs and services, staff misconduct and other PREA-related issues, and due process rights.
3. Address inequalities and inequities regarding legal services and supports between CCCF and the male facilities.
4. Explore peer supports that provide women with essential support, including information on their rights and mentoring regarding legal requirements (e.g., filing requirements and deadlines, how to complete forms).
5. Ensure legal materials are available to the women and easily accessible and ensure that women are clear on their legal rights regarding access to children and visitation.
6. Ensure access to services that provide ongoing support for issues related to parenting and custody, personal abuse, and safety from gender-based violence, as well as programs for women as perpetrators of crime. Programs should be gender-informed and use gender and evidence-based research knowledge as a foundation.

## *Food Services*

Overall, there is a need to improve food services at CCCF. There were broad concerns about food quality, nutrition, freshness, and portions. Women reported a lack of nutritious foods, including a lack of vegetables and healthy options (e.g., salad bar, rice, and beans, vegetables). Staff and women reported that women's unique dietary and nutritional needs are not sufficiently assessed and accommodated. This is particularly evident during critical phases of their lives such as pregnancy, post-partum, and menopause.

It is recommended that CCCF improve food services to better meet the unique needs of women (e.g., daily access to fresh fruit and vegetables, and food lower in fat and calories, sodium, and sugar are provided; avoid pre-packaged foods as part of daily meal offerings (e.g., packaged muffins, cookies). Offer clinics on healthy eating and food preparation. Headquarters manages food services for CCCF; thus, improvements in food services will require the leadership and engagement of the headquarters dietician and other departmental and facility staff.



## *Victim/Survivor Services*

Overall, there is a need to improve women's access to victim/survivor services and support. It is recommended that, at minimum, CCCF ensure that information is available regarding community resources and information about victim assistance is posted throughout the facility, and that materials regarding victim assistance are made available as part of the orientation process.

## **Actions Taken**

The GIPA process often instigates and supports immediate improvements to policies, practices, and programs. The following are actions that the department has reportedly taken since the GIPA process began:

- Victims Information System in Oregon ([www.visor.oregon.gov](http://www.visor.oregon.gov)): There is a new notification system and information system for victims of crime. This system was introduced at the June 2023 CCCF Leadership Team meeting and replaces the former system, Victims Information Notification Everyday (VINE). The new system connects the victim to services at the county level, through the adjudication process, and carries through to DOC when the perpetrator is convicted.



## Domain 12: Quality Assurance and Evaluation

This domain explores the extent to which the agency and facility use quality assurance methods to review and improve all functional units. Considerations include:

- Audits and process evaluations are conducted in each functional area to measure adherence to correctional standards and the fidelity of treatment programs. Outcomes are examined to ensure that the facility and its programs are having a favorable impact on the lives of justice-involved people.
- The facility makes use of process and outcome evaluation findings to guide decision-making and improve programs, operations, and services. Thus, decisions are not based on hunches or preferences but rather are informed by credible data and analysis.

*Note: Due to the scope of the CCCF GIPA, this domain was limited to a higher-level review. It will be important for OR DOC and CCF to create a robust quality assurance process that is directly aligned to the implementation efforts noted herein.*

### Summary of Findings

*DOC/CCCF has established well-functioning quality assurance protocols for the WRNA assessment, evidence-based programs, and case management. While medical and mental health services have their own quality assurance protocols, GIPA findings suggest that there is a disconnect between what is being measured and what women and staff are experiencing. It also appears that quality assurance practices for operations and security are limited and do not include measures and protocols that are important for women.*

*DOC/CCCF is encouraged to establish an ongoing quality assurance effort that is linked to the GIPA report recommendations. This effort should be included in the Gender Responsive Strategic Plan for Women (see Domain 1: Leadership and Philosophy), supported by robust gender-specific metrics, and facilitate implementation of gender responsive (GR) and trauma-informed (TI) practices across functional areas at the facility and department levels. It should also be led by the CCCF leadership and be supported by designated person(s) (see headquarters and facility-level management positions recommended in Domain 1: Leadership and Philosophy). This dedicated focus on improving the quality of operations, programs, and services by individuals with the knowledge and skills in gender responsive approaches with women is central to building upon strengths, addressing challenges, and improving outcomes.*





## Strengths and Challenges

### Quality Assurance

#### **CCCF has established quality assurance protocols for the WRNA assessment, evidence-based programs, and case management**


Clear training, coaching and quality assurance protocols have been established for the WRNA assessment (see Domain 8: Classification and Assessment), case management (see Domain 9: Case and Transition Planning), and evidence-based programs (see Domain 10: Research-based Program Areas).

- Coaching and feedback models are used to support the transfer of learning from the classroom to skillful utilization in real-time. For example, a comprehensive implementation model has been established at CCCF to ensure that Correctional Counselors develop the skills and competencies necessary to implement the Behavior Change Plan. Post-training protocols include the following components: booster training with learning communities and role-play practice; tape review with feedback; performance goals; coaching and observation.
- BHS counselors frequently distribute Client Satisfaction Questionnaires upon program completion. This information should be systematically collected for each core program and used to inform quality improvements on the programs and gather data on pre/post achievements.

#### **Various operations and security audits take place regularly, however CCCF lacks robust quality assurance protocols to ensure gender responsive operations**

Audits are conducted regarding operations and security, including but not limited to an annual Key Audit, annual Tool Audit, Facility Inspection Report, and resulting Facility Inspection Response. Information is gathered in monthly reports on many areas of operations and security, including but not limited to critical incidents.

Generally, CCCF's auditing protocols are the same as those used for all other facilities. For example, metrics that are used to determine the quality of prison operations are not gender responsive. Therefore, the facility cannot make improvements that are targeted to women based on evaluation results.



**While quality assurance protocols are in place for medical and mental health care, there were broad reports of barriers to such care, as well as concerns about quality**

Medical services are audited every three years through the National Commission on Correctional Healthcare (an accrediting body). CCCF is currently scheduled to participate in a review this year. The audit includes surveys, peer reviews, and interviews, and provides a three-month corrective action period. Despite this, there were broad concerns about medical care and mental health care (see Domain 11: Services).

**While PREA audits are completed regularly, there were broad concerns about the implementation of PREA protocols**

PREA audits are conducted once in a three-year cycle. CCCF is slated to have its audit completed in the next audit cycle. Despite this, there were broad concerns about implementation of PREA (see Domain 4: Management and Operations and Domain 6: Culture).

## Evaluation

**Most of the core programs and a number of services used by Correctional and Behavioral Health Counselors are both evidence-based and gender responsive**

Most of the core programs (see Domain 10: Research-based programs) and a number of services used by Correctional and Behavioral Health Counselors are both evidence-based and gender responsive and have demonstrated outcomes with respect to recidivism and/or symptom reduction. The MAT program is currently under evaluation by the department and a recent pilot demonstrated that this program was effective in reducing overdose deaths.


## Data Collection

**OR DOC collects a wide range of data on the incarcerated population, however, there is a lack of data reporting that focuses on women**

While OR DOC collects a wide range of data on individuals in its custody and care, there is a lack of accessible data on women that is specific to their pathways before, during, and after their incarceration.

**The Unusual Incident Report (UIR) dashboard facilitates substantive data collection that can be used to support deeper understanding of women and quality assurance activities**

The UIR dashboard compiles and displays operational data that can be used to assess institutional climate and trending in key areas. Data is collected on operational outcomes such as staff assaults, suicides/attempted suicides, resident assaults/fights, resident deaths, escapes/unauthorized departures, medical trips, blood & body fluid decontaminations, drugs, and weapons. This data



system can be 1) leveraged to support important data queries for women and diverse residents, and 2) expanded to support important areas of data collection for women (see also Domain 4: Management and Operations).


## Technical Assistance

### **OR DOC has accessed outside assistance to improve targeted programs and operations.**

CCCF has contracted with a number of outside agencies and experts to develop and deliver gender and evidence-based services and programs for women. This includes but is not limited to: work with the National Institute of Corrections (NIC); the Vera Institute of Justice; Dr. Patricia Hardyman (gender-specific classification); Bauman and Associates (technical assistance training and coaching in WRNA and Pathways to Change manual); and Dr. Krista Gherig (WRNA validation). It has also included instruction in Covington Programs and training on Moving On (via Pathfinders). The department's engagement with outside experts to conduct the GIPA represents a commitment to improving the quality of programs, services, and operations for women throughout the department.

## Opportunities

- Establish a **quality assurance protocol that ensures gender-informed policies and practices across functional areas**. This effort should serve to implement recommendations from audits and evaluations and more fully utilize data currently generated across functional areas. It should anchor to the GIPA and be closely linked to a multi-year strategic plan, providing continual feedback to departments and individuals that are central to ensuring improved outcomes.
  - Utilize quality assurance methods that attend to gender responsive measures to audit and improve all functional units/departments.
  - The quality assurance plan should be carried out objectively and routinely by a designated person or team (see Assistant Warden of Gender Responsive Operations and Programs recommended in Domain 4: Management and Operations) that has skills in this area and focuses on those activities and services that are central to improved outcomes among women.
- Explore **opportunities to collect more robust data on women** to inform improved practices. Specifically, it is recommended that the department develop a data analytics approach that allows for comprehensive data collection on women. This will facilitate data-driven strategic planning and decision-making and enable regular and efficient reporting on key metrics and indicators across the department to support the ongoing work of implementing the recommendations of this report.

- 
- Use the **UIR dashboard** and other data systems to make important data queries for women and diverse residents; expand the UIR dashboard and other systems to support important areas of data collection for women (e.g., gender responsive metrics). Integrate various data sources (e.g., the WRNA).
  - Identify **metrics to support implementation of the Gender Responsive Strategic Plan** recommended in Domain 1: Leadership and Philosophy and the tracking of implementation outcomes.
  - Ensure comprehensive and accessible department and facility level data collection on women's pathways, risks, strengths, needs, and outcomes to guide the design and delivery of programs, services and interventions.
  - Utilize empirical methods to **evaluate and improve peer-led and other programs** and services that include gender responsive metrics.
  - Implement formal, regular **qualitative data collection, including feedback loops** that provide information on the quality and outcomes of programs, services, and operations.
    - Utilize surveys, focus groups, listening sessions and other processes that provide opportunities for staff, residents and stakeholders to provide ongoing feedback to CCCF on programs, operations and outcomes, and to facilitate data-driven decision making.

## Actions Taken

The GIPA process often instigates and supports immediate improvements to policies, practices, and programs. The following are actions that the department has reportedly taken since the GIPA process began:

- Oregon Health Sciences University (OHSU) Mindfulness Study: Staff have volunteered to be part of groundbreaking wellness research that focused on individuals working in corrections. The Mindfulness Next Level Program is a worksite safety and health program specifically designed for corrections professionals and is funded by the National Institute of Justice (NIJ). This program is designed to build on OHSU's prior work with OR DOC staff. Specifically, volunteers participate in a 12-week program comprised of one-hour groups/individual exercises each week. The program uses state-of-the-art e-learning program with engaging games, challenges, and brief videos, along with guided sessions for skill building.



# APPENDICES



## Appendix A: Women in Custody and on Community Supervision<sup>32</sup>

While prisons may appear to operate in isolation, they influence and are influenced by the larger corrections ecosystem. For example, prison operations have a profound impact on women's reentry planning and outcomes. Thus, implementation of gender responsive policies and practices across the department is needed to ensure success and will require holistic planning<sup>33</sup>.

A profile of the women and staff at CCCF was compiled and collected in accordance with an adapted version of a tool developed by the Women's Justice Institute (WJI)<sup>34</sup>. The tool is designed to support the creation of a robust population profile and provide important information on the outcomes of various policies, programs, and procedures on women. Given the timeline of this project, not all data could be collected. Accordingly, this section offers a preliminary overview of the women's prison population and trending, as well as a limited profile of the women at CCCF and in the community on Parole or Post Prison Release Supervision.

For the purposes of this section, all data (unless otherwise stated) was provided by the Oregon Department of Corrections<sup>35</sup>. Cumulative Data reflects totals from the one-year period of February 1 2022-February 1 2023, and population profile data reflects the makeup of the population at the time of the assessment, which took place in Jan 30 2023 - February 3 2023.

Unless otherwise noted, the information herein was provided by the OR DOC.

**Women represent 7.5% of the total state prison population.**

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<sup>32</sup> Compiled by the Women's Justice Institute using the Women's Justice Assessment (WJA)-State Level (2017). Women's Justice Institute.

<sup>33</sup> Benos, D. & Benedict, A. (2021). Redefining the Narrative. Women's Justice Institute.

<sup>34</sup> Women's Justice Assessment (WJA)-State Level (2017). Women's Justice Institute.

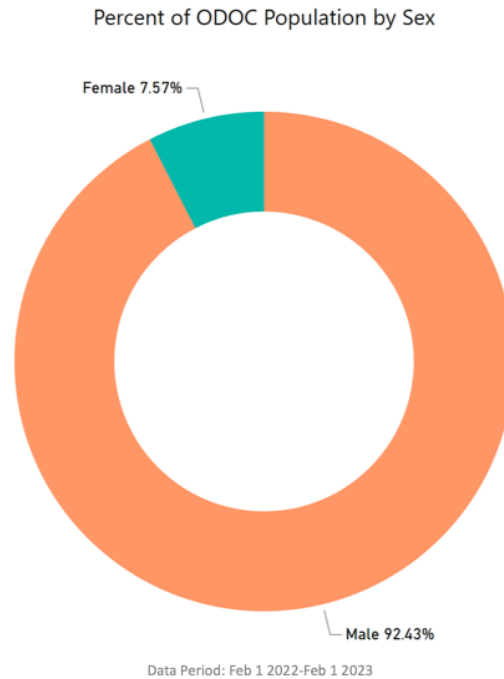
<sup>35</sup> The OR DOC has access to an impressive dashboard on Unusual Incident Reports, and was able to provide some, but not all, of the requested data. It is recommended that the department develop a data analytics approach that allows for comprehensive data collection on women to facilitate data-driven strategic planning and decision-making and enable regular and efficient reporting on key metrics and indicators across the department to support the ongoing work of implementing the recommendations of this report.

## Oregon Women's Prison Population

CCCF is the only women's facility in the state of Oregon. The following is noteworthy:

- The women's prison population represents 7.5% (898) and men represent 92.5% (11,384) of the total (12,282) state prison population.
- As of March 2023, there were 491 women at the CCCF Medium Security Unit and 407 women at the CCCF Minimum Security Unit – a total of 898 women (including transgender and gender non-conforming individuals).

The chart below shows the percent of the state's prison population by gender.

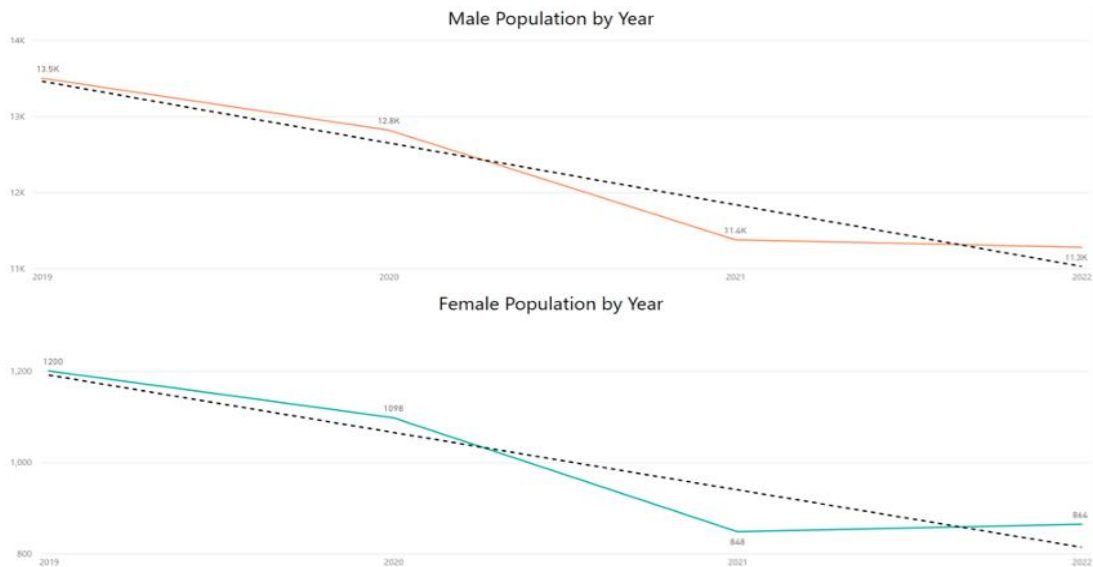


## Women’s Prison Admissions and Population Trending

According to the Prison Policy Initiative (PPI), Oregon was one of 10 states where the women’s prison population growth outpaced that of men between 2009-2016, with a 17% increase among the women’s population. The following is noteworthy:

- Since the onset of the COVID-19 pandemic, many states across the nation, including Oregon, have experienced considerable declines in prison admissions, as well as their overall prison population among both men and women.
- Data collected during the GIPA revealed that Oregon’s women’s prison admissions and average daily prison population both declined at a higher rate than the men’s population during the period of 2019-2022. While admissions declined among men by 25% between 2019-2020 at the onset of the pandemic, they declined among women by 34% during that same period. In addition, the Oregon men’s average daily prison population declined by 16% between 2019 and 2022, while the women’s population declined by 28%.
- Declines in both the men and women’s prison populations have recently begun to rebound.

The chart below shows the state’s prison population and trending by gender.







## Length of Stay Among Women in Oregon Prisons

The majority (40%) of women at CCCF (including minimum) has a length of stay (LOS) between 1-3yrs; the second largest group (20%) has a LOS of 5-10yrs.

The table shows prison length of stay percentages among women at CCCF.

Prison Length of Stay Percentages (Women)	
Length of Stay (LOS)	Percentage of Women
Less than 1 year	7.75%
1-3 years	39.78%
3-5 years	16.97%
5-10 years	19.66%
10-20 years	7.66%
20+ years	8.20%

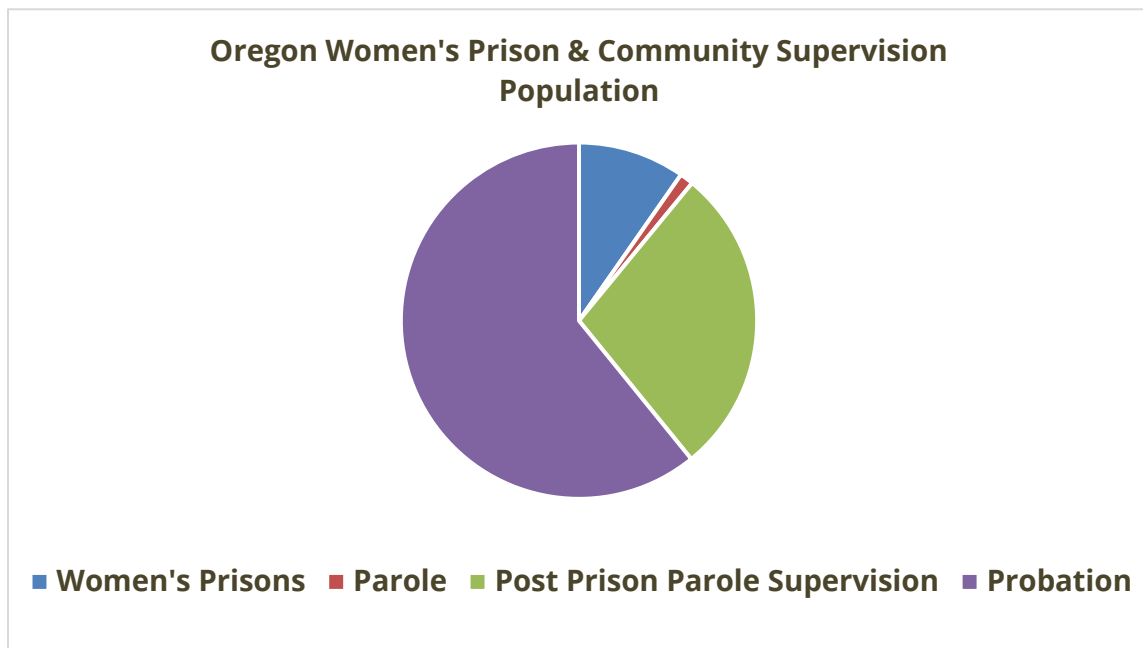
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## Women's Parole & Probation Population

The majority of justice-involved women in Oregon are on community supervision. (Note this does not include data on local jail populations, which previous research has indicated is nearly the same size as the women's prison population). The following is noteworthy:

- Overall, there are a total of 9250 justice-involved women involved in the Oregon prison and community supervision system, of which approximately 898 are in prison (CCCF), 5629 are on probation, 115 are on parole and 2608 are on post-prison supervision.
- It is important to note that the vast majority of women that are on some form of community supervision are under the jurisdiction of 34 of the state's 36 counties; two of the state's counties have opted for the Oregon Department of Corrections to provide their community supervision services.

The chart below shows the Oregon women's prison and community supervision population.



## Recidivism: Women have lower recidivism rates across-the-board

According to the Oregon Criminal Justice Commission Recidivism Dashboard, the three-year recidivism rate (which may include arrest, conviction or reincarceration) among women on Parole or Post-Prison Supervision is 30.6% versus 34% among men. However, the three-year recidivism rate involving reincarceration is considerably lower; 8.7% among women and 14.1% among men.

The table below shows Oregon DOC's three-year recidivism rates by gender for parole and post-prison supervision.

Oregon DOC Three-Year Recidivism Rates by Gender Parole & Post-Prison Supervision <sup>36</sup>		
Gender	3YR Total Recidivism Rate (including arrest, conviction, reincarceration)	3YR Recidivism Rate (reincarceration only)
Men	34%	14.1%
Women	30.6%	8.7%

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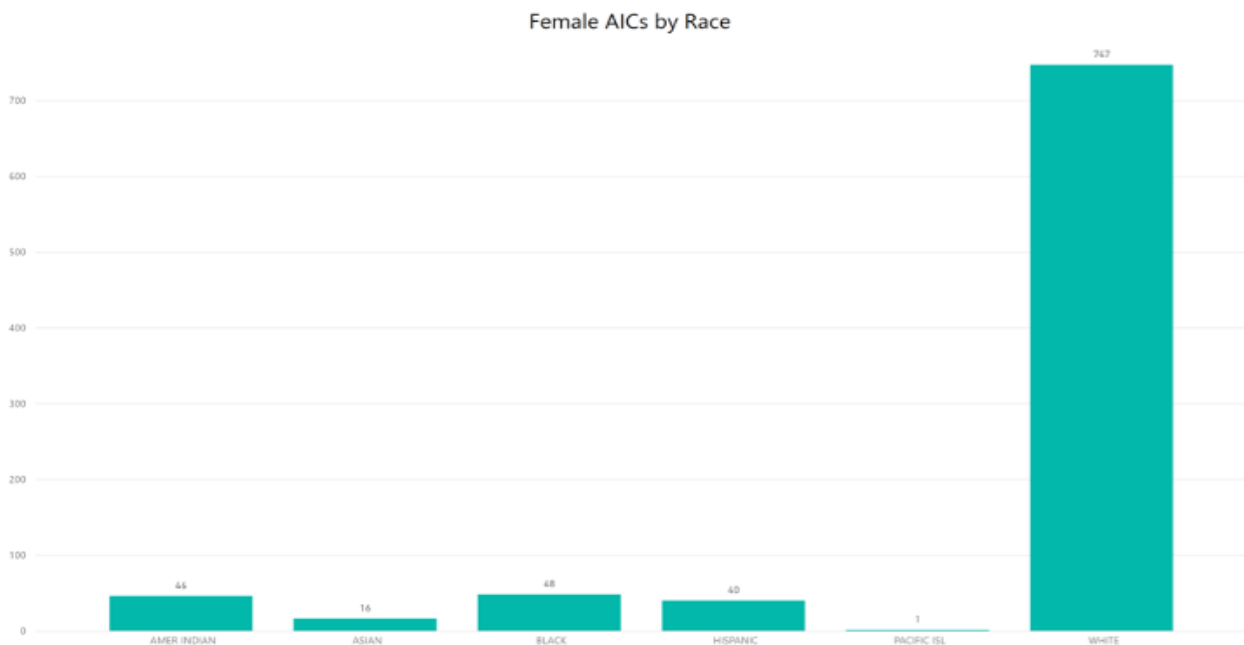
<sup>36</sup> Source: Oregon Criminal Justice Commission Recidivism Dashboard

## Race & Ethnicity

Overall, Native American women and Black women are the most disproportionately impacted by incarceration. The following is noteworthy:

- Of the 898 women incarcerated at CCCF, the majority (83%) are white (747), nearly 8% are Black (68), over 4% are Hispanic (40), 5% are Native American (44), nearly 2% are Asian (16) and 0.1% are Pacific Islander (1).
- While the Native American community represents 1% of the total population of Oregon, Native American women represent 5% of the CCCF prison population (five times higher than the size of their community statewide).
- The Black community represents only 2% of the total population of Oregon, yet Black women represent 8% of the CCCF prison population (four times higher than the size of their community statewide).

The chart below shows percentages of CCCF residents by race.





## Age

The largest percentage of incarcerated women at CCCF are ages 31-45 (50.7%). At CCCF, nearly 25% of residents are ages 18-30, over 50% are ages 31-45, 18% are 46-60, and geriatric populations of 61 and older represent 5.5% of the population.

The table below shows the profile of CCCF residents by age.

Profile of CCCF Residents by Age	
Age	% Women's Prison Population
18-24	6.9%
25-30	18.6%
31-45	50.7%
46-60	18.3%
61 and older	5.5%

## Counties of Entry

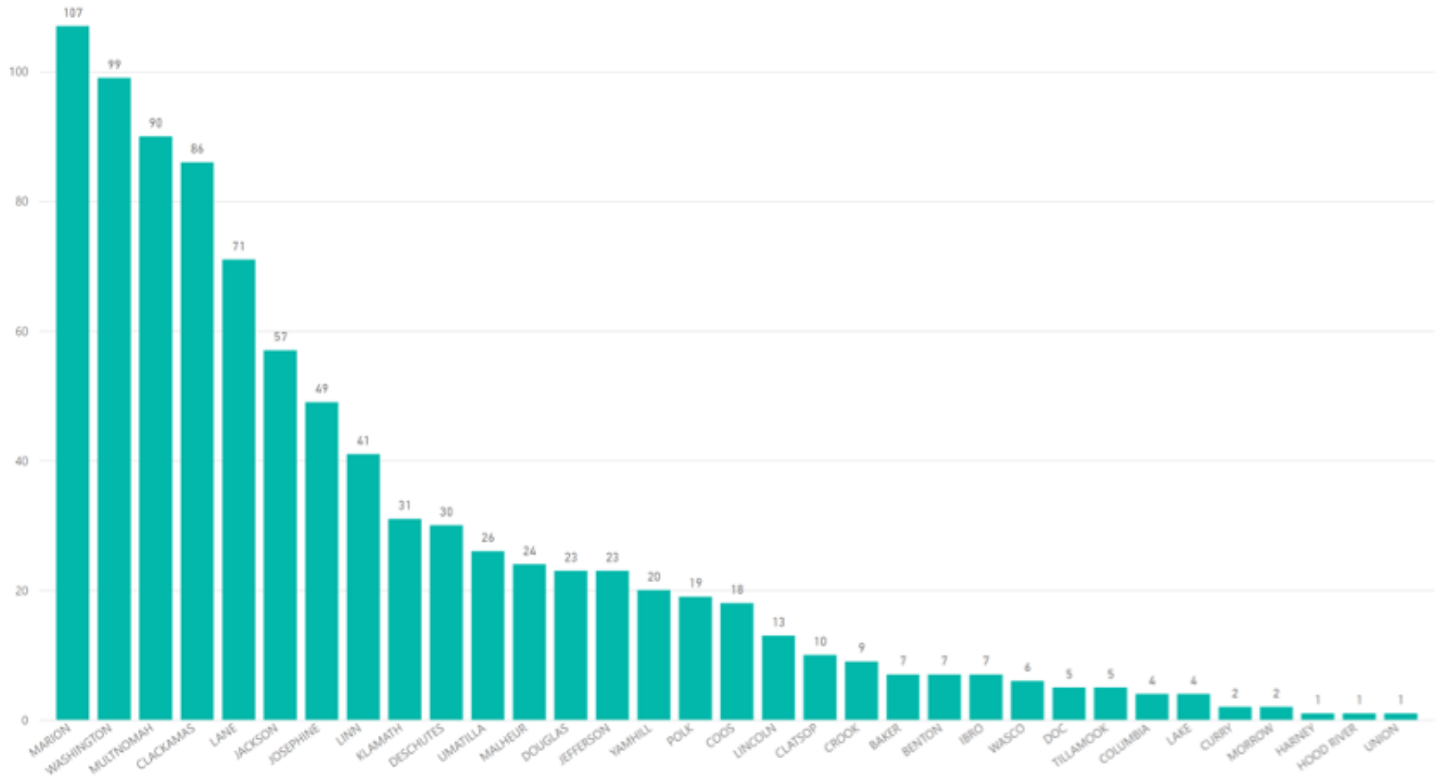
The top 10 Counties of Entry account for 74% of total women's prison population. There are 36 counties in Oregon, and the top 10 counties where currently incarcerated women were from accounted for 661 women, or nearly 74% of the entire women's prison population.

The table below shows the top ten counties of entry among women at CCCF.

Top 10 Counties of Entry among Women at CCCF		
Country of Entry	Number of Women	Percentage of CCCF Population
Marion	107	11.9%
Washington	99	11%
Multnomah	90	10%
Clackamas	86	9.5%
Lane	71	7.9%
Jackson	57	6.3%
Josephine	49	5.4%
Linn	41	4.5%
Klamath	31	3.4%
Deschutes	30	3.3%

The table below provides more detailed information on county of entry among women at CCCF.

Female AICs by County of Entry

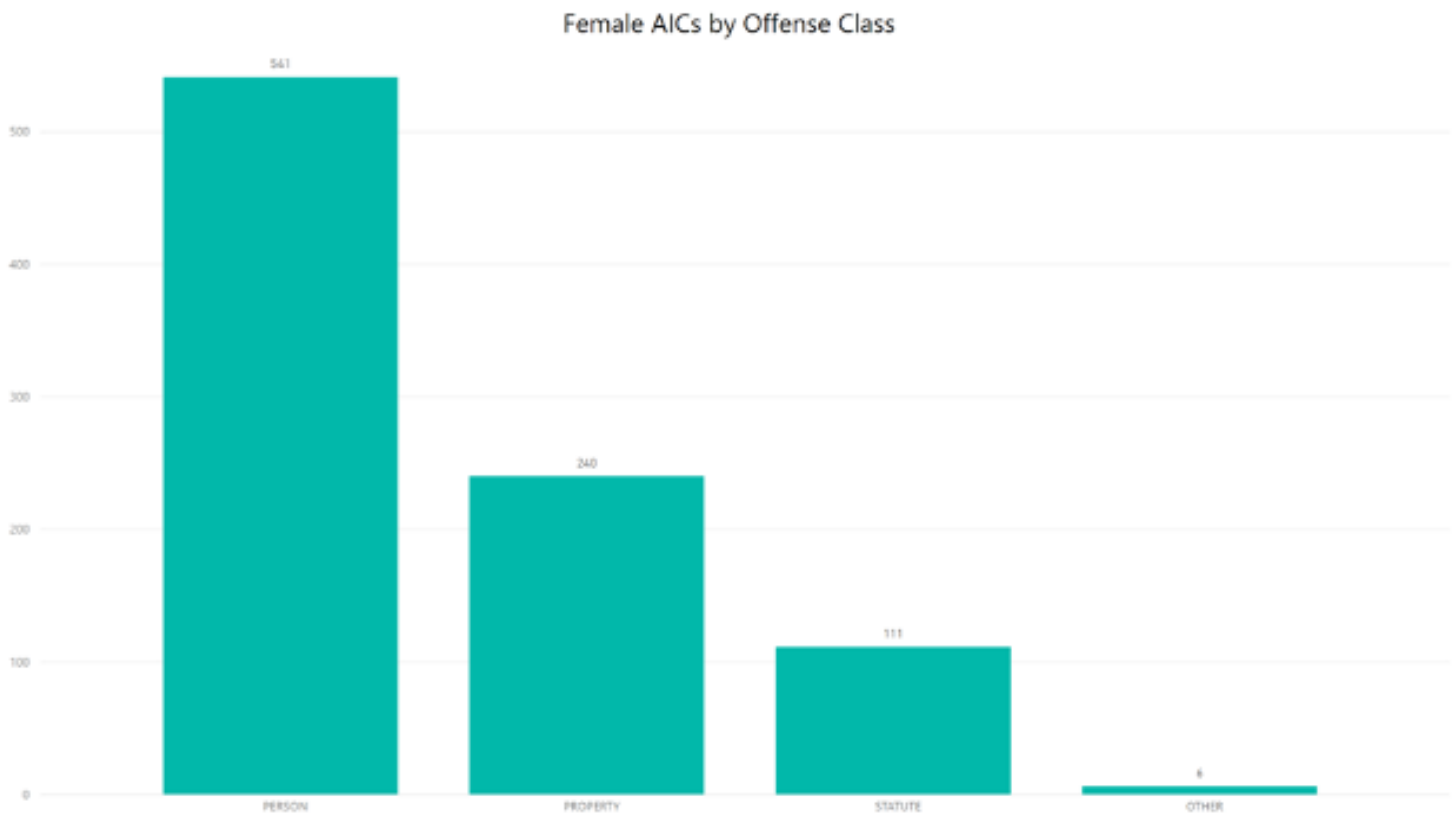


## Criminal History Profile: CCCF women’s prison population

### Overview by Offense Group

The State of Oregon defines criminal offenses in three Offense Groups: Person, Property and Statutory, (which includes drug crimes). The majority of incarcerated women have a violent holding offense (541), while property offenses (240) were the second highest, followed by “statute” offenses (that include drug offenses); six offenses were listed as “other” in the department’s analysis.

The chart below shows the offense group profile of women at CCCF.



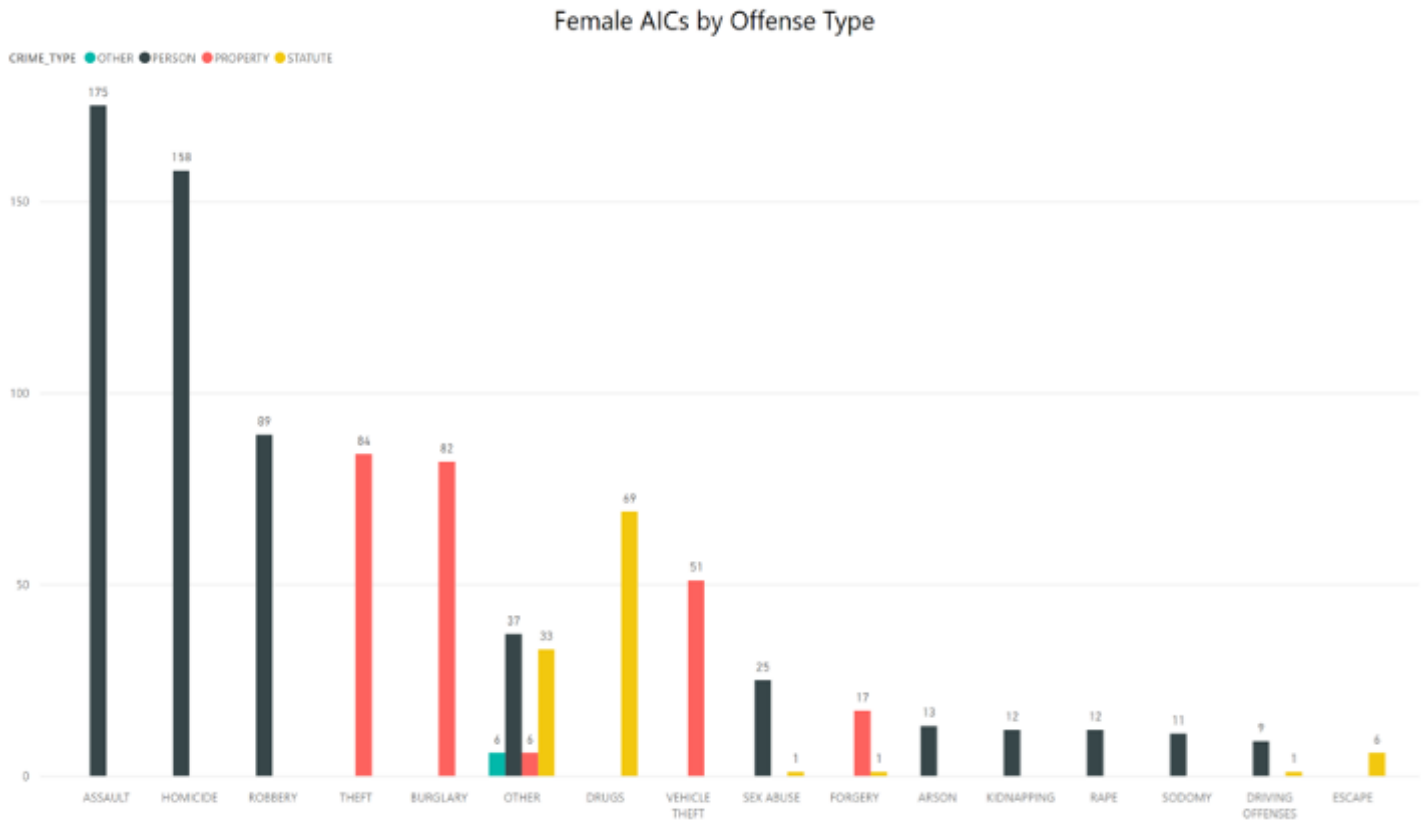


## Offense Type

The top offenses among the population of incarcerated women included: Assault (175), Homicide (158), Robbery (89), Other (82), Drugs (69) and Vehicle Theft (51). (Note that the data provided indicated that there was a category of offenses, called Other Offenses (82) that was higher than Drugs, but unknown as to the types of offenses.)

It is noteworthy that among the women incarcerated for violent offenses, the majority were convicted of assault (175) and homicide (158), followed by robbery (89).

The chart below shows the offense type profile of women at CCCF.

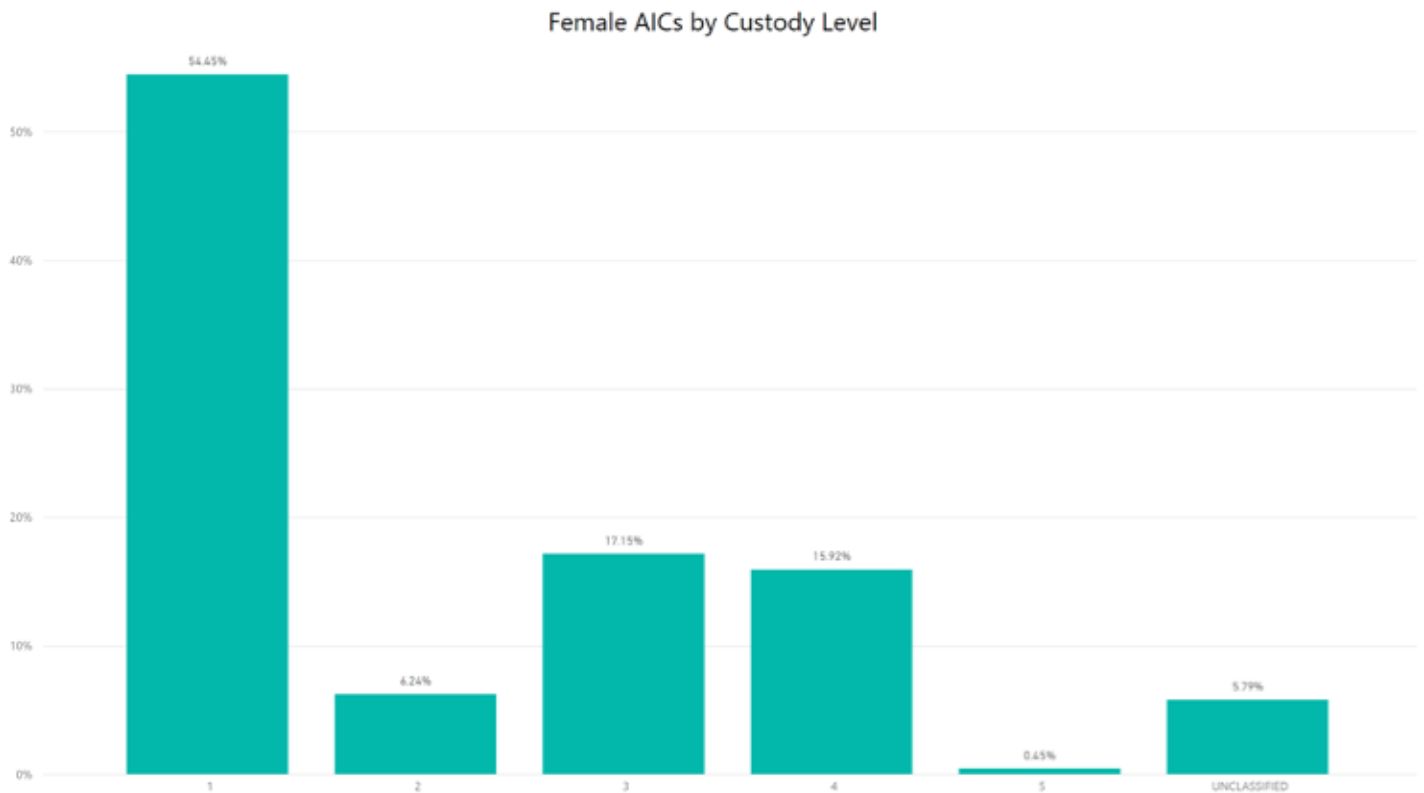


## Custody Levels

The Oregon DOC uses a standardized, gender-neutral policy to classify all incarcerated individuals by Custody Levels 1-5, with one being the lowest security and five being the highest. The level system governs access to various programs and other services that are deemed “privileges,” such as hours of day room access, and imposes restrictions on movement for those deemed a higher security. The following is noteworthy:

- 61% women at CCCF have the lowest custody level.
- The majority of residents at CCCF are classified as Level 1 (55%), the least restrictive, followed by Level 2 (6%), Level 3 (17%), Level 4 (16%) and Level 5 (less than 1%).
- Because CCCF is also the state’s Reception & Discharge Center for all men and women, a percentage of the population is typically unclassified. Approximately 6% of the population was unclassified during the GIPA.

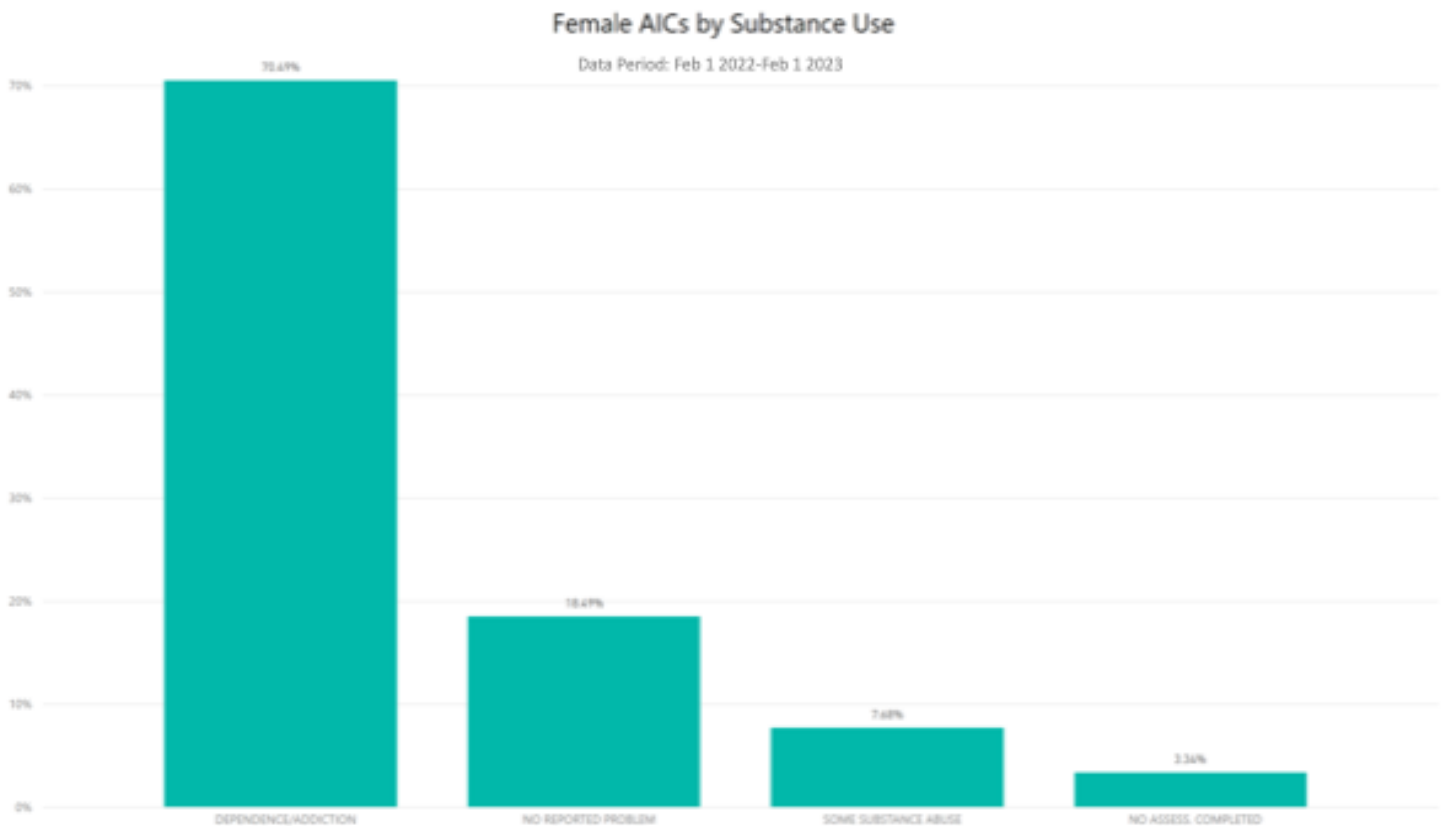
The chart below shows the percentages of women on each custody level.



## Substance Use

Nationally, substance use is a leading driver of women’s mass incarceration. While Oregon became the first state in the nation to decriminalize possession of small quantities of illegal drugs in 2021, the impact of addiction on women’s prison trajectories is high statewide. Specifically, data indicates that 71% of incarcerated women at Coffee Creek have been assessed as suffering from drug dependency or addiction.

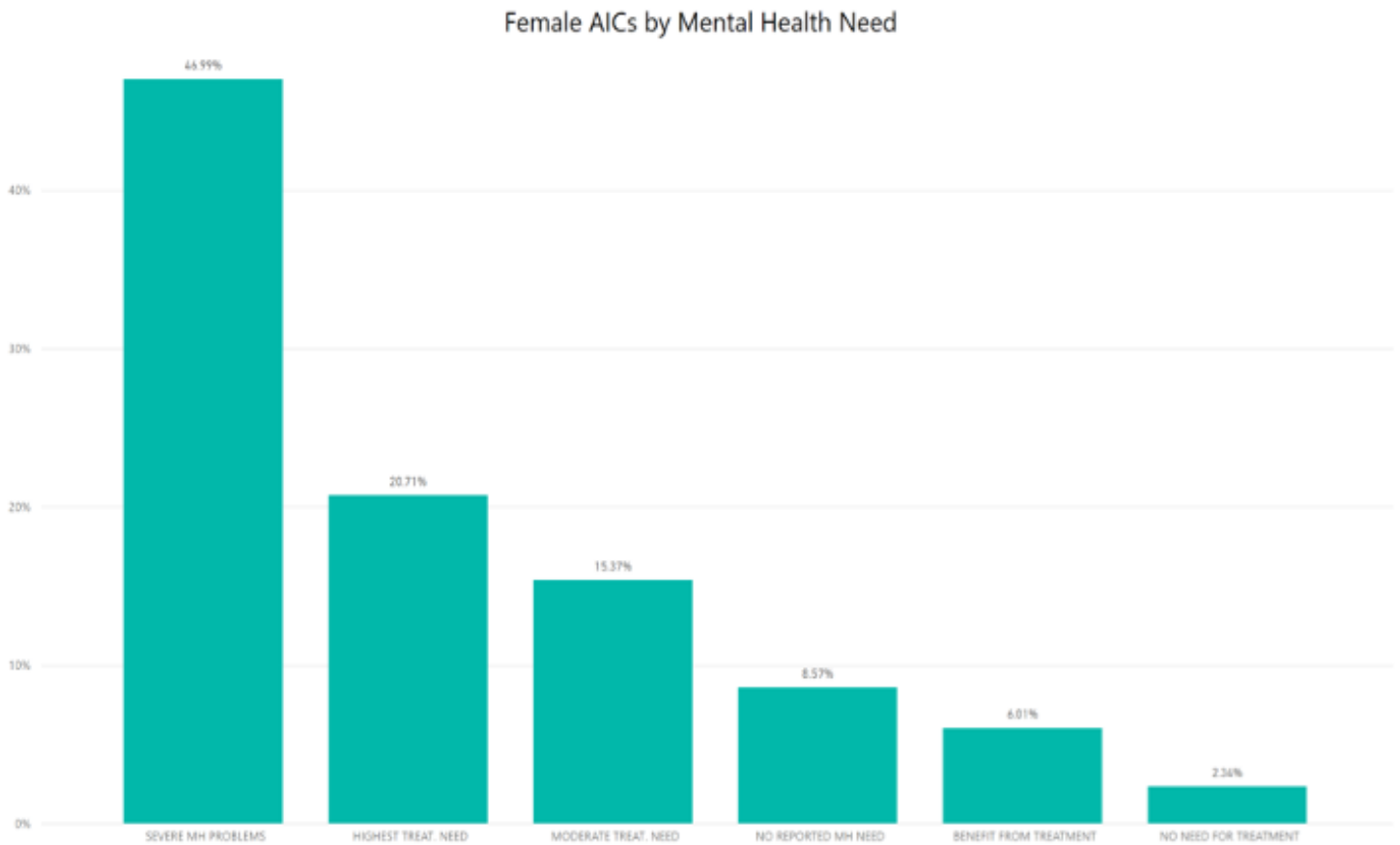
The chart below shows the percentage of women at CCCF with drug dependency or addiction.



## Mental Health

Nearly 68% of incarcerated women at CCCF have been assessed as having a severe mental health issue or the “highest treatment need” for mental health services.

The chart below shows percentages of women at CCCF with various levels of mental health needs.





## Appendix B: A Powerful Lens: Women's Unique Pathways into the Criminal Justice System<sup>37</sup>

Nationwide, the call for criminal justice system reform and decarceration, particularly among individuals convicted of low-level, non-violent crimes, has brought about a landmark shift in state and local justice systems. In the years prior to the COVID-19 pandemic, many states began making some promising strides: Arrests trended downward, prison and jail populations decreased, incarceration rates among juveniles significantly declined, and policymakers at all levels of government began to realize the impact of mental health and substance use treatment. Mental health and substance use treatment and other therapeutic interventions were viewed as viable - if not necessary - strategies to curb recidivism, improve individual and agency outcomes, reduce costs, and promote public safety.

Yet, while the criminal justice system landscape has been changing in the most dramatic ways since America first got "tough on crime" in the 1980s, one group has been consistently left behind throughout the reform process: Women, particularly women of color. In part, this phenomenon has been attributed to the fact that, historically, a far greater number of men have been incarcerated compared to women.

Consequently, corrections systems have been designed to assess, manage, and house men and attend to male-specific risks and needs. However, research and experience has shown that failure to implement gender responsive policies and practices can have far-reaching effects on women at multiple points of the criminal justice system.

### National Data on Women<sup>38</sup>


Attending to the unique and often ignored needs of justice-involved women offers a critical opportunity to reduce the prison and jail populations, save money, rebuild communities, and break the cycle of inter-generational incarceration. Women follow unique pathways into crime and present risk factors that signal different needs and interventions than men. One of the key

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<sup>37</sup> Benedict, A. & Benos, D. (2016). *The gender informed practice assessment (GIPA): Summary of findings and recommendations, Logan Correctional Center, Illinois Department of Corrections*. The Women's Justice Institute and the National Resource Center on Justice Involved Women.

Benedict, A. & Benos, D. (2022). *The gender informed practice assessment (GIPA): Summary of findings and recommendations, Washington Correctional Center for Women, Washington Department of Corrections*. CORE Associates and the Women's Justice Institute.

<sup>38</sup> There is a plethora of data on justice-involved women; in lieu of a literature review, which is beyond the scope of this report, this section offers some examples.



findings from the literature is that justice-involved women have experienced higher rates of significant and ongoing gender-based violence, abuse and trauma compared to men, and this victimization often progresses into substance use and mental health issues among a greater percentage of them.

A larger proportion of justice-involved women<sup>39</sup>:

- have experienced sexual abuse and/or other forms of victimization;
- have engaged in substance use to cope with past and current trauma;
- have engaged in criminal behavior while under the influence, to support their drug use, and/or in the context of relationships;
- are more likely to experience co-occurring issues, in particular substance abuse problems interlinked with trauma and/or mental health challenges;
- are more likely to have experienced poverty, underemployment, and employment instability;
- are more likely to experience homelessness, housing instability or coercive housing situations; and
- come from neighborhoods that are entrenched in poverty and lacking in viable systems of social support.

After experiencing serious physical and/or sexual abuse as children, many women progress into adulthood plagued with physical and mental health challenges, as well as substance abuse issues. In addition, the majority of justice-involved women are also more likely than their male counterparts to be the sole support and caregivers for their children, who also face a greater risk of justice involvement as a result of having an incarcerated parent. These factors are more prevalent among women, play a significant role in their pathways into the justice system and must be addressed.

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<sup>39</sup> Examples: Salisbury, E. J., & Van Voorhis, P. (2009). Gendered pathways: A quantitative investigation of women probationers' paths to incarceration. *Criminal justice and behavior*, 36(6), 541-566.

McDaniels-Wilson, C., & Belknap, J. (2008). The extensive sexual violation and sexual abuse histories of incarcerated women. *Violence Against Women*, 14(10), 1090-1127.

Kim, S., Johnson, T. P., Goswami, S., & Puisis, M. (2011). Risk factors for homelessness and sex trade among incarcerated women: A structural equation model. *Journal of international women's studies*, 12(1), 128.



## Defining Gender Responsive Policy and Practice

Considerable research has been conducted to help policy makers, administrators and practitioners define and address gaps in women’s services by identifying the unique risks, strengths and needs of women, as well as the most effective ways to address them<sup>40</sup>. Accordingly, “Gender Responsive” (GR) policies, practices and programs have been validated as effective for women and are based on their unique pathways into and within the justice system.

Broadly defined, gender responsive approaches with women are those that intentionally allow research and knowledge on women to affect and guide policy and practice at all levels of service delivery<sup>41</sup>. This research encompasses: women’s socialization and psychological development; the social, political and economic realities of women’s lives; women’s unique risk, strength and need factors (pathways research); and cutting-edge evidence on what works with justice-involved women.<sup>42</sup>

**Broadly defined, gender responsive approaches with women are those that intentionally allow research and knowledge on women to affect and guide policy and practice at all levels of service delivery<sup>43</sup>.**

Gender responsive approaches can and should be applied at the macro level in terms of how corrections systems are designed and function, and at the facility and community levels in terms of how facilities and community corrections agencies operate and deliver services<sup>44</sup>.

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<sup>40</sup> Ney, B., Ramirez, R., & Van Dieten, M. (2012). Ten truths that matter when working with justice involved women. *Silver Spring, MD: National Resource Center on Justice Involved Women.*

<sup>41</sup> Benedict, A. (2005, 2017). The Five CORE practice areas of gender responsiveness. CORE Associates LLC Publication.

<sup>42</sup> *ibid*

<sup>43</sup> *ibid*

<sup>44</sup> *ibid*



## The Five CORE Practice Areas of Gender Responsiveness<sup>45</sup>

Gender Responsive approaches are further defined by the following Five CORE Practice Areas, which advise that every program, service, and intervention should be:

- 1) Relationship-based;**
- 2) Strengths-based;**
- 3) Trauma-informed;**
- 4) Culturally responsive; and**
- 5) Holistic.**

These Five CORE Practice Areas should be applied at every level of assessment, service delivery and engagement with justice-involved women. They directly correspond to the defining developmental and ecological realities of women's lives: their unique risks, strengths and needs factors, their dramatically different pathways into and experiences within the justice system, their disproportionate experiences with sexual and/or domestic abuse, their higher rates of substance abuse and mental health needs that relate to their past and present abuse, their different offending patterns, their different parenting responsibilities and experiences, and their differential responses to treatment and correctional settings.

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<sup>45</sup> Benedict, A. (2005, 2017). The Five CORE practice areas of gender responsiveness. CORE Associates LLC Publication.





## Gender Responsive Approaches Improve Outcomes<sup>46</sup>

There is a plethora of research demonstrating the need for gender responsive approaches across facility and community corrections programs and operations<sup>47</sup>. There is also a robust and expanding research and evidence-base demonstrating that gender responsive approaches improve assessment<sup>48</sup>, case management<sup>49</sup>, treatment<sup>50</sup>, and reentry<sup>51</sup> outcomes. This information can guide agencies in their efforts to make essential improvements and improve outcomes among women and staff.

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<sup>46</sup> There is a plethora of research demonstrating that gender responsive improve outcomes among women in various areas of practice; in lieu of a literature review, which is beyond the scope of this report, this section offers some examples.

<sup>47</sup> Examples: Ney, B., Ramirez, R., & Van Dieten, M. (2012). Ten truths that matter when working with justice involved women. *Silver Spring, MD: National Resource Center on Justice Involved Women*; Van Voorhis, P. (2022). Defining and Evaluating Gender-Responsive Treatment. *The Wiley Handbook on what works with girls and women in conflict with the law: A critical review of theory, practice, and policy*, 135-156.

<sup>48</sup> Example: Van Voorhis, P., Wright, E. M., Salisbury, E., & Bauman, A. (2010). Women's risk factors and their contributions to existing risk/needs assessment: The current status of a gender-responsive supplement. *Criminal Justice and Behavior*, 37(3), 261-288.

<sup>49</sup> Example: Van Dieten, Marilyn. 2008. Women Offender Case Management Model. Washington, DC: National Institute of Corrections, U.S. Department of Justice.

<sup>50</sup> Example: Saxena, P., Messina, N. P., & Grella, C. E. (2014). Who benefits from gender-responsive treatment? Accounting for abuse history on longitudinal outcomes for women in prison. *Criminal justice and behavior*, 41(4), 417-432.

<sup>51</sup> Ramirez, R. (2016). Reentry considerations for justice involved women. *Washington, DC: National Resource Center on Justice Involved Women*, 1-4.



## Appendix C: Survey Data

The following is data from the surveys that were distributed to staff, residents, and stakeholders/community providers as part of the GIPA process. As noted in the Methodology section of this report, staff, residents, and targeted stakeholders/community providers were invited to participate in a survey and assured of their anonymity and confidentiality. They were not required to provide their names or any other identifying information.

For staff and residents, surveys included questions to which respondents could respond using a Likert scale. They were also provided space to offer written comments if they so choose. The survey to stakeholders and providers included questions to which respondents could respond using a Likert scale and open-ended questions.

In all cases, information that could identify respondents has been removed and is denoted by XXXX. Comments such as “no” and “not at this time” are not included.

## TABLE 1A: STAFF SURVEY RESULTS A (Responses to Questions)

165 surveys completed (30% of staff); 58 respondents provided additional comments, which was optional.

QUESTION	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	TOTAL Disagree	TOTAL Agree
1. Incarcerated women have different needs than incarcerated men.	1.8%	1.8%	7.9%	39.0%	49.4%	3.7%	88.4%
2. Staff treat incarcerated women with respect.	1.2%	9.1%	25.6%	55.5%	8.5%	10.4%	64.0%
3. Incarcerated women treat staff with respect.	3.7%	15.2%	50.0%	29.9%	1.2%	18.9%	31.1%
4. Incarcerated women treat other incarcerated women with respect.	3.0%	20.1%	56.1%	20.7%	0.0%	23.2%	20.7%
5. I have been given the skills to work effectively with incarcerated women.	1.2%	15.2%	20.1%	48.8%	14.6%	16.5%	63.4%
6. Staff are free from harassment and discrimination based on their race/ethnicity.	8.5%	22.0%	26.2%	32.3%	11.0%	30.5%	43.3%
7. Incarcerated women are free from harassment and discrimination based on their race/ethnicity.	5.5%	23.8%	25.0%	35.4%	10.4%	29.3%	45.7%
8. Staff are free from harassment and discrimination based on their gender and sexuality.	11.0%	27.4%	21.3%	29.9%	10.4%	38.4%	40.2%
9. Incarcerated women are free from harassment and discrimination based on their gender and sexuality.	9.8%	23.2%	25.6%	32.3%	9.1%	32.9%	41.5%
10. The management of this facility seeks my input about the strengths and challenges of this facility and opportunities to improve it.	18.9%	29.3%	23.2%	22.0%	6.7%	48.2%	28.7%
11. I can share my thoughts and ideas openly with the management here.	8.5%	22.6%	23.2%	33.5%	12.2%	31.1%	45.7%
12. I have good relationships with the staff here.	1.2%	4.3%	11.6%	57.3%	25.6%	5.5%	82.9%
13. The communication between DOC headquarters leadership and the staff here is sufficient.	29.3%	34.8%	28.0%	6.1%	1.8%	64.0%	7.9%
14. Staff teach incarcerated women useful ways to handle conflict (e.g., with other women, with staff).	3.0%	18.3%	26.8%	48.2%	3.7%	21.3%	51.8%
15. Incarcerated women know what to do if they don't feel safe.	2.4%	6.7%	23.8%	56.7%	10.4%	9.1%	67.1%
16. This is a physically safe facility for staff.	6.1%	15.9%	22.6%	46.3%	9.1%	22.0%	55.5%
17. This is a psychologically safe facility for staff.	20.7%	32.3%	29.3%	14.6%	3.0%	53.0%	17.7%
18. This is a physically safe facility for incarcerated women.	0.6%	9.8%	28.7%	55.5%	5.5%	10.4%	61.0%
19. This is a psychologically safe facility for incarcerated women.	6.7%	26.2%	31.7%	32.3%	3.0%	32.9%	35.4%
20. Incarcerated women can disagree with staff without being punished.	3.7%	20.1%	28.0%	40.2%	7.9%	23.8%	48.2%
21. Incarcerated women like the groups/programs provided in this facility.	0.6%	11.0%	32.3%	46.3%	9.8%	11.6%	56.1%
22. Incarcerated women know what the schedule is every day.	0.6%	10.4%	21.3%	49.4%	18.3%	11.0%	67.7%
23. The facility is preparing incarcerated women for success.	4.3%	17.7%	26.2%	42.7%	9.1%	22.0%	51.8%
24. This facility has effective protocols to support women who are experiencing substance use withdrawal symptoms.	11.6%	22.6%	36.6%	25.6%	3.7%	34.1%	29.3%
25. This facility has effective protocols to support women who are experiencing significant mental health symptoms.	14.0%	14.6%	30.5%	35.4%	5.5%	28.7%	40.9%
26. This facility has clear protocols to support women's access to their children and other key supports.	4.9%	14.6%	25.6%	45.7%	9.1%	19.5%	54.9%
27. The rules/expectations for incarcerated women are the same with each shift.	19.5%	26.2%	24.4%	23.8%	6.1%	45.7%	29.9%
28. Staff members interact with all of the incarcerated women in the same way (i.e., there is a basic level of consistency).	15.9%	27.4%	29.9%	24.4%	2.4%	43.3%	26.8%
29. Incarcerated women preparing to transition to the community are provided with resources and information on services available.	4.9%	15.9%	33.5%	40.2%	5.5%	20.7%	45.7%
30. Incarcerated women are willing to report an incident of physical, psychological or sexual abuse if/when it happens.	3.7%	9.1%	31.7%	41.5%	14.0%	12.8%	55.5%
31. In response to physical, psychological or sexual abuse incidents and allegations, investigators conduct thorough and fair investigations.	3.7%	7.9%	33.5%	40.9%	14.0%	11.6%	54.9%
32. Management actions following an investigation are fair and consistent.	7.9%	18.9%	42.7%	28.0%	2.4%	26.8%	30.5%
33. Staff are encouraged to practice self-care (e.g., engage in stress management activities at work and at home).	15.9%	25.6%	22.0%	32.3%	4.3%	41.5%	36.6%

## TABLE 1B: STAFF SURVEY RESULTS B (Comments)

- Coffee Creek has some of the worst working conditions I have ever seen or heard of. I feel that employees are abused by forcing them to work multiple overtime shifts then to return to work with a dangerously low amount of sleep. most staff average about 4 hours of sleep here day in and day out. this job causes so many family problems because we cannot be home to support our family's financially or emotionally. in my previous employment i felt so much pride to be part of an institution that supports its staff and pays them when they are worth. Honestly most days I am embarrassed to wear this uniform.
- We are not even able to take 15-minute breaks in medical. I have reported staff for using derogatory terms for trans people.
- I am concerned with the lack of in-person training prior to contracted staff working with AIC's. Also, organized in-person annual training that is offered and required. Specifically, I would like to see more training focused on boundary setting/professionalism, deescalating conflict, and what resources AIC's have within the facility in order to point them in the right direction when an issue comes up. I would like there to be more focus on and support for women who are pregnant, delivering babies during incarceration, and returning to the facility without their babies. \*Trauma informed practices implemented throughout processes and Mental Health Supports. I would also like to see more support and guidance for women, with children, who are DHS involved. Thank you!
- These questions are hard to answer as they are asked in generalities can only answer questions based on what I see and experience from my world view. I cannot answer questions for shifts that I do not work. I know the training provided is good. Staff buy in to big changes in how we conduct daily unit schedules has been altered dramatically due to covid. we are just now sort of returning back to basccally pre covid programing and practices...I don't feel these questions encompass all the daily changes due to covid 19 practices....
- CCCF is a toxic environment for staff and the culture of that institution needs to be changed.
- Communication and engagement are CCCF's biggest deficiencies. There seems to be a large disconnect between Management/administration/headquarters and front-line staff.
- The inequities present between AICs identifying as women and the male-identifying in this facility are shocking. We need better training for staff, trauma-informed practices, and more up-to-date mh interventions.
- completely confidential?? don't believe that.
- Do pregnant AIC's get support before/after birth in terms of education and mental health support for separation with their newborn? Are there programs for AIC's and their children to help with transition to prison and again for reunification?
- 22 years here and this is the absolute worst I have ever seen this place. No communication or consistency. All staff including Contractors used to have great communication and kept in the loop of issues or situations going on in the facility. Ever since DOC separated contractors, they are out of the loop which makes it difficult to be on the same page when it comes to information how we can better serve the female population.
- In my opinion the questions asked in this survey are too general to paint an accurate description of the environment in this institution and the interactions between staff and the incarcerated human beings. I cannot speak to/for the actions of others. I also cannot speak to the issue of what another person knows / doesn't know or their experience. It is my fear that you will use this

survey to try to achieve some kind of understanding of this complex environment. I believe that to glean any sort of useful information, you will need to change the questions.

- There are so many great caring staff at this facility. They truly do care about the AIC's.
- Management actions are not consistent at the time XXXX was investigated and was inappropriate with female AIC's he should not have been transferred to OSP and demoted; he shouldn't have retained his employment. Line staff see the double standards and are appalled. It is a joke that they act as if this is acceptable and that they take this matter seriously. Staff are not supported or encouraged to take care of themselves, they are forced to work 18hrs a day several times a week with little to no warning. Management could care less about staff mental, physical, or emotional wellness.
- XXXX With the recent political climate, it feels like the pendulum has swung drastically and people are selected for opportunities solely because they belong to a protected class. The management at CCCF is disconnected from line staff and does not seek or value their input.
- I would love to see management engaging more with line staff. Communication at CCCF from top down has definitely fizzled with current leadership. I have worked at CCCF long enough to make this comparison.
- I'm tired and am working 16 hours
- Stress on staff is consistently overwhelming. There are not enough programs for women incarcerated who are doing long sets. We need addiction treatment in medium that is accessible to long timers, and we need to quit using seg for hot ua's, especially since we are not supporting them (treatment) in staying clean and they live in a boring, stressful, and monotonous environment. Management listens to suggestions for positive change but seem limited in their ability to implement such changes. Their level of stress is also overwhelming and heart breaking. Workloads on staff and management are ridiculous and are antithetical to "staff wellness," which in turn affects the well-being of AICs.
- The serious lack of ethics in the facility is sad. There is very little to no integrity and empathy.
- I don't work with the females - I only know information from emails that are sent from management.
- The statements are also based on an employee's morals and empathy of others which makes me answer neither agree nor disagree,
- There is not enough mental health training for the high level of severely mental ill people who are now incarcerated.
- I feel like, while the culture is changing, there is still a long way to go. Many staff go unchecked in their bullying and harassment of other staff members. THIS is the biggest issue facing our institution- key examples are Cpl. XXXX, XXXX, and XXXX. They are MISERABLE people who care nothing about staff wellness but play the part good enough to skate by with managers. All you have to do is ask new staff or even some veteran staff their thoughts.
- I love this job and the people I work with, but this place is being ran further into the ground every year. Thank you.
- Over the years I have seen an increase in turnover and overall toxic work environment. I hope this can be improved.
- The opportunities for female AIC's are significantly different than those available to male AIC's at other facilities. Additionally, there are much higher mental health needs at this facility than is available to the AIC's. There should be more BHS staff and those staff should be managed in a manner that makes those staff want to stay in their jobs.

- Some of these questions are hard to answer as i dont feel that i have enough information on the process/details to give a more concrete answer. i also think that this survey is worded so that it groups women together to have the same behaviors, ideas, needs and so on so i don't feel that i could respond agree or disagree because of that. lastly, CCCF is not a "woman's prison" as it houses males and male-identifying AICs so i feel like the wording in this survey neglects questions directed at their care/treatment.
- Looking forward to positive change!
- The female AICs here are very and self-centered and they have huge entitlement issues. They are offered all sorts of programming, job skills, education, parenting classes, AA/NA non-violent communication, DBT classes, and so many more programs in order to improve themselves and they still feel this is not enough. We do however need classes for them on how to budget money for bills, groceries, and living expenses. How to secure felon friendly jobs after paroling, felon friendly housing, etc. Things that will help them survive outside of the facility.
- Persistent staffing shortages across the board prevent effaceable treatment/rehabilitation. DOC talks a good game with the Oregon way, but don't have staff to back it up.
- More can and should be done to promote respect for female staff (security plus), amongst male AICs at Intake.
- Their needs to be more consistency in all areas here, especially communication between al staff in all areas, to understand and work better together.
- There is a disconnect between management and front line staff, as well as a lack of consistent and available resources for the AICs here. Overtime is heavily rewarded and a work life balance is not always encouraged.
- This is a toxic environment to work in. No incentive for good work and only punished when something is wrong. THE SAME people are always recognized for doing a good job, like a popularity contest. Female staff reporting discrimination are ignored and I have personally experienced staff getting promoted after being reported for inappropriate conversations. No incentive to make reports for female staff.
- We don't prepare incarcerated women for release. There is a large gender disparity between the male and female prisons in relation to how women are treated during their incarceration.
- staff are encouraged to practice self-care but it is difficult to do when you are mandated on a regular basis. working back to back shifts is not safe for staff or aics.
- CCCF needs to get back to being an independent facility and be a front runner again. we have been getting a lot of transfers from other facility's that want to run CCCF like other state facility's that they came from. i think we all can agree that female prisons cannot be ran the same as a males' facility.
- Security will always trump staff wellness. "Staff Wellness" is just a term the director throws around to sound like something is being done; but it isn't. The truth is, we just sell our sole hourly to the DOC. If the price is right, we stay; if it's not, we go.
- Regards to #34 - It is hard to encourage Staff Wellness when CO's are working so many ours due to shortage of staff
- Check the NCCHC Mental Health guidelines for pregnant AICs and compare this to our services on site. Pay attention to the role of BHS in terms of screening, monitoring, and services. Esp. postpartum
- Security Staff are forced to do more work with less support. Security staff are forced to take on BHS tasks without BHS training or pay. There is a shortage of security staff and some staff


performing extra duties instead of their core job during their shift. Staff security is being overridden in the name of AIC happiness. Trans gender AIC are manipulating the system. Many Trans AICs are actively engaging in sexual activities with female AICs. Nobody supports our ability to hold them accountable.

- 1. All staff should have a mandatory debrief and walk on the treadmill before leaving work for the day. 2. There are many opportunities to improve language around the facility (more positive, less profanity, etc.). 3. Most AICs at CCCF will enter the workforce upon release, so work training programs should be deemed just as important and taken just as seriously as other types of programming - by both the program staff and the rest of the institution, both staff and AICs.
- the [way] CCCF is run is horrible there is way too much overtime the moral is at an all time low. the inmate [morale] is at an all time low. this institution allows staff to continue to work here [when] they are unfit to do the job they allow work place harrassment to continue [and] even brought back a staff member that was the top person involved in most of the problems here. if there was a strike clause in the securitys contract there would be and emergency here.
- Staff are not treated well by management
- 4. Incarcerated woman treat staff with respect. In my experiences with incarcerated woman is that they will show you respect if they get what they want. If they don't like a staff member they know that they can write false kytes on staff members to try and get them removed from the unit and without repercussions. AIC's are not held accountable if they make false accusations. XXXX 6. We get 2hrs a year of [training] that is geared for working with female AIC's. Most of our training is online programs that don't answer questions as they arise. Oregon DOC uses the online training as a crutch to say that we have been trained, but in reality we have very little training on the differences of male and female AIC's needs and wants. 9. Staff that are gay, bi-sexual, non-binary, and/or transgender are still treated as outcast. The majority of staff at CCCF are very conservative in their beliefs and still think that the above mentioned are sick or gross and should not be allowed to work here. Staff are better at hiding their beliefs. XXXX Majority of managers and the security manager don't take responsibility for their [actions] on a consistent basis. I have not witnessed managers even ask staff what their strengths are or ask for input. When I have given input in the past the managers, I've spoken with just blow me off and disregard any [suggestion] I have brought to their attention. XXXX I feel I am not heard or my concerns for how I'm being treated is not taken seriously. There is also no feedback on the outcome of concerns that I have brought up, which makes me feel nothing was done. DOC is notorious for just saying it was dealt with. 12. I do not feel I can share my thoughts openly with managers because they do not show interest in listening to my ideas or other staff. XXXX. I have seen staff assault AIC's and the staff member was duty stationed at home for four months and then brought back to work with no discipline. 17. There has been several incidents where our BHS leaders have allowed assaultive AIC's in XXXX segregation unit walk around SHU without restraints even know that AIC has been charged with at least four staff assaults and recently tried stabbing a staff member in the neck with a pen. Staff do not feel safety is a concern from our management team and DOC. XXXX 31. AIC's with legitimate concerns for being sexually assaulted know how to report it, but there are also many AIC's that know how to manipulate PREA and make false accusations toward staff that are holding them accountable for their actions, so the AIC's will call the IG Hotline or write Kytes and try to get staff in trouble for doing their job. Once a PREA complaint is made, management will move that staff member away from female AIC units while the false claim is being investigated. SIU who handles these complaints is in no hurry to clear the name of the staff

member. Investigations take well over six months to be finished and the AIC is not held accountable, nor is the staff apologized to for having to go through such a stressful situation. Plus they have to explain to their partner that an AIC accused them of sexual misconduct and this has caused issues at home for many staff and makes the stress even worse. There is no sympathy from CCCF managers when staff are going through this process. XXXX This is ridiculous and no care for staff wellness. It destroys that staff members moral and faith in our employer. 32. XXXX 34. Staff are encouraged to practice self-care at work and home on paper, but when a staff member try's to actively do this while at work they get pressured to do it quickly and get back on post regardless if they are less stressed. When a staff member is to the point they need to go on stress leave to take care of themselves they are met with ridicule and managers talking poorly about them behind their back, because now they have to fill their vacant position, or the manager make claims that the staff is faking the work induced stress. 35. Additionally, CCCF says a lot of things about taking care of staff, but rarely have I seen any follow through. There is no action. Our managers [are] poorly trained and don't have the adequate demeanor necessary for their position. There are several managers that are great at their job, but it's not enough. XXXX Staff overall are treated like cattle and feel they are just a number. DOC creates new slogans or policies to try to make staff feel included, but there is little to no follow through. XXXX

- There should be more programs/classes for female AICs on coping skills, community readiness, and careers. There should be BHS minimally 16 to 20 hrs a day. Especially during holidays.
- Coffee Creek is at a critical state for staffing of staff. Our average time in for correctional officers on each shift is a little different, but on the average, it is about 1 1/2 years if we are lucky. What does that mean for trying to get staff trained in how the legislature wants us to run our institutions? When we are short staffed, we have to shut down post because we can't get enough staff assigned to run a shift. Making it unsafe for staff and AIC's. There are posts shut down, so it makes it hard for the AIC's to get the services they want and need. Staff are working in a survivor brain and can't hardly see in front of themselves because of getting mandated to stay for another shift or covering a couple of posts at once. I could go on and on, but I think and hope you get my point. I would love to sit down and speak with you on these issues.
- [DOC] helping staff deal with stress is a farce. At the facility I work the security staff are mandated for overtime so often they are not given the proper time to decompress. Talk is about all management do they really don't care if you are well as long as you show up and fill the space.
- There is way too much mandatory overtime at this facility. The line staff are burned out. We are not provided with enough tools or information to deal with AICs with serious mental health issues. We have an AIC whom in the last few days has drunk from cleaning bottles several times. Why is she still in GP housing? By keeping her in GP, her life is at risk, and no one wants to do anything to prevent her from harming herself. Our BHS staff leave by 5:00pm: Mon-Fry. NO BHS on weekends or holidays. I guess mental health crisis takes time off on weekends and holidays.
- The shortage of staff and amount of overtime along with mandated overtime with the lack of training had caused safety to go down and staff assaults to go up. Lack of accountability for rule violations is also contributing to safety issues to AIC's and staff.
- You can't interact with inmates in the same way. Interactions need to be dynamic based on the situation and the inmate. Staff are "Encouraged" to practice self-care but it is just lip service by management. We are told to exercise more, sleep better, spend time with our family and so on but mandated everyday. Most promotions and special assignments at DOC are based on nepotism or EEOC filings.



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- There were too many variables with some of the questions so I answered “Neither agree nor Disagree”. Overall, I think CCCF is great and fair facility. Very few staff (but there are some) are “old school” when it comes their actions. Overall, the majority of staff are very compassionate and caring.
  - Hard to practice self-care when you are short staffed and mandated. Seems like the facility is getting more dangerous with an increase in substance abuse and staff assaults.
  - Lack of training regarding gender specific interventions and managing women's emotional needs while in segregation; inconsistencies with managing incarcerated women (politics and favoritism within security); lack of programs and access to outdoor/yard time and activities (frequently close or modify operations due to weather, staff, medical trips, etc.).
  - AICs need more programming, Space for recreation (no rec center), women's cut clothing, clubs, allowed to have different fund raisers and not have male facilities dictate what they can do or not do. This is a women's facility and has different needs compared to male prisons. Need more treatment resources.
  - There are messages regarding it being safe to disagree and to take care of yourself and responses to both of things do not prove to be true in my experience, so I select neither agree nor disagree because the message is there, and the experience is not.

## TABLE 2A: WOMEN SURVEY RESULTS (Responses to Questions)

575 completed surveys (61%); 212 provided additional comments, which was optional.

QUESTION	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	TOTAL Disagree	TOTAL Agree
1. Overall, I feel safe here physically (I feel protected from physical harm).	11.9%	13.3%	23.5%	36.3%	15.0%	25.1%	51.3%
2. Overall, I feel safe here emotionally (I feel like my feelings are understood).	30.8%	27.8%	23.2%	14.6%	3.7%	58.5%	18.3%
3. I felt safe and respected during the intake process when I first arrived here.	23.4%	26.0%	20.2%	22.8%	7.6%	49.4%	30.4%
4. Staff treat incarcerated women with respect.	30.0%	33.7%	22.7%	9.6%	4.1%	63.7%	13.7%
5. Incarcerated women treat each other with respect.	28.8%	24.2%	32.6%	13.3%	1.1%	53.1%	14.3%
6. The staff here seem to understand my needs as an incarcerated woman.	40.2%	31.9%	18.9%	6.9%	2.1%	72.0%	9.0%
7. I have learned useful skills here.	20.0%	18.2%	22.8%	26.9%	12.2%	38.2%	39.0%
8. Staff ask me for my opinion about this facility.	55.9%	27.4%	8.1%	6.0%	2.5%	83.4%	8.5%
9. I get along with the other incarcerated women in this facility.	5.3%	5.3%	25.6%	50.6%	13.2%	10.6%	63.8%
10. I have been taught useful ways to handle conflict (e.g., with other women, with staff).	28.7%	25.2%	24.2%	17.6%	4.2%	54.0%	21.9%
11. I have regular opportunities to connect with the other women here.	11.3%	15.1%	27.3%	37.9%	8.5%	26.4%	46.3%
12. I know how to get support from staff if I don't feel safe.	20.5%	19.0%	22.0%	30.9%	7.6%	39.5%	38.4%
13. Staff see my strengths and help me to develop them.	34.2%	32.6%	22.8%	7.8%	2.6%	66.8%	10.4%
14. I can disagree with (have a different opinion than) the staff here without being punished.	45.3%	26.4%	18.6%	7.3%	2.5%	71.7%	9.7%
15. I like the groups/programs that are offered here.	15.3%	18.4%	27.3%	31.2%	7.8%	33.7%	39.0%
16. I know what the schedule is every day and what is expected of me.	8.1%	11.3%	16.2%	43.1%	21.3%	19.4%	64.4%
17. This facility has provided me with support in dealing with my substance use issues. Not Applicable _____	41.9%	18.8%	18.8%	13.0%	7.5%	60.7%	20.5%
18. This facility has provided me with support in dealing with my mental health needs. Not Applicable _____	31.1%	20.5%	20.8%	20.8%	6.8%	51.5%	27.6%
19. This facility has provided me with support in dealing with my physical health needs. Not Applicable _____	44.9%	22.8%	13.3%	13.8%	5.2%	67.7%	19.1%
20. I can connect with my children and/or other important people in my life while I am here.	32.6%	19.7%	17.7%	22.5%	7.4%	52.3%	30.0%
21. This facility is preparing me for success.	42.8%	19.8%	23.7%	9.6%	4.1%	62.6%	13.7%
22. I work together with staff to identify my personal strengths and needs.	45.4%	25.8%	17.7%	8.0%	3.2%	71.2%	11.1%
23. I have been provided with information regarding my right to be protected from physical and sexual abuse.	63.6%	16.5%	9.5%	6.9%	3.5%	80.1%	10.4%
24. Staff members interact with all incarcerated women in this facility in the same way.	68.8%	16.8%	6.9%	5.1%	2.5%	85.5%	7.6%
25. Staff provides me with resources and information on services in the community.	43.8%	24.0%	18.9%	9.9%	3.4%	67.8%	13.3%
26. I have been provided with information on my right to be protected from physical, emotional and sexual abuse.	11.4%	8.1%	20.6%	43.8%	16.0%	19.5%	59.9%
27. I know how to report an incident of physical, emotional or sexual abuse.	8.3%	4.4%	13.4%	52.0%	21.9%	12.7%	73.9%
28. Medical services are available when needed. sexuality.	44.0%	22.9%	14.2%	14.4%	4.4%	67.0%	18.8%
29. Mental health services are available when needed.	31.1%	21.3%	22.7%	19.7%	5.2%	52.4%	24.9%
30. Management actions following an investigation are fair and consistent.	37.8%	22.6%	30.4%	6.2%	3.0%	60.4%	9.2%
31. Residents are free from harassment and discrimination based on their race/ethnicity.	31.2%	18.3%	29.1%	16.0%	5.5%	49.5%	21.5%
32. Residents are free from harassment and discrimination based on their gender and sexuality.	32.2%	20.5%	28.6%	13.2%	5.5%	52.7%	18.7%

## TABLE 2B: WOMEN SURVEY RESULTS (Comments)

- This facility is consistently inconsistent.
- I think the woman here could use more medical and dental services, also mental health. I just think authority here at Coffee Creek are beyond their duties when it comes to reprimanding or punishment when you're dealing with woman that have PTSD trauma.
- The unfairness and differences between the women and men's prison is crazy. We don't have equal rights as the men. The medical in minimum is nonsense. I have dealt with something for over a year and medical is horrible. We need more programs.
- There are a small handful of CO's that talk to us like we're actual human beings. Some put us down and are just not nice at all! Respect for us is not there across the board. You can tell they think they're better and just don't like us as people.
- I am glad this facility is here. It has helped me immensely to get the help I need, and to set me back on a successful path! Thank you!
- We could really use more mental health personnel, trauma-informed counselors. Also, it would be an amazing addition to have a "safe" calm place we could go to feel safe.
- I hope this survey will be taken as serious and action be taken.
- Men who feel they are women should have their own prison. It is not right to have to see them masturbate or having sexual relationships with the women here.
- I've been here 4 times and my last set was XXXX years. I have no doubt about my institutionalization and I have a great concept of what this facility needs in re-entry, trauma-therapy, and supporting our transgender AICs while transitioning.
- I am trying to transition from [gender] to [gender] and this place doesn't provide much services, no education, classes, counseling, and mentoring. They told me a few weeks ago that I would have a XXXX and still nothing.
- I have personally experienced gross neglect medically and I heard many horror stories on this end. The mental health services are thorough and well developed. Physical health, especially diet and exercise and need serious addressing here. The average female inmate balloons into obesity here.
- I think the medical staff need to consider us (AICs) needs more seriously than following protocols. If I tell them that I need medication, they follow protocol until grieved or a hospital trips, they only follow protocol...5 months is too long to wait for glasses and dentals. Why can't they provide us more prompt and precise medical care. We need more exercise equipment.
- I really hope that this will help make our environment a better place.
- Abuse of authority is alive and well!! Extortion of power is borderline micro-managed in some guards.
- Inconsistency is consistent. I would feel uncomfortable having a difference of opinion with a 40 year old.
- When there are budget cuts, our food services are the first to go. The men and women incentives are not equal. I've been here [over 10] years. What I have observed is that you come to prison, you learn how to manipulate, suck up, or kiss ass to get anywhere. Having clear conduct and good work values is not what gets you ahead here in getting a job, moves, or staff 1-1. Individuals that build friendly relationships with staff tend to get what they request. Medical will do nothing for you unless you manipulate and act like you are dying. Sometimes not even then. There are no privileges to being good other than self values and integrity. The majority of people leave prison more angry and more damaged than when they came.

- Those who have committed sex crimes are often big targets from other AICs, as well as staff members. I see a lot of favorites being played into motion by certain officers. Rules are not always handled the same from each officer on shift. Some rules are implemented, and some are not. For those that have sex crimes, there is no support group, therapy, or sex treatment available. They should help us rehabilitate. I was fortunate enough to have completed sex therapy on the outs before I got sentenced. Had I not done that, I would've been here completely lost coming in here. There should be some sort of support group. We are constantly getting picked on by others at any given time. For that, I wasn't prepared and I struggled immensely with that.
- I feel that there are quite a few staff here that overexaggerate and treat us like we are top of the line rioters. Some even target you once you get on their radar. I feel like if we stopped getting treated like garbage, we would have more respect [for] them. If we got treated decently as they do with their co-workers, we would get along better and not be able to cut the tension with a knife when certain staff come in. We shouldn't have to be scared to our bunks when officers who degrade us come on the units.
- The only thing consistent is inconsistency. The rules bend for some people that are treated by favoritism. Safety is not a priority here. When people are threatened, there seems to have violence in order for things to be taken seriously.
- Need more opportunities for rehabilitation. Trauma recovery would be best offered to both medium and minimum side along with other mental health services. This facility is lacking in providing support for mental health physical needs, along with substance use issues.
- This is my 1st experience with the DOC and I can say with 100% accuracy that my opinion of the criminal justice system has decreased 1000 fold. Every opportunity I've been disappointed with the lack of respect officers treatment inmates. Medical care is none existent. I've known serious medical conditions and I can't see a provider. There are no programs or services I can utilize. My medical restrictions are ignored by staff when I am forced to work beyond what I am capable of. I only have so much space, but I've never been more disappointed in the legal system. Programs per my sentencing documents are ignored when determining my time and delay treatment to prolong incarceration.
- I wish there were more programs/classes available for inmates like me, who are here for [under 12] months. I'm not eligible for A LOT of things. Yet, I still have to serve my sentence without many activities. I have my diploma, so I can't do GED classes. I just have yard really. I think there should be more activities/classes for inmates who aren't going to be serving much longer than 6-8 months.
- Medical here makes simple things difficult, like trying to get wedge pillows when needed or compression socks. It's like pulling teeth and nails to try and get put on medication for back pain that actually works. Don't get me started on these cookie cut meds that they put us on. They do not offer any other programs besides AIP. We need trauma recovery classes and substance abuse courses for AIC that don't qualify for AIP. Better food. Veggie tray that don't set in the walk in coolers for 3 days or more.
- Someone died here.
- I feel like that certain staff are interested in our emotional well being. I feel that [for] AICs who meet certain criteria [there] are programs designed to promote success. Overall, I have found staff to be completely lacking in compassion and empathy. Their lack of consistency means that we only have to follow rules that a particular staff member is concerned with. Some AICs seem targeted. Some can do no wrong.

- There are not enough programs to better ourselves, classes, or programs to keep ones busy to keep out of trouble. There is not enough job opportunities to further one's education or career certificates or degrees. When someone releases to the community, staff do not stay consistent. I came to prison pregnant XXXX. I gave birth and had to come back after birth. There is no support to pregnant or mothers who gave birth, or for their children. It would be nice to have our babies with us at least a year or so.
- You can't get help from staff or you're labeled a snitch and that makes your time here even worse, and sometimes the staff treats you worse for asking for help. The mental health unit shouldn't be optional, if they need to be there, they should stay there cause they are in more danger of abuse (physically, mentally, or emotionally) being out in open population
- CO XXXX often has our stress levels high. She constantly makes up rules and threatens a cell in with everything. CO XXXX has favorite AICs who she lets slide or be in charge of the unit and constantly disregards what anyone has to say. She often shares too much personal stuff like that she is gay. She targets AICs who disagree with her the slightest. If she doesn't like you, she will send you across the street over a tablet. The COs don't care for our opinion, write us up, and don't care to listen to the whole problem before writing you up. XXXX has standards that she expects done, but is not required in the handbook. She will write you up over little things, such as headphones and radios on you bed. They often don't use progressive discipline. Thank you for your time.
- When you have mental or medical issues, it's hard to get in to see someone. There are staff that act as if they don't like us or like they are just here to make our lives harder.
- It would benefit us to have proper social etiquette courses of some form. We all were raised different and aren't necessarily on the same level with please, thank you, yes sit, no ma'am, or proper respect for each other. Women are catty and lack building each other up. Resources for everyone to take for conflict resolution like a required course. Words should be first. Most have been taught to resort to yelling or violence. More help for individuals with mental health. For example, a [schizophrenic] deals well with [having] a teddy bear for night tremors. Personally, I have seen this in dorm XXXX. More counselors to help with lifelong drama that has been built up would be nice.
- It makes it extremely hard to know which COs are going to enforce what rules. One of ours require only staples. Another one will tell us it's only tape. It's frustrating to follow rules that are not consistent.
- Upon arriving here, every AIC should be given their OWN copy of the handbook. Not the little orange one. That version doesn't include all the rules, expectations, etc. Bu not having a copy of the actual handbook, AICs new to this facility are often put in a situation where they are reprimanded for things that they are not aware of. There is a huge lack of consistency in nearly every tier/department here. This creates disorder, chaos, and anxiety. There is an officer here by the name of XXXX who spends a lot of time, energy, attention into knit-picking about every little thing. This is unhelpful to our community here. There are many important things that go unaddressed while miniscule things are focused on.
- Unfortunately, if you are incarcerated at this facility with little criminal history or return score, you have less options for help with family, therapy, PTSD, and substance. Women like me are expected to make it through independently. The phone also makes it next to impossible to not be isolated. While some COs offer help, a few definitely like power roles and believe it's there part to continuously corrective punish, instead of support. Thank you greatly.

- I think there is definitely diversity in staff, but I think some of them are disrespectful as well as some being amazing.
- The phone validation things make it entirely impossible to reach out to loved ones. Especially, for those who don't understand it. Staff should have to go through trauma based training. More jobs. More programs
- The phone validation thing is a huge issue. I haven't been able to talk to certain family members because they are elderly, since it's been enforced. It would be great if we could have more job opportunities like apprenticeships. The men facilities have way more options and it's not fair because this place doesn't give us hardly anything to go off of and be successful with.
- If I am eligible for all programs then why can't I get into any programs? I just sit here all day while my life on the outside crumbles. I should not be here. I have a home, kids, car, and job that is all gone.
- I feel like I am rotting away in here. When the judge sentenced me to this place, she said for me to have drug treatment as soon as I got here. When I got here, they said that I am not to enter drug treatment until 2024. This is not what the plan was in the very beginning. I'm sitting here rotting until these people that work here at DOC say that I can leave. Please help. I have a family and kids that I need to go home to.
- We need more rules on the transgender progression. Less rules on married couples. Fix the phone system. Validation is stupid.
- XXXX and XXXX are both inappropriate with AICs.
- Yes, we want more educational programs, college courses, certificates, and training classes to be offered here at Coffee Creek. We need more program here. We can't get in contact with our family since they changed the phone systems.
- We need more options/help with drug and alcohol abuse.
- The only thing consistent here is inconsistency. Some staff truly make people feel so on edge and trigger PTSD that is make us overreact and feel unsafe.
- XXXX causes the unit major stress and anxiety. XXXX is inconsistent and favors certain AICs.
- Some staff causes our dorm to get sick and bring a bad atmosphere to our unit. They also give so much anxiety. Medical sucks and are so far behind.
- CO XXXX is known for trying to play favoritism and sexually harassing inmates due to her sexual orientation. XXXX adds to the stress of being incarcerated every day.
- CO XXXX causes me high anxiety. She constantly screams at us. She goes over and over with the same thing. She is overbearing and triggers my PTSD. It causes me mental distress. It's hard to put into words. I've never been celled in by her. This isn't a retaliation tactic. I've talked to my BHS counselor. There's also not enough programs for people with two years or less.
- Medical staff is very condescending. I haven't been able to connect with my kid. AIP is only for the people with substance abuse. XXXX seems to cause stress to other AICs and acts like a bully. Not enough programs. Zero consistency. Not any help to better yourself.
- XXXX triggers my PTSD. Medical staff is rude and treats us like children and needy pieces of XXXX. I have severe mental issues. I've never wanted to XXXX my wrists so badly.
- There are some staff members who ran the dayroom different than any other staff members. They have different rules/expectations and AICs get written up for not following them.
- There are some staff members who ran the dayroom different than any other staff members. They have different rules/expectations and AICs get written up for not following them. Staff will enforce the rules more harshly.

- I believe some staff are judgmental towards AICs. I wasn't informed of how things were processed when first arriving and when moved to mini. I've seen a lot of disrespectful acts by both inmates/staff. I believe there could be more types of support system in all areas from intake process, moving of unities medium to minimum, etc.
- There is a huge amount of disrespect from COs. Female residents are constantly walking on eggshells. How can we improve ourselves living in an atmosphere where we are constantly punished and made to feel inadequate. There needs to be less of a feeling in inadequacy and more of praise. Just like raising well-disciplined children. Equal attention for good and bad behaviors. Positive reinforcement!!
- There is no respect from most staff towards AICs. Having an opinion is not allowed!
- Women's opinion and resources should be equal with men's facilities. Thank you
- Can not connect with family. The phone system is terrible.
- The new phone verification system makes it nearly impossible to talk with family. There are not enough programs/training offered. We need more hands on training.
- Need new phone system. Not everyone has credit cards and 90% can't connect. Please help us here and with any areas showing needs in.
- I feel like I'm viewed as an ignorant uneducated individual. My opinion is neither accepted nor listened to and I am most definitely not being rehabilitated or prepared to be going back into my community to succeed.
- XXXX and XXXX are pieces of garbage and have harassment and control issues worse than any of my exes and that is bad.
- XXXX and XXXX create high stress environments and are controlling.
- Yes, there are so many corrupt officers and horrible management and retaliation from officers. It makes it hard to feel safe or comfortable here.
- XXXX is abrasive and emotionally abusive as well as triggering for my PTSD
- Men should not be in our prison. It is really hard to figure out who is the contact for information. The grievance process is completely ineffective and our medical care is ridiculous. I have been fighting with them over food intolerance since I got here XXXX. XXXX I was told that I have to eat things that make me sick, and if I didn't like it, I shouldn't come to prison.
- I feel like we should have more opportunities for programs and education like the men's facilities.
- Phones. I cant get a hold of family due to verifying phone number.
- There is no effective rehabilitation here. We are simply being warehoused, not to mention extorted as DOC has monopolized ALL> The medical/mental health is not only non existent. It is actually harmful. As their lack of meeting our needs often, there are no preventive measures. I personally have an attorney helping me get my medical/BHS needs met, but it shouldn't come to that. I'd like many more sheets of paper or to be interviewed by someone as I have more to say. Not only about the prison, but about the Oregon Judicial System as a whole. Please someone/anyone contact me. I'm not afraid and I will come forward and speak up of the corruption within and outside of the facilities in Oregon. I am ready, willing, and able to assist in holding those people, the entity, responsible for all their oversight. Medical and lack of mental health issues are among the most bothersome as of this moment. Thank you.
- There is an officer here named XXXX who is causing so much anxiety amongst the AICs that we definitely do not feel respected or safe when she is on shift. Even when we do good things, she'll go out her way to get down on us for something. She does not [create] an environment conducive to becoming a more positive productive person. This is true of many of the officers here, but XXXX

is by far the most emotionally abusive but they all need training in how to create a more positive, productive atmosphere and how not to treat us like dogs. The men's prisons have different movies played all day, but we don't. This would help us pass the time.

- This place sucks for medical and the COs are rude. Well 85% of them.
- Staff needs more training in multiple areas.
- It would be nice to get better medical and dental care. Be treated like people.
- They play favoritism for bad behavior. More programs. Need more programs. Staff need to treat us better.
- This place does not rehabilitate anyone. It's a complete waste of a person's life. They don't offer anything worth a darn for mental health
- I would love to see the results of these surveys please.
- There is no help for mental health class.
- CO XXXX walked into a women's restroom and caught me pulling my underwear and I got a cell in and have been targeted and made to feel very uncomfortable.
- We have barely any programs offered here beyond higher education. In order to get your needs met you have to have extreme behavior. Staff is not trained to deal with people with mental health issues. We are paid poorly for our work and yet canteen and phone costs keep going up.
- Mental health and medical is a complete joke. You don't get help or support in any way. There isn't treatment for everyone. There is no reason to do right because there isn't consequences for those people. There isn't any programs to help me better myself.
- I would like to see more programs offered. Communicate to AIC what is available. Work/outside real life jobs offered. DOC to follow through with their word and recycle.
- How much time do you have. Favoritism to AICs by staff. Level 3s get no acknowledgement of their good behavior. We are expected to take care of the mentally ill. There are no resources for people getting out.
- When you needed treatment on drugs, they don't give you the treatment and deny you on AIP when you really need it to help you when you get out.
- If you disagree with staff, you most likely will be celled in for disrespect. There are bullies all over. We get treated like just another number.
- Suicide watch is very concerning and the cells are filthy with bodily fluids and the individuals aren't allowed to clear [in] the cells while on watch.
- No consistency. No really time frame if any for drug treatment. Slave labor. No consequences for fights/sex. No medical care whatsoever. Lights are on way too many hours.
- Most programs are favor AICs with a higher [ACRS] score because they have a higher chance of returning to prison. So AICs with lower acre score get swept under the rug because we are not "problem children." There should be equal opportunity.
- It appears that people who break the rules are favored by the higher ups. Sentencing guidelines are inconsistency and unfair. There is no housing for the mentally ill on minimum.
- The proper protection and cure of mentally ill AICs is very upsetting to watch and experience. There's almost no protection from bullying or being provided safe environment. Above all else, they need the most attention and help. Please look into it. It's hard to watch people needing help suffer mental, emotional, and physical abuse.
- Poor food quality. IE: sour lunch meat, mold, lunch, moldy bread, and sour milk.
- Medical is really, really bad. Women are not given proper care. Many wait for help. We have very few programs offered. COVID didn't help. College should be more accessible for everyone. I



cannot pursue more since I have a degree. They won't let me. Our pay is 1/3 of what men make. There is very little mental health aid. They give us pills before they teach any coping skills. This is run like a day care. Not a place of rehabilitation for women. Please help. Women need more.

- Alcohol and Drug treatment. More learning
- Many inmates are favorites of COs. IE: Fire Crew girls, Inmate Processing Clerks. Website is totally different than what really happens in here. No such thing as rehabilitation. Sad how many girls return here several times. COs are not happy here and have no qualms about telling inmates what is going on. Medical is horrible.
- I'm an eye witness to an [officer] punch a AIC in the face twice after he was kicked in the balls and he was in hand cuffs.
- The staff here play favorites and will only help the ones they like. They don't care if harm comes our way. People here beat other AICs and have no real punishment. The staff talk down on us and call us names. It's real dehumanizing. No reform is offered to us at all.
- The COs that are respectful are very much so and do everything they can to make us feel okay. The COs like XXXX and XXXX are very disrespectful. They talk down and belittle us. Their behaviors are tolerated due to them being here longer than most. I don't even know who the warden is here. We never see her.
- Yes, there should be A LOT more opportunities as in programs/classes/education/apprenticeships to help us build a foundation. Medical does not take people's health seriously. There are no other alternatives for mental health except pills. We lack a foundation of good coping skills. Positive encouragement. Those who are changing and bettering themselves are passed by and those who are consistently in trouble are favored. The units are always dirty because there is no responsibilities or accountability. People who have broken English are discriminated against in all areas, not given proper medical care or treatment. We get shut off from yard more times than not. We are not looked at as females and placed in men categories with our clothes, shoes, etc. There is a lack of nutrition in our diet, and it shows by the increasing rate of obesity and health problems
- This place is certainly being portrayed differently on their website than what is happening in here. There is no rehabilitation. There is a lot of favoritism, especially with fire crew girls and IWP orderlies. There are rules allegedly, but they aren't being followed by AICs or enforced by COs. I think all staff members should have random UAs weekly and all of their belongings searched daily. I've been harassed, bullied, targeted, and assaulted by AICs and COs. The medical here is very inadequate and they don't follow their own policies. There is an extreme amount of suffering.
- Male officers yell as a matter of course triggering to many women with PTSD. Mental health workers are nice people but lack training or resources to help women with mental health issues, specifically ADHD. Medical care is archaic is available at all. Meals are inconsistent with menu. Many substitutions with regard to fat, sugar, calorie count. The last time [they] used powdered milk. They add sugar to make it palatable. Lack of staffing has resulted in a lot of years time being lost, even loss of visiting times. The staff has repeatedly told us that working here is very difficult because of management being chaotic and disorganized. Staff caters to young/flirtatious girls.
- Mental health is not looked at. Medical is not addressed (scariest thing about being here). Staff harass and physically harm us more than DV relationships we came from at times. Men yell, cuss, and degrade us everyday. I am scared always.

- [Officers need] trauma informed training. XXXX. I feel this is very important for AICs to feel safe and staff not to be retraumatized as well as AICS. Most staff have PTSD and trauma as well as AIC. COs XXXX is a main abuser here. We hope to have further chances to express ourselves to this organization.
- It's hard to feel safe somewhere where born men are allowed to live with me in an open dorm. A mid incarceration sex change should not be grounds to be housed with females. AICs are definitely not all treated equally by staff on most occasions.
- Yes. Not all programs are offered to all AICs. Sometimes due to [ACRS] scores, AICs are not eligible for some programs. A lot of us could use some programs to help us change. They said AICs are on a list for it, but not all AICs will get in. Horizon treatment is suppose to be for AICs with low [ACRS] scores, but only approved for the red treatment. Rules and discretion change with each shift and officer. If we try to get into a program, the counselors say "If you have family members on the outs that could help you, fight for it." If we have no family out there, its not good enough for us trying to fight to get it ourselves. Every AIC should have an opportunity to take any program that's offered and that's not the case. Anything that could help us spend our time wisely, help us change our ways of thinking and being. If it was mandatory to take a variety of program s while AICs are here, the outcome might be to not repeat and come back
- It would be nice to be treated equally. It would be amazing if there was confidentiality when reporting things to staff instead of them running it back to other AICs, creating drama in our living areas. Be treated like women, mothers, daughter, and humans
- Staff need some kind of training to deal with someone that have been abused.
- Treatment is highly needed and recommended. They play favoritism and reward bad behavior. Minimum is supposed to be for good behavior but yet level 3s don't have any incentives. We are supposed to take care of the mentally ill when they should be in D-Unit. We need small shoes for little feet. Need more programs for treatment.
- Not having access to certain programs offered due to lower [ACRS] score. Being yelled at by women and men staff when they want us to do something. Staff not holding AICs bullying other women accountable. Not providing options for special gluten-free diets on canteen. Officers telling women excited to parole, "Oh you'll be back."
- There's a lot of stuff that needs to be said and done differently. This place needs a lot of help. If AICs had the help while here, we probably wouldn't come back.
- There is definitely special treatment for certain AICs. The only consistency is inconsistency.
- We need more programs for mothers/children. More opportunities for native culture and spiritual needs. Go back to not have to validate numbers for family and friends.
- That the medical stuff needed DRs and more diet available for diabetes.
- Medical is the worst ever! Staff is all different every shift. Never same rules.
- There are good staff here, but few and far between when it comes to being treated as a human being.
- Our health care needs improvement. Staff need mental health evaluation.
- I wish we had more feminine things like clothing, shoes, woman's hygiene products. More program classes, especially for those who have been here for more than 5 years.
- There should be more treatment for AIC for drugs and alcohol, allowing more room for treatment.
- We are women. We should not be shamed for being women and what our bodies look like. We are shamed if our clothes are too tight and fit us how women's clothing should fit us. We are also

expected to sit quiet and not be disobedient" if we are being berated by a staff member. We are told to shut up on a daily basis from XXXX. They will tell us to sit down and shut up.


- Medical needs to be re-evaluated. All staff included. Equality between male and female prisons. More feminine products in canteen.
- I feel that this facility has been able to provide somewhat what is needed to be successful, but I think more can be done, especially for women with no money management skills like teaching a class about how to manage a check book, for example, so people are more aware on how they use and spend money. To have more apprenticeship opportunities for women in the trades. I work in the XXXX, and if I continue to work there for the rest of the time I am here, that will be for five years, I won't have much to show except the hours I have worked here. Also, ICS solutions is really an awful process to get people registered. It's about \$6 to have a video for 28 minutes.
- Being here for [over 15] years, I have seen things come and go. Women clothing and hygiene products. Due to the prison system being a business and the majority are men. Women's shoes. Not many in our sizes. Better food quality. How can I be a productive member of society if I keep getting in trouble for sharing.
- Programs, where are they? Some staff are extremely aggressive. They should have mental health evaluations. Phone validating numbers are completely controlled by DOC. Pay for job is not worth working.
- There's just a complete lack of communication. The medical is so bad. So bad. I've been having serious XXXX daily. After the treatment medical has given me didn't work, I was told there's nothing else they can do for me. Many of us are mothers. Yet, we have no programs to be able to bond with our children. The phone validation have made it to where I can't contact my [child]. I have over three years left and won't be able to hear her voice. The programs offered are highly lacking. This place is setting us up for failure.
- IC Solutions is probably the least favorite phone company. This is difficult for kids and older people to get it done.
- Overall, we live in a good environment. If we could have access to women's items, it would help us to have our identity. Men get to be whoever they want, but we can't even look like a woman without it being taken away.
- We need more programs and classes for better opportunities once we leave to prepare us to be better. We need to be treated as women, not clothes and treated like a man. Our medical is a joke. I want to say thank you and we greatly appreciate this opportunity to help better this facility.
- The phone validation system has made it completely impossible to speak to my family. There are also very few opportunities for rehabilitation. One CO told me this place is just warehousing for felons.
- Change the process to validate the phone account. Our family having a lot of problems to validate the phone accounts. Family can't have any communication. A lot of families don't have credit cards.
- We have girls in here who need real medical attention, and they are not receiving it. The staff, some staff, bully and humiliate us. We cannot report incidents or they will retaliate.
- The only consistent thing here is consistencies. We need more mental health help and substance abuse help. More access to resources.
- Some of the women CO abuse their power towards inmates. I think CCCM and CCCF do their best to keep things straight.

- We are down to 2 washers. We went over a month on this unit without hot water. There is no laundry soap being used by the facility while washing our clothes. We receive disciplinary action is we manually add soap. The premise is that soap is automatically dispensed. This is not the case.
- When it comes to issues, they will make it look good on paper, but the reality is something else. I don't feel heard. Most of the time, my problems are simply brushed off and I am sick of wearing boy/men clothes. I am a woman. Medical sucks.
- Policies need to be updated and revamped. New programs need to be available with opportunities like apprenticeship programs.
- We are treated differently than the men's institutions, especially when it comes to our rate of pay. They make more than we do for the same jobs, receive merit awards, and year end bonuses. Also, clerical jobs make 18 points and physical plant jobs make four less point through we work harder.
- There is favoritism by so many staff members, especially when trying to get one of few high paid jobs. The person who does the hiring has favorites and give jobs to people she likes.
- Mental health, regular health, dental, female hygiene, clothing, trade, family events, PHONE SYSTEM, Drug treatment
- I was hurt on the job by another AIC. Nothing was done. I was fired for asking for help.
- There needs to be a place to go when you can't be around others because of grief/anxiety. Those type of things to process your feelings without an obedience.
- 50% or less of the staff don't know anything about the facility. The rules, what's going on anywhere with anything and let you know they don't care. Most questions are answered with "File a Kyte" If you ask to whom? Not sure. Medical is a joke. I've been on merry go rounds for months. They prescribe sleeping pills, depression pills. The kitchen is extremely wasteful. It's not very sanitary.
- Many of the privileges and amenities (gym, big yards, entertainment) that are in other facilities are not available at CCCF. Is this because they are men at other facilities? Is it because CCCF houses 99% females, which are too gentle and easily pushed around? Is it because we are less than - not as valued? Or not as scary or as big of a pain in the behind? Or is it because ODOC is a bad parent and always rewarding the bad child for misbehaving by giving them what they're throwing a fit about. Bribing the bad child to behave, even if tits just a for little while. The good child in the meantime goes ignored and brushed to the side, getting no attention or only getting the built up frustrations from having to deal with the bad child.
- There are a core group of AICs who more or less run CCCF and I've witnessed captains asking their opinions in regards to private matters relating to other AICs
- If you turn in an officer for something and think that the higher ups are not going to tell that officer, you would be wrong. I turned in an officer and he was told everything and he retaliated against me. If an officer ask you a question and tells you its going to be kept confidential, they lie.
- A lot of transgenders here get more privileges. We want to be women and don't get our needs met via bras, nutrition, etc. Also, sometimes this unit gets bashed for being entitled and some cops are really mean about it and try to punish us for being an incentive unit.
- I want to share the importance of being able to craft as a level 3 incentive. We were able to make a blanket for ourselves or for families. We were working with yarn through knitting, crocheting and/or plastic canvas. It is soothing, calming and fulfilling use of our down time. This fills in a gap with mental health services often and makes life here better for women and their families. I pray it is not taken away.

- We seem to keep going backwards on everything. They constantly take away without thinking about the emotional impact. They do not physically or mentally take care of the aging population (60+). I would like to cell alone option. If you go to the mental health or bad behavior unit, you might be able to. [Some are] hearing impaired and have been waiting 7+ months to be taken out to be fitted for hearing aids.
- We need more accountability for staff who are aggressive and target women. Also, if we can call our families without having to go through a 22 step registering process. Can we also have women's clothing and shoes.
- Many AICs, including me, have not been able to speak with family since Dec. 27th due to family members unable to navigate the phone system to validate phone numbers.
- The new phone system is very difficult to navigate. When you first get here on intake, you should be given 2 free phone calls, so you can explain and walk your love ones through the process of validating their phone number. The transgender community at CCCF get way better treatment. They get bigger food portion. They get single cells. They get laser hair removal, and staff approach them way different.
- The things that go on between staff and AICs is a joke around here. Rules are not applied to the chosen people in this [prison]. Staff have relationships that are not okay, and we all watch it happen even on J-Unit. The girlfriends on the unit do as they please with each other. The tight clothes on people here should be taken and not returned to them days later by staff. The staff that try to put things into control have no support from their fellow workers. AICs play the officers that let them play with them. It's really sad to watch, and a lot of us are tired of seeing it.
- Being the only women's prison in Oregon means there is not any place to compare with only men's facilities. This is where the problem is because we are not treated the same. We've been told many of the men who are transitioning get things that we don't. Being a transgender in our facility means you are treated different. They get away with many things that actual women don't.
- I asked for medical help a month ago for a severe issue XXXX. I have seen nurses twice and all they did was check my BP (which was elevated both times), pulse, and oxygen. They suggested that I do XXXX. I've been here since XXXX and this place has gotten less structured, more chaotic, and less rehabilitative, especially in the last 4 -5 years.
- IC Solutions telephone systems have made it so that I can no longer call my children. I have medical issues that I've been trying to have addressed for the last 3 1/2 years and still haven't been helped. The male staff treat pretty girls better than older ladies. Way better.
- Transgenders are treated better than the women for whatever reason.
- I never imagined a prison to be inconsistent.
- There is a lot of mental, emotional, and verbal abuse and it has debilitated me.
- There are a lot of inconsistency here. Certain staff go out of their way to be rude and disrespectful. There are the ones who get promoted the fastest.
- If it was not for survival coaches the general population would not have a crises response/responding person that is not judgment and we would not have any programs because survival coaches lead it all.
- Girls who flirt with male staff are given special treatment. Transgender who are from male institutions have sex with female AICs and are protected by XXXX. Dog handlers are treated better.

- This place is a nightmare. The medical is scary and overall a disaster. I wish it had more to offer, considering we have made bad choices. Staff treat us like we are animals. They make communication services unethical. It's a constant battle to try and do better for ourselves.
- Preferential treatment is given to the transgender population. If there is a conflict (sexual or otherwise) nothing will be done if it's AIC on AIC. I know from experience.
- My cell mate is a bully and nasty to me and her previous cellie. I need a way to get away from a nasty, mean, bully, especially since I am elderly. There should be a way when you have a problem with a cellie for staff to talk to her previous cellie to check for the same behavior and realize that she's the one at fault.
- There is no recourse if staff verbally/emotionally abuse. A few programs are helpful.
- A lot of transgenders here get more privileges. We want to be women and don't get our needs met via bras, nutrition, etc. Also, sometimes this unit gets bashed for being entitled and some cops are really mean about it and try to punish us for being an introvert.
- I believe that staff don't properly handle the PREA investigation the way they should. Staff members have favorites and other AICs will use that to their advantage. Staff members will give special treatment to other AICs and then punish other AICs for doing the same thing. Transgenders get away with everything because they will pull that card and it's not fair.
- The majority of staff have no communication skills and treat people here like crap. Yelling at us. If it weren't for all the programs facilitated by survival coaches, we wouldn't have anything. Also, staff rely on survival coaches for many situations that truly call for a BHS response. They also ignore pleas for protection regarding AICs who are being bullied/threatened due to their crime.
- The transgender people get better portions and better meals. Others don't feel like they can express themselves without being told they are harassing. They get better items to purchase off canteen before arriving here. We are asking for equal rights to meals and privileges. We don't discriminate. We love, but we need love. Diet is important for our health and mental health.
- There is no follow through here. We are offered services or programs. Told there will be treatments, even equality like regular women's bras or shoes. Yet, we have seen none of those things happen in the 5 years. Lots of promises without anything to show.
- Some of the most germane issues are consistency, fairness, ability to reach our family and adequate health care. Each time there is a change in leadership, rules and expectations change or new services provided.
- We are not treated as women in Oregon's only women's prison. We do not have equal or fair rights/ The transgender community is treated better than us women. Better bras, better food, single celled. Overall, treated with a higher respect. Men's institutions have programs, fundraisers, activities. We do not have options. Medical is a terrible nightmare and so is the mental health or lack thereof.
- Women who are not in transition are not treated equally as transgenders. We can't get decent bras, meals, and called women. The facility constantly is taking things away from us that are supposed to make us feel normal.
- There is definitely bias involved with certain deputies and shifts
- Sixty percent of staff do their job well. Twenty percent are disrespectful and pick on certain people. The other twenty percent, I haven't experienced yet.
- The IC Solutions phone system is/has been an extremely huge issue for the AICs and us trying to get ahold of our families. The validating phone number thing seems to be really hard for our loved ones. It's been an ongoing issue. We should be able to just call.

- I've been here 4 times. Raped by staff twice, physically and emotionally abused, always maintained excellent behavior. Yet, I never been allowed to do ANY programs here.
- Staff are bullies. They cover each other's asses.
- Good program - affects people with shorter sentences. Treatment programs apply to those as they walk out the door. Should be offered when they first get there for all that need it
- Why don't we make as much as men? Why do men have incentives for good behavior?
- As someone with severe trauma and addiction we are not provided the mental health help we timely need. Medicated and sent away, we need more rehab.
- There is retaliation when things are reported against staff. Male staff talk to us very disrespectfully. We as women are not being treated with respect.
- Favoritism - Constantly targeted. Turned down for hair school. Raped in cell and no one believed me. Beaten and abused - feel ignored
- There are 5 staff outside of my program that makes this place tolerable. If I was not in a program that I enjoyed, these answers would be between 1-3
- Elitist prison. Favoritism. Discriminative.
- Yes, I'd like the chance to speak and be interviewed.
- Place is so safe but nothing available to rehab us.
- I think that there should be a better model on a release plan and system in place to be able to reintegrate into society.
- Reached out for mental health services was denied because I do not take medication. Same sex relationships are looked down upon here.
- Need some help - victim of sexual abuse prior to arriving here and sexually harassed by staff.
- There is no family advocate. Hard to address visitation with children.
- Trans women are denied trans-affirming care
- Medical system is a joke. Our needs are not addressed.
- Targeted due to sexuality. XXXX speaks to us in a discriminatory and vengeful manner.
- Staff use our personal business as bargaining tools against us. Little and poor medical care.
- Being here has exasperated my mental health. Discriminated against due to my sexuality. Racism, sexism and homophobia is prevalent here.
- Second time here: lack of help to discourage recidivism. Inconsistent standards set by staff. Staff treat me as little worth.
- Few options for personal growth. No consistency on enforced rules. Don't feel respected. Not enough resources for those with children.
- Favoritism and discrimination are present.
- We need access to women's needs. The men and transgenders here are catered to.
- Something needs to be done about the bullying and threatening behaviors. More mental health and medical staff are needed.
- Don't feel treated fair by most.
- Facility lacks the discipline towards staff being held accountable for discrimination, equality and sexism especially towards transgender needs. We are not offered feminine products. We feel discriminated
- The phone system does not allow us to call who want without the number being registered. Proposed a maternity building as women are forced to give up their kids.
- Counselor denied my appointment to discuss my needs.

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- Because of phone validation, I am unable to contact my family. Medical care is non-existent. Expired food. Treatment only offered to AIP.
  - We have zero resources
  - Learned skills here that will ensure my success. Learned to problem solve.
  - Staff are predators here. Inmates are not treated equally.
  - This place does not offer opportunities for people to grow or change.
  - My safety doesn't matter to them. It's about #s and money. Abused physically, mentally, and emotionally.
  - Medical is inadequate!
  - DMV is my only safe place where I am valued & respected as a woman; prison is no place to be! It is punishment on top of our exile from society! We are being punished 2X. Our freedom was forfeited when our crime was committed, I get that, however we should not be deprived of our basic needs & discriminated against because we are females. Transgenders get their basic needs met plus extra medical attention, extra food diets, and private cells. I feel very discriminated against for being a natural woman!!
  - No real help [for support with mental health needs]. They have you fill out forms for goals and ask the same questions when they see you every 3 or 4 months. Justification for BHS jobs but they do nothing. Medication is on the formulary is limited because Wellbutrin is expensive and they claim that addicts snort it - so they get rid of it. But it all boils down to money. There is absolutely no financial accountability as to how they spend money and embezzlement is rampant. They tell AICs that they just don't have any money.



**TABLE 3A: STAKEHOLDER SURVEY RESULTS (Responses to Questions)**

10 completed surveys

QUESTION	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	TOTAL Disagree	TOTAL Agree
1. Incarcerated women have different needs than incarcerated men.	0%	0%	0%	30%	70%	0%	100%
2. CCCF has adequate programs for women.	10%	40%	20%	30%	0%	50%	30%
3. CCCF is preparing women for successful reentry.	20%	20%	20%	30%	10%	40%	40%
4. CCCF is committed to meeting the unique needs of women.	0%	20%	20%	40%	20%	20%	60%
5. The facility leadership has strong relationships with external providers and resources.	0%	20%	40%	30%	10%	20%	40%
6. The facility leadership seeks input from me/my organization about opportunities to improve outcomes among women.	20%	10%	20%	40%	10%	30%	50%
7. The facility leadership takes action in response to my/my organization's input about opportunities to improve outcomes among women.	0%	30%	30%	30%	10%	30%	40%
8. There are sufficient opportunities for stakeholders to connect with the facility leadership about the needs of incarcerated women.	10%	30%	30%	10%	20%	40%	30%
9. The OR DOC headquarters leadership is committed to meeting the unique needs of women.	0%	50%	10%	40%	0%	50%	40%
10. OR DOC headquarters leadership has strong relationships with external providers and resources.	0%	20%	50%	30%	0%	20%	30%
11. OR DOC headquarters leadership seeks input from me/my organization about opportunities to improve outcomes among women.	10%	50%	30%	10%	0%	60%	10%
12. OR DOC headquarters leadership takes action in response to my/my organization's input about opportunities to improve outcomes among women.	20%	40%	30%	10%	0%	60%	10%
13. There are sufficient opportunities for stakeholders to connect with the OR DOC headquarters leadership about the needs of incarcerated women.	30%	30%	40%	0%	0%	60%	0%

### TABLE 3B: STAKEHOLDER SURVEY RESULTS (Comments)

**Question: The top strengths of CCCF are:**

- Strong group of religious fellowship volunteers; support for having a PAC; decent location and facility.
- willingness to have volunteer programs
- Friendly, corrective, and structured.
- The members of administration and staff who seriously believe in the rehabilitation process and carry out the application of it.
- Educational opportunities, training fields for employment at release, special skill programs
- Very strong leaders 2. Solid programs 3. They seek input from outside sources.
- Onsite DOC staff having willingness to collaborate with my agency.

**Question: The top challenges of CCCF are:**

- Recruitment, staffing, resources for programming
- staffing to oversee and maintain volunteer programs. staffing to administer volunteer training and ID maintenance.
- Inconsistency.
- The toxic culture among mostly male officers. This culture creates an environment in which incarcerated women at CCCF are routinely subject to remarks that range from "locker room talk" to sexual harassment.
- Programming that is accessible and relatable to the number of women who are incarcerated and the issues that contributed to their incarceration and will aid them in their future success be it doing life in prison or re-entering society
- adequate staffing (officers, support staff)
- Covid seems to have been one of the biggest. 2. Staffing shortage 3. Support from legislature
- Visiting policies, Programs offered, trauma space

**Question: The following are the top ways CCCF can improve policies, programs or approaches with women:**

- Get feedback from inmates and their loved ones; foster innovation from within; adopt a growth mindset; identify and address systemic barriers to justice within the system.
- good ideas are set up to fail when there is no continuity of staffing/contractor/volunteer retention. good ideas are set up to fail when there is no program room space to hold the program.
- More programs with active movement, connections to communities before pre-release, creative outlets, and more mental health support.
- Create a culture in which no incarcerated woman has to be subject to objectifying/misogynistic comments, or sexual harassment from male officers. To create this culture would be a substantial shift from the existing status quo. This culture shift needs to start from the point of hiring staff and continue all the way through one's employment within DOC. My experience at NEO XXXX was deeply troubling and unfortunately characteristic (in my opinion) of how the culture of CCCF treats incarcerated women. In the section about PREA, we were asked by our trainer (a DOC security staff member with decades of experience under his belt): "Which sex is more manipulative? Males or females?" The "correct" answer to this question, according to him, is that "females are more manipulative." This answer then led into a warning to those of being trained to be careful around

female inmates because they have a tendency to "manipulate staff into having sex with them." This framing distorted sexual abuse (as there is no such thing as consensual sex between an incarcerated person and staff member) to somehow be the fault of the AIC. It is messages like these that perpetuate rape culture and discourage staff from fully comprehending the actual dynamics of rape and abuses of power. I can give countless examples of horrific comments I have heard from staff (almost exclusively male security staff) over the years that are reflective of this culture. I have heard officers say that they want to follow certain AICs into the shower; I have heard officers talk about wanting to use certain AICs for target practice; I have heard officers watch AICs move in certain ways and say "that's my favorite position." (I have reported all of these instances to my direct managers and a number of them to DOC's HR as well). These comments and the culture they reflect are absolutely unacceptable. Specific areas to focus on as part of the work to make this shift include: Hiring practices, training curricula, supervision, and anti-harassment training and policies (and ensuring that these are enforced and followed through on).

- GET RELATABLE PROGRAMMING FOR BOTH THE MINIMUM AND MAXIMUM PORTIONS OF THE FACILITY THAT WILL AID THEM WHILE INCARCERATED , WHEN RELEASING/TRANSITIONING AND SUCCESSFULLY RE-ENTERING SOCIETY.
- Continuing to seek input from the AIC's and other stakeholders. 2. Find ways to streamline process to allow for the outside resources and support groups.
- They could remove murals that are trauma inducing. Have correctional officers work in better collaboration with contractors. Have correctional officers understand the programs that contractors are delivering.

**Question: The top strengths of OR DOC are:**

- A system that provides protection to the public by housing some dangerous people. An organization that provides jobs and employment for a lot of people and serves as an economic engine for the prison industrial complex.
- Oregon prisons may be better than prisons in other states. Oregon prisons may be better than prisons in other countries. What happened with the Oregon/Norway prison relationship?
- The administration and staff who are vested in the success of the rehabilitation processes of Oregon's institutions and that of their inhabitants and not the advancement of an institution or a personal career within DOC.
- superintendents dedicated to [improving] services to AICs recognizing volunteers
- I am not as familiar with OR DOC. My main interaction has been with the CCCF leadership & staff.

**Question: The top challenges of OR DOC are:**

- A bureaucratic, entrenched culture with systemic challenges. Siloed organization with no investment or incentive to change. An organization that benefits from the status quo.
- Staff retention to oversee and maintain contract and volunteer programs. Staff retention to administer contractor and volunteer training and ID maintenance. WAY too much staffing turnover. Some programs require capital investment, and when there is frequent superintendent turnover, there is no one to champion the implementation of a capital investment. i.e. A Chapel or multi-purpose program structure was included in the original CCCM building plan, but the building budget was deferred to a future budget cycle. This 1999 planned structure has never been built, nor budgeted, nor sited. ODOC cannot have more programs without program room space. The planned multi-purpose structure needs to be sited, budgeted and built.


- Inconsistency, men having enhanced program and access, lack of reentry opportunities.
- Receiving accurate communication from institutions regarding the daily operations, the handling of sensitive/difficult situations, and the discipline discrepancy issues. The actual ongoings versus those that are reported, or the lack of reporting all together for the sake of an institution looking as if it is functioning without issue.
- I am assuming Covid and the protocol related to this have been the biggest challenge.
- Willingness to collaborate

**Question: The following are the top ways OR DOC can improve policies, programs or approaches with women:**

- Get feedback from inmates and their loved ones, staff at the various institutions, and the community; foster innovation from within; adopt a growth mindset; identify and address systemic barriers to justice.
- Recognizing the differences is only a first step. Then budget for and hire/retain staff to champion whatever AIC peer reviewed plan is chosen.
- More programs that have movement, creativity, expression, safety and social aspects.
- Take incarceration seriously. XXXX in 1996 XXXX there were 200 women , there are now 1200 women in prison. Incarcerating people is a business, treat it like such. The women who arrive at CCCF need rehabilitation so that they can go on to live successful lives in the community. Rehabilitate them.....get programming that is applicable to the issues that bring women to prison - boundaries, sexual promiscuity, low self esteem, depression to name a few. Help those that are incarcerated use their incarceration as a means to a successful future - incarcerating people isnt the problem, its what isnt happening while they are incarcerated that is the issue. The OAM states that DOC will release individuals who are safe for society, when someone does 5 separate sentences and doesnt qualify for treatment or get any programming during any of those 5 times...when did they release safe for society....time 1...2....3....4...5? In these times when understaffing is an issue and the funding for programming is nil, utilize those that are incarcerated and rehabilitated to facilitate classes. Someone entering the prison system should never fall into the category of "not meeting the qualifications".....THEY ARE IN PRISON, THEY MEET THE QUALIFICATIONS!!! DOC has resources available to them....utilize them!!!!
- I think the top way is to listen to the CCCF staff and AIC's for ways to make improvements.
- They could remove murals that are trauma inducing. Have correctional officers would in better collaboration with contractors. Have correctional officers understand the programs that contractors are delivering.

**Question: Please use the space below to offer additional perspective:**

- Please review the federal PREA law against Oregon's interpretation of the PREA law. They are not similar. Federal PREA law is short and concise and specifically states which body parts cannot be touched. Oregon has turned PREA into a punitive dumping ground for anything that may cause offense, and criminally interpreted as assault. If meaningful-touch, essential to the health of all human beings, is considered assault, then there is constant fear of incrimination for touching someone's hand, their back, the back of their hair, etc. CCCF/CCCM corrections officers have ripped AICs out of programs for seeing AICs touch each other in these ways. That is not human. Oregon PREA needs to be reversed to only represent the federal PREA law. AND, this is new since last year, pronouns that may cause offense are now in Oregon's punitive PREA interpretation.



Even volunteers now have to act in fear of incrimination for every word they speak. Federal PREA is complete by itself. Oregon PREA should reverse the non-federal-PREA language, and allow the restoration of essential human, and especially essential female, meaningful-touch and uncensored verbal discourse.

- Thank you for the opportunity to comment on the business of incarceration, it is a passionate topic for me XXXX....there is alot of hope, rehabilitation and success within those walls....stop cutting off your noses to spite your faces over who gets the cudoos for running this or that and just help people get rehabilitated. Have a GREAT DAY!
- As a XXXX community member and volunteer my perspective is mainly with the CCCF leadership and staff. I have been impressed with the dedication, hardwork and desire to make a positive impact in the lives of the AIC's.