

**GOVERNMENT SERVICES COMMITTEE
Senator Ronald Sorvaag, Chairman
November 14, 2013**

**North Dakota Department of Corrections and Rehabilitation
Donald L. Redmann, Warden JRCC**

**Presenting Testimony concerning study, pursuant to Section 5 of 2013
Senate Bill No. 2015 for the study of the use of structures and property of
the James River Correctional Center and the State Hospital**

Mr. Chairman and members of the committee, I am Don Redmann, warden at the James River Correctional Center. I appreciate the opportunity to present testimony to this committee and welcome this study of the structures and property.

The James River Correctional Center (JRCC) is a medium security facility that houses male inmates and is part of the North Dakota Department of Corrections and Rehabilitation. The facility opened in June of 1998 and is the result of renovating the ET building which was built in 1936. The gymnasium and forensic unit were also transferred from the North Dakota State Hospital (NDSH) as part of the project. The legislature appropriated \$6,318,641 for the project. \$5,658,839 came from a Federal Crime Bill Construction grant, \$36,112 from special funds, and \$623,690 from state general funds. The JRCC campus occupies approximately 10 acres.

JRCC Treatment Programs:

The North Dakota Department of Corrections and Rehabilitation has been working with the University of Cincinnati to redesign our treatment programs and provides evidence based programming to improve offender opportunities for change.

Thinking for a Change:

Thinking for Change (T4C) is an integrated, cognitive behavioral change program for offenders that includes cognitive restructuring, social skills development, and development of problem solving skills.

We have the capacity to offer five T4C groups per quarter with 10 offenders per group plus one special needs group with five in this group. The JRCC can provide T4C to a total of 55 offenders per quarter.

Cognitive Behavioral Interventions for Substance Abuse:

Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) is a curriculum designed for individuals who are moderate to high need in the area of substance abuse. It relies on a cognitive behavioral approach to teach participants strategies for avoiding substance abuse along with social, emotional, and coping skills development.

We have the capacity to offer four CBI-SA groups per quarter. With 10 offenders per group we can provide T4C to 40 offenders per quarter.

Conflict Resolution Program:

Conflict Resolution Program (CRP) is a curriculum designed for individuals who are moderate to high need in the area of violence and aggression. It relies on a cognitive behavioral approach to teach participants strategies for avoiding conflicts, resolving conflict, and developing and maintaining healthy interpersonal relationships.

We have the capacity to offer two CRP groups per quarter, as well as one special needs group. With 10 offenders per group, and five in the special needs group, we can provide CRP to 25 offenders per quarter.

Alternatives to Violence in Relationships Program:

Alternatives to Violence in Relationships Program (AVRP) is a curriculum designed for individuals who are moderate to high need in the area of domestic violence and power and control beliefs. It relies on a cognitive behavioral approach to teach participants strategies for avoiding and resolving conflict in relationships, as well as developing and maintaining healthy interpersonal relationships.

We have the capacity to offer one AVRP group per quarter. With 10 offenders per group, we can provide AVRP to 10 offenders per quarter.

Cognitive Behavioral Interventions for Sexual Offending

Cognitive Behavioral Interventions for Sexual Offending (CBI-SO) is a curriculum designed for individuals who are moderate to high need in the area

of sexual offending. It relies on a cognitive behavioral approach to teach participants strategies for avoiding sexual offending and related behaviors.

The program places heavy emphasis on skill-building activities to assist with cognitive, social, emotional, and coping skills development.

We have the capacity to offer one CBI-SO group per quarter. With 10 offenders per group, we can provide CBI-SO to 10 offenders per quarter.

Sex Offender Maintenance Program:

Sex Offender Maintenance Program (SOMP) is a curriculum focused on maintaining the gains made in CBI-SO group through repeated practice to facilitate competence and self-efficacy in pro-social behaviors.

We have the capacity to offer one SOMP group per quarter. With 10 offenders per group, we can provide SOMP to 10 offenders per quarter.

Other programs:

Our most important rehabilitative program is our staff. We have invested significant time and resources enhancing our ability to use effective communication and motivational skills. All staff receive this training.

We also provide several work, education, and religious programs that give inmates the opportunities to build life skills and motivation for positive change.

We have 40 offenders in GED classes, 24 in computer class, 11 in career readiness and 25 in the Read Right program.

Trends in inmate population:

The type of inmate coming into the DOCR is more violent and more likely to have a gang affiliation. We are receiving more inmates that are not from North Dakota. Almost 50% of our inmate population was born in another state. We continue to see an increase in the number of inmates with mental health issues.

These trends have increased the demands placed on our staff working within the prisons. We have experienced an increase in the number of inmate on staff assaults, we have more separation issues among inmates, and our Special Assistance Unit is constantly full with those inmates that are seriously mentally ill or have extreme behaviors that do not allow them to function in general population.

Budget Concerns: The age of our buildings will continue to impose increasing demands on the budget. Our oldest building was built in 1915.

Staff retention is a concern. The challenging duties and responsibilities of our staff along with the strong economy have had a negative impact on our ability to recruit and retain employees. Correctional officers are currently our hardest to fill positions and our turnover rate is currently 15%.

Services contracted or shared with the ND State Hospital:

The 60th Legislative Assembly of the State of North Dakota has enacted legislation pursuant to 2007 ND Session Laws Chapter 416, section 1, directing the Department of Human Services (DHS) and the Department of Corrections

and Rehabilitation (DOCR) to enter an interagency agreement effective August 1, 2007; and the Agreement provides that the DOCR train, consult, and assist DHS with the provision and enforcement of safety and security procedures at state-owned facilities for all individuals placed at those facilities for evaluation or civil commitment and treatment under chapter 25-03.3 and for all staff, visitors, and volunteers at those facilities. The JRCC and the NDSH continue to maintain a partnership to reduce costs to the taxpayers. We provide emergency security response, laundry, and food service for the NDSH and they provide warehouse support, medical lab, X-ray, and grounds keeping services.

Use of facilities:

The ET building is a six-floor structure with 87,530 square feet. It originally had a maximum designed capacity of 365 inmates, but over the years we have added bunk beds and converted other space to expand our capacity to 398 general population beds. First floor consists of offices for staff and Medical Services. There are five patient rooms and five disciplinary detention cells on this floor as well. Second, third, fourth, and fifth floors each have 14,500 square feet and are identical in construction. Each of these floors house 91 inmates. Sixth floor has approximately 5,000 square feet and contains 34 general housing beds and seven detention cells. The fifth and sixth floors opened in July 2001.

The Special Assistance Unit (formerly called the Forensics Unit) houses up to 24 inmates and opened in November 2002. This unit houses inmates who are seriously mentally ill or have other special needs requiring special supervision and management. This building was built in 1979 and is 27,890 square feet in

size. Including inmates housed in the Special Assistance Unit, our inmate count currently averages about 415.

The gymnasium was built in 1924 and has 15,210 square feet of space used for recreation, library and a card room for inmates.

Rough Rider Industries (RRI) has a building on the grounds with 11,250 square feet. It was built in 1998 and currently provides work for about 50 inmates in upholstery and cut and sew projects. In July of 2010, RRI assumed responsibility for the inmate commissary program which is located in the basement of the NDSH central receiving building. RRI provides commissary services for all DOC&R facilities and the women's prison in New England.

In July 2003 funding for Phase II was appropriated and the food service and laundry operations were transferred from the NDSH to JRCC along with a maintenance building. The dining room building is 29,700 square feet and was built in 1925. The food preparation area was built in 1966 and is 22,250 square feet. Staff plan and prepare over 2400 meals per day for the JRCC and the NDSH.

The laundry building is a two-story structure with 19,600 square feet and was built in 1938. We use the first floor to provide all laundry services for the JRCC and the NDSH. The second floor would require extensive renovation to comply with current codes, so it is not currently useable for anything but storage.

The maintenance building, built in 1915, is located outside the secure fence. It has 14,210 square feet and is in very poor condition. The first floor is utilized for

storage and office space, but the remaining parts are unoccupied. The cost to repair this building is prohibitive due to its age and poor condition.

An administration building, built in 1921, was transferred to JRCC to create needed space for administrative services staff and staff training. This building has four levels. Offices were created on the second floor of this building in February of 2002 and were moved to the first floor of the building in March 2005. In September 2005 a fence was connected to the east side of the administrative building and a visiting room was opened on the first floor. This provided a secure visiting room and eliminated the need for inmate visitors to walk through the Special Assistance Unit. This building is in good structural condition.

We have an established infrastructure, space and capacity that significantly increase the value and provide opportunities for meeting future needs for the State if they can be properly maintained.

The laundry and food service operations have significant reserve capacity that could be put to use if needed in the future.

Plant improvement needs:

I have enclosed an aerial photo to assist you in understanding the JRCC complex. The perimeter fence, after a well trained staff, is the most important component of a security system of a prison. The perimeter fence is monitored by a fence detection system that alerts our central control of any tampering or climbing. This is essential since we have only one perimeter patrol officer for the campus. This system is 15 years old and in need of attention.

The NDSH swimming pool is located within a few feet of the fence and the distance allows for two fences but they are not at proper distance from each other. Its location also required us to divert the fence around the pool creating blind spots prohibiting the perimeter patrol officer from seeing the fence unless they exit the vehicle and walk behind the building.

Steam Metering should be installed to allow accurate measurements and payments to the NDSH for steam.

We need to replace about two hundred feet of the old 2" copper main.

We need to replace the heating and cooling supply lines to the air handling units in the Infirmary.

The duct work leading from air handling units into the hallway on first floor of the ET building needs to be replaced.

The roof membrane on a large span of our tunnels is becoming brittle and we have leaks that are causing damage to the inside ceilings and walls. The roof outside the IDR dish room has severe leaks and needs to be replaced.

Our perimeter lights are past their life expectancy. The ballasts are weak and cause the lights to fail prematurely. The plastic lens covers have turned yellow from the heat of the light and they do not give us the candle light needed. The bulbs are metal halide which consumes a large amount of energy. We would like to convert them to LED lights. LED lights would produce significant savings in utility and maintenance costs and produce better lighting.

The food service area in SAU is in bad repair and the current floor plan creates safety concerns.

We are in need of two high security recreation cages for SAU. We would like two additional enclosures separated with no common wall. We are requesting funds to convert the SAU 400 unit shower, bath and toilet area into a dayroom. The 400 unit does not have a dayroom and requires us to mix inmates we need to keep separated. The current 400 unit shower area has blind spots and is not safe for staff supervision. Having two dayrooms would greatly enhance staff and inmate safety and allow us to expand programming.

We need to move a wall in the infirmary officer's station. The use of this space has changed from the original design and there is not adequate space for the staff using the office to work efficiently. This would allow us to correct ADA and ergonomic concerns.

It is becoming difficult to find and order parts for the elevators. Two of the elevators are still using relay logic based equipment mounted on slate boards with generators. If we can locate parts, we then have to find and schedule a crew to do the repair. This could take several days or weeks for the elevator to be repaired. Safety is also a big concern. The old traction units have open contacts & relays, generating sparks which could lead to a fire. The elevator in the laundry can no longer be used to carry people due to the safety hazard. Modernizations to the elevators are needed to decrease the risk of injuries, ensure ADA code compliance, and increase the reliability and usefulness.

A master plan should be approved and developed to carefully examine the potential alternative uses of the space at the JRCC to ensure the short and long term needs are addressed and managed in the most cost effective manner.

Mr. Chairman and members of the committee, this ends my testimony.

