

**JOINT LEGISLATIVE AUDIT AND REVIEW COMMISSION  
OF THE VIRGINIA GENERAL ASSEMBLY**

**Review of DOC  
Nonsecurity Staffing  
and the Inmate  
Programming Schedule**

**House Document No. 39**

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## Preface

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House Joint Resolution 115, approved by the 1996 Session of the General Assembly, directed the Joint Legislative Audit and Review Commission (JLARC) to conduct: (1) a study of the nonsecurity staffing needs in Virginia's adult correctional institutions with a focus on medical and treatment staff, and (2) an analysis of the hourly programming schedule in §53.1-32.1 of the *Code of Virginia* to determine the appropriate level of inmate programming to be accomplished by 1998. This report contains the staff findings and recommendations regarding these and other issues related to nonsecurity staffing and inmate programming in Department of Corrections' (DOC) adult facilities.

This study found that, systemwide, nonsecurity staffing levels are generally appropriate to provide a basic level of services to DOC's adult inmate population and operate the various facilities. However, analysis conducted for this study indicates that additional nurse positions are warranted for four institutions and contract physician staffing should be actively monitored by DOC for both adequacy and cost effectiveness. Reductions in inmate treatment staffing have increased counselor caseloads systemwide, reducing their ability to provide increased levels of inmate programming.

In terms of the amount of inmate programming to be provided, the results of this review indicate that the hourly inmate programming schedule in §53.1-32.1 of the *Code* is not feasible for DOC to achieve at this time due to a number of structural and nonstructural factors. However, DOC should increase its departmental goal of 24 hours of inmate programming per week to reflect the 31 hours of programming per week that wardens and superintendents reported was feasible for their facilities to provide beginning July 1998.

In addition to JLARC's analyses of nonsecurity staffing needs and DOC's inmate programming schedule, this report also includes a supplementary review, which was requested by the Public Safety Subcommittee of the House Appropriations Committee in April 1997. This analysis, which is attached as Appendix C, makes recommendations regarding DOC's Management Information Systems Division.

On behalf of the JLARC staff, I would like to express our appreciation for the cooperation and assistance provided by the Department of Corrections' central and regional office staff and the staff of the correctional facilities visited during the course of this review.

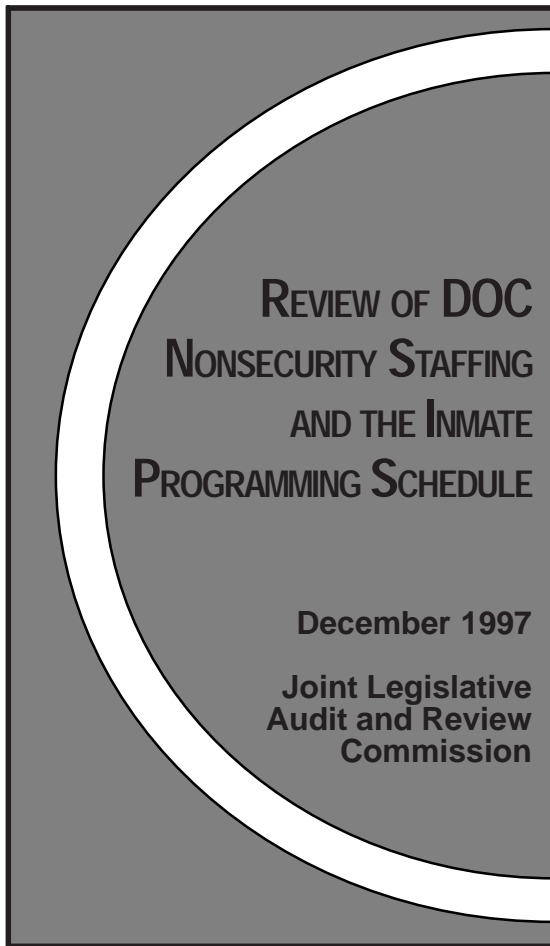


Philip A. Leone  
Director

December 22, 1997



# JLARC Report Summary



**T**he Virginia Department of Corrections (DOC) has responsibility for incarcerating more than 24,000 adult inmates in more than 50 different facilities. To operate these facilities, DOC employs both security and nonsecurity staff. Security staff are primarily responsible for the custody and control of the inmates in the facilities. Nonsecurity staff provide services such as food services, inmate health care, treatment activities, and facility maintenance. In June 1997, almost 3,000 nonsecurity staff positions were allocated systemwide.

DOC is also required by both the *Code of Virginia* and the Board of Corrections to

provide inmates with various programming activities. There are several different types of inmate programs offered by DOC, including work, education, and treatment activities. Inmate work activities vary, but typically involve enterprise type jobs or institutional jobs. Inmate educational programming is primarily academic or vocational training and is provided by the Department of Correctional Education (DCE). Treatment programming consists of substance abuse and sex offender services, support groups, and inmate organizations.

House Joint Resolution (HJR) 115, approved by the 1996 Session of the General Assembly, directed the Joint Legislative Audit and Review Commission (JLARC) to review two primary areas related to DOC's operation of Virginia's adult correctional system. The resolution required "a comprehensive study of the nonsecurity staffing needs of Virginia's adult correctional institutions" with particular emphasis on treatment and medical staffing needs, as well as "an analysis of §53.1-32.1 to determine the appropriate level of inmate programming to be accomplished by 1998." Several factors cited in the study resolution, including increases in the inmate population and recent reductions in DOC nonsecurity staff, provided the impetus for the current study.

Systemwide, nonsecurity staffing levels generally appear appropriate to provide a basic level of service. For the DOC facilities that have been operational for a number of years, the total number of allocated positions in the nonsecurity staffing areas have remained stable. Systemwide, annual percentage increases and decreases in security and nonsecurity staff have followed similar patterns. Moreover, DOC institutions are also able to supplement full-time staff

with part-time, temporary, or contract staff to ensure that required activities or services are provided.

While systemwide nonsecurity staffing generally appears adequate to provide a basic level of service, there are areas in some facilities that could require additional staff. Further, nonsecurity staffing for programming activities could be a significant issue as DOC seeks to increase programming hours pursuant to the schedule in §53.1-32.1 of the *Code*.

In addition to staffing issues, there are other factors that prevent DOC from meeting the hourly programming schedule in §53.1-32.1 of the *Code of Virginia*. Nonetheless, there are options available to DOC to help increase the hours of inmate programming provided systemwide. Significant findings of this report include:

- While systemwide nonsecurity staffing is adequate, some additional nonsecurity staff appears appropriate for some institutions.
- Health services staffing levels are appropriate systemwide to provide necessary services to inmates, although additional nurse positions are warranted for four institutions. In addition, other areas, like physician staffing, should be monitored closely by DOC's Office of Health Services (OHS).
- If an expansion of inmate treatment programming is desired, additional counselors will be required. The extent to which any increase in treatment staff might be required should be linked with DOC's forthcoming strategic plan.
- At this time, the hourly inmate programming schedule in §53.1-32.1 of the *Code of Virginia* is not feasible

for DOC to achieve. However, there are a number of mechanisms available to DOC to assist it in increasing the amount of time inmates spend participating in work, education, and treatment programming activities. Therefore, DOC should increase its departmental inmate programming goal from 24 hours per week to 31 hours.

### **Nonsecurity Staffing Systemwide Appears Generally Adequate to Provide Basic Services**

Virginia's correctional system has experienced significant growth in both its inmate population and the number of facilities. This growth has resulted in increases in the number of security and nonsecurity staff needed to provide necessary security and to provide services to the prison population. However, for the DOC facilities that have been open for several years, the number of nonsecurity staff positions have remained relatively stable. In addition, yearly increases and decreases in allocated nonsecurity and security staffing levels have been relatively similar.

Despite the relative stability in nonsecurity staffing levels in DOC facilities, some areas of concern were identified. One of the most consistently cited concerns was staffing for the clerical area. The double bunking initiated by DOC in 1994 to expedite the intake of State-responsible inmates from local jails appears to have had an impact on clerical staff, because staffing was not allocated to keep pace with the increasing administrative work entailed by a larger inmate population. Some additional clerical positions appear warranted to mitigate the impact of the double bunking.

Other nonsecurity staffing areas that may require additional attention include the inmate commissary and inmate food service areas. While generally staffed adequately systemwide, a few institutions had some

staffing disparities for commissary operations, and one institution's food service function should receive an additional food service position.

### **Health Services Staffing Appears Adequate Systemwide**

At the present time, staffing for DOC's health services area appears adequate on a systemwide basis to provide health care services to inmates. Recent changes to DOC's health care delivery system, such as the implementation of the inmate co-payment requirement in 1995, have reduced the need for additional health services staff in DOC's facilities. However, additional nursing staff positions do appear warranted for four DOC facilities. In addition, further monitoring of the use of contract physicians by the Office of Health Services (OHS) is needed to ensure that physician coverage is sufficient to meet the needs of DOC facilities. Dental staffing is generally adequate systemwide, but OHS needs to expand efforts to fill dentist vacancies that have impacted the provision of services.

**Recent Changes Have Impacted DOC's Health Care Staffing.** Two modifications have been made to the provision of inmate health care services which have directly affected the provision of services to inmates and likely mitigate to some degree the need for additional health care staffing. First, as recommended in the 1993 JLARC review of inmate health care, OHS reorganized its operations to improve the delivery of health care services to inmates. Second, a co-payment policy was implemented in July 1995 requiring that inmates contribute to the cost of health care services. The majority of health authorities reported significant reductions in inmate demand for health care services as a result of this policy.

**DOC Nurse Staffing.** Nurse staffing is generally adequate systemwide to provide primary health care services to inmates. The number of days per week that sick call

is held in all DOC facilities either meets or exceeds a standard established by the American Correctional Association. Inmate access to nurses in the majority of facilities is also timely. Nonetheless, the use of temporary nurses in excess of authorized positions indicates a need for one additional nursing position in two facilities. Finally, an additional .5 full-time equivalent nursing staff position is warranted in two facilities which incarcerate female inmates.

**DOC Physician Staffing.** DOC's facility administrators reported that physician coverage is generally adequate systemwide to provide health care services. However, some coverage shortcomings exist and need to be addressed by OHS. First, inmate waiting times to see a contract physician, in conjunction with high inmate to physician staffing ratios, indicate that OHS needs to evaluate the impact of contract physician coverage in some DOC facilities and identify mechanisms for reducing the reported waiting time. In addition, OHS needs to ensure that physician coverage is not allowed to lapse while procuring contract physicians. Finally, OHS should continue to focus its efforts to ensure that contract physician coverage is cost effective.

**DOC Dental Staffing.** At this time, most facility administrators cite staffing as adequate in DOC's dental clinics. However, dentist position vacancies are causing delays in service delivery, underutilization of dental support staff, and higher dental treatment expenditures than necessary. As a result, DOC needs to expand its efforts to fill dentist vacancies. In addition, there is a need to identify and address the factors that make it difficult to attract dentists to State positions.

### **DOC Treatment Staff Cannot Significantly Increase Programming**

The study mandate, HJR 115, required that the current review of the need for nonsecurity staffing also focus on inmate

treatment staffing. In FY 1996, staff reductions were made in some treatment staffing areas, primarily general counseling positions. As a result, inmate to counselor ratios systemwide are higher in 1997 than they were in 1994 (see figure below). Although DOC attempted to mitigate the impact of the counselor reductions on specific facilities, there has been a negative impact systemwide on both substance abuse and treatment slots per inmate compared to FY 1991. Moreover, the ability of the current treatment staff to significantly increase the provision of inmate treatment programming is questionable.

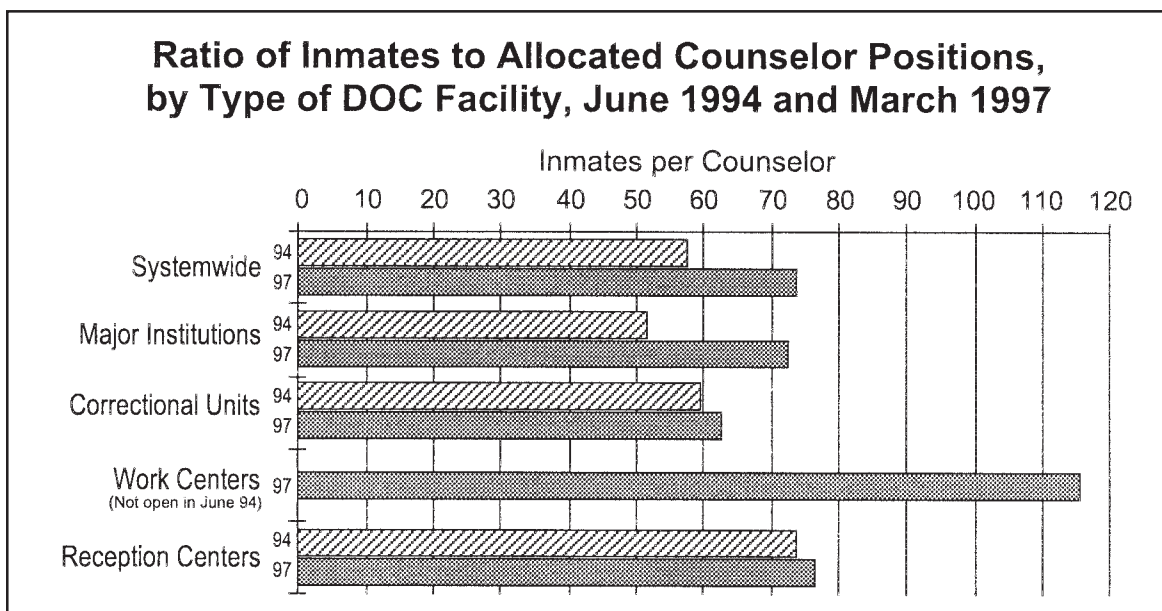
Additional counselor staff positions for major institutions with high inmate to counselor ratios would provide these facilities with some additional flexibility to provide more programming and assist DOC in meeting the hourly programming schedule in §53.1-32.1 of the *Code of Virginia*. However, whether additional DOC counseling staff will be necessary is largely dependent upon whether the provision of more treatment programming is the goal. The results of DOC's current strategic planning process should determine whether and where additional treatment staff might be required to meet both

the *Code's* hourly programming schedule and the Department's programming objectives.

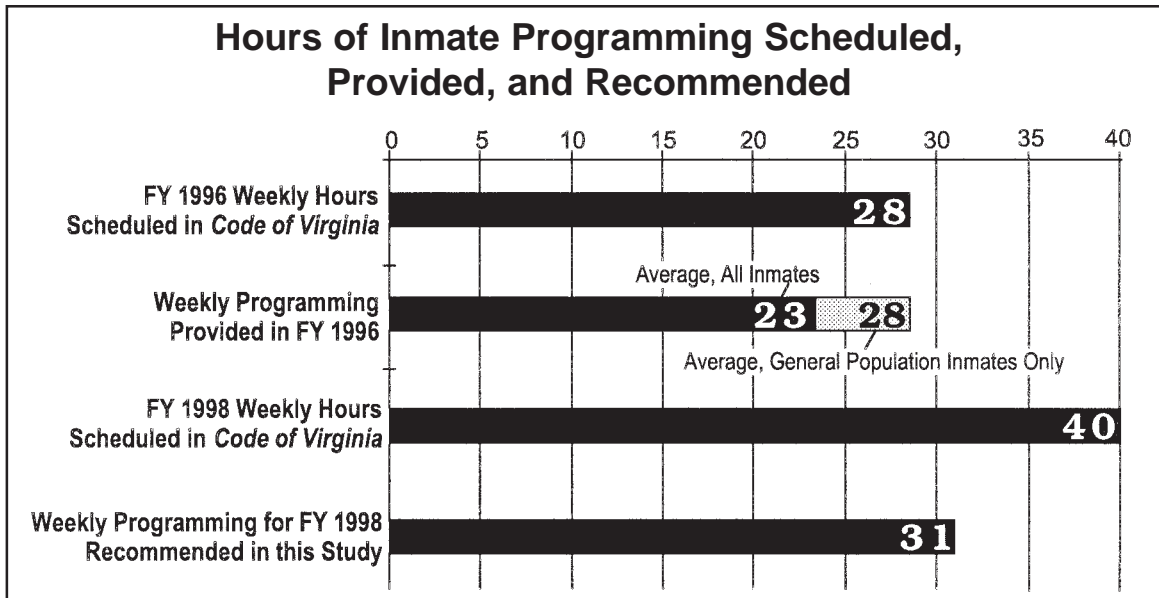
This review also examined the need for more specialized treatment programming staff. The clinical social worker positions at the Indian Creek Correctional Center's therapeutic community, which are currently funded through a federal grant, will need to be assumed by the State to enable DOC to continue to provide this form of substance abuse treatment programming. In addition, some minor adjustments to the staffing level in two other therapeutic communities are warranted to enhance their effectiveness. Finally, staffing for inmate mental health services generally appears appropriate systemwide, although the staffing at some facilities warrants continued oversight by DOC.

### Hourly Programming Schedule Is Not Feasible for DOC to Achieve at this Time

According to the hourly programming schedule in §53.1-32.1 of the *Code*, inmates should be involved in 40 hours of work, education, and treatment programming activities per week beginning in July 1998. How-







ever, 40 hours of inmate programming per week is not feasible for DOC to provide. DOC provided all inmates about 23 hours of programming per week in FY 1996 (28 hours average for general population inmates only), and the difference would be a large gap to close by July 1998.

The majority of facility administrators reported that their facilities would not be able to provide inmates with 40 hours of inmate programming beginning July 1998. However, on average, facility administrators systemwide reported that it would be feasible for their facilities to provide 31 hours of programming per week to inmates. DOC should establish a more realistic departmental programming goal that reflects the amount of work, education, and treatment programming that wardens and superintendents reported is feasible for their institutions (31 hours beginning July 1998).

Moreover, both DOC's hourly programming goal and the statutory goal should focus on general population inmates. Once the goal of 31 hours of programming for general population inmates is achieved, DOC should increase the weekly programming goal for general population inmates until the *Code's* programming schedule is achieved.

Finally, a number of structural and nonstructural obstacles, such as limited space to hold treatment and educational programming activities, facility security requirements, and the availability of security and nonsecurity staff to supervise inmate work and treatment programs, clearly limit DOC's ability to provide the necessary volume of work, education, and treatment programming. However, DOC needs to develop a current estimate of the cost of addressing these factors in order to provide 40 hours of inmate programming weekly.

Nonetheless, there are several mechanisms available to DOC to increase the number of inmates productively employed or involved in constructive activities, which was in part the intent of the General Assembly in implementing the programming schedule in §53.1-32.1. For example, DOC should continue efforts to reduce the number of ancillary administrative duties performed by counselors, since counselors provide the majority of treatment programming activities in DOC facilities. Moreover, to further increase inmate programming hours as well as prepare inmates for release into society, DOC should offer some level of treatment programming in work centers. Finally, DOC

should revise its division operating procedures to better reflect the requirements of the *Code of Virginia* and improve the data

collection and reporting process for inmate treatment programming activities.

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## Special Report on DOC's Management Information Systems Division

In April 1997, the Public Safety Subcommittee of the House Appropriations Committee requested a review of three issues relating to DOC's computer systems. The subcommittee asked that the review be included in the JLARC study of non-security staffing within DOC.

Three main issues were addressed as part of this review:

- the Department of Corrections' proposal to procure a new offender management information system (OMS), at an estimated cost of more than \$30 million;
- the adequacy of staffing in DOC's management information systems unit; and
- the status of the department's efforts to address its "year 2000" problem.

The full text of JLARC's special report is attached as Appendix C to this document. The major recommendations resulting from the review are as follows:

- Pursuant to item 452C(2) of the 1997 Appropriation Act, the Secretary of Public Safety, the State Treasurer, and the Director of the Department of Planning and Budget should not approve award of the OMS contract as currently designed. DOC should cancel the current procurement for the offender management system, separate the overall project into

smaller components, and then pursue each separately. In addition, DOC should request an appropriation of funds necessary for each component in the fiscal years in which the components are to be procured. DOC should present a plan to the General Assembly budget committees before proceeding with the procurement.

- DOC may wish to retain a consultant not associated with the OMS effort to review the level and need for staff positions within the MIS unit. Based on the consultant's recommendation, DOC should fill vacant staff positions in its MIS unit as necessary, for the purpose of working with the vendors selected to develop the requirements analysis and to implement OMS. In addition, DOC should ensure that the unit is adequately staffed to maintain existing automated systems, including the year 2000 compliance efforts. The Department should also reconsider the role of the MIS unit as OMS is developed and implemented.
- The Department should implement the year 2000 compliance plan developed by HCL-James Martin, Inc. Additional funding may be required. Based on the review of MIS staffing, some staff positions currently vacant within the MIS unit should be filled and assigned to the year 2000 effort.



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## I. Introduction

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House Joint Resolution (HJR) 115 of the 1996 Session of the General Assembly directed the Joint Legislative Audit and Review Commission (JLARC) to review two areas of the Department of Corrections' (DOC) system of adult institutions — nonsecurity staffing and inmate programming (Appendix A). The mandate further specified that this review: (1) focus on medical and treatment staffing in DOC's adult institutions and (2) the feasibility of DOC meeting the hourly inmate programming schedule in §53.1-32.1 of the *Code of Virginia*. The latter requirement provides a minimum number of programming (work, education, and treatment) hours per week in which each inmate is to participate. However, the General Assembly made this schedule contingent on the availability of resources and sufficient program assignments.

Several factors apparently provided the impetus for this study, including reductions in nonsecurity staff, primarily treatment staff, at a time of an increasing inmate population. Moreover, these factors as well as others raised questions about the feasibility of DOC meeting the *Code's* hourly inmate programming schedule.

This chapter provides an overview of DOC's adult correctional system in Virginia. The types of facilities and inmates that make up this growing system are described. In addition, a discussion of the growing inmate population and the State funding appropriated by the General Assembly to operate this system is provided. This chapter concludes with a discussion of the current JLARC review, a description of the research activities conducted by JLARC staff to complete this study, and an overview of the report organization.

### OVERVIEW OF DOC'S ADULT CORRECTIONAL SYSTEM

DOC is responsible for operating Virginia's adult prison system. Within that system, adult inmates are confined to different types of facilities based on factors such as their custody level or medical needs. Over the past decade, Virginia's inmate population has increased significantly. Likewise, the State's capacity to house inmates has also expanded, and DOC will be opening several new prisons in the next few years to accommodate the continuing increase in the inmate population. In addition, some institutional missions are changing, to address a diverse inmate population that includes larger numbers of high custody inmates. Finally, these changes have also required the State to provide increasing amounts of funding to operate the expanding system.

### DOC's System of Adult Institutions

In June 1997, more than 50 DOC adult institutions were operating in Virginia. These facilities include major institutions, correctional units, work centers, and

reception (intake and classification) centers. Many of these institutions have special missions in addition to providing secure custody. A complete list of institutions and special missions is provided in Appendix B. These facilities are located throughout the State, which DOC has divided into four regions — western, northern, central, and eastern. The locations of the institutions and the regional boundaries are illustrated in Figure 1.

**Major Institutions.** There are 22 major institutions in Virginia, compared to 15 in 1985. Major institutions are generally higher security facilities, and there is typically more emphasis on controlling inmate movement at these institutions than at other DOC facilities. However, there are no facilities currently operating that were designed and constructed specifically as maximum security institutions. Instead, facilities like Nottoway and Buckingham correctional centers, which were designed and constructed as medium security institutions, are now used as close custody facilities to house primarily higher custody inmates.

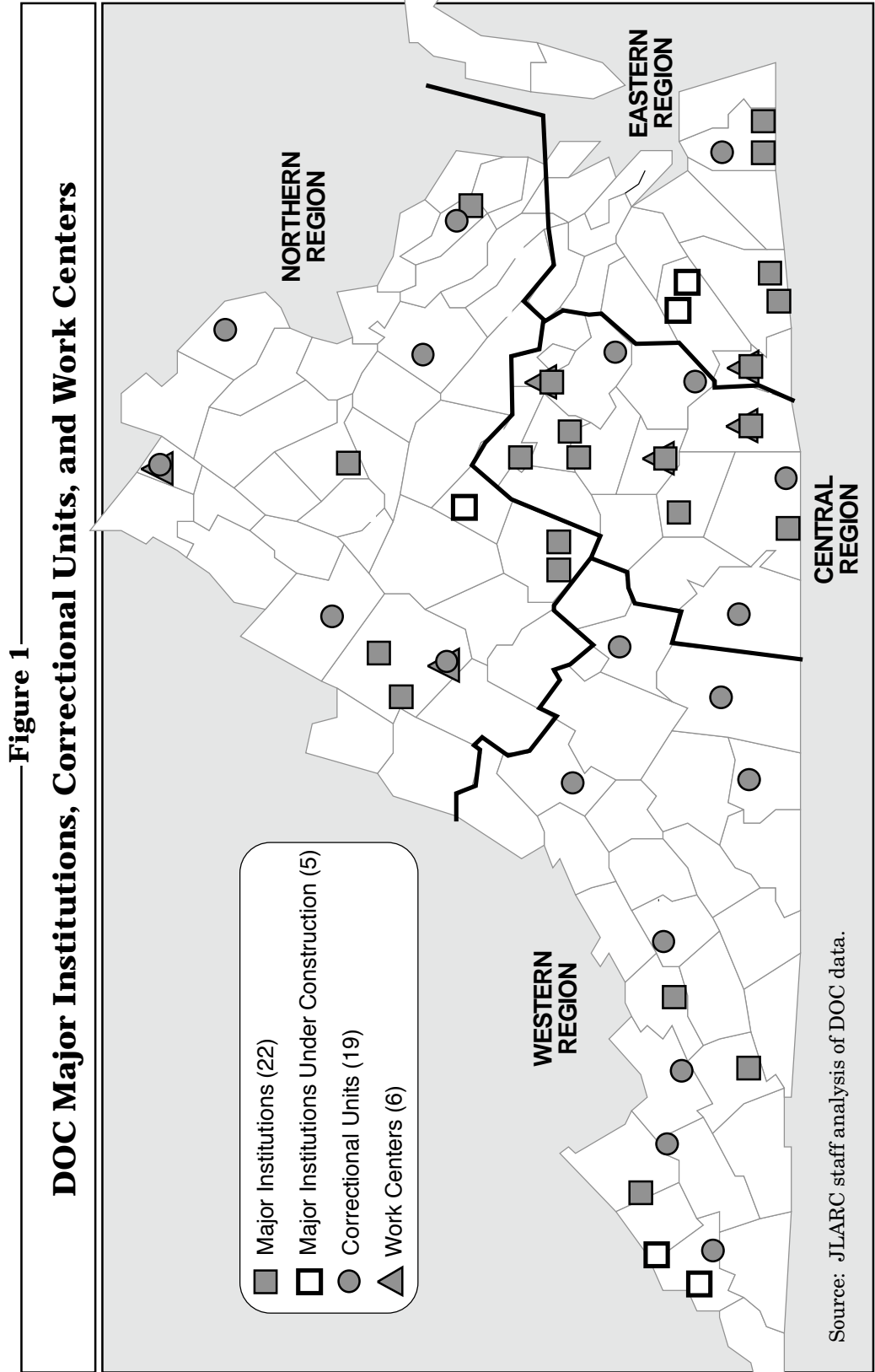
Some major facilities also have special missions besides the general housing of inmates. The Indian Creek Correctional Center in Chesapeake is primarily a dedicated substance abuse therapeutic community. James River and Bland correctional centers have operational dairy and crop farms worked primarily by inmates. These facilities also supply dairy products and vegetables to other DOC institutions.

The Powhatan Correctional Center includes the primary infirmary for discharged Medical College of Virginia (MCV) patients. Greensville Correctional Center provides respiratory isolation and dialysis treatment and is also the secondary infirmary for inmates that are discharged patients from MCV. The Marion Correctional Treatment Center provides inmates with acute psychiatric and mental health treatment, and the Staunton Correctional Center serves, in addition to its general population inmates, aged and developmentally disabled inmates, and inmates with mental health needs.

The Virginia Correctional Center for Women (VCCW) houses female inmates. At this time, VCCW also has a mental health unit and has a few infirmary beds. It also functions as the reception center for female inmates entering the State's correctional system.

Five State-owned major institutions are currently under construction. One facility, Fluvanna Correctional Center, will house female inmates. Other institutions, Sussex I and II, Red Onion, and Wallens Ridge, have been designed as maximum security facilities. These facilities will typically house inmates who are higher custody or who have a history of poor behavior in other DOC institutions.

**Correctional Units.** There were 19 correctional units operating in the Virginia correctional system in June 1997. Most correctional units typically house fewer than 150 inmates. Moreover, inmates in correctional units are considered to be lower custody than inmates in major institutions and generally require less restrictive custody. Two correctional units — Pocahontas and Tidewater — house female inmates.





In addition to security, a mission of many correctional units is to provide work opportunities for lower custody inmates. At one time, inmates in correctional units, then known as stick camps or field units, were a major source of labor for the State's expanding highway system. Correctional units still work many inmates on "road gangs" under the supervision of Virginia Department of Transportation and DOC employees. Some correctional unit inmates support other DOC facilities that house inmates who cannot work outside of the facility. For example, the Baskerville Correctional Unit provides inmates to work at the Mecklenburg Correctional Center.

Nonetheless, there are some correctional units that, in scale, are more similar to small major institutions. Botetourt, Baskerville, and Pulaski correctional units house more than 400 inmates each with Baskerville housing almost 500. In comparison, some major institutions such as the James River and Deerfield correctional centers each housed fewer than 500 inmates in June 1997.

**Reception and Classification Centers.** At the present time, there are three facilities, Southampton and Powhatan reception centers and Deep Meadow Correctional Center, dedicated as inmate reception and classification centers. Other facilities, such as VCCW and Fairfax Correctional Unit, also have as a mission receiving and classifying inmates into the State's correctional system. In addition, some institutions such as Buckingham Correctional Center have intake units for parole violators.

The institutions that function either in whole or in part as reception and classification centers serve as the entrance point for inmates into the DOC correctional system. At these institutions, inmates' dental, medical, and mental health status are assessed. The results of these assessments determine in part where the inmate will be permanently incarcerated. Moreover, these facilities provide temporary housing until an appropriate, final placement can be made.

**Work Centers.** Virginia currently operates six work centers. One of these centers, Brunswick, houses female inmates. Work centers were funded by the 1994 Special General Assembly Session that abolished parole. The impetus was to build facilities that could be opened quickly and with relatively low operating costs. In fact, many of these facilities opened within one year of being approved. As a result, State inmates being held in local jails were more rapidly processed into the State system, which quickly reduced local jail overcrowding.

Work centers house the lowest custody inmates, even as compared to correctional units. Inmates sentenced to work centers usually have shorter sentences, and fewer behavioral and medical problems. Because of these characteristics, prisoners in work centers are used by other State agencies and communities to perform manual labor such as grounds maintenance or building repairs.

Work centers are located adjacent to other DOC facilities and are often able to utilize some of the infrastructure of the adjoining facility. For example, the James River Work Center is located adjacent to the James River Correctional Center and the work center receives the main course for its evening meal from the correctional center.

In addition, the superintendent at the Nottoway Work Center noted that Nottoway Correctional Center would temporarily provide food service staff if work center food service staff were not available.

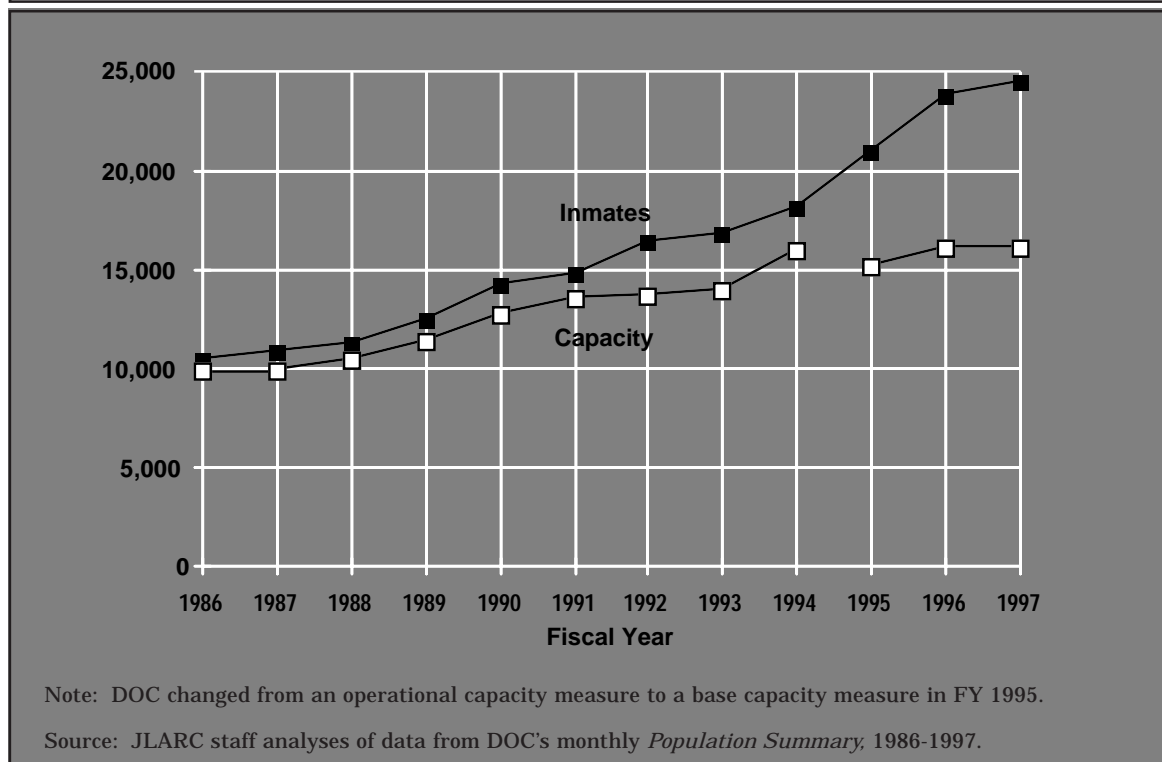
**DOC's Inmate Population and Capacity, FY 1986 to FY 1997**

Prison capacity in Virginia increased 58 percent between FY 1986 and FY 1994 while the inmate population increased by 71 percent (Figure 2). An accounting change makes it difficult to compare capacity levels for fiscal years occurring after 1994 with earlier years. During the FY 1986 through FY 1994 period, DOC measured capacity as “operational capacity.” Operational capacity generally describes the institution’s capacity in terms of the total number of beds (including special purpose beds) that can be utilized.

However, beginning in October 1994, DOC began measuring capacity in terms of “base capacity.” According to DOC, base capacity is the number of inmates that can occupy a facility having only single cells and single bunks. The base capacity of an institution is generally less than operational capacity.

Figure 2

**Inmate Population and Capacity of DOC's Adult Institutions  
FY 1986 - FY 1997**



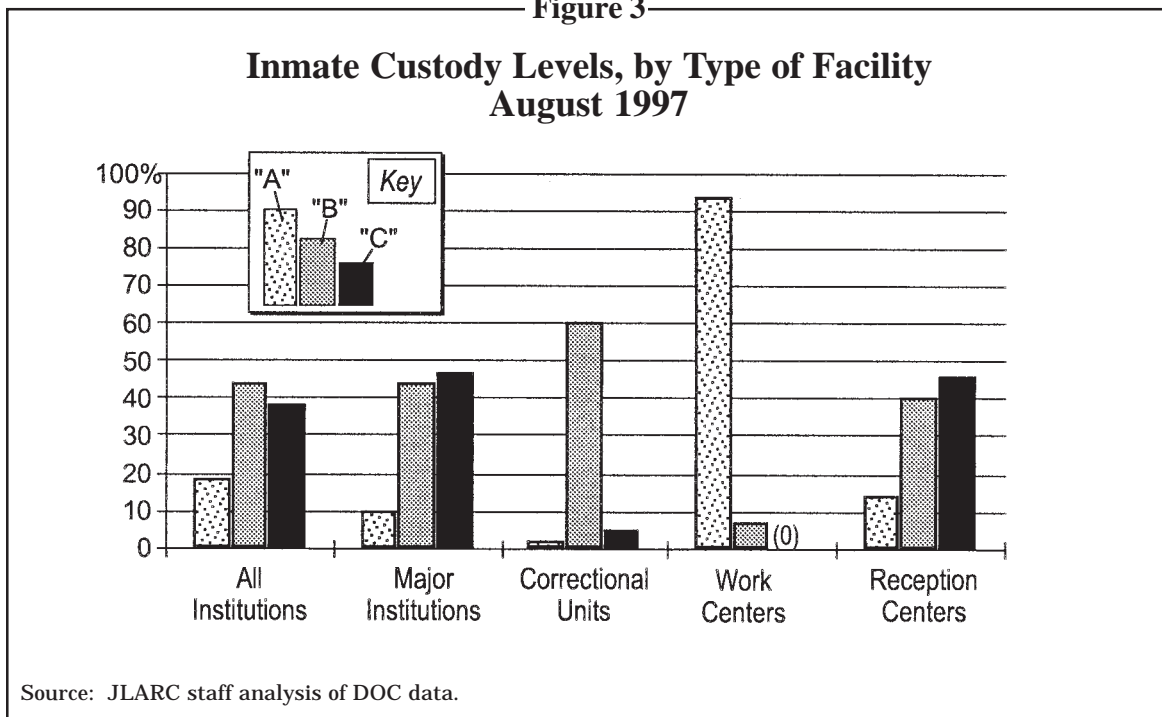
According to DOC, in FY 1997, there were more than 24,500 inmates (excluding pre-release, privately contracted beds, and detention centers) housed in DOC's adult facilities. These facilities currently have a base capacity of 16,157 beds, which means they are operating at over 150 percent of capacity. Regardless of the capacity measure used, the adult inmate population in Virginia has more than doubled over the last decade. Since FY 1986, the inmate population has increased by 135 percent from an average of 10,438 inmates in FY 1986 to an average of 24,511 inmates in FY 1997.

### Custody Level of DOC's Inmate Population

In terms of custody level, the majority of DOC's inmates were classified as "B" or medium custody in August 1997 (Figure 3). However, the custody level of inmates in each type of facility varies. For example, the majority of inmates in major institutions were classified as "C" or maximum custody. Moreover, in some facilities such as Southampton and Nottoway correctional centers, more than 80 percent of the inmates were classified as "C", or maximum custody.

Conversely, almost all of the inmates in work centers have been classified as "A", or minimum custody inmates. Reflective of this, the majority of the work center inmates work outside of the facility on community work projects, Virginia Department of Transportation highway gangs, or at other DOC institutions.

Figure 3



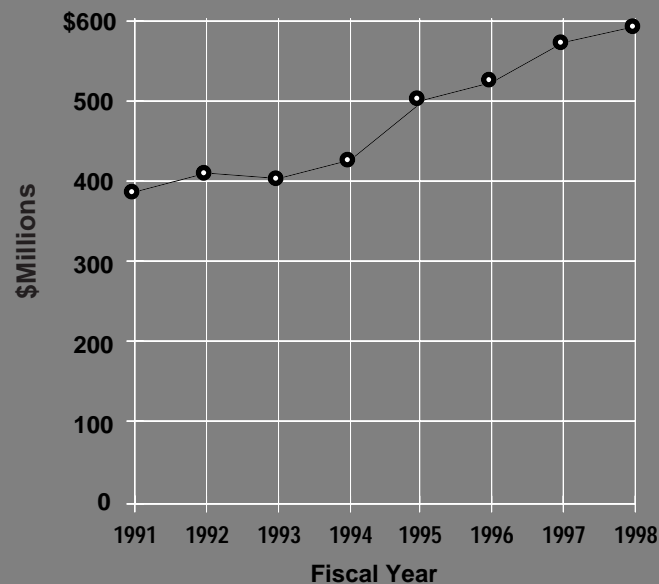
## Funding for the State's Adult Correctional System

Total funding for DOC's operations includes appropriations for four distinct areas which comprise all of DOC's operations. DOC's central activities consist of support services that are provided to manage DOC operations statewide. The Division of Institutions is responsible for the operation and management of Virginia's adult correctional institutions, correctional units, and work centers. The Division of Community Corrections is responsible for corrections activities that are primarily community-based, such as probation and parole and the operation of the detention centers. Virginia's Correctional Enterprises (VCE) is responsible for operating enterprises or industries worked by inmates confined in State correctional facilities.

DOC's operations are funded almost exclusively by State general funds. VCE is funded primarily through nongeneral funds. From FY 1991 through FY 1998, total DOC appropriations have increased substantially, by about \$205 million (Figure 4). The amount appropriated to DOC for FY 1998 is more than \$588 million.

Figure 4

### Total Appropriated Funding for the Department of Corrections, FY 1991 - FY 1998



Source: JLARC staff analysis of Appropriation Acts data.

## JLARC REVIEW AND REPORT ORGANIZATION

HJR 115 of the 1996 General Assembly directed JLARC to examine the need for nonsecurity staff in DOC adult institutions with a focus on medical and treatment staff. Moreover, JLARC was also required to evaluate the feasibility of the inmate programming schedule in §53.1-32.1 of the *Code of Virginia*. The study mandate required that the study be completed and submitted prior to the 1998 Session of the General Assembly. This section of Chapter I provides an overview of the study issues used to guide the research activities and a brief overview of the report organization.

### Study Issues

JLARC staff developed four primary issues for this study. These issues addressed:

- the appropriateness of the current levels of nonsecurity staffing for the operation of DOC's adult institutions,
- whether DOC institutional staff are performing duties or activities that other classified positions should be performing,
- the extent to which the inmate programming schedule in the *Code of Virginia* sets forth a reasonable expectation for DOC to achieve, and
- potential mechanisms for increasing the level of inmate work, education, and treatment programming.

### Research Activities

Several research activities were undertaken to address the study issues. These activities included two mail surveys, one to the warden or superintendent of each DOC facility and one to each facility's health authority. In addition, JLARC staff also conducted site visits to a number of facilities, structured interviews with DOC staff, and document reviews.

***Mail Survey of DOC Institutions' Wardens and Superintendents.*** JLARC staff administered a survey to each of the wardens and superintendents of DOC's major institutions, correctional units, reception and classification centers, and work centers. This survey requested information and data regarding nonsecurity staffing issues, inmate programming, and factors affecting the provision of inmate programming. All of the wardens and superintendents responded to the survey.

**Mail Survey of DOC Institutions' Health Authorities.** JLARC staff also administered a survey to the health authority of each major institution, correctional unit, reception and classification center, and work center. This survey requested information and data regarding health care staffing issues, factors affecting the provision of inmate health care, and inmate health care workload data. All of the health care authorities responded to the survey.

**Site Visits to DOC Institutions.** JLARC staff conducted site visits to 17 DOC facilities. These included major institutions, field units, a reception and classification center, and work centers. JLARC staff used the site visits to observe the operations of the various types of facilities and how facility type and inmate custody level impact staffing and inmate programming.

**Structured Interviews.** Structured interviews were conducted with staff from DOC's central office, selected regional office staff, and institutional staff. Interviews with DOC central office staff focused on issues related to systemwide perspectives on inmate health care, programming, and staffing issues. Interviews at the regional office level addressed the same issues, but on a regional and institutional perspective. Finally, interviews with institutional staff focused on staffing and programming issues related to the operation of the institution.

**Document Reviews.** JLARC staff reviewed or analyzed a number of documents in conducting this study. Documents reviewed included the reports provided to the Board of Corrections concerning audits of DOC adult institutions for compliance with the Board's standards. In addition, applicable JLARC and Virginia State Crime Commission reports that addressed issues evaluated in this study were reviewed. Moreover, reviews conducted by DOC's Office of Health Services of health care units in DOC's adult facilities were analyzed. Finally, applicable provisions of the *Code of Virginia* were identified and reviewed.

## **Report Organization**

This chapter has provided an overview of DOC's adult correctional system and how JLARC staff conducted this study. Chapter II examines several nonsecurity staffing issues. Chapters III and IV more closely examine staffing for the inmate health services and treatment functions respectively. Chapter V discusses the feasibility of the statutorily established hourly inmate programming schedule and potential options for addressing issues related to the achievement of this schedule.

## **Special Report on DOC's Management of Information Systems Division**

In April 1997, the Public Safety Subcommittee of the House Appropriations Committee requested a review of three issues relating to DOC's computer systems. The subcommittee asked that the review be included in the JLARC study of non-security staffing within DOC. The full text of JLARC's special report is attached as an appendix to this document.



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## II. DOC Nonsecurity Staffing Systemwide and for Selected Functional Areas

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Virginia's correctional system has experienced significant growth in both its inmate population and the number of facilities. The General Assembly has responded to the population growth by funding several new correctional facilities. This expansion in the number of facilities has brought with it increases in the level of security and nonsecurity staff needed to maintain order and to provide services to the prison population.

Systemwide, the number of nonsecurity staff is generally adequate to provide basic services. Nonetheless, some areas of DOC's nonsecurity staffing (other than health services and treatment, which are discussed in Chapters III and IV) were identified through the survey of wardens and superintendents, structured interviews with DOC staff, and site visits as being potentially problematic and warranting further review. For example, clerical staffing was consistently considered by institutional and regional office staff to be inadequate. Other administrative or support staffing areas that were frequently noted as problematic were food services and commissary operations.

### SYSTEMWIDE NONSECURITY STAFFING ISSUES

From FY 1991 through FY 1997, the increase in the number of established security and nonsecurity positions can largely be attributed to the construction of several new facilities. However, across DOC facilities which have been operating for several years, an analysis of the change in the number of positions for the FY 1994 through FY 1997 period indicates that nonsecurity staffing has been relatively stable.

Moreover, more than 260 part-time, agency, or contract nonsecurity staff were utilized by DOC institutions in May 1997 to supplement existing nonsecurity staff. This indicates that when workload requires additional staff, facility administrators are able to at least temporarily address the situation. As a result, systemwide, nonsecurity staffing generally appears adequate. Nonetheless, wardens and superintendents reported that their facilities have no excess nonsecurity staff and that they have requested additional nonsecurity positions.

Finally, staffing issues addressed in this chapter and the remainder of this report should be viewed in the context of a changing and dynamic correctional system. Although five DOC facilities are slated to open in the next two years, changes will likely occur throughout all of the facilities currently in operation. To the extent changes occur in existing facilities, there will quite possibly be changes to both security and nonsecurity staffing patterns in the affected institutions.



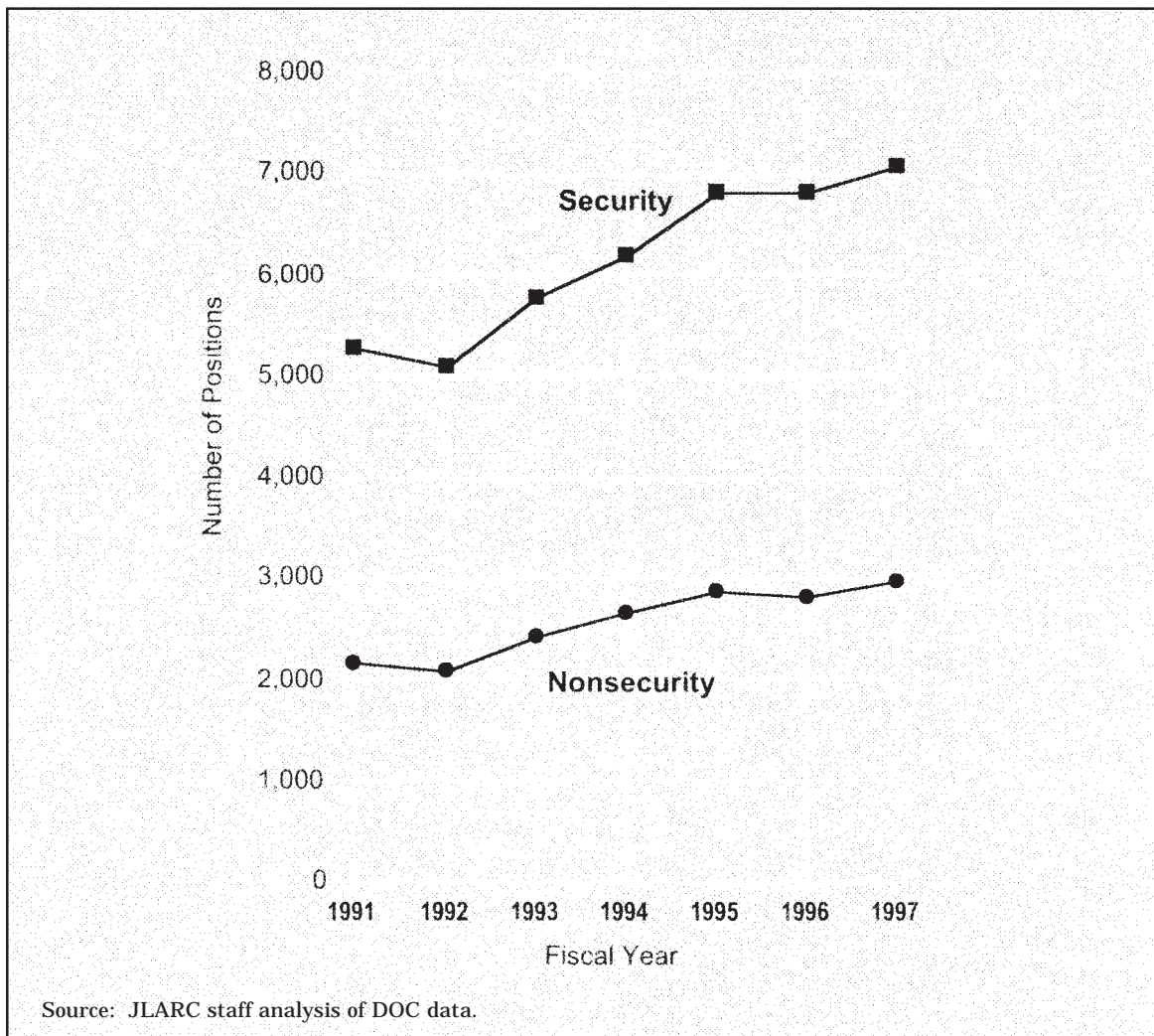
### Changes in DOC Security and Nonsecurity Staffing Levels Have Been Relatively Similar

Since FY 1991, allocated nonsecurity staff positions have increased by about 37 percent, from 2,159 to almost 3,000 (Figure 5). This compares to the increase in security staff for the same period of about 34 percent. Allocated security staff have increased from about 5,250 to slightly more than 7,000 positions.

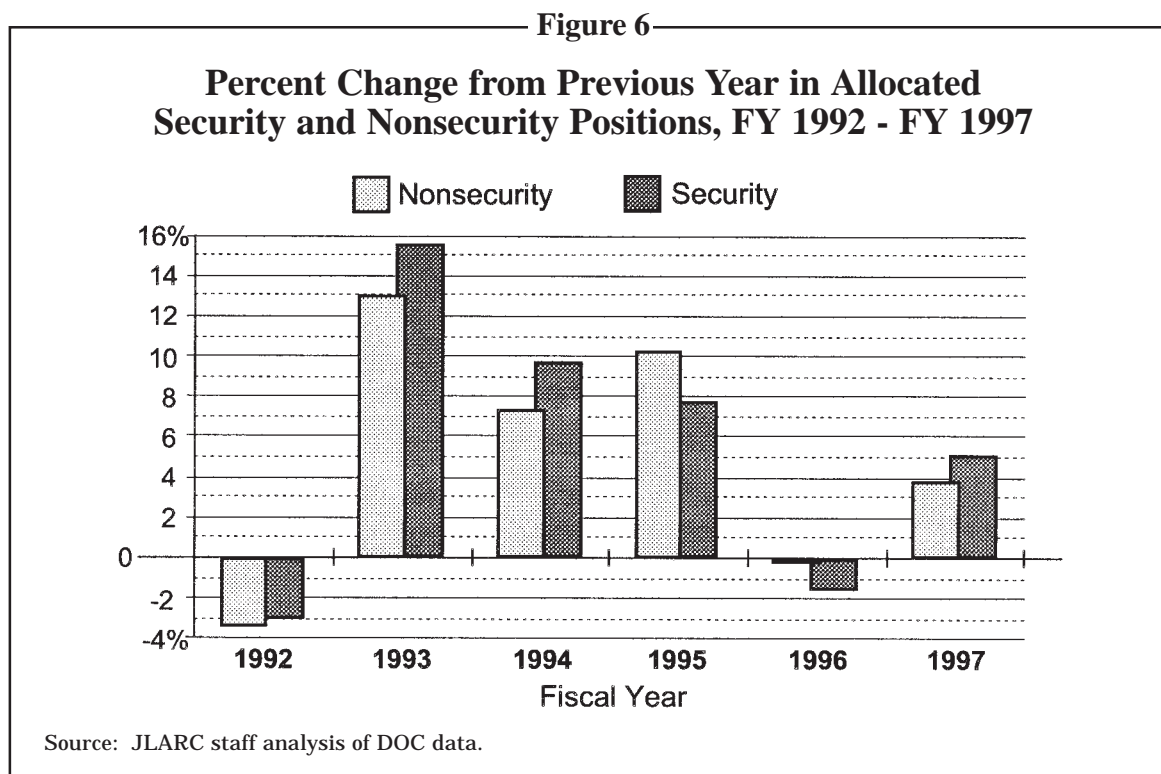
Despite the similar change in the number of allocated security and nonsecurity staff positions since FY 1991, concerns have been raised that security staff levels increased at the expense of nonsecurity staff. However, annual percentage increases and decreases in security and nonsecurity staff have followed somewhat similar patterns

Figure 5

#### Allocated Security and Nonsecurity Staff Positions, FY 1991 - FY 1997



over this time period (Figure 6). That is, when an increase or decrease in staff positions occurred, both security and nonsecurity positions were, to some degree, similarly affected.



### **FY 1994 to FY 1997 Nonsecurity Staffing Across the Same Institutions Has Been Relatively Stable**

While nonsecurity staff positions have increased by slightly more than 37 percent since FY 1991, much of that increase can likely be attributed to the new facilities that have been constructed and opened during that time period. As a result, analyzing the change in staffing levels for only the DOC facilities open for that time period will illustrate the extent to which any changes have occurred in existing nonsecurity staff levels. If nonsecurity staffing levels have decreased substantially in facilities open during the same period, this could be an indication of the need for additional nonsecurity staff.

For institutions operating in both June 1994 and June 1997, staffing levels for most of the nonsecurity staffing functional areas have been relatively stable (Table 1). Systemwide, the total number of allocated nonsecurity positions (2,463) in these institutions was unchanged. However, the number of allocated treatment positions has decreased, largely due to the FY 1996 staffing reductions. The only area of significant increase in positions was for agribusiness, which reflects the additional staffing provided by the General Assembly to assist DOC in increasing its use of dairy, vegetable, and fruit products grown or produced by inmates.

Table 1

**Allocated Nonsecurity Staffing in Institutions  
To Open in FY 1994 and FY 1997**

Functional Area	FY 1994	FY 1997
Administration	183	188
Agribusiness	44	62
Clerical	376.5	372.5
Facility Maintenance	380	405
Fiscal/Human Resources	157	161.5
Food Services	232	226
Health Services	460.5	487
Support	164	167
Treatment	466	394
Total	2,463	2,463

Source: JLARC staff analysis of DOC staffing data.

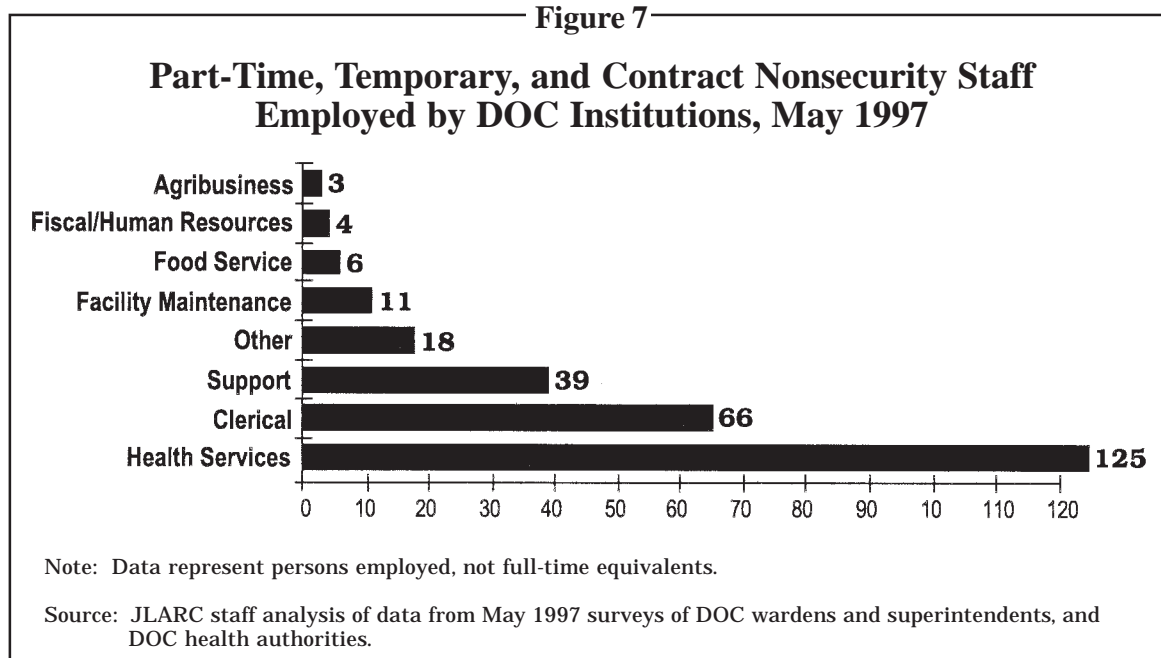
**Part-Time, Temporary, and Contract Positions Are Used  
To Supplement Existing Staff**

In addition to the full-time staff employed in DOC facilities, wardens, superintendents, and health authorities reported that in May 1997 more than 260 part-time, temporary, or contract staff were used to supplement existing nonsecurity staff (Figure 7). Two functional areas, medical and clerical, accounted for over 70 percent of the part-time, temporary, or contract staff. Part-time staffing for support services, primarily for the inmate commissary, was relatively substantial as well.

It must be noted that the 260 part-time, temporary, and contract positions do not constitute 260 full-time equivalent (FTE) positions. Many of the part-time or contract positions work in the inmate health care area. Smaller facilities will contract with a physician for services less than ten hours per week. Other facilities may contract with an x-ray technician for five hours per week.

As noted in previous JLARC reports, the use of part-time, temporary, and contract staff in the health services area has apparently been used for some time to balance workload and staffing needs. Moreover, the health care industry in general appears to place a relatively high reliance on part-time staff, especially nursing staff, to address workload. Finally, the use of part-time or contract physicians might be more cost effective when the workload of an institution's health care activity does not warrant full-time physician coverage.

Yet, the trends in the application and use of other part-time staff reflect to some degree the concerns expressed by facility administrators regarding the adequacy



of nonsecurity staff in their institutions. For example, the majority of facility administrators were concerned about the adequacy of staffing for the clerical area. Moreover, many cited the need for more staff in the support area, especially for the operations of the commissary.

Finally, part-time staff may to some degree act as a substitute for full-time staff. For example:

*One warden reported that he would like three additional full-time building and grounds staff. When asked what he would do with the positions, the warden stated he would convert the three existing part-time building and grounds staff to full-time status.*

Facility administrators may fund part-time positions through turnover or holding both nonsecurity and security staff positions open longer than would otherwise be necessary.

### **Facility Administrators Reported No Excess Staffing**

On the JLARC staff survey of wardens and superintendents, the administrators were asked to what extent areas of their facilities' staffing could be reduced. All of the respondents stated that there were no functional areas in their facilities that had, in their opinion, excess staff that could be used to achieve staffing economies.

Moreover, the respondents indicated that their master site plans contained requests for more than 490 additional nonsecurity staff to meet the goals and objec-

tives that have been established for their facilities as part of the master site plan development. Functional areas for which facility administrators had requested the most additional nonsecurity staff were clerical, treatment, facility maintenance, and health services. However, the number of positions requested should be viewed with substantial caution. For example:

*One warden reported that he had requested more than 70 additional positions through the most recent master site plan. Yet when questioned regarding the specific areas of need, the warden reported that while nonsecurity staffing was very tight at his facility, they were still getting the required work done. He noted that additional nonsecurity staff would make the working environment less stressful on all of his staff.*

In addition, the data reported by facilities may not be linked with substantive workload or may be linked with requests for other items such as greenhouses, programming buildings, or expanded agribusiness operations.

### **Opening of New Facilities Will Likely Impact Nonsecurity Staffing in Existing Facilities**

A number of changes may impact the nonsecurity staffing levels in existing DOC facilities. The construction and opening of five new facilities will likely result in a correctional system that will be in a period of transition. For example, since April 1997, a detention center has been converted to a work center and a correctional unit has been converted to a detention center.

Further, the Mecklenburg Correctional Center, which was constructed as a maximum security facility and currently houses death row, is projected to become an inmate reception and classification center. As the new prisons under construction open, changes in the missions of other facilities may occur, as well as the transfer of inmates from existing institutions to the new facilities occur. This period of transition will likely have a ripple effect on institutions statewide as well as the nonsecurity staffing at these facilities.

For example, the warden at Nottoway Correctional Center reported that the opening of the new maximum security facilities will likely result in the transfer of most of Nottoway's most difficult and dangerous inmates. Yet, he noted that some of the difficult inmates from lower custody facilities such as the Lunenburg Correctional Center might be shifted to Nottoway. This could impact staffing at facilities such as Nottoway as well as lower custody facilities that shift inmates to more secure institutions.

In addition, when the women's facility in Fluvanna opens, the maximum custody inmates, the mental health unit, and the infirmary at Virginia Correctional Center for Women (VCCW) will likely be absorbed by the Fluvanna Correctional Center. As

a result, nonsecurity staffing at VCCW for some of the services to be transferred to Fluvanna, as well as others that are not transferred, could be impacted.

### CLERICAL NONSECURITY STAFFING

Despite the relative stability in nonsecurity staffing levels in DOC facilities, themes regarding functional areas of concern were identified. One of the most consistently cited was staffing for the clerical area. The majority of wardens, superintendents, and regional office staff reported that clerical staffing for the operations of the institutions was generally inadequate.

The double bunking initiated by DOC in 1994 to expedite the intake of State-responsible inmates from local jails appears to have had an impact on the need for additional clerical staff. As a result, some additional clerical positions might be warranted to mitigate the impact of the double bunking on affected institutions.

#### **Consistent Concerns Have Been Cited Regarding Adequacy of Clerical Staff**

As noted earlier, the area of clerical staffing in DOC facilities was consistently cited by facility administrators and regional office staff as problematic. Their concerns focused on how clerical staffing impacts the overall facility's operation and can impact specific operating areas of the institution as well.

In addition, some facility administrators reported using correctional officers to do clerical work that they would normally assign to clerical staff. While the majority of the instances occurred in smaller correctional units, a number of major institutions reported using correctional officers to perform clerical-related tasks. Finally, clerical tasks are not readily assignable to inmates as is work in some other areas of a facility's operations.

***Few Facility Administrators Cite Clerical Staffing as Adequate.*** On the JLARC staff survey of DOC adult institutions, wardens and superintendents were asked whether they believed their current clerical staffing levels were adequate to support the operation of their institutions or provide required services to inmates. As illustrated in Table 2, relatively few administrators rated their facilities' general clerical staffing or clerical staffing for other major operational areas as adequate.

Moreover, inadequate clerical staffing can have an impact on a facility's operation. During site visits and interviews, some administrators expressed a sense of frustration over having nonclerical staff taken away from their normal duties to complete tasks that could be performed by clerical staff. For example, a facility administrator whose institution also had an intake unit for local jail inmates reported that due to the specialized role of that facility:

Table 2

### Wardens and Superintendents Citing Clerical Staffing as Adequate

Functional Area/Activity Staffing	Adequate %	Total Number of Respondents
Clerical – Overall	23	40
Clerical – General Administration	36	47
Clerical – Security Operations	37	46
Clerical – Medical Services	35	46
Clerical – Programming/Treatment	30	46

Source: JLARC staff analysis of data from the survey of DOC wardens and superintendents, May 1997.

...our nursing staff performs their own clerical functions in order to process inmates swiftly. They are often burdened with duties that could be performed by a clerical staff person. That would allow our nursing staff to focus on their primary duties such as intake of new prisoners and providing medical services to our [inmate] population.

Another warden reported the impact of the clerical staffing level on his institution's treatment department:

The best way to address the shortage of CIRC [corrections institution rehabilitation counselors] staff is to restructure the process by adding program support technician positions to process and maintain paperwork, freeing counselors to provide more skilled services.

Clearly, many facility administrators believe their clerical staffing levels have impacted the provision of services.

***Correctional Officers Reported to Be Performing Clerical Tasks.*** On the JLARC staff survey, facility administrators were asked to identify functions that nonsecurity staff should perform but that correctional officers in their institutions were routinely performing. Twenty-one facilities reported that clerical activities were routinely performed by correctional officers (Table 3).

The extent to which the correctional officers in these facilities are required to perform clerical duties is not known. In correctional units, because they typically only have one clerical staff allocated, it is likely more frequent than in major institutions. Moreover, using correctional officers in correctional units to do clerical work may not be totally inappropriate or unexpected. For example:

*One field unit superintendent reported on the JLARC staff survey that his correctional officers were at times used to do clerical work. As a*

Table 3

**Institutions Reporting Correctional Officers  
Routinely Performing Clerical Tasks**

Facility Type	Number of Respondents	Percentage
Major Institutions	7	33%
All Other Facilities	14	44%

Source: JLARC staff analysis of data from the survey of DOC wardens and superintendents, May 1997.

*result, he reported that there was no clerical work that was not getting done. Moreover, he noted that on bad weather days or other days when inmate work crews do not go outside the facility to work, the correctional officers who would normally supervise the inmate work crews would help catch up on clerical work or filing. Over a one month period, there were 23 inmate road crews that did not go out of this facility to work for a variety of reasons. On the days the crews did not go out, the correctional officers would likely have been available for other duties like filing or paperwork. In these situations, the use of the security staff to perform some clerical activities appears to be a productive use of time.*

The 1985 interagency study team that reviewed security staffing in DOC institutions also noted that the use of available security staff to conduct clerical work in correctional units might be appropriate in some instances. For example, the report noted that in correctional units "...front gate officers on the night shift could help process inmate accounts without leaving their posts."

However, the extent to which some major institutions rely on correctional officers to provide clerical services is of more significant concern. Major institutions tend to incarcerate inmates with higher custody levels who are in need of more consistent observation and control. To the extent possible, security officers should be carrying out their primary duties, observing and controlling inmates. Yet, in some major institutions they do not appear to be doing that. For example:

*In one major institution that had more than 60 percent "C" custody inmates, the warden reported that his security staff timekeeper was a correctional officer and that this was essentially a full-time responsibility.*

*At a smaller major institution, JLARC staff observed this task being completed by a nonsecurity clerical staff member. The chief of security at this institution noted that until they assigned a clerical staff person to the job, it was assigned full-time to a corrections officer. Since hav-*



*ing a clerical staff person do the job, the problems with security staff timekeeping have been reduced and the clerical staff person is reportedly able to support other security operations as well.*

***Inmates Are Not Typically Employed in Clerical or Administrative Areas.*** Unlike many other areas of a prison's operations like food service or facility maintenance, inmates typically do not work in administrative or clerical areas. The majority of documents, correspondence, and files are usually confidential in nature and could contain information that might be inappropriate for inmates to view. For example, confidential information in an inmate's file that is reviewed by another inmate could be used against the inmate whose file was reviewed.

### **Double Bunking Has Impacted DOC Clerical Staff**

One factor that has to some degree apparently impacted the workload of DOC institutions' clerical staff is the double bunking that was initiated in 1994 to expedite the removal of State-responsible inmates from local jails. A number of facilities, primarily major institutions, were targeted to receive most of the new inmates. Double bunking increases clerical workloads, because the number of inmates housed at the facility increases, and consequently record-keeping work and other clerical tasks that are driven by the number of inmates also increases. All of the facility administrators whose institutions were subject to double bunking reported concerns about the adequacy of clerical staffing.

As illustrated in Table 4, double bunking, primarily in the major institutions, has had an impact on the total number of established clerical staff per 100 inmates. In correctional units, double bunking does not have the same impact as it did in the major institutions since so few were double bunked. Moreover, institutions that were double bunked reported utilizing more part-time, temporary, or contract clerical staff positions than institutions that were not.

It must be noted that the 1995 General Assembly did appropriate additional positions for DOC to use in mitigating the impact of double bunking. Of the positions, six clerical positions were allocated by DOC to some of the affected institutions. Nonetheless, major institutions and reception and classification centers that were double bunked still have substantially fewer clerical staff per 100 inmates than those facilities without double bunking.

***Recommendation (1).*** The Department of Corrections should authorize additional clerical staff for institutions that were subject to double bunking in 1994.

Table 4

**Impact of 1994 Double Bunking Initiative  
on Allocated Clerical Staff, June 1997**

Facility Type	<i>Positions per 100 Inmates</i>		
	Systemwide	Institutions Double Bunked	Institutions Not Double Bunked
All Facilities	1.7	1.6	1.8
Major Institutions	2.1	1.6	2.9
Correctional Units	1.2	1.2	1.2
Work Centers	.8	—	—
Reception Centers	4.0	2.2	5.0

Source: JLARC staff analysis of DOC staffing data and data from DOC's monthly *Population Summary*.

#### ADDITIONAL ADMINISTRATIVE AND SUPPORT STAFFING ISSUES

Research conducted for this study indicates that there are some other nonsecurity staffing areas that may require additional attention. These include staffing for the inmate commissary and inmate food service areas. While generally staffed adequately, analysis indicates that the commissary and food service functional areas had some minor staffing disparities.

#### Staffing for Inmate Commissary Operations

Inmates in DOC facilities are able to purchase commodities such as cigarettes, dry foods and sundry items, and even small appliances such as radios. No currency is exchanged between inmates and DOC staff, however. Inmates who make purchases in the commissary have their accounts debited to cover the costs of the goods.

In all major institutions, the three largest correctional units, and one large work center, DOC store clerks operate and manage the commissaries. They receive and order the items in the commissary, fill orders, and process inmate payments. In most correctional units without allocated commissary staff, these duties are assigned to other nonsecurity or security staff.

Many facility administrators indicated that staffing for commissary operations was problematic. The typical facility that had commissary staff had slightly more than two staff positions. However, one factor that may be indicative of the need for more staff is the number of part-time staff used in the commissary.

In May 1997, DOC facilities with commissary staff reported that they utilized almost as many part-time positions (1.9 part-time positions) as full-time staff in their commissaries. In fact, despite the reliance on part-time staff, potential problems with staffing in some inmate commissaries was evident. For example:

*One facility administrator with only one store clerk noted that “along with a Correctional Officer, we are utilizing two (2) wage employees in order to effectively operate the [facility’s] commissary. These wage employees can only work 1,500 hours per year which averages out to approximately 30 hours per week. Therefore, we are constantly [providing] overtime, annual leave and [compensatory] time for the Correctional Officer and at the same time making sure the wage employees do not go over their limit.”*

Seven DOC facilities have only one staff allocated for the inmate commissary. Moreover, some of the facilities allocated one position house more inmates than other facilities allocated two or more staff. For example:

*Pulaski and Botetourt correctional units had between 400 and 405 inmates in May 1997 and have two commissary staff each. Baskerville Correctional Unit, Virginia Correctional Center for Women, and James River and St. Brides correctional centers each have more inmates than both the Pulaski and Botetourt Units and only have one commissary staff person.*

These facilities are also well below the statewide average of .34 commissary staff per 100 inmates and could likely benefit from additional staff (Table 5). The remaining three with only one commissary staff, due to their smaller inmate populations, exceed the statewide average for commissary staff per 100 inmates. Additional positions to these facilities could help reduce some of the staffing disparities that exist in commissary operations and provide these facilities with flexibility in how they utilize other staff positions and part-time staff.

***Recommendation (2).* The Department of Corrections should authorize one additional commissary staff position at the Virginia Correctional Center for Women, St. Brides Correctional Center, Baskerville Correctional Unit, and the James River Correctional Center.**

### **Staffing for Inmate Food Service Operations**

Inmate food service is a function that must be completed three times each day every day of the year in all of DOC’s facilities. In May 1997, the inmate population in DOC’s adult institutions were served more than 73,000 meals each day. Supervising the preparation of these meals as well as ensuring they meet DOC’s guidelines for nutritional balance and meet the dietary needs of inmates is the primary responsibility of DOC food service staff.

Table 5

**Comparison of Selected DOC Institutions'  
Allocated Commissary Staffing, June 1997**

<u>DOC Facility</u>	<u>Allocated FTEs</u>	<u>Allocated FTEs Per 100 Inmates</u>	<u>Average Daily Inmate Population</u>
All Facilities With Commissary Staff	2.3	.34	761
VCCW	1	.14	704
St. Brides Correctional Center	1	.19	540
Baskerville Correctional Unit	1	.21	486
James River Correctional Center	1	.22	446

Source: JLARC staff analysis of DOC staffing data and data from DOC's monthly *Population Summary*.

At this time, staffing in this functional area generally appears appropriate on a systemwide basis. Although facility administrators generally believe staffing for food services is inadequate, other factors tend to mitigate their concerns. For example, few part-time food service staff were employed systemwide in May 1997, while substantial numbers of inmates are employed in this area. Nonetheless, one correctional unit appears to warrant an additional food service position based on its inmate population and specialized mission.

***Facility Administrators' Opinions Regarding the Adequacy of Food Service Staffing.*** The majority of facility administrators systemwide expressed concerns about the adequacy of food service staffing. However, when analyzed by facility type, 52 percent of major institution wardens reported staffing to be adequate, while only ten percent of the correctional unit superintendents reported that food service staffing was adequate for their facilities.

The disparity between administrators of major institutions and correctional units is not totally unexpected. Correctional units are often provided only one food service position for the entire facility. Moreover, prior to the 1986 JLARC review of nonsecurity staffing, many correctional units had no food service staff assigned. Currently, in many of the facilities with only one food service position, the food service position supervises the preparation of two meals and correctional officers will supervise the preparation of the remaining meal.

DOC staff reported that when central or regional office staff provide food service training, they try to include correctional officers who supervise the preparation of meals in smaller facilities. Moreover, DOC staff noted that smaller facilities will attempt to identify correctional officers who have particular skills or interest in the food service area. As a result, even when food service staff are not working, the food service area can prepare appropriate and adequate meals.

***Few Part-Time DOC Staff Are Utilized, and Many Inmates Are Employed in this Area.*** While the majority of facility administrators cited food service staffing in their institutions as inadequate, there does not appear to be as extensive reliance on part-time staff to provide services as there are in other functional areas such as the clerical function. Systemwide, facility administrators reported that only six part-time staff were employed in the food service area.

In addition, substantial numbers of inmates are employed in the food service area. In FY 1996, inmate pay data indicates that there were more than 3,100 inmate jobs in the food service area systemwide. Inmates in these jobs provided more than 4.5 million hours of direct labor for DOC institutions. As a result, in many cases, the current allocation of food service positions systemwide may be appropriate.

***One Correctional Unit Could Utilize Additional Staff.*** While the food service functional area appears to be staffed sufficiently systemwide, analysis of this functional area indicates that one correctional unit — Fairfax — could utilize additional food service staff. Fairfax has only one food service staff position and thus has the lowest food service staff per 100 inmates in DOC's system. Similarly sized correctional units such as Halifax and Pocahontas correctional units have two food service staff allocated, which increases their staff to inmate ratios (Table 6). Moreover, Fairfax has a special mission as an intake unit for local jail inmates and is also one of the larger field units with about 230 inmates.

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Table 6

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**Comparison of Selected Correctional Units  
Allocated Food Service Staffing, June 1997**

<b><u>DOC Facility</u></b>	<b><u>Allocated FTEs</u></b>	<b><u>Allocated FTEs Per 100 Inmates</u></b>	<b><u>Average Inmate Population</u></b>
Correctional Units	1.6	.85	189
Fairfax Correctional Unit	1	.43	233
Pocahontas Correctional Unit	2	.72	277
Halifax Correctional Unit	2	.81	246

Source: JLARC staff analysis of DOC staffing data and DOC's monthly *Population Summary*.

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***Recommendation (3).*** The Department of Corrections should authorize one additional food service staff position for the Fairfax Correctional Unit.

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### **III. DOC Inmate Health Services Staffing**

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House Joint Resolution (HJR) 115 required that this review focus in part on the nonsecurity staffing needs of the inmate health care area, which is generally recognized as including dental care. Nonsecurity staffing for the health care area is comprised primarily of nurses, physicians, dentists, and dental support staff who provide direct health care services to inmates.

This analysis indicates that staffing in most DOC facilities systemwide is appropriate to provide health care services to inmates. Implementation of the inmate co-payment requirement in 1995 has reduced inmate demand for health care services. As a result, nurse staffing is adequate systemwide to properly meet the needs of inmates at sick call. Physician staffing systemwide is generally appropriate as reported by facility administrators.

However, additional nursing staff positions do appear warranted for a few DOC facilities. In addition, further monitoring of the use of contract physicians by the Office of Health Services (OHS) is needed to ensure that physician coverage is adequate to meet the needs of DOC facilities. Finally, since vacancies in dentist positions are the biggest impediment to providing inmate dental services, further efforts should be made by OHS to fill vacancies, and the issue of how more dentists can be attracted needs to be addressed.

#### **SYSTEMWIDE HEALTH CARE STAFFING ISSUES**

Two recent modifications have been made to DOC's delivery of health care services to inmates which likely impact the need for staffing. First, as recommended in the 1993 JLARC review of inmate health care, DOC reorganized OHS to clarify its mission and role and also improve the delivery of inmate health care services. Second, DOC implemented an inmate co-payment provision, which has generally reduced inmate demand for health care services.

Further, in contrast to other nonsecurity staffing areas analyzed as part of this review, DOC health care staff have not been subject to systemwide reductions. In addition, it is likely that anticipated changes in the DOC system will impact staffing needs in the near future. Finally, some inconsistencies in the medical services data collected by OHS substantially limit its usefulness in analyzing workload and staffing, and should be corrected.

#### **Recent Policy Changes Have Impacted DOC's Health Care Delivery System**

Two modifications have been made to the provision of inmate health care services which have affected the provision of health care services to inmates and likely

impact the need for health care staffing in DOC facilities. First, as recommended by JLARC in 1993, OHS reorganized its operations to improve inmate health care delivery services. Second, a co-payment policy was implemented in July 1995 which requires that inmates contribute to the cost of health care services provided in DOC facilities.

***Reorganization of the Office of Health Services.*** In the 1993 JLARC review of inmate health care, several recommendations were made to strengthen the ability of OHS to direct the delivery of inmate health care within DOC. The primary goals of the OHS reorganization were to: (1) clarify the mission and role of OHS in the delivery of health care services, (2) consolidate all clinical functions for inmate health care within OHS, (3) change the reporting relationship so that the OHS Director reports directly to the DOC Deputy Director of Administration, and (4) grant OHS health care staff direct clinical supervisory authority over health care staff in DOC facilities. These recommendations were focused on the need to reorganize certain aspects of OHS' operations to improve the delivery of health care services to inmates.

One aspect of the OHS reorganization included changes to the responsibilities of key OHS staff, including the chief nurse, chief physician, and chief dentist. The OHS reorganization involved giving these staff direct supervisory authority for clinical aspects of care provided by health care staff in DOC facilities.

To obtain some perspective on the effect of changes made in OHS since 1993, JLARC staff included two questions on the 1997 survey of DOC health authorities identical to those included in a 1993 survey of DOC health authorities. ("Health authority" is DOC's term for the lead representative on health care issues at each facility, as determined by each facility). These questions asked facility health authorities to rate support from OHS when medical staffing needs arise and rate OHS' overall medical care support.

As highlighted in Table 7, in May 1997, 50 percent of the health authorities in major institutions agreed that central office staff are responsive when medical staffing needs are brought to their attention, as compared to only 23 percent in June 1993. Moreover, about 55 percent of the health authorities in major institutions in 1997 agreed that central office's provision of medical care support is adequate, as compared to only 23 percent in 1993.

During JLARC staff site visits, facility administrators also noted improvements to OHS' operations regarding attention to medical staffing issues and general medical support. For example:

*One warden reported that communication on medical issues between the facility and OHS has gotten much better and that OHS staff have become more responsive to medical care issues at the facility.*

In addition, some DOC regional directors reported improvements in OHS' delivery of inmate health care services, indicating that facility administrators make fewer com-

Table 7

**Comparison of OHS Responsiveness to Medical Staffing Needs  
and Medical Care Support Received from Central Office  
(Major Institutions)**

<i>Statement: Central office staff adequately respond when medical staffing needs are brought to their attention.</i>					
<u>Year</u>	<u>Strongly Agree%</u>	<u>Agree%</u>	<u>Disagree%</u>	<u>Strongly Disagree%</u>	<u>Number of Respondents</u>
1997	5	45	35	15	20
1993	8	15	38	38	13

<i>Statement: In general, the medical care support received from central office is adequate.</i>					
<u>Year</u>	<u>Strongly Agree%</u>	<u>Agree%</u>	<u>Disagree%</u>	<u>Strongly Disagree%</u>	<u>Number of Respondents</u>
1997	5	50	35	10	20
1993	0	23	46	31	13

Note: Percentages may not add to 100 due to rounding.

Source: JLARC staff analysis of data from the surveys of DOC health authorities, June 1993 and May 1997.

plaints concerning medical care problems in their facilities. Thus, OHS' reorganization appears to have benefited the inmate health care delivery system.

***Co-Payment Has Reduced Demand for Health Care Services.*** The 1995 General Assembly passed legislation directing DOC to "provide for appropriate means by which prisoners receiving nonemergency medical services may pay fees based upon a portion of the cost of such services." In response, DOC implemented a policy (division operating procedure 733) on July 1, 1995 which requires inmate co-payments for health care services.

The co-payment policy was recently developed to reduce unnecessary utilization of health care services by requiring that inmates balance health care utilization with the cost of the co-payment. Inmates are currently assessed a \$5 co-payment for most visits to a nurse or physician for health care-related services, a \$2 co-payment for each original order of most prescription medications, and a \$2 per service co-payment for most dental treatments.

Over 90 percent of health authorities reported on the JLARC staff survey that the implementation of the co-payment requirement reduced the total number of inmate sick call visits in their facility. For the health authorities who reported a reduction of inmate sick call visits, more than 60 percent of the health authorities in major



institutions and in all other DOC facilities estimated a decrease of inmate sick call visits of 26 percent or more (Table 8).

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**Table 8**

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**DOC Health Authority Estimates of Percentage Reductions in Inmate Sick Call Visits (Percent of Respondents Per Reduction Category)**

<b><u>Respondents by Facility</u></b>	<b><u>Reduction Less Than 10%</u></b>	<b><u>Reduction of 10-25%</u></b>	<b><u>Reduction of 26-50%</u></b>	<b><u>Reduction of More Than 50%</u></b>	<b><u>Number of Respondents</u></b>
Major Institutions	5%	33%	28%	33%	18
All Other Facilities*	16%	21%	26%	37%	19

\*Does not include work centers.

Note: Percentages may not total 100 due to rounding.

Source: JLARC staff analysis of data from the survey of DOC health authorities, May 1997.

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Moreover, OHS collected and analyzed workload data that shows a reduction in inmate demand for health care services following the co-payment implementation. These reductions reportedly occurred in on-site inmate treatments provided by nursing staff, physicians, and dentists in DOC's major institutions. Compared to the three months prior to co-payment implementation on July 1, 1995, the average number of treatments for the three month period following implementation decreased by 16 percent for dental treatments, 24 percent for nurse treatments, and 26 percent for physician treatments.

Furthermore, several health authorities reported that the reduction in inmate demand for health care treatment has enabled nursing staff to more quickly identify inmates needing medically necessary treatment. Prior to the co-payment requirement, some inmates were reportedly using sick call as a "social visit" and not for necessary medical treatment. Moreover, this reduction has reportedly allowed nursing staff to spend more time with those inmates who have chronic health care problems and, as a result, has been reported to improve the quality of health care provided inmates. For example:

*One health authority reported that prior to the co-payment requirement, about 90 inmates would sign up for sick call and the nursing staff could only spend a few minutes with each inmate. As a result, only a portion of these inmates could be seen and many had to wait until the following day to see the nurse. Since the time that the co-payment requirement was instituted, the number of inmates that typically sign up for sick call has dropped to about 25 per day. This health authority further reported that the co-payment requirement has been*

*a remarkable success at the facility, because it has allowed nursing staff to focus treatment on those inmates needing medically necessary care.*

However, a few DOC health authorities reported that the workload of nursing staff has not been similarly reduced, since nursing staff are able to devote more time to those inmates actually needing care.

### **Health Care Staff Have Not Been Subject to Reductions or the Workforce Transition Act**

As discussed earlier, some areas of DOC nonsecurity staffing have been subject to DOC staffing reductions systemwide. However, because health care staff are considered by DOC to be critical to facility operations, these staff were not subject to any staffing reductions. In fact, since FY 1994 there has been an increase in allocated health care staff in DOC facilities.

Further, health care staff were not eligible to participate in the Workforce Transition Act (WTA). The WTA was offered to many State employees in an effort to reduce the total size of the State workforce. However, two DOC facilities - Bland and Greensville correctional centers - lost one authorized position each when staff appealed the WTA eligibility requirements and were granted an exception.

### **Additional Factors That May Impact Future Health Care Staffing**

Two changes will likely impact DOC health care staffing needs in the near future. First, DOC is in the process of privatizing the medical departments at two major institutions which are expected to open in early 1998. Contract negotiations are currently underway to open Fluvanna and Sussex I correctional centers with private health care staff. However, the contract for these two facilities has not yet been finalized.

Second, Fluvanna Correctional Center will be used to incarcerate female inmates, likely making an impact on health care staffing needs at the Virginia Correctional Center for Women (VCCW). The mental health unit and the main infirmary at VCCW will also be transferred to Fluvanna Correctional Center once this facility is in operation.

### **OHS' Workload Data Limited Staffing Analysis**

DOC requires that each facility compile data on medical services provided at each facility and report this information to OHS monthly. As early as 1986, JLARC staff recommended that these data be collected and analyzed to evaluate the cost effectiveness of health care delivery and develop workload standards. However, several

DOC facilities are not reporting these data to OHS regularly. In addition, inconsistencies in the manner in which these data are recorded render this information virtually unusable for the purposes of systemwide health care workload and staffing analysis.

While some of the data generally appear to be reported consistently by each facility over time, there appears to be little consistency in how facilities are defining what constitutes an “inmate treatment” when inmate population is considered. To illustrate this inconsistency, comparisons were made for six facilities for January 1997. While St. Brides Correctional Center has half the inmate population and about half the number of nursing staff positions of either Buckingham or Nottoway correctional centers, St. Brides reported over three times as many treatments provided by nursing staff (Table 9).

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Table 9

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**Treatments Provided by Nursing Staff for  
Selected DOC Facilities, January 1997**

Facility	Treatments Provided by Nursing Staff	Inmate Population	Treatments Per Inmate
Augusta	998	1,126	.9
Bland	1,216	599	2.0
Buckingham	533	949	.6
Coffeewood	7,193	1,128	6.4
Nottoway	825	1,148	.7
St. Brides	2,955	459	6.4

Source: JLARC staff analysis of DOC medical activity report data, January 1997, and data from DOC's monthly *Population Summary*.

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OHS staff reported similar concerns with this data, stating that they do not believe that DOC medical staff are reporting this data consistently since there are no instructions concerning how to fill out the medical activity report form. While OHS staff have discussed developing instructions for completing the report to achieve consistency in reporting, this has not been accomplished.

***Recommendation (4).* The Department of Corrections should develop comprehensive instructions for use by institutional health care staff in completing the medical activity report to standardize the data for use in summarizing and analyzing inmate health care services activity.**

#### DOC NURSE STAFFING

Nursing coverage in DOC facilities is provided primarily by registered nurses (RNs) and correctional nurse technicians (CNTs) and comprises the majority of health

care staffing. Nurse staffing appears to be generally adequate systemwide to provide important primary health care services to inmates. JLARC staff analysis indicates that the frequency of sick call is adequate to provide health care services to inmates, as is inmate access to nurses in DOC facilities.

Nonetheless, analysis of nursing staff variation in some DOC facilities indicates that additional monitoring is needed to ensure adequate nursing staff in the long-term. Moreover, temporary nurse usage in excess of authorized staff indicates a need for additional nurse staff positions in two facilities. Finally, additional nurse staff positions appear warranted in two facilities which incarcerate female inmates.

### **Nurse Staffing in DOC Facilities**

Nursing coverage in DOC facilities is a primary component in providing inmate access to medical care, since RNs and CNTs serve as the first-level contact for inmates requesting care. As of May 1, 1997, DOC facilities were authorized to employ a total of 312 full-time equivalent (FTE) nurse positions, 277.5 of which were filled (Table 10). The number of authorized nurse positions in major institutions ranged from 5.5 in the James River Correctional Center to 52 in the Powhatan complex. Due to the size of their inmate populations, correctional units and work and detention centers are authorized significantly fewer nurse positions and typically have only one nurse on staff.

Nursing staff shortages are often addressed by using temporary or contract nurses. While many facilities do not use temporary nurses, in May 1997 a total of 28.7 FTE temporary nurses were used by major institutions to augment nursing coverage. The Powhatan complex utilized the most temporary nurses, with ten FTEs in May 1997.

### **Nurse Staffing Systemwide Appears Adequate**

At this time, nurse staffing systemwide is generally adequate for providing primary health care services to inmates. Analysis conducted for this review indicates that the frequency with which inmate sick call is held systemwide exceeds standards promulgated by the American Correctional Association (ACA). In addition, inmates have timely access to nursing services. Finally, nursing staff systemwide has increased since FY 1994, and nurse staffing is sufficient to avoid significant and continual reliance upon overtime in the majority of institutions.

***Staffing Is Adequate to Properly Administer Inmate Sick Call.*** One measure of the adequacy of nursing staff is to evaluate the frequency with which institutions are able to staff and administer inmate sick call. Inmate sick call is a very important process in ensuring consistent and adequate health care coverage. As a result, sick call should be held frequently enough to provide inmate access to necessary care.

Table 10

**Nurse Staffing in DOC Facilities  
May 1997**

DOC Facility	Authorized RN and CNT FTEs*	Filled RN and CNT FTEs	Temporary Nurses	Total Nurses
Augusta	12	9	3	12
Bland	12	11	1	12
Brunswick	10	10	.4	10.4
Buckingham	10	10	0	10
Coffeewood	10	8	1	9
Deep Meadow	12.5	10	1	11
Deerfield	6	6	0	6
Dillwyn	10	9	0	9
Haynesville	11	11	.5	11.5
Indian Creek	10	10	0	10
James River	5.5	5.5	0	5.5
Keen Mountain	9	9	3	12
Lunenburg	10	7	3	10
Marion	21	21	0	21
Mecklenburg	13	12	0	12
Nottoway	12	12	1	13
Powhatan Complex	52	38	10	48
Southampton Complex	16	15	0	15
St. Brides	6	5	.8	5.8
Staunton	8	8	0	8
VCCW	19	14	4	18
Correctional Units (19)	31.5	31.5	0	31.5
Work Centers (5)	5.5	5.5	0	5.5
<b>Total</b>	<b>312</b>	<b>277.5</b>	<b>28.7</b>	<b>306.2</b>

\*Registered nurse full-time equivalent positions (FTEs) include registered nurse (RN), RN Clinician A, RN Clinician B, and RN Coordinator positions. Correctional nurse technicians (CNTs) are comprised of licensed practical nurses and correctional health assistants (paramedic-type positions).

Note: Does not include Greenville Correctional Center.

Source: JLARC staff analysis of Department of Corrections *Medical Positions* dated May 1, 1997, JLARC staff interviews with DOC health authorities, JLARC staff survey of DOC health authorities, May 1997, and JLARC staff survey of DOC wardens and superintendents, May 1997.

The ACA's *Standards for Adult Correctional Institutions* recommends that sick call be held by medical personnel a certain number of days per week based on the facility's inmate population. The ACA standard recommends that sick call be held at a minimum: (1) one day per week in facilities with fewer than 100 inmates, (2) three days per week in facilities with 100 to 300 inmates, or (3) four days per week in facilities with more than 300 inmates.

While this particular standard has not been adopted by the Board of Corrections for use in DOC facilities, this standard was used by JLARC staff to evaluate the

adequacy of nursing staff. On the JLARC staff survey, health authorities were asked to report how many days per week their facility held inmate sick call. Analysis indicates that the number of days per week that sick call is held in all DOC facilities either meets or exceeds this ACA standard. On average, sick call is held almost five days per week in all DOC facilities. As a result, this measure indicates that nurse staffing is adequate to hold sick call an appropriate number of days per week.

***Staffing Is Adequate to Provide Inmates Appropriate Access to Nursing Services.*** Procedures for inmate sick call vary somewhat across DOC's facilities. In some facilities, inmates are required to complete a form describing their illness and submit the form in advance to the medical department, while other facilities allow inmates to go to sick call according to a set schedule. Regardless of the procedure used, inmates' access to nursing staff is another measure of the adequacy of nurse staffing.

On the JLARC staff survey, health authorities estimated the average number of days between when an inmate signs up for sick call and when the inmate is seen by a nurse. Systemwide, the average number of days for an inmate to see a nurse is 1.2 days. More importantly, 40 health authorities — 83 percent — estimated that inmates are able to see a nurse within 24 hours. As a result, nurse staffing systemwide is sufficient to provide inmates reasonable access to care.

***Allocated Nursing Staff Positions Have Increased Since FY 1994.*** Allocated nursing staff positions increased by 36.5 positions - about 13 percent - between FY 1994 and FY 1997. Some of the increase in allocated nursing staff positions between FY 1994 and FY 1995 can be attributed to new facilities opened over this time period. However, between FY 1995 and FY 1996, additional nursing staff positions were allocated to four existing DOC facilities: Deep Meadow Correctional Center, Pocohontas Correctional Unit, Powhatan Correctional Center, and VCCW. The largest increase in allocated nursing staff occurred at Powhatan Correctional Center, which received ten positions. These additional positions were allocated by DOC in response to the 1993 JLARC review of inmate health care, which recommended that DOC reduce its reliance on temporary nurses.

***Overtime Expenditures for Medical Staff Have Been Stable.*** Overtime expenditures in the medical area are incurred to pay nursing staff to work over 40 hours per week as required by the Fair Labor Standards Act. While overtime is generally discouraged by DOC as a solution to long-term nursing staff shortages, some overtime can be expected in the health care area to cover short-term needs. Almost all medical staff overtime is incurred by the CNT and RN position classes.

Total overtime expenditures in the medical area decreased from over \$456,000 in FY 1995 to almost \$359,000 in FY 1996, then increased to almost \$410,000 in FY 1997. However, medical overtime expenditures at the Powhatan complex accounted for almost 50 percent of the total overtime incurred in these three fiscal years, indicating that other facilities are generally staffed sufficiently to avoid routinely using overtime to address staffing needs.

## **OHS Should Actively Monitor Nurse Staffing in Selected Facilities**

Because inmates are the direct recipients of medical services, the size of a facility's inmate population should have a strong relationship to the workload of the medical unit. Consequently, JLARC staff used inmate population levels to compare variations in the levels of authorized nursing positions among DOC's major institutions, while recognizing in the analysis that some facilities house inmates needing specialized health care services.

Systemwide there are an average 1.9 nurse positions for every 100 inmates in major institutions (Table 11). Only five correctional centers — Marion, Powhatan, Mecklenburg, VCCW, and Bland — have more nurses than the systemwide average. However, because these five major institutions provide specialized health care services that require significantly more nursing staff, they skew the average for the remaining major institutions. As a result, the median value provides a more meaningful measure of typical facility nurse positions per 100 inmates. The median value of authorized nurse positions per 100 inmates is 1.15, around which the majority of major institutions' ratios are generally grouped.

However, some concerns have been expressed regarding the adequacy of authorized nursing staff positions in several major institutions. On the JLARC staff survey of DOC adult institutions, wardens were asked whether they believed their current nursing staff levels were adequate to provide required services to inmates. Seventy-three percent of the wardens reporting inadequate nurse staffing were in those major institutions below the median value of authorized nurse positions per 100 inmates.

Despite these facility administrators' perceptions that nurse staffing is inadequate, all other factors analyzed for this study indicate that nurse staffing systemwide is appropriate at this time. However, additional monitoring of staffing patterns in major institutions below the median value of authorized nurse positions per 100 inmates may be useful in the long term. As a result, OHS should closely monitor the adequacy of nurse staffing in these facilities to ensure that inmate health care needs continue to be met.

***Recommendation (5).* The Department of Corrections' Office of Health Services should closely monitor the nurse staffing levels in those major institutions with nurse staffing levels below the median value of authorized nurse positions per 100 inmates to ensure that nurse staffing continues to be sufficient to provide necessary health care services to inmates.**

### **Extent of Temporary Nurse Use in Some DOC Facilities May Indicate Need for Additional Nursing Staff**

Temporary nurses are used by some DOC facilities to supplement nursing staff shortages. Nursing staff vacancies are the primary reason for the use of tempo-

Table 11

**Authorized Nurse Positions Per 100 Inmates in Major Institutions  
May 1997**

Facility	Nurse Positions Per 100 Inmates
Marion	9.5
Powhatan Complex	4.1
Mecklenburg	3.7
VCCW	2.6
Bland	2.0
<b>Average=</b>	<b>1.9</b>
Southampton Complex	1.7
Staunton	1.3
Brunswick	1.2
James River	1.2
Deerfield	1.2
<b>Median=</b>	<b>1.15</b>
Augusta	1.1
Keen Mountain	1.1
St. Brides	1.1
Buckingham	1.0
Dillwyn	1.0
Haynesville	1.0
Indian Creek	1.0
Nottoway	1.0
Coffeewood	.9
Lunenburg	.9

Note: Does not include Greenville Correctional Center.

Source: JLARC staff analysis of DOC staffing data and data from DOC's monthly *Population Summary*.

rary nurses, followed by other short-term nursing staff shortages such as maternity leave and medical disability. During FY 1997, the cost for 14 DOC correctional centers to use temporary nurses totaled about \$1 million. However, this cost was down from about \$1.5 million in FY 1996 and almost \$2 million in FY 1995.

While the use of some temporary nurses can be expected to cover short-term nursing staff shortages, continued use of temporary nurses in excess of authorized positions may indicate that more nursing staff positions are needed to operate the health care unit. During FY 1997, two DOC facilities — Keen Mountain and Nottoway correctional centers — incurred significant temporary nurse expenditures during FY 1997 in excess of authorized positions.



Keen Mountain Correctional Center incurred \$100,916 in temporary nurse expenditures during FY 1997, and Nottoway Correctional Center incurred \$92,925 over the same time period. Further, OHS staff reported that because of these expenditures, additional nursing staff may be needed at these facilities. As a result, one additional nurse position at each of these facilities appears warranted at this time.

**Recommendation (6). The Department of Corrections should authorize one additional nurse position at Keen Mountain Correctional Center and one additional nurse position at Nottoway Correctional Center.**

### **Nurse Staffing in Two Female Facilities Could Also Be Enhanced**

Factors analyzed for this portion of the review indicate that nurse staffing is generally appropriate for correctional units and work and detention centers housing male inmates. However, some concerns have been expressed regarding the adequacy of the nurse staffing in similar facilities housing female inmates. JLARC staff analysis indicates that nurse staffing in two DOC facilities incarcerating female inmates could be enhanced.

Currently there are three facilities incarcerating female inmates in addition to VCCW, which is DOC's primary facility for female inmates. These facilities are the: Pocohontas Correctional Unit, Tidewater Correctional Unit, and the Brunswick Work Center.

JLARC staff analysis of current nurse staffing variation reveals that while Pocohontas is staffed at 1.2 nurses per 100 inmates, both Tidewater and Brunswick are staffed below this level (Table 12). Prior to FY 1996, Pocohontas was staffed at .7 nurses per 100 inmates. In FY 1996, DOC added a third nurse position to this facility in response to concerns that inmate requests for health care services were exceeding that which the two nurses could address.

Both the facility administrator and health authority at Tidewater and Brunswick reported on the JLARC staff survey that nurse staffing was currently inad-

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Table 12

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### **Authorized Nurse Positions Per 100 Inmates in Selected DOC Facilities May 1997**

<b>DOC Facility</b>	<b>Nurses Per 100 Inmates</b>	<b>Inmate Population</b>
Pocohontas Correctional Unit	1.2	259
Tidewater Correctional Unit	.9	110
Brunswick Work Center	.5	195

Source: JLARC staff analysis of DOC staffing data and data from DOC's monthly *Population Summary*.

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equate. Both of these facilities requested additional nurse staffing in their most recent individual facility plans. In addition, OHS staff reported that these facilities appear to need additional nursing staff. The primary reason stated was that female inmates either required, or at least requested, medical services more often than male inmates. For example:

*The health authority at Brunswick Correctional Center reported that female inmates in the adjacent work center generate substantially more requests for health care services than the male inmates in her facility. Data provided on the JLARC staff survey indicates that the female work center inmates were seen almost three times more often during sick call than the male inmates at Brunswick Correctional Center.*

*Further, Brunswick Work Center's facility administrator reported on the JLARC staff survey that "[T]he women assigned to the work center have extensive gynecological, gastrointestinal, orthopedic, and dermatologic problems. In addition, many work related accidents occur due to lack of skills and work experience... ."*

Another respondent reported that:

We have experienced that female inmates have more medical problems, or at least, seek medical treatment more readily than the male population. The medical problems range from breast cancers [and] ovarian cancers, [to] hernias.

The general theme that female inmates either require or at least request health care services more often than male inmates was consistently reported to JLARC staff throughout this review.

Currently, the Tidewater Correctional Unit receives no routine nursing coverage from any other DOC facility since there are no other DOC facilities located in close proximity. To obtain nursing assistance, Tidewater must pre-arrange nursing coverage from other facilities on an *ad-hoc* basis. The DOC regional director for the eastern region also reported that due to female inmate's demands for health care services, additional nursing staff appears warranted for this facility.

Conversely, Brunswick Work Center receives some nursing staff assistance from the Brunswick Correctional Center. This assistance is primarily limited to on-call availability of a nurse from the Brunswick Correctional Center when the one nurse is no longer on duty. In addition, the health authority at the Brunswick Correctional Center reported that she will send a nurse from her facility to assist the nurse at the work center two days per week if she has more than two nurses on duty to cover her facility.

It appears that an additional .5 FTE nurse position is warranted for both the Tidewater Correctional Unit and the Brunswick Work Center. These additional posi-

tions would bring nurse staffing per 100 inmates to 1.4 for Tidewater and .8 for Brunswick, respectively, which would more closely align these facilities with the nurse staffing level at Pocohontas Correctional Unit. A full-time nurse position would bring Brunswick Work Center's nurse staffing closer in line with Pocohontas. However, as discussed earlier, the work center does receive some support from the Brunswick Correctional Center.

***Recommendation (7).* The Department of Corrections should authorize one additional .5 full-time equivalent nurse position at both the Tidewater Correctional Unit and the Brunswick Work Center.**

### DOC PHYSICIAN STAFFING

Physician coverage in DOC facilities is provided by nine physicians employed by the State and a number of contract physicians. This analysis indicates that physician coverage is generally adequate systemwide to provide health care services to inmates. In addition, the majority of facility administrators cite physician staffing as adequate.

However, OHS needs to more systematically ensure that coverage is consistent in facilities employing contract physicians. Contract physician coverage in a few major institutions results in rather lengthy waiting periods to see a physician for nonemergency medical care. Moreover, physician coverage has been allowed to lapse in at least one major institution while DOC attempted to provide contractual primary care physician coverage in conjunction with telemedicine. As a result, DOC should work to ensure that contracts for physician coverage adhere to OHS policy while providing for adequate and consistent coverage. Finally, OHS should ensure that the use of contract physicians are cost effective and do not exceed the cost of full-time State physicians.

#### **Physician Staffing in DOC Facilities**

Physician coverage in DOC facilities is a primary component in providing medical care to inmates, since physicians must review and approve the medical treatment and care provided by nursing staff and other medical care professionals. In addition, physicians are responsible for prescribing medication, approving off-site specialty care, and admitting inmates into infirmaries.

As of May 1, 1997, DOC facilities were authorized to employ a total of 19 FTE physician positions, only nine of which were filled (Table 13). DOC facilities with either no authority for a State physician or a vacant State physician position use contract physicians to provide coverage. Physician coverage — both filled and contract — in DOC major institutions ranges from .25 FTE (10 hours per week) at Deerfield Correctional Center to 3.2 FTE at the Powhatan complex.

Table 13

**Physician Staffing in DOC Facilities  
May 1997**

DOC Facility	Authorized MDs	Filled MDs	Contract MDs**	Total MD FTE
Augusta	1	0	.5	.5
Bland	1	0	.5	.5
Brunswick	0	0	.5	.5
Buckingham	1	0	0	0***
Coffeewood	1	1	0	1
Deep Meadow	1	0	.5	.5
Deerfield	0	0	.25	.25
Dillwyn	1	0	.6	.6
Haynesville	1	1	0	1
Indian Creek	1	1	0	1
James River	0	0	.5	.5
Keen Mountain	1	0	.75	.75
Lunenburg	1	0	.75	.75
Marion	1*	1	0	1
Mecklenburg	1	0	.5	.5
Nottoway	0	0	1	1
Powhatan Complex	3	2.5	.7	3.2
Southampton Complex	1	1	0	1
St. Brides	.5	.5	0	.5
Staunton	1	1	.05	1.05
VCCW	1.5	0	1.5	1.5
Correctional Units (19)	0	0	2.7	2.7
Work and Detention Centers (6)	0	0	.6	.6
Total	19	9	11.9	20.9

\*Physician's Assistant Category 1.

\*\*FTE equivalent of all contract MDs working in the facility.

\*\*\*Coverage provided by OHS Chief Physician 16 hours per month. In July 1997, the facility obtained one .25 FTE contract physician. Note: Medical services, including physician care, has been privatized at the Greenville Correctional Center, so there are no DOC staff physicians at this facility.

Source: JLARC staff analysis of Department of Corrections *Medical Positions* dated May 1, 1997, JLARC staff interviews with DOC health authorities, JLARC staff survey of DOC health authorities, May 1997, and JLARC staff survey of DOC wardens and superintendents, May 1997.

### DOC's Reliance on Contract Physicians Has Increased Since 1993

During the 1993 study of inmate health care, JLARC staff found that 47 percent of DOC's major institutions relied primarily on contract physician services to provide health care to their inmates. Currently 62 percent of DOC's major institutions rely primarily on contract physicians. Correctional units and work centers, due to the

size of their inmate populations, have traditionally relied upon contract physician services.

OHS staff reported that continued reliance on the use of contract physicians to provide health care services is necessary for a number of reasons. First, DOC reportedly is unable, under the current State compensation structure for physicians, to attract physicians who have completed a primary care residency. OHS prefers using physicians who have completed a residency in either emergency room medicine, family practice, or internal medicine over general practitioners, since these board-certified or eligible physicians may be able to provide a higher level of care to inmates.

Second, OHS staff noted that most major institutions do not now require 40 hours of physician coverage per week as a result of the inmate co-payment provisions. Finally, the use of contract physicians reportedly affords more flexibility in providing necessary health care services to inmates, since it allows physician coverage to be easily modified to meet changing or varying workload demands.

### **Majority of Facility Administrators Cite Physician Staffing as Adequate**

On the JLARC staff survey of DOC adult institutions, wardens and superintendents were asked whether their current physician staffing levels were adequate to provide required services to inmates. The majority of facility administrators rated physician staffing in their facility as adequate (Table 14). Yet, some concerns have been expressed by a few facility administrators regarding the adequacy of physician coverage. However, some of those concerns are not directly related to physician staffing levels. For example:

*One major institution reported that physician staffing was inadequate despite having two contract physicians provide approximately .5 FTE coverage for 600 inmates. During a site visit to the facility, the warden reported that the problem was not the amount of coverage, but the fact that the two physicians providing primary care services to inmates dealt with inmates differently. While one physician gives medi-*

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**Table 14**

### **Wardens and Superintendents Survey Responses Regarding the Adequacy of Physician Staffing**

<b>Facility Type</b>	<b>Adequate %</b>	<b>Inadequate %</b>	<b>Number of Respondents</b>
Major Institutions	70	30	20
All Other Facilities	92	8	24

Source: JLARC staff analysis of data from the survey of DOC wardens and superintendents, May 1997.

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*cations to inmates routinely, the other physician does not. So inmates who go to the physician who does not routinely prescribe medications try to arrange a follow-up visit to the physician who does.*

It appears that physician staffing is generally appropriate systemwide to provide health care coverage.

### **DOC's Office of Health Services Needs to Ensure Consistent and Adequate Contract Physician Coverage**

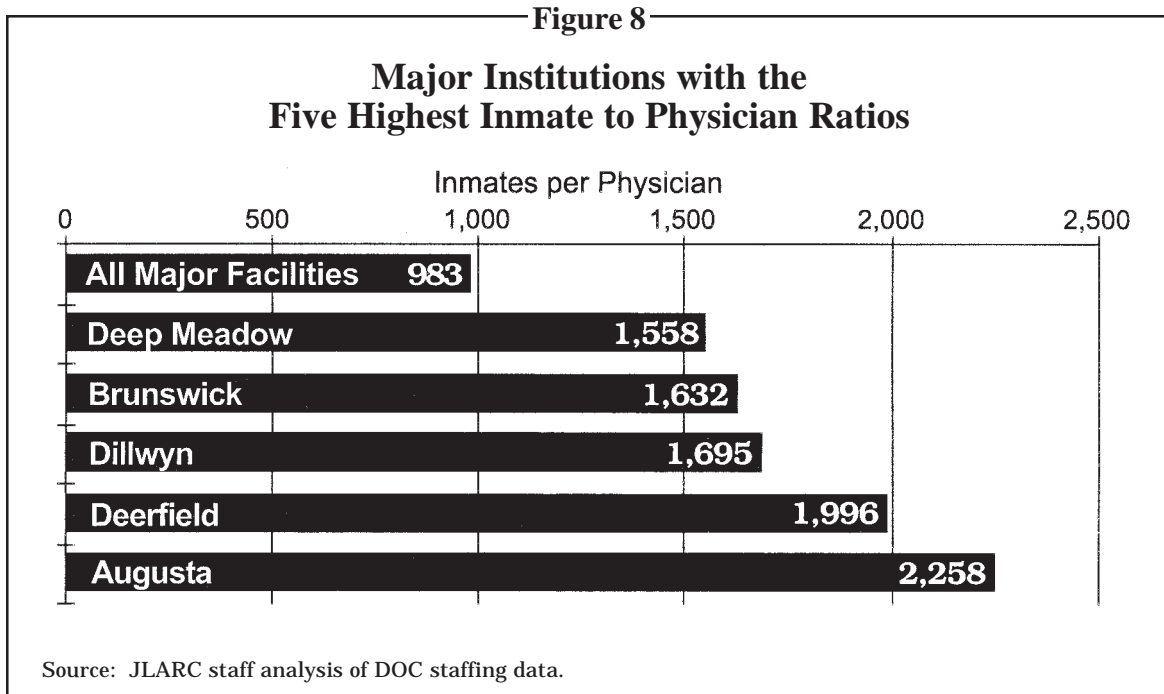
Although systemwide physician staffing is adequate, this analysis indicates that some coverage shortcomings exist and need to be addressed. First, facilities with contract physicians reported that inmates must wait longer to see a physician than inmates in institutions with State physicians. Moreover, many of these facilities have high inmate to physician ratios. Finally, although OHS' reasons for providing contract physician coverage appear reasonable, an attempt to provide primary care contract physician coverage in conjunction with telemedicine has failed, leaving a major institution without consistent physician coverage.

***Contract Physician Coverage in Some DOC Major Institutions Results in Service Delays.*** The majority of facility administrators reported that their staffing for physician services was adequate to meet the needs of their institutions' inmates. However, one area of concern, the length of time required for an inmate to see a physician, has been identified during this review.

The JLARC staff survey asked health authorities to estimate the average number of days from the point a nurse screens and refers an inmate, to when the inmate sees the physician. Health authorities reported an average waiting time of five days to see a physician in all major institutions. However, health authorities with a filled State physician position reported that inmates are seen by the physician in 2.7 days, compared to 6.4 days in facilities using a contract physician.

In terms of the range in inmate waiting times, higher than average waiting periods to see a physician may be occurring at Augusta, Brunswick, Deep Meadow, Dillwyn, and VCCW. One of these major institutions — Brunswick — was also identified in the 1993 JLARC review of inmate health care as having a lengthy inmate waiting period to see a physician. In addition, many of these facilities have inmate to physician ratios significantly above the average for all major institutions (Figure 8).

However, the health authorities in these five major institutions were contacted by JLARC staff and reported that despite long waiting periods, inmates with emergency or immediate medical needs receive expedited care from the contract physician or are sent to a local community provider for service. Yet sending inmates out to a local community provider could result in more costly medical care for inmates whose medical conditions were treatable on site by a physician.



In addition, these waiting times may not be totally attributable to facilities' contract physician coverage. For example, VCCW has one of the lowest inmate to physician staffing ratios systemwide. Yet, this facility reported that inmates are required to wait 18 days to see a physician for nonemergency treatment. This indicates that factors other than having contract physician coverage may be contributing to the long waiting times. For example, eliminating a backlog caused by past limited physician coverage or the administration of the facility's medical department could also contribute to the waiting time.

Nonetheless, the fact that many of the facilities with long waiting times for inmates to see a physician also have very high inmate to physician staffing ratios indicates that OHS needs to systematically evaluate the impact of contract physician coverage on the provision of primary care inmate health services. This review should include whether other factors contribute to the delay or whether the provision of physician services by contract providers are responsible.

***Recommendation (8).*** The Department of Corrections' Office of Health Services should thoroughly evaluate the contract physician coverage in the major institutions that reported lengthy waiting times for inmates to see a physician, in order to identify mechanisms for reducing the reported waiting time.

***Physician Coverage Has Been Allowed to Lapse While DOC Has Attempted to Bring Contract Services On-Line.*** DOC has been active in trying to bring quality health care to inmates while attempting to minimize the adverse impacts

on the cost and operations of each facility. One such effort has been the expansion of telemedicine in conjunction with primary care contract physician staffing. Telemedicine allows physicians to assess and diagnose inmate patients from a remote location using electronic video and audio communications. As part of this effort, DOC planned to secure physician coverage through the University of Virginia (UVA) as part of an inter-agency agreement to provide telemedicine clinics and primary care physician coverage for several major institutions. These institutions included the Augusta, Buckingham, Coffeewood, Dillwyn, and Staunton correctional centers.

The agreement called for UVA to provide telemedicine clinics at these correctional centers for off-site specialty care and 16 hours of contract physician coverage for primary care. The telemedicine clinics would allow DOC inmates to receive specialty physician care from UVA without the inmate leaving the facility. As a result, the risks involved transporting inmates in the general public and the associated costs would be eliminated.

However, while UVA physicians are currently providing off-site coverage for specialty care using telemedicine, DOC was informed in June 1997 that UVA would not be able to provide contract physician coverage for primary care services at any facility but Augusta. UVA reported that despite initial interest expressed in the project, it could not attract physicians to provide primary care services in these facilities. Consequently, this resulted in a lapse of physician coverage at a major institution with almost 1,000 inmates:

*Buckingham Correctional Center used a contract physician to provide 20 hours of coverage per week. When this contract expired in February 1997, it was not renewed because DOC planned to utilize a contract physician from UVA as part of the telemedicine project which was to begin in February 1997. Instead, due to project delays, the DOC Chief Physician began to personally provide on-site physician coverage two days per month.*

*After being notified that UVA could not provide physician coverage in June 1997, DOC began efforts to secure physician coverage for this facility. In July 1997, a contract physician was secured to provide eight hours of coverage per week. During FY 1997, this facility's medical expenditures for out-patient inmate clinical services were about \$73,000 more than for FY 1996. The health authority reported that these additional expenditures would largely have been avoided if consistent physician coverage had been provided.*

Concerns with this lapse in physician coverage were noted by both the facility administrator and the health authority at Buckingham Correctional Center. OHS staff are aware of the inadequacy of the physician coverage at this facility and have noted the urgency in either filling the State physician position or securing additional contract physician coverage. As a result, the position vacancy is currently being advertised and efforts are underway to secure a full-time physician.



**Conclusion.** DOC issued a request for proposals (RFP) in June 1997 to provide contract physician coverage at nine DOC facilities. Buckingham Correctional Center was not included in the RFP, but this RFP allows DOC to add existing and new facilities to the contract as needed. While an increased reliance on contract physicians may sometimes be appropriate, OHS must actively manage these services to ensure service needs and requirements are met and the continuity of physician coverage is not compromised. Inadequate physician coverage may unnecessarily endanger inmate health care and result in increased medical expenditures for off-site physician services.

**Recommendation (9).** The Department of Corrections' Office of Health Services should monitor physician coverage to ensure that coverage is not allowed to lapse and contracts for physician coverage are adequate to meet the needs of the institution.

### **OHS Needs to Ensure Physician Contracts Are Cost Effective**

In addition to ensuring that contract physicians provide adequate service provision, OHS also needs to ensure that contract physicians are cost effective. One of the responsibilities of OHS staff is to review all contracts for physician coverage prior to acceptance at the institutional level. The primary purpose of this review is to ensure compliance with OHS policy. OHS reported that a contract physician should not be used for more than 30 hours per week in any DOC facility, because if more physician coverage is necessary, then a full-time State physician is warranted.

However, one facility has a contract for a 40 hour per week contract physician, which is not as cost effective as a 40 hour per week State physician.

*Nottoway Correctional Center has had a contract physician providing full-time coverage since July 1994. During FY 1997 the cost of the contract to provide this level of physician coverage was about \$157,000. A full-time State physician would have cost about \$118,000, including State benefits.*

While DOC policy requires that OHS staff review all contracts prior to institutional acceptance, this policy was not implemented until after this original contract for physician coverage was signed. The original contract contained a provision which allowed for a yearly extension, up to a maximum of four years, based upon a re-negotiated price. Yet, OHS staff reported that the yearly extension of the contract was not reviewed prior to institutional acceptance in July 1997. However, OHS review of all contracts for physician coverage is necessary to ensure both consistency of coverage and cost effectiveness of the services to be provided.

**Recommendation (10).** The Department of Corrections' Office of Health Services should ensure that all physician contracts or modifications thereto are reviewed for cost effectiveness prior to acceptance at the institutional level.

## DOC DENTAL STAFFING

As noted earlier, the study mandate required this review to focus in part on the adequacy of medical staffing in DOC's adult correctional institutions. Since medical care is generally recognized to include dental care, this review also addressed the adequacy of DOC dental staff to provide necessary services to inmates.

At this time, the current number of dental staff appears adequate to provide dental services to inmates. While most facility administrators cite staffing as adequate in DOC dental clinics, dentist vacancies in some dental clinics may cause several problems. These problems include delays in service delivery, underutilization of dental support staff, and dental treatment expenditures that are higher than necessary. DOC needs to increase its efforts to fill vacant dentist positions. Finally, there is a need for further study to identify the factors which make it difficult to attract dentists.

### **Staffing of DOC's Dental Clinics**

DOC provides access to dental care for inmates in 21 dental clinics. In addition to providing dental services to inmates in their own facility, some dental clinics also provide services to inmates in other DOC facilities located in close proximity. While equipment and authorized dental staff were obtained for Pulaski Correctional Unit in 1995, this dental clinic is not operating because a dentist has not been hired.

DOC's dental clinics are staffed with a mix of dentists, dental clinic directors, dental hygienists, and dental assistants. All dental clinics are allocated at least one dentist who may either be full-time or half-time. The 23.5 allocated dentist positions include 20 full-time dentists, two full-time dental clinic directors, and three half-time dentists. All six of the allocated dental hygienist positions are full-time. The 30 allocated dental assistant positions include 29 full-time assistants and two half-time assistants (Table 15).

### **Dental Staffing Appears Adequate to Provide Services in Most Dental Clinics**

Analysis conducted for this review indicates that dental staffing in most dental clinics is appropriate to provide services to inmates. A number of additional dental staff positions have been allocated to DOC dental clinics since FY 1994. While the ratio of inmates to allocated dentists has increased since FY 1994, this ratio still remains within the guidelines established by OHS. In addition, most facility administrators cite dental services staffing in their facility as adequate.

***FY 1994 to FY 1997 Allocated Dental Staff Positions Have Increased.*** Allocated dental staff positions increased between FY 1994 and FY 1997. Over this time period, four additional dentist and dental clinic director positions were allocated (Table 16). While the number of allocated dental hygienist positions indicates a reduc-

Table 15

**Allocated Staffing in DOC Dental Clinics  
May 1997**

Dental Clinic	Dentists	Dental Hygienists	Dental Assistants
Augusta	1	0	2
Bland	1	0	2
Botetourt	1	0	1
Brunswick	1	0	1
Buckingham	1	1	1
Coffeewood	2*	0	3
Deep Meadow	1	0	1
Deerfield	.5	0	.5
Dillwyn	1	1	1
Haynesville	1	1	1
Indian Creek	1	0	2
Keen Mountain	1	1	1
Lunenburg	2	1	2
Marion	0**	0	0
Mecklenburg	1	0	1
Nottoway	2	0	2
Powhatan	2*	1	2
Pulaski	.5	0	.5
Southampton	1	0	1
Staunton	1	0	2
St. Brides	.5	0	1
VCCW	1	0	2
<b>Total</b>	<b>23.5</b>	<b>6</b>	<b>30</b>

\*Includes one dentist acting as the dental clinic director.

\*\*Operates with 16 hour contract dentist.

Source: JLARC staff analysis of DOC and OHS staffing data.

tion in the absolute number of positions, one position was re-allocated as a dental assistant in FY 1997, yielding a net increase of 11 dental assistant positions over this time period.

The ratio of inmates to allocated dentists increased from 770:1 on June 30, 1994 to 952:1 on June 30, 1997. Despite this increase, this ratio still remains within the dental staffing plan guidelines established by OHS. OHS' January 1997 dental staffing guidelines recommend one dentist position for every 800 to 1,000 inmates. OHS developed these staffing guidelines in response to the 1993 JLARC review of inmate dental care, which recommended that a plan be developed linking dental staffing with increased productivity.

Table 16

### Allocated Dental Staff Positions in DOC Dental Clinics

	<u>FY 1994</u>	<u>FY 1995</u>	<u>FY 1996</u>	<u>FY 1997</u>
Dentist/Dental Clinic Director	20.5	23.0	23.0	24.5*
Dental Hygienist	7.0	7.0	7.0	6.0
Dental Assistant	21.0	29.0	29.0	32.0**

\*Includes one dentist position for Fluvanna Correctional Center.

\*\*One dental hygienist was re-allocated as a dental assistant and two additional dental assistant positions were allocated for Fluvanna Correctional Center.

Source: JLARC staff analysis of DOC and OHS staffing data.

***Majority of Facility Administrators Cite Dental Services Staffing as Adequate.*** On the JLARC staff survey of DOC adult institutions, wardens and superintendents with dental staff were asked whether they believed their current dental services staffing levels were adequate to provide required services to inmates. Over 68 percent of the facility administrators rated dental services staffing as adequate in their dental clinics. However, most of the facility administrators rating dental services staffing as inadequate reported to JLARC staff that position vacancies have made it difficult for their clinic to provide services.

#### **Problems Exist with Dentist Position Vacancies**

Vacancies in allocated dentist positions have increased significantly since FY 1994. These vacancies can result in a number of problems, including delays in providing treatment to inmates, underutilization of dental support staff, and higher expenditures for dental services than are necessary. Further efforts are needed to fill vacant dentist positions.

***Vacancies in Dentist Positions Have Increased.*** From FY 1994 through FY 1997, vacancies in dentist positions as a proportion of allocated staff continued to increase. On June 30, 1994 about 12 percent of allocated dentist positions were vacant. On June 30, 1995 and June 30, 1996, the vacancy rate increased to almost 18 percent. In May 1997 there were six FTE dentist vacancies of 23.5 allocated positions — excluding the dentist position recently allocated for Fluvanna Correctional Center — for a vacancy rate of about 25 percent.

During May 1997, DOC dental clinics had a total of four full-time and four half-time vacancies in allocated dentist positions (Table 17). To cover unfilled dentist positions which remain vacant for an extended period of time, DOC often contracts with a private dentist in the community to provide on-site services in DOC dental clinics. While a temporary contract approach is less cost-effective than filling the den-

Table 17

### Vacancies in Allocated Dentist Positions, May 1997

Dental Clinic	FTE Dentists	Dentist Vacancy	Contract Dentist FTE	Total Dentist FTE
Bland	1	1	0	0
Deerfield	.5	.5	.2*	.2
Indian Creek	1	1	1	1
Lunenburg	2	1	0	1
Mecklenburg	1	.5	.5	1
Nottoway	2	1	0	1
Pulaski	.5	.5	0	0
VCCW	1	.5	.5	1

\*Contract dentist starting in late May 1997.

Source: JLARC staff analysis of DOC and OHS staffing data.

tist vacancy, OHS reported that it is more cost-effective than sending inmates into the community for dental services. Moreover, the institution does not have to incur the costs and security risks resulting from staff transporting inmates to dentists in the community.

***Vacancies Can Impact Dental Service Provision.*** Several wardens and health authorities reported that delays in inmate dental treatment are occurring in those clinics with dentist vacancies. For example:

*The full-time dentist position at Bland Correctional Center became vacant in December 1996 and remained unfilled nine months later. Currently the dentist from Keen Mountain Correctional Center provides services to inmates at Bland one day every two weeks, and some inmates are sent to a private dentist in the community. Bland's health authority reported that this is not adequate, since only emergency dental coverage is being provided, and a simple toothache can involve a wait from between two to six weeks to see a dentist. Bland is also supposed to provide dental services to inmates in three correctional units: Patrick Henry, Pulaski, and Tazewell.*

*As a result, some service delivery modifications have been made to accommodate inmates. Patrick Henry's inmates receive dental services from Botetourt Correctional Unit. Some inmates from Pulaski receive dental services from Marion Correctional Treatment Center, while other inmates are sent into the community. Tazewell's inmates receive dental services from Keen Mountain.*

\* \* \*

*The half-time dentist position at Deerfield Correctional Center became vacant in August 1996 and remained unfilled 12 months later. While DOC's Chief Dentist made periodic visits to the clinic to provide services, many inmates are sent into the community for dental services. The warden reported in May that there was an inmate backlog of 140 dental appointments, excluding emergency dental needs. Due to difficulties in filling this position and the lengthy waiting time to see a dentist, a private dentist was contracted to work in the clinic one day per week starting in May 1997.*

While inmate waiting periods for dental treatment do not appear to be problematic systemwide, long-term dentist vacancies can cause lengthy waiting periods for inmates in a few dental clinics. Alternatively, it forces facility administrators to send inmates into the community for dental care which is not the preferred option, due to cost and security concerns.

***Vacancies May Result in Underutilization of Dental Support Staff.*** Most DOC dental clinics are staffed with two dental support staff to assist the dentist, which includes either two dental assistants or a dental assistant and a dental hygienist. With a dentist vacancy there is little work for dental support staff to perform. As a result, dental support staff are underutilized in these instances. For example:

*The dentist position at Bland Correctional Center's dental clinic has been vacant for nine months. The health authority at this facility reported that the two dental assistants have an insufficient amount of work to keep them busy as a result of this vacancy. The only dental work conducted by these support staff involves assisting the dentist from Keen Mountain one day every two weeks. The health authority noted she used the dental support staff to perform clerical functions in the medical department to the extent feasible.*

However, this situation is alleviated somewhat when a contract dentist is obtained or when a dentist from another DOC dental clinic visits the facility to provide services. Under these circumstances, dental support staff are again utilized to assist the dentist. While there does not appear to be widespread underutilization of dental support staff at present, since most dental clinics have at least some dentist coverage, long-term vacancies in clinics without any supplemental dentist coverage can result in the underutilization of dental support staff.

***Vacancies Can Result in Higher Expenditures for Dental Services.*** As noted earlier, a dentist vacancy in a dental clinic may not only affect the provision of services to its own inmates, but also impact inmates in facilities that the dental clinic is supposed to serve. In some instances a dentist vacancy may force an institution to send inmates into the community for services, which can result in higher expenditures for inmate dental care. For example:

*Inmates from Pulaski Correctional Unit are supposed to receive dental care from Bland Correctional Center, but the dentist position has been vacant for nine months. As a result, inmates from Pulaski are being sent both to Marion Correctional Treatment Center and to dentists in the community for services. While Pulaski has dental equipment and authorized staff to operate a dental clinic, these positions are vacant. OHS staff noted that once the dentist vacancy at Bland is filled, inmates from Pulaski will again be seen by the dentist at Bland.*

*However, during FY 1997 Pulaski spent about \$52,000 for inmates to receive treatment from dentists in the community. While receiving dental treatment from Bland's dentist would be the most cost-effective option for providing services, Pulaski could have also provided services to its own inmates on-site, at a cost similar to what it spent on community dental services, if it had filled the vacant .5 FTE dentist and .5 FTE dental assistant positions. Dental treatment for Pulaski's inmates on-site would also have resulted in fewer inmate transports into the community reducing security risks and greater continuity of care.*

While significant expenditures to provide community dental treatment for inmates does not appear to be problematic systemwide, filling dental vacancies is more cost-effective and safer than sending inmates into the community for services. As a result, DOC should increase its efforts to fill vacant dentist positions.

***Recommendation (11). The Department of Corrections should increase its efforts to fill vacant dentist positions due to the potential for delays in service provision, underutilization of dental support staff, and higher expenditures for inmate dental treatment than are necessary.***

### **Reasons for Dentist Vacancies Need to Be Identified and Addressed**

Some DOC dentist positions have remained vacant for rather long periods of time. While one half-time dentist position at Deerfield has been vacant 12 months, another half-time dentist position at Mecklenburg has been vacant seven months. Finally, one full-time dentist position has been vacant at Bland for nine months. DOC reports that it is actively recruiting to fill these positions.

While an effort has been made to recruit dentists to fill these positions, the length of time positions remain vacant indicates that DOC is having some difficulty recruiting dentists. Some DOC staff and facility administrators have reported that the dentist's compensation structure is inadequate to attract dentists. A dentist is classified as a grade 16 in the State personnel system with a salary range of \$43,661 to \$68,166.

OHS staff also reported that a limited study conducted in 1993 indicated that the State's compensation structure for dentists was below that of other southeastern states. However, in 1993 there reportedly were more dentists seeking employment than at the present time, enabling DOC to recruit a sufficient number of dentists. As a result, no further action was taken by DOC at that time.

However, dentist compensation may be only one factor that is contributing to the difficulty in attracting dentists. Other factors which may make it difficult for DOC to attract dentists include the geographic location of position vacancies or a reluctance on the part of dentists to provide services to inmates. There is a need for further study to identify the factors which make it difficult to attract dentists and what actions will be necessary to mitigate them.

***Recommendation (12).* The General Assembly may wish to consider requesting that the Virginia State Crime Commission conduct a study to determine the reasons for the difficulty in attracting dentists to fill vacant positions in Department of Corrections' institutions.**





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## **IV. DOC Inmate Treatment Services Staffing**

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The study mandate, House Joint Resolution (HJR) 115, required that the current review of the need for nonsecurity staffing focus on the staffing in the inmate medical and treatment areas. Nonsecurity staffing for the treatment functional area is composed primarily of staff who provide services or programs for inmates and includes counselors, clinical social workers, and mental health staff such as psychologists.

In FY 1996, staff reductions were made in some treatment staffing areas, primarily general counseling positions. As a result, there has been an impact on the availability of certain treatment programs. Moreover, the ability of the current treatment staff to significantly increase the provision of inmate treatment programs, as might be necessary to help meet the current statutory schedule for inmate programming, is questionable. However, the results of DOC's strategic plan should determine whether (and where) additional treatment staff might be required to meet the programming objectives.

This review also examined the need for more specialized treatment programming staff. Clinical social workers are the primary providers of substance abuse services in DOC's therapeutic communities. Some minor adjustments to their staffing levels to increase the effectiveness of the established therapeutic communities appears warranted. Staffing for inmate mental health services generally appears appropriate, to provide a basic level of service; however, the staffing at some institutions warrants continued review by DOC.

### **GENERAL COUNSELOR STAFFING**

As noted earlier, the study mandate required this review to focus in part on staffing for inmate treatment services. The largest component of inmate treatment staffing is corrections institution rehabilitation counselors or general counselors. A primary source of concern regarding the adequacy of counselor staffing is linked to the counselor staff reductions that occurred in 1995.

However, DOC did have a strategy for implementing the reductions to mitigate the impact on inmate services in specific institutions. For example, reductions were targeted to maintain lower inmate to counselor ratios in lower custody facilities than in higher custody facilities. Nonetheless, inmate to counselor ratios systemwide are higher in 1997 than they were in 1994. As a result, substance abuse and sex offender treatment slots have not kept pace with the expanding inmate population. In addition, the ability of the current level of counseling staff to provide more than a marginal increase in inmate programming is questionable.

However, if increasing inmate programming opportunities is a goal, the extent to which additional staff might be necessary to increase inmate programming

should be linked with DOC's strategic plan. Although not completed prior to this report, the plan reportedly addresses the provision, types, and quantity of programming for each DOC facility.

### **Reductions in Counselor Staff Occurred in FY 1996**

The FY 1996 budget, as submitted by the Governor and approved by the General Assembly, required DOC to eliminate a number of positions from the inmate treatment service area. Reductions were primarily made to the sex offender therapeutic communities and general counseling. Specifically, the budget required the elimination of 50 counseling or recreation positions and 28 positions that were either providing or would be providing sex offender treatment services.

To implement the reductions, DOC developed a plan that may have mitigated to some degree the impact on many inmate treatment programs. For example, reductions were targeted to higher custody facilities, to minimize the impact on lower custody facilities to ensure services would continue to be available to inmates nearing the end of their sentences. As a result, despite the treatment staff reductions, programming is still provided in sufficient levels in all facilities to meet the programming standards promulgated by the Board of Corrections.

***DOC Attempted to Minimize the Impact of Reductions.*** DOC's plan to eliminate the required positions was likely a factor in mitigating the impact of the required reductions in counseling staff. First, as counselor supervisor positions were vacated, these positions would be converted to a general counselor position. Second, DOC adopted as a goal that the reductions would be carried out in such a way as to minimize the impact on lower custody inmates or inmates nearer to release.

The reduction strategy incorporated as a goal the desire to keep caseloads in the medium and minimum security facilities in the range of one counselor for 70 to 80 inmates. To achieve this goal, however, it was recognized that the caseloads in maximum custody facilities would likely increase above an 80 inmates to one counselor ratio. As a result, inmates in medium to minimum custody facilities should have access to more services than those in maximum custody facilities due to the availability of more counselors. No counselor reductions were targeted at the correctional units or work centers.

***Board of Corrections Programming Requirements Have Been Met by Most Facilities.*** The State Board of Corrections has developed standards for the State correctional facilities concerning inmate work programs, educational services, counseling and program services, and release preparation. Board standards require that DOC provide certain types of programming depending on the institution. For example, major institutions are required to offer more types of programming than correctional units.

Nonetheless, despite the reductions in counselor staff systemwide, institutions generally provide at least the minimum amount of treatment programming re-

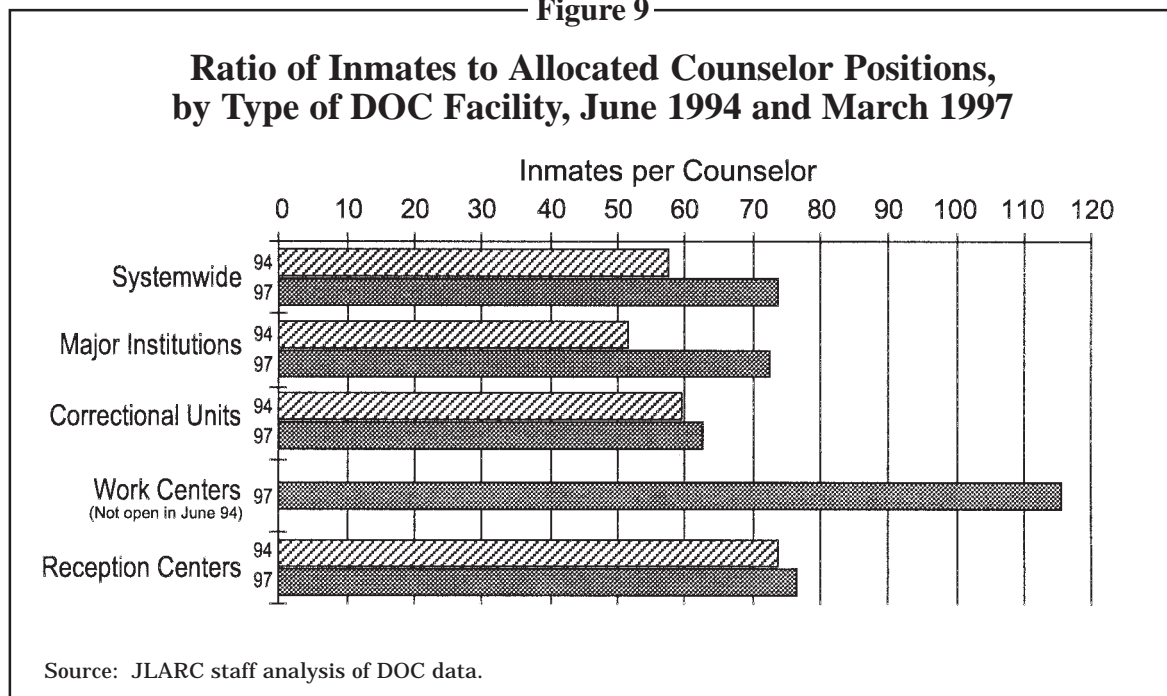
quired by the Board of Corrections. JLARC staff reviewed the audit reports of all institutions that were reviewed by the Board from April 1994 through June 1997. Only three institutions were found to be out of compliance at the time of the audit with the Board standard requiring the provision of core programs and the deficiencies were reportedly addressed prior to review by the Board.

**Inmate to Counselor Ratios Are Currently Higher than 1994 Levels**

Despite the attempts to mitigate the impact of reductions on treatment programs, the reductions in counselors negatively impacted the counselor to inmate ratios in many DOC institutions. The ratio of inmates to allocated counselor positions systemwide was higher in March 1997 than it was in June 1994 (Figure 9). In fact, for major institutions, the ratio is significantly higher than it was in 1994. Because correctional units and reception centers were largely exempted from counselor reductions, the ratios for these facilities are comparable for both the 1994 and 1997 periods. Comparisons cannot be made for work centers since none were open in June 1994. However, as a class of facility, work centers currently have the highest ratio of inmates to counselors systemwide.

Some of the inmate to counselor ratios in individual major institutions appear high, but reflect DOC’s approach to implementing the reductions. For example, Nottoway Correctional Center’s allocated counselor to inmate ratio is 88. Southampton Correctional Center’s allocated counselor to inmate ratio is 99. However, both of these facili-

Figure 9



ties are classified as close custody and hold a significant number of "C" custody inmates (Table 18).

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Table 18

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**Five Highest and Five Lowest DOC Facilities Counselor Ratios,  
March 1997**

<u>Facility</u>	<u>Inmate to Counselor Ratio</u>	<u>Special Mission/Security Level</u>
Marion Treatment Center	37	Mental Health Hospital
Staunton	44	Geriatric/Developmentally Disabled
Mecklenburg	50	Death Row
Bland	67	Farm/Medium Security
St. Brides	68	Youthful Offender Program
<b>Average for Major Institutions:</b>	<b>73</b>	
Keen Mountain	85	Close Custody
Powhatan	87	Close Custody
Augusta	87	Close Custody
Nottoway	88	Close Custody
Southampton	99	Close Custody

Source: JLARC staff analysis of DOC staffing data and DOC's *Institutional Assignment Criteria*, May 1997.

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Conversely, Staunton, Bland, and St. Brides correctional centers have allocated and filled counselor to inmate ratios below 70. These institutions either have specialized missions or are medium security facilities. For example, Staunton has geriatric inmates and a unit for the developmentally disabled. Clearly, the facilities with lower custody inmates or special missions have more counselors available.

Over 60 percent of the wardens and superintendents responding to the JLARC staff survey reported that the counselor staffing levels in their institutions were adequate. Nonetheless, some facilities have expressed concerns about the current counselor staffing levels, especially regarding general counseling and case management purposes. For example, a warden of a major institution reported that:

Institutional counselors have caseload[s] of upwards of 90 inmates, most typically offenders with long sentences and violent offense convictions which require more intense therapeutic counseling and treatment programming to accommodate their needs.... Due to the voluminous size of counselor caseloads, sufficient time to meet and address the specific counseling [needs] of each inmate are lacking, resulting in a lack of adequate acknowledgment of problems, thus increasing the likelihood that the cycle of crime will be repeated.

Clearly, despite attempts to mitigate the impact of the counselor reductions at the institutional level, some wardens and other institutional staff still have some concerns.

Finally, the American Correctional Association (ACA) no longer uses quantitative standards to assess the adequacy of counselor or similar types of institutional staffing. Prior to 1996, however, the ACA recommended an inmate to social worker staff ratio of one staff for each 100 inmates. Effective in 1996, the standard was changed to require that social services staffing in adult institutions be based on the type of inmate population served, the type of institution, legal requirements, and goals to be accomplished. Nonetheless, the majority of the current counselor to inmate ratios for most facilities are within the old ACA standard of one counselor for each 100 inmates.

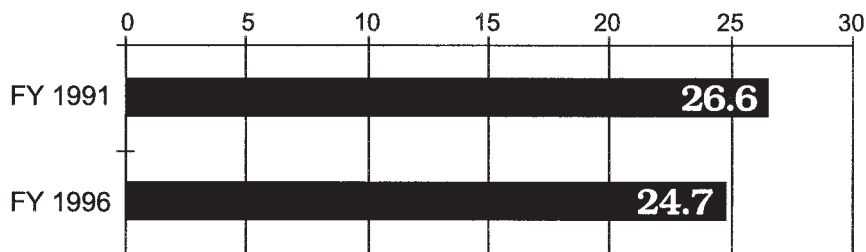
### **Substance Abuse Treatment Slots Have Not Kept Pace with Increasing Inmate Population**

Some types of treatment programs are generally available in most institutions systemwide. As a result, the total number of substance abuse treatment slots have increased by about 2,200 since FY 1991 due to the opening of new facilities. However, another measure of the impact of staff reductions in the treatment area is the extent to which the capacity of substance abuse treatment programs have been impacted.

More specifically, the number of substance abuse treatment slots have not matched the growth in the system's inmate population. Compared to FY 1991, the number of substance abuse treatment slots per 100 inmates has decreased (Figure 10). This is especially important when more than 80 percent of the inmates in the system have reported some level of substance abuse including drugs, alcohol, or both. To keep pace with the growth in the inmate population since FY 1991, substance abuse treatment slots would have to increase by about 450.

Figure 10

#### **Substance Abuse Treatment Slots Per 100 Inmates, FY 1991 and FY 1996**



Source: JLARC staff analysis of DOC data and data from the JLARC report, *Substance Abuse and Sex Offender Treatment Services for Parole Eligible Inmates*, 1991.

The inability of DOC's substance abuse treatment programming to keep pace with the number of inmates is reflected in responses by wardens and superintendents to a question on the JLARC staff survey about the types of treatment programming that would be beneficial for their inmates. Sixty-five percent of the wardens and superintendents reported that additional programming for drugs and alcohol would be useful for the inmates in their institutions.

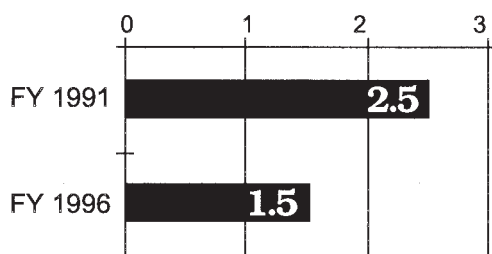
### Sex Offender Programming Was Also Impacted by Counselor Reductions

In addition to substance abuse treatment slots, counselor reductions have apparently impacted the provision of sex offender treatment services. Although sex offender services are required to be available in major institutions, the intensity of that programming has been negatively impacted by the reduction in counselor staffing.

The total number of sex offender treatment slots per 100 inmates has decreased substantially since 1991 (Figure 11). In 1991, JLARC reported that there were about 2.5 treatment slots per 100 inmates. In 1996, that ratio had decreased to about 1.5 total sex offender treatment slots per 100 inmates systemwide. Some of that decrease was due to the elimination of the sex offender therapeutic communities in 1995. In addition, because these programs are typically provided by general counselors, the impact of the 1995 counselor position reductions seem to have extensively affected the provision of sex offender programming.

Figure 11

#### Sex Offender Treatment Slots Per 100 Inmates, FY 1991 and FY 1996



Source: JLARC staff analysis of DOC data and data from the JLARC report, *Substance Abuse and Sex Offender Treatment Services for Parole Eligible Inmates*, 1991.

DOC staff reported to the Virginia State Crime Commission that at the time of the reductions they chose to prioritize staff and treatment services on substance abuse programs for several reasons, including:

- there are more inmates in need of substance abuse treatment than sex offender treatment, and substance abuse treatment is less expensive, and
- success rates for substance abuse treatment are higher than for sex offender treatment.

Nonetheless, the availability of sex offender programming to State inmates should be evaluated in light of a recent decision by the United States Supreme Court in a case involving a convicted sex offender. This case involved a Kansas law that allows the civil commitment to a state mental health facility of a convicted sex offender who had served his sentence with the state corrections' department. The law allowed the civil commitment of individuals who "...due to a mental abnormality or a personality disorder are likely to engage in predatory acts of sexual violence."

Although the majority of the Court did not cite the need for the state's correction department to provide certain amounts of sex offender treatment opportunities, this issue was raised in the dissenting opinion. Moreover, should the State choose to implement similar legislation, the extent to which adequate treatment opportunities need to be available to sex offenders, in order to attempt to address their behavior, should be considered. Whether adequate treatment services are available could be an important issue should the legality of any similar legislation be challenged in court.

### **Current Counselor Staff Levels Cannot Significantly Increase Provision of Treatment Programming**

The *Code of Virginia*, in §53.1-32.1, states that DOC is to provide inmates with a total of 40 hours of work, education, and treatment programming weekly beginning in July 1998. In DOC facilities, counselors provide the majority of the inmate treatment programming. Therefore, the ability of DOC to provide additional treatment programming opportunities to address the *Code's* hourly programming schedule will be impacted by the availability of counselors to provide the services.

As reported earlier, the majority of facility administrators noted that their counselor staffing levels were adequate. However, 79 percent of all wardens and superintendents reported that their counselors' current inmate caseloads had either a moderate or substantial impact on their institutions' ability to provide additional inmate treatment programs (Table 19). In addition, 77 percent of the wardens and superintendents reported that the availability of staff had a moderate to substantial impact on their ability to provide increased treatment programming opportunities in their facilities.

Although DOC has attempted to mitigate the impact of counselor reductions on treatment services, the correctional system does not appear to have the ability to more than marginally increase the provision of inmate treatment programming. In some of the facilities with high inmate to counselor ratios, the extent to which they could provide more treatment programming without additional staff is questionable.



Table 19

**Wardens' and Superintendents' Opinions on  
Effect of Counselor Caseloads and Availability of  
Staff on Providing Increased Treatment Programming**

Factors Impacting Programming	Moderate Impact %	Substantial Impact %
Caseloads of Counselors	26	53
Availability of Staff to Provide or Sponsor Treatment Programs	34	43

Source: JLARC staff analysis of data from the survey of DOC wardens and superintendents, May 1997.

For example, for the 12 major institutions with counselor caseloads greater than the statewide average of 73, more than 58 percent of the wardens reported that the availability of staff had a substantial impact on their ability to provide additional treatment programming. On the other hand, only 22 percent of the wardens from the nine facilities with counselor caseloads less than the statewide average reported that counselor caseloads had a substantial impact on their ability to provide additional treatment programming.

If expanded treatment programming is to be provided in the institutions with high caseloads, consideration should be given to providing additional counselor positions to the major institutions with counselor ratios above the average of 73. Even one additional counselor position should provide these facilities with some flexibility, through reductions in the counselors' caseloads, to provide some additional programming hours as stated in §53.1-32.1 of the *Code*.

**Additional Treatment Staff Should Be Linked  
with the Results of DOC's Strategic Plan**

If a goal is established to increase treatment programming across the correctional system, then more treatment staff will likely be necessary. However, the specific facilities in which additional treatment staff could be the most beneficial is not completely clear at this time. Therefore, any additional treatment staff should be linked with the type and quantity of treatment programming to be provided at each institution.

At the time of this report, DOC was conducting a strategic planning process to guide the future administration and operation of the State's correctional system. The department anticipated the completion of this plan in late 1997. One of the issues that the strategic plan will reportedly address is the provision, types, and quantity of inmate programming to be provided in its facilities. This portion of the strategic plan could assist in determining the need for any additional treatment staffing.

For example, according to DOC staff the strategic plan will prescribe the programming that will be available by type or classification of facility. In essence, more secure facilities would have program or work activities strictly controlled and likely driven by the needs of the facility. As inmates progress from a high custody facility to a lower custody facility, more programming opportunities would likely be available.

The allocation of additional treatment staff should be linked with the results of DOC's forthcoming strategic plan to ensure staff are efficiently allocated to match an institutions' programming needs. This would ensure that the staff would better match both the type of inmate population and type of institution as well as the programming goals to be accomplished.

***Recommendation (13).* The Department of Corrections should, based on the results of its 1997 strategic planning process, determine and authorize the additional treatment staff necessary to meet the plan's objectives for inmate programming. If additional funding and positions are necessary, the Department should submit requests for consideration to the 1998 General Assembly.**

#### SPECIALIZED TREATMENT SERVICES STAFFING

Specialized inmate treatment services are primarily provided by clinical social workers, mental health service staff like psychologists, and recreation staff. The primary focus of clinical social workers at this time in the DOC system is to staff the system's substance abuse therapeutic communities. Substance abuse therapeutic communities are intense, psychotherapeutic treatment settings.

Staffing for most of DOC's therapeutic communities is generally appropriate, although minor adjustments might be warranted at two locations to ensure the continued effectiveness of these substance abuse treatment settings. In addition, the specialized treatment staff at the Indian Creek Correctional Center, which are currently funded through a federal grant, will need to be assumed by the General Fund in order to keep this therapeutic community operational.

Mental health services staffing is also appropriate systemwide. DOC has significantly restructured the inmate mental health services administrative structure, which has positively impacted the provision of these services in the facilities. In addition, most of the facility administrators with mental health staff reported that the staffing for their facilities was adequate. Nonetheless, for the facilities with high inmate to staff ratios, DOC should closely monitor the ability of the current staff to provide necessary services. Finally, despite position reductions in 1995, current recreation staffing levels are adequate to provide basic recreation programs and comply with Board of Corrections' standards.

## **Staffing for DOC's Substance Abuse Therapeutic Communities**

DOC currently operates five substance abuse therapeutic communities systemwide. These programs have received significant support from the General Assembly and DOC. However, minor changes to staffing levels in two of these programs may be warranted to enhance their effectiveness. In addition, funding for many of the specialized treatment positions at Indian Creek Correctional Center need to be assumed by the State in order to continue the operation of the therapeutic community.

***Overview of DOC's Therapeutic Communities.*** Therapeutic communities are designed to be highly structured programs that "are based on the value of self-help and the application of rules and incentives that promote individual accountability." The environment is intended to be intense and regimented and require inmates to participate in work, education, and the "therapeutic interaction/confrontation with other [therapeutic community] inmates." Clinical social workers provide the programming, with counselors providing primarily case management.

Four of the communities, located at the Botetourt and Pulaski correctional units and the Staunton Correctional Center and the Virginia Correctional Center for Women (VCCW) are specialized programs that operate within a larger institution. However, since July 1995 the Indian Creek Correctional Center in Chesapeake has been designated and operated by DOC as a dedicated substance abuse therapeutic community. Although the Indian Creek facility also operates a parole violator intake unit, the remainder of the facility is operated as a therapeutic community.

The programs at Botetourt, Pulaski, Staunton, and VCCW are voluntary programs and inmates apply for acceptance. At Indian Creek, the program is not currently voluntary. Nonetheless, inmates must meet specific criteria to be placed in the program. To meet these criteria, the inmate must: (1) have a documented substance abuse history, (2) be within seven years of mandatory parole, (3) be scheduled for release into the Tidewater Virginia area, and (4) not be involved in a sex crime or have committed first degree homicide.

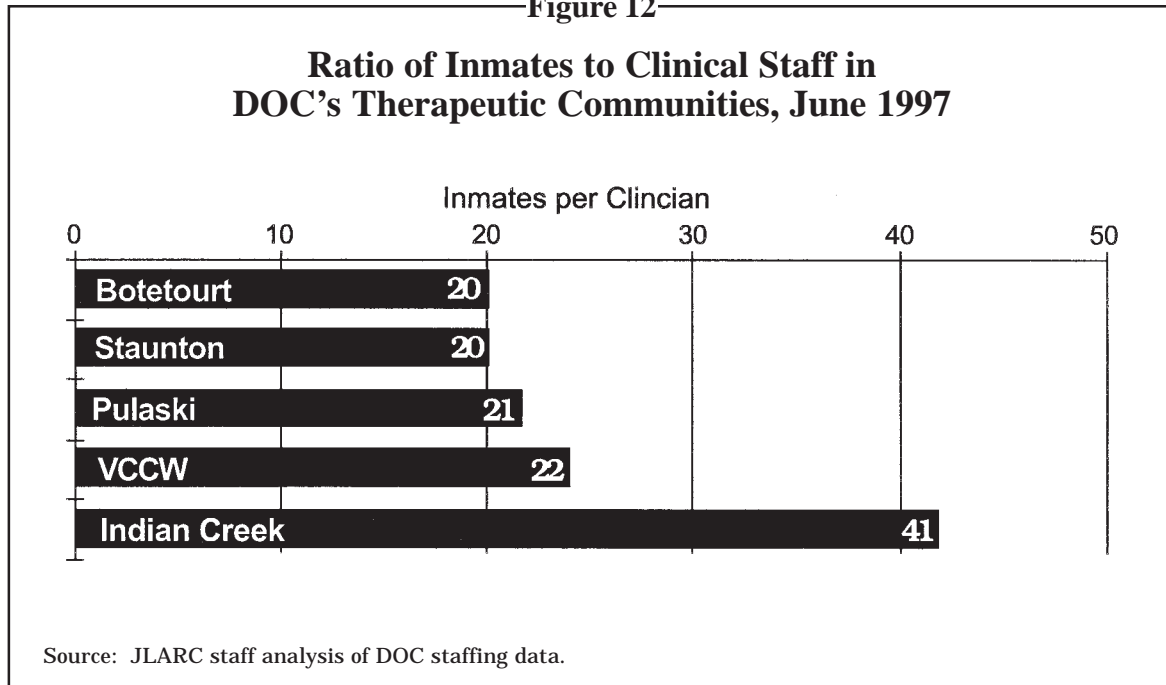
***Indian Creek Correctional Center Therapeutic Community Staffing.*** As discussed earlier, the Indian Creek Correctional Center is largely a dedicated substance abuse therapeutic community. At the present time, it is staffed by 20 clinical social workers, five clinical social worker supervisors, and one clinical social worker director. The facility's 1996 annual program survey submitted to DOC's central office reports that the capacity of Indian Creek's therapeutic community was 825 inmates.

Two staffing issues related to Indian Creek's specialized treatment staff should be addressed. First, the 20 clinical social workers are currently funded through a federal grant, and this grant funding expires at the end of FY 1998. As a result, the funding for these positions will need to be assumed by the State in order to continue the operation of the therapeutic community. Second, once the positions have been assumed by the General Fund, DOC needs to begin to address the clinical worker staffing ratios in Indian Creek's therapeutic community.

The 20 positions that require State funding at Indian Creek’s therapeutic community are the clinical social workers. These are the staff that provide the majority of the direct substance abuse treatment services to inmates. To enable the therapeutic community at Indian Creek to continue providing substance abuse services to 825 inmates, approximately \$700,000 in State funding will be required.

If the 20 clinical social workers are assumed for funding by the State, DOC should subsequently begin to address the therapeutic community’s clinical social worker to inmate ratio. At a capacity of 825 inmates, the clinical social worker to inmate ratio for Indian Creek’s therapeutic community is one social worker for each 41 inmates. This is substantially above the one social worker for each 20 inmates that DOC staff stated they recommend. In addition, the staff to inmate ratio at Indian Creek’s therapeutic community is significantly higher than DOC’s other therapeutic communities (Figure 12).

Figure 12



This disparity was also cited in recent studies conducted by the Virginia State Crime Commission and the Department of Criminal Justice Services (DCJS). The Virginia State Crime Commission reported that “the current staffing ratio is 1 staff to 36 inmates, double the recommended ratio.” DCJS concluded in its review in late 1996 that:

The currently authorized staffing plan ... produces staff-to-TC-inmate ratios on any given work shift that range from 1:33 to 1:90. These ratios greatly exceed the 1:20 ratio recommended in prior research. Unreasonable staff-to-inmate ratios could reduce [the therapeutic

community's] effectiveness or lead to significant staff burnout and turnover problems.

Clearly, Indian Creek can provide a significant number of inmates with intense substance abuse therapeutic treatment. Moreover, the current therapeutic staff to inmate ratios are relatively high compared to other therapeutic communities. DOC should consider establishing and funding additional clinical staff to bring clinical social worker to inmate ratios closer to the ratios recommended for this type of program once the existing clinical social workers' positions are State funded.

***Recommendation (14).*** The General Assembly may wish to consider providing sufficient funding for the 20 clinical social worker positions currently funded through a federal grant at the Indian Creek Correctional Center's substance abuse therapeutic community.

***Other Therapeutic Community Staffing Issues.*** At this time, there are four additional substance abuse therapeutic communities in operation. Although all of the communities have staff to inmate ratios in the range of one staff for each 20 inmates, the communities at two correctional centers (Staunton Correctional Center and the Virginia Correctional Center for Women) currently have no clinical supervisory staff assigned.

Clinical supervisory staff are important components of a therapeutic community's operation. DOC staff have noted that:

*In therapeutic communities without a clinical supervisor, a lot of an assistant warden's or treatment program supervisor's time can be consumed by issues related to the therapeutic community practice. Yet, neither the assistant warden nor the treatment program supervisors are typically trained to address clinical or therapeutic treatment issues. As a result, clinical expertise and standardization can be impacted without a clinical supervisor to provide ongoing structure to the program.*

\* \* \*

*Staunton Correctional Center, which has a therapeutic community without a clinical social worker supervisor, reported in its 1998 to 2004 master site plan that "...while all other DOC [therapeutic communities] have a clinical supervisor position, [ours] does not. As a result, the problems that invariably exist when a multifaceted program does not have a leader, have damaged the effectiveness of the current team. While the [assistant warden] has spent a disproportionate amount of time supervising this program, he has not been able to do the on-site supervision that is required." Moreover, the assistant warden at Staunton does not have specialized substance abuse train-*

*ing to provide the necessary clinical oversight of the clinical social workers.*

The General Assembly and DOC have made a significant commitment to the therapeutic communities. Although the communities at Staunton Correctional Center and the Virginia Correctional Center for Women are clearly functional and providing needed and intense substance abuse services to inmates, the value of this facet of DOC's treatment programming would be enhanced by the addition of clinical supervisory staff at these two facilities.

***Recommendation (15). The Department of Corrections should authorize a clinical social worker supervisor position for the therapeutic communities at the Virginia Correctional Center for Women and the Staunton Correctional Center.***

### **Staffing for General Mental Health Services**

Analysis conducted for this study indicates that staffing for inmate general mental health services systemwide generally is appropriate. Twenty-six DOC facilities are staffed with psychologists who provide necessary general mental health services to the inmate population. All of the major institutions with the exception of the James River Correctional Center have at least two psychologists on staff.

A number of factors indicate that staffing is generally sufficient for the general mental health service area. First, DOC has significantly restructured the mental health services area since the JLARC reviews of inmate mental health and health care services. Second, the majority of facility administrators whose facilities have mental health staff indicate that their institutions are adequately staffed to provide the necessary services.

There are some institutions, however, whose mental health staffing should be actively monitored by the Office of Health Services (OHS). These institutions have significantly higher inmate to mental health staff ratios than the statewide average. Despite this, most of the affected institutions' administrators reported that mental health staffing was adequate. Nonetheless, due to the high inmate to staff ratios, close monitoring by DOC is warranted.

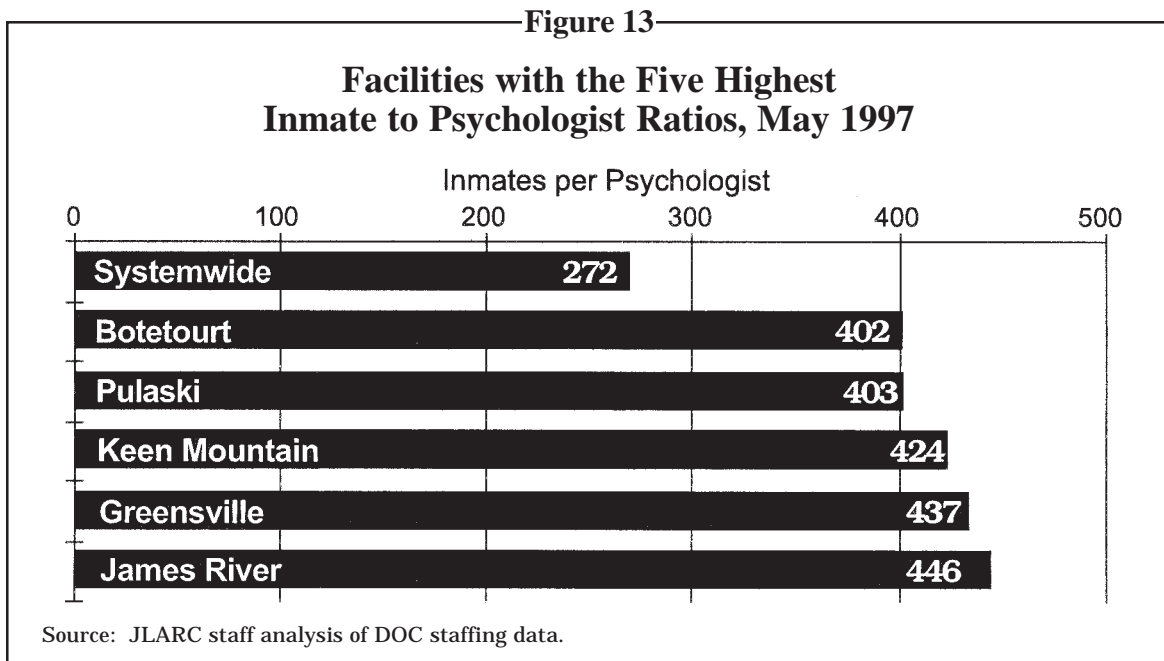
***Modifications to DOC Mental Health Services Program Structure Have Impacted Services.*** Two changes to DOC's mental health service delivery structure have likely had an impact on the oversight and coordination of services in affected institutions. First, as recommended in the 1993 JLARC review of inmate health care, the mental health program director and mental health program services have been realigned under OHS. As part of OHS, mental health services are part of an integrated inmate health care system which provides services for mental, physical, and dental health.

Second, the General Assembly appropriated funding to place one mental health services clinical supervisor in each of the four DOC regional offices. As a result, OHS mental health staff in the regional offices and ultimately the mental health program director have direct clinical supervisory responsibility for mental health staff in the institutions. This should aid in standardization and consistency of mental health care.

**Facility Administrators' Opinions Regarding Adequacy of Mental Health Staffing.** Another indicator of the adequacy of inmate mental health staffing is the opinions of wardens and superintendents. On the JLARC staff survey of wardens and superintendents, 85 percent of the facility administrators who have mental health staff rated the staffing as adequate. This suggests that systemwide, mental health staffing is appropriate. Moreover, two facilities whose administrators noted dissatisfaction with the levels of current mental health staff had inmate to mental health staff ratios below the statewide average.

Finally, only two institutions with inmate to mental health staff ratios above the statewide average cited staffing for this area as inadequate. However, during a JLARC staff site visit to one of the two facilities, a mental health staff person reported it was not the number of staff that was inadequate, but the facility's inability to retain the mental health staff they are allocated.

**Additional Mental Health Staffing Considerations.** While the majority of facility administrators reported that they are satisfied with their institutions' mental health staffing, some institutions warrant continued observation by OHS. For example, some facilities have high inmate to mental health staff ratios, including the James River, Greenville, and Keen Mountain correctional centers and the correctional units at Botetourt and Pulaski (Figure 13).



However, some of these facilities like Botetourt and Pulaski correctional units have other specialized treatment staff on-site for their therapeutic communities. Greenville Correctional Center has a staffed 80-bed sheltered care mental health unit on-site that is operated under contract with the facility's health care provider. As a result, other ancillary professional treatment staff are available at these facilities.

Nonetheless, close monitoring of the facilities with high inmate to staff ratios by OHS is warranted. Inmate mental health treatment can have a direct impact on a facility's operation through crisis intervention which can prevent inmates from causing harm to themselves or other inmates. OHS should continue to monitor the staffing needs of the facilities with high inmate to mental health staff ratios to ensure that sufficient staff are available to provide both necessary and timely services.

***Recommendation (16).* The Department of Corrections' Office of Health Services should monitor the facilities with inmate to mental health staff ratios significantly above the statewide average to ensure that they continue to have the staff necessary to provide adequate and necessary services.**

### **Inmate Recreation Staffing**

The *Code of Virginia*, in §53.1-32, requires DOC to provide a recreation program for inmates. In major institutions, the Board of Corrections' standards require that full-time recreation staff be responsible for developing and implementing structured recreational programs for inmates. In correctional units, the Board's standards require that a staff person be designated as the recreation officer. Four correctional units, however, do have full-time recreation staff.

In addition to counselors, about 19 recreation staff positions were subject to agency reductions in 1995. However, all institutions that had recreation staff prior to the reductions retained at least one full-time staff position. Moreover, all major institutions retained at least one full-time recreation staff position, with Greenville Correctional Center retaining three recreation staff, due to the number of inmates it houses.

However, 60 percent of all facility administrators that have recreation staff reported that their institutions' staffing levels were inadequate. In addition, some of the facility administrators have expressed concerns about their ability to keep inmates constructively occupied with their existing recreation staff. For many institutions, structured recreation activities are a mechanism for providing structured and supervised activities for inmates. For example:

*One institution's administrator reported, "Leisure time activities for inmates tend to be a security enhancement. Inmates involved in organized recreational activity work to maintain the orderly operations of the institution."*



*Another warden noted that recreation can provide inmates with the opportunity to engage in constructive versus destructive activities.*

Other wardens also reported that structured recreation activities provided inmates with a structured opportunity to properly channel their aggression which also assists in maintaining order within the facilities.

Nonetheless, recreation staffing systemwide appears adequate for the implementation of basic institutional recreation programs. Board of Corrections' audit reports reviewed for this study indicate that all facilities had a comprehensive recreation program in place at the time of the audit. In addition, only one facility, a correctional unit, failed to have a designated recreation staff officer at the time of the audit. Staffing for this functional area is adequate to ensure that the Board's standards regarding inmate recreation are being met.

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## V. DOC Provision of Hourly Inmate Programming

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The *Code of Virginia* and the Board of Corrections require the Department of Corrections (DOC) to provide work, education, and treatment programming activities to adult inmates based on an assessment of inmates' needs. Most recently, the 1993 General Assembly amended the statute to include a schedule establishing the amount of weekly work, education, and treatment programming in which each inmate is to participate. In FY 1995, FY 1996, FY 1997, and FY 1998, DOC has been scheduled to provide 24, 28, 30, and 36 hours of inmate programming, respectively. Beginning July 1998, DOC is scheduled to provide 40 hours per week of inmate programming to the inmate population.

According to statute, however, the accomplishment of this schedule is "subject to the availability of resources and sufficient program assignments." There have been concerns about whether it is feasible for DOC to provide the hours of programming stated by this schedule. Thus, the study mandate, House Joint Resolution No. 115 of the 1996 Session requires, that JLARC conduct an analysis "to determine if the provisions [of the section stating the schedule] are realistic," and to determine an appropriate level of programming to be accomplished by 1998.

The analysis conducted for this review indicates that DOC provided less than the 28 hours of weekly inmate programming scheduled in §53.1-32.1 of the *Code* for FY 1996. As a result, the feasibility of providing 40 hours weekly by July 1998 is questionable. In addition, several structural and non-structural factors are significant impediments to DOC in providing 40 hours of inmate programming as currently scheduled in statute. Nonetheless, facility administrators reported that it would be feasible for their facilities, on average, to provide inmates with more than 31 hours of weekly programming. Within the constraints faced by the system, making relatively small increases in the average hours provided per week across the system is challenging.

Despite the inability of DOC to meet the current programming schedule in §53.1-32.1, there are a number of options that are available to DOC to help increase the hours of programming systemwide. These include expansion of institutional job opportunities within the facilities, provision of treatment programming in work centers, and reducing ancillary administrative demands on treatment staff. Finally, DOC should update its operating procedures to reflect the schedule in §53.1-32.1 and enhance its treatment programming data collection process.

### DOC INMATE PROGRAMMING

Inmate programming requirements have been established in both the *Code of Virginia* and through the standards promulgated by the Board of Corrections. The requirements in §53.1-32.1 of the *Code* also include a schedule stating the number of hours of programming in which inmates are to participate.

There are several different types of inmate programs offered by DOC. The primary three programming activities are: work, education, and treatment. Inmate work activities vary, but typically involve enterprise type jobs or institutional jobs. Inmate educational programming is the responsibility of the Department of Correctional Education (DCE). Treatment programming consists of substance abuse and sex offender services, support groups, and inmate organizations.

### ***Code of Virginia's Inmate Programming Provisions***

Several sections of the *Code of Virginia* address inmate programming. Section 53.1-41 establishes the inmate work function and other related activities such as the Virginia Correctional Enterprises (VCE), while §22.1-339 provides the foundation for inmate education as provided by DCE. Included in this section of the *Code* is the requirement for the Literacy Incentive Program.

Finally, the *Code* addresses treatment programming under §53.1-32. In addition, the 1993 General Assembly in §53.1-32.1 developed a schedule establishing the number of hours per week of programming in which inmates are to participate. This inmate programming schedule was phased in as follows:

- 24 hours per week in FY 1995,
- 28 hours per week in FY 1996,
- 30 hours per week in FY 1997,
- 36 hours per week in FY 1998, and
- 40 hours per week beginning July 1, 1998.

The General Assembly, when approving §53.1-32.1, made the provisions of the act effective “subject to the availability of resources and sufficient program assignments.”

### **Other Inmate Programming Provisions**

The *Code of Virginia* requires that DOC provide certain types of programming, as well as clarifies the General Assembly's intent on the level of inmate programming to be provided. In addition to the *Code's* provisions, DOC's governing body, the Board of Corrections, prescribes standards that require inmate programming. Finally, DOC division and institutional operating procedures govern the actual implementation and provision of this programming.

***Board of Corrections' Programming Standards.*** The State Board of Corrections has developed standards for DOC's correctional facilities addressing inmate work programs, educational services, counseling and program services, and release preparation. For example, one standard requires that:

Written policy, procedure and practice provide for a system of core programs at each facility appropriate to the needs of inmates, which

may include mental health, life skills, substance abuse, sex offender programs and counseling services.

Other standards require that the institutions provide space and maintain facilities for academic, vocational education, and library programs offered by DCE. In addition, the Board requires that all inmates have access to a program of release preparation prior to their release to the community.

***Division/Institution Operating Procedures.*** DOC has division and institutional operating procedures that provide for the development, operation, and evaluation of inmate programs in its facilities. In effect, the procedures operationalize the *Code* and the Board of Corrections' standards regarding inmate programming.

For example, division operating procedure (DOP) 832 states that inmate program development procedures should:

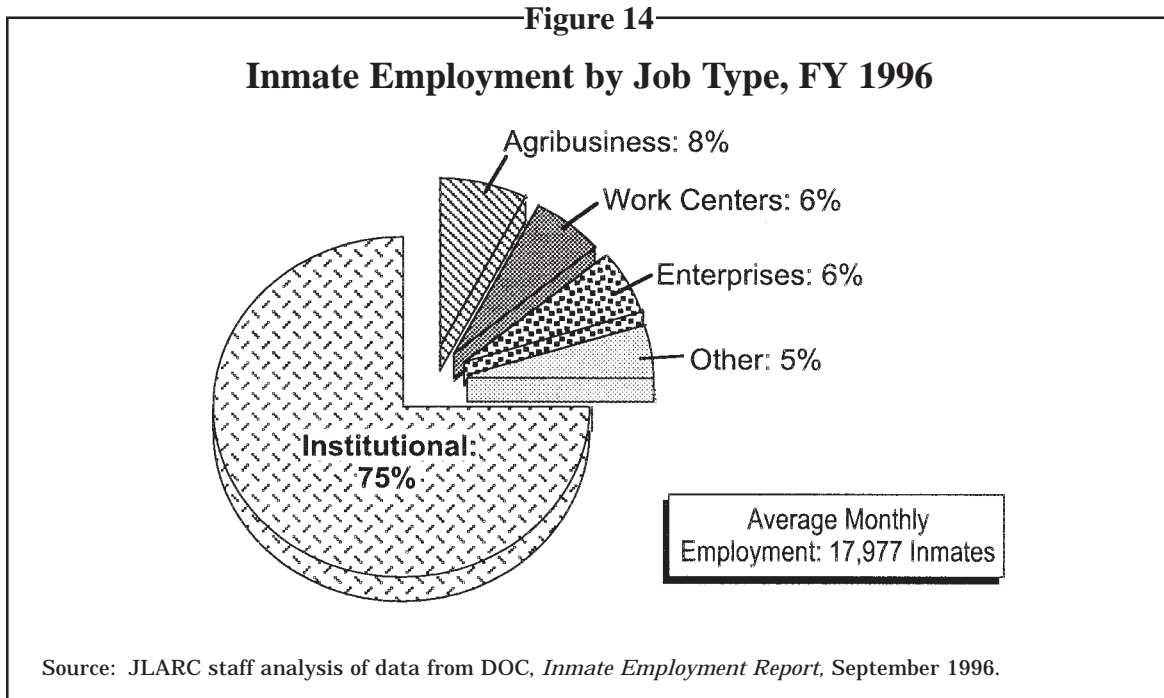
Provide inmates access to a wide range of services that should include but not be limited to: work, education, counseling, psychological and psychiatric services, recreation, visiting, religious programs, drug/alcohol programs, sex offender programs, and other counseling programs. Facilities may vary in the extent of services provided based upon mission, population, staffing, program space and resources. In some instances, services may be limited, or waiting lists for programs may be necessary.

Institutional operating procedures are similar to DOPs, but tailor the programming requirements to the needs of each particular institution.

### **Types of Inmate Programming Available in DOC Facilities**

There are three primary areas in which DOC focuses its inmate programming activities. These areas include: vocational and academic education, work activities and employment, and treatment programs such as alcohol and substance abuse treatment and life skills programming. Other programs offered by DOC include individual inmate counseling, mental health, and inmate organizations. The *Code* states that programs should be "activities as may be necessary to assist prisoners in the successful return to free society and gainful employment."

***Inmate Work Activities.*** Although the level of programming varies based on facility type, the primary activity at all DOC facilities is work. In FY 1996, DOC reported that 88 percent of employable inmates were employed in some type of work activity. The majority of the inmates were employed in institutional jobs like house-keeping, food service, or facility maintenance (Figure 14). The remainder were employed in activities like agribusiness, work centers, or enterprise activities operated by VCE.



***Inmate Treatment Programming.*** DOC adult institutions are required to furnish certain levels of treatment programming for inmates. Treatment programming consists of structured, counselor driven therapeutic and educational groups, as well as less structured inmate organizations and support groups (Exhibit 1). Recreation and religious programs are also offered for inmates.

Core programs at a major institution are comprised of: work, substance abuse treatment, sex offender education, life skills, mental health services, and counseling. Correctional units offer slightly less treatment programming while focusing on providing more work opportunities. Inmates convicted and sentenced as a result of sex crimes are not supposed to be confined in correctional units and therefore, these facilities do not offer treatment programs for sex offenders. They are also not required to offer mental health services. The function of the work centers is to provide work opportunities to inmates. As a result, aside from religious and recreational activities, little formal treatment or educational programming currently occurs at these facilities.

Most major institutions and correctional units offer support groups and inmate organizations. Support groups allow either DOC staff, volunteers, or inmates to be the primary facilitators of the program with a goal of allowing inmates to share past experiences and offer support to others. Examples of these groups are Alcoholics and Narcotics Anonymous. Finally, inmate organizations provide inmates with learning, creative, or social experiences and are primarily inmate managed. Some of these groups include prison Jaycees and inmate advisory groups.

***Inmate Educational Programming.*** Educational programming within Virginia's adult correctional institutions is primarily provided by DCE. DCE provides

## Exhibit 1

**Programs Offered During FY 1996 at the  
Augusta Correctional Center and White Post Correctional Unit**

<u>Augusta Correctional Center</u>	<u>White Post Correctional Unit</u>
D.A.R.P. - Drug & Alcohol Rehabilitation Program - Phase I & Phase II	Virginia Cares/Community Action Re-entry
PREPS - Preventing Recidivism by Educating Parole Success	Alcoholics Anonymous
C.O.R.E. - Comprehensive Offender Rehabilitation Education	Recreation Program
C.A.G.E. - Controlling Anger By Gaining Esteem	Life Skills Program
L.I.F.E. - Living Is Fundamentally Easy	Religious Program
Sex Offenders - Phase I & Phase II	
Augusta Veterans Support Group	
Bridge / Chess / Pinochle	
Augusta Video Network	
Religious Programs	
Pre-Release	
Band / Music	
Crossroads	
Intramurals	
Orientation	
Knowledge	
Life Skills	
Source: JLARC staff analysis of DOC annual program surveys, September 1996.	

academic, vocational, special education, and social skills instruction to the adult inmates in the state while focusing its programming at the individual level. In FY 1996, DCE provided instruction to almost 13,500 adult inmates.

The adult basic education program, the general education development program (GED), and the literacy incentive program comprise the majority of DCE's academic programming. These programs are offered in all major institutions. Only the GED program is offered in all correctional units. On the other hand, 36 different voca-

tional training programs were offered in 29 DOC facilities in FY 1996. While most were in major institutions, some correctional units also offered vocational education programs.

### **DOC SHOULD INCREASE INMATE PROGRAMMING FOR GENERAL POPULATION INMATES TO AT LEAST 31 HOURS PER WEEK**

The study mandate required JLARC staff to determine the “appropriate level of inmate programming to be accomplished by 1998.” In FY 1996, all DOC inmates received about 23 hours of work, education, and treatment programming weekly. This weekly amount was below the 28 hours scheduled in §53.1-32.1 of the *Code*.

A number of factors suggest, however, that DOC can and should provide more than 30 hours per week of inmate programming beginning in FY 1998. First, the level of inmate programming provided in FY 1996 exceeded DOC’s own departmental goal of 24 hours per week for the general inmate population. Second, facility administrators reported on the JLARC staff survey that, on average, 31 hours of weekly programming per inmate would be feasible for their facilities to provide beginning in July 1998.

As a result, DOC should increase its departmental goal of providing the general inmate population with 24 hours of weekly inmate programming to 31 hours per week beginning in July 1998 to match the level that facility administrators reported is feasible. Finally, the revised 31 hour departmental goal for general population inmates should only be considered a temporary or interim goal until DOC finalizes its strategic plan and develops the necessary strategies for meeting the *Code*’s programming schedule.

### **DOC’s FY 1996 Weekly Inmate Programming Hours Did Not Meet the *Code*’s Schedule**

As discussed in a previous section of this chapter, §53.1-32.1 of the *Code* states that inmates were to participate in 28 hours per week of programming during FY 1996. However, the schedule in the *Code* is contingent upon funding being appropriated to fund the necessary programming activities. In FY 1996, all inmates in DOC’s adult facilities received about 23 hours of weekly inmate programming. This is significantly below the 28 hours of weekly programming for FY 1996 scheduled in §53.1-32.1 (Figure 15).

Work accounted for the majority of inmate programming regardless of facility type (Figure 16). In FY 1996, all DOC inmates averaged about 18 hours per week of work, totaling more than 22 million hours. DCE provided more than two hours of academic and vocational education per inmate during the same period. Also, inmates spent more than 2.9 million hours attending DOC treatment programming activities in FY 1996, or more than 2 hours per week on average.

Figure 15

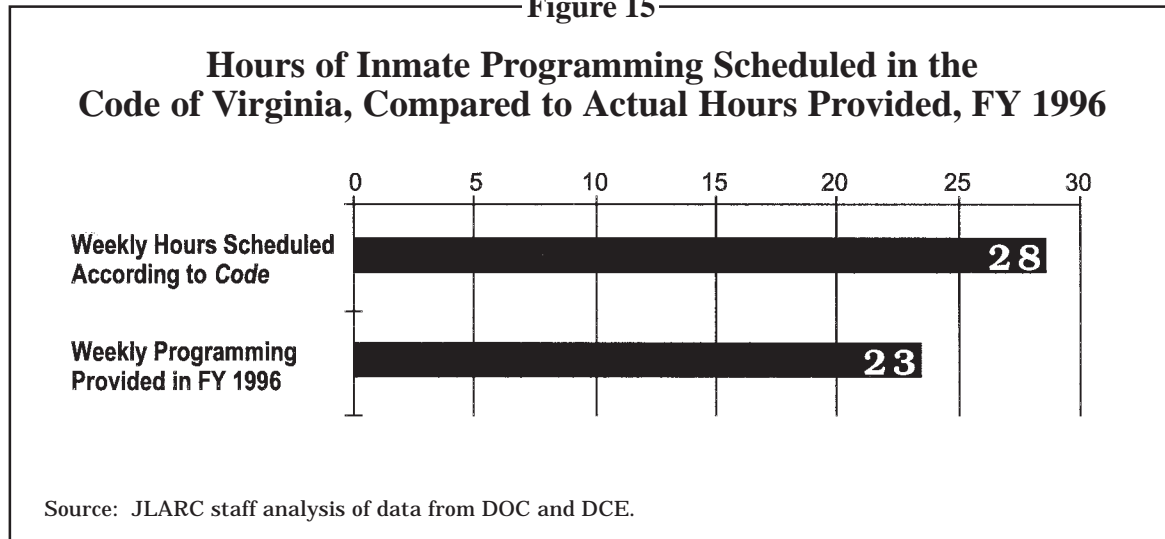
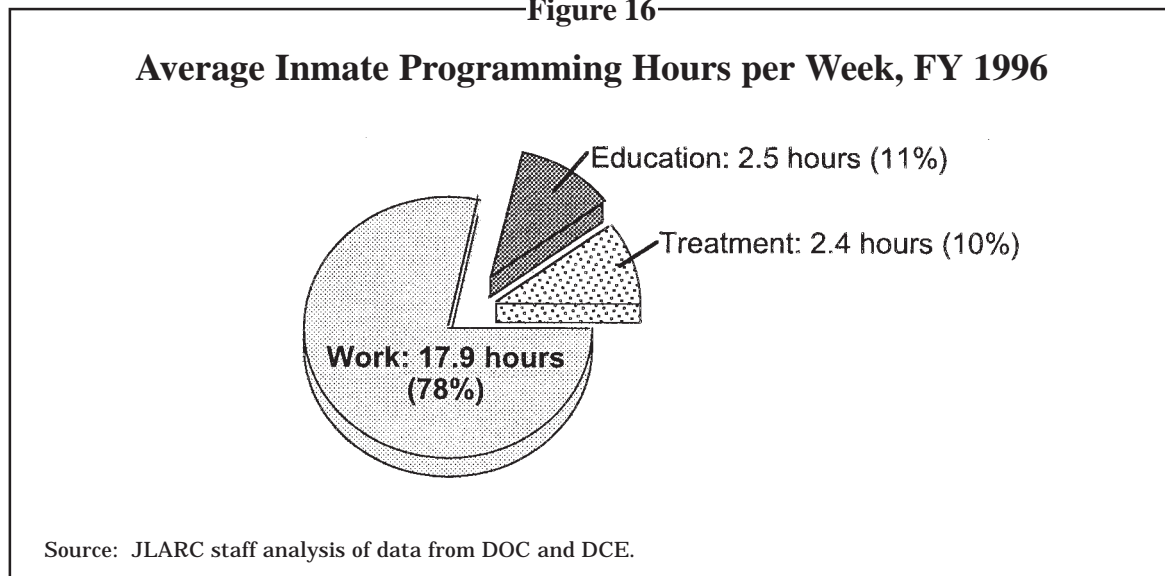


Figure 16



It must be noted that the actual FY 1996 inmate programming hours may be somewhat higher than is reported. Although counseling and mental health services are considered core programs under the Board of Corrections standards, data for these activities were not systematically reported by DOC facilities in their FY 1996 annual program surveys. Therefore, DOC adult institutions likely provided all inmates with more programming hours than the 23 hours per inmate reported for FY 1996.

Finally, as discussed earlier, the 23 hours of weekly inmate programming in FY 1996 was based on all inmates in DOC's adult institutions. Section 53.1-32.1 does not clearly provide for any exemptions or exclusions. However, DOC has established a departmental hourly programming goal that is based on general population inmates which excludes those inmates in circumstances like segregation in which they would



typically be unavailable for routine programming. As a result, the weekly programming figure reported for general population inmates will be higher than a figure based on all inmates.

### **FY 1996 Weekly Inmate Programming Exceeded DOC's FY 1997 Goal**

DOC has also established a departmental goal for weekly inmate work, education, and treatment programming activities. DOC's FY 1996 to FY 1997 inmate programming goal was to provide general population inmates with an "average of 24 hours per week in work, school, or programs, or a combination thereof." General population inmates consist of those inmates not in segregation status, reception or classification processing, or in medical or mental health treatment settings, which results in reduced numbers of inmates that can routinely participate in inmate programming activities.

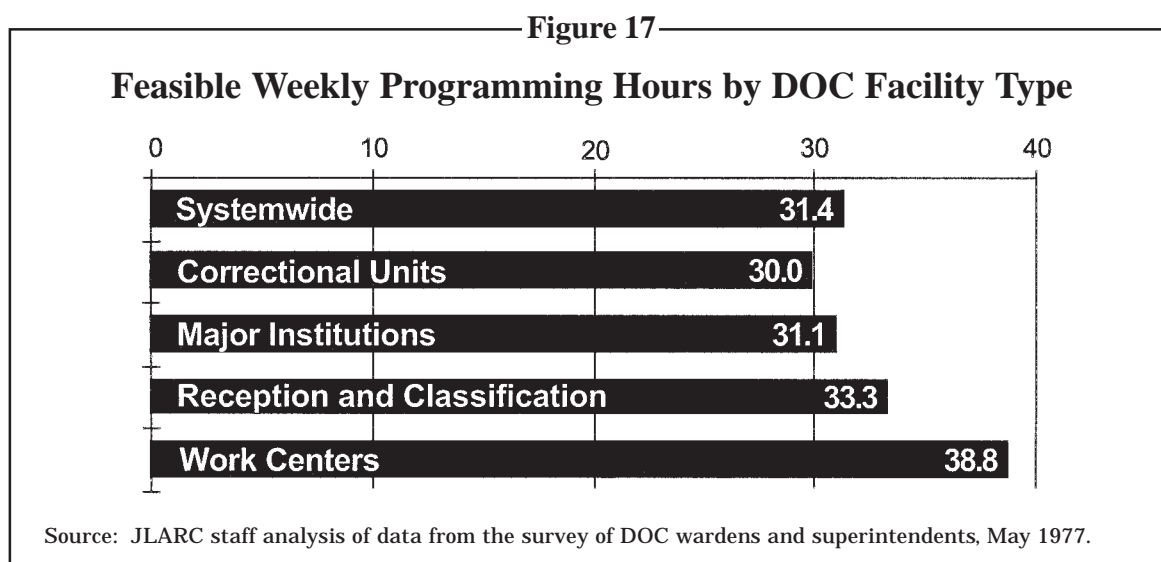
However, DOC's programming goal for FY 1996 to FY 1997 was not an ambitious goal. Analysis conducted for this study indicates that general population inmates participated in almost 28 hours of programming per week in FY 1996. As a result, DOC's hourly inmate programming goal should be revised to reflect a more realistic objective. One mechanism for establishing a realistic objective is to utilize what facility administrators report is a feasible level of programming for their facilities.

### **DOC Facility Administrators Report Average of 31 Hours of Programming Is Feasible**

The wardens and superintendents responding to the JLARC staff survey indicated that on average their facilities could provide about 31 hours of inmate work, education, and treatment programming for inmates beginning in July 1998 (Figure 17). In fact, almost thirty percent of all respondents indicated they could provide 40 hours per week of inmate programming beginning in July 1998. In addition, the majority of the administrators who indicated their facilities could not provide 40 hours still reported more hours could be provided than DOC's division of operations' FY 1997 inmate programming goal established.

Clearly, all types of facilities as a group reported that they could provide more than 24 hours of inmate programming beginning July 1998. Therefore, DOC should upwardly revise its departmental goals for hourly programming for FY 1999 to reflect the 31 hours of programming that facility administrators systemwide reported is feasible. This increase would require that DOC provide slightly more than three million hours of additional programming systemwide for general population inmates than was provided in FY 1996.

As mentioned earlier, several facility administrators indicated on the JLARC mail survey that as a result of the mission of their facilities, they would be able to provide more than 31 hours of inmate programming per week. In light of that, facili-



ties with sufficient work or treatment opportunities, such as farm operations or therapeutic communities, should attempt to maximize the amount of inmate programming hours these facilities provide weekly to increase systemwide programming hours.

In addition, the 31 hours of inmate programming should only be viewed as a temporary or interim goal. Although the *Code's* hourly schedule is not effective unless funding is provided to DOC to provide the necessary services, §53.1-32.1 expresses the intent of the General Assembly to keep inmates productively employed preparing them for their eventual release into society. As a result, the schedule articulated in the *Code* should remain at 40 hours beginning in July 1998, with a continuation of the stated caveats about the availability of resources and program assignments.

Finally, DOC is currently developing a systemwide strategic plan to guide the operation of the State's correctional system. DOC should ensure that the strategic planning process addresses the programming schedule in §53.1-32.1 and the actions that will be necessary to provide a sufficient level of programming to meet that schedule. DOC should use the results of the strategic plan to communicate to the General Assembly the additional resources or support that might be necessary to meet the programming schedule in §53.1-32.1 of the *Code*.

***Recommendation (17).* The Department of Corrections should ensure that its current strategic planning process addresses the hourly programming schedule in §53.1-32.1 of the *Code of Virginia*.**

***Recommendation (18).* Pending the implementation of its strategic plan which should include strategies necessary to achieve the *Code's* programming schedule, the Department of Corrections should adopt as a departmental goal the provision of 31 hours of inmate work, treatment, or education programming for general population inmates beginning in July 1998.**

## **Weekly Programming Calculation Should Focus on General Population Inmates**

The hourly programming schedule in §53.1-32.1 of the *Code* states that “prisoners shall be required to participate in such programs according to the following schedule....” The statute does not clearly provide for any exemptions or exclusions. Similarly, the hourly program estimates utilized in this review were based on all inmates housed in DOC adult facilities, regardless of the fact that they might not be eligible or able to participate in work, education, or treatment activities.

However, DOC’s programming calculations should contain only general population inmates. Inmates that would likely not fit this category include those in segregation, reception and classification, and inmates with significant medical or mental health problems. Even though these inmates are able to participate in some programming, their situations preclude them being routinely involved in programming activities.

For example, in September 1996 DOC reported that almost 5,000 inmates were unemployable in FY 1996 due to the reasons mentioned, meaning that about 20 percent of the adult inmate population could not work. Furthermore, about 17 percent of the total inmate population, on average, was unemployable for these types of reasons between FY 1989 and FY 1996, according to DOC.

When nongeneral population inmates unable to work or participate in other types of programming are included in the calculations of weekly programming hours, DOC’s statewide average for inmate programming is reduced. In other words, it causes an underestimation of the overall average inmate programming hours for inmates who do routinely participate in programming. As a result, to provide all inmates with 40 hours of inmate programming, DOC would have to provide those inmates able to fully participate with significantly more than 40 hours of programming per inmate weekly.

Removing nongeneral population inmates from the inmate programming goal would not preclude DOC from still providing services to these inmates. DOC would still make available at least some treatment and educational programs to many of the non-general population inmates. However, in calculating the weekly number of programming hours for the purposes of §53.1-32.1 of the *Code*, it would be appropriate for DOC to only include general population inmates and the hours of programming they receive.

***Recommendation (19).* The General Assembly may wish to consider amending §53.1-32.1 of the *Code* to clearly authorize the Department of Corrections to include only general population inmates and the hours of programming they receive in the weekly program calculations. However, the Department should still continue to provide required, appropriate, and adequate programming to nongeneral population inmates.**

### **ADDITIONAL RESOURCES WOULD BE NECESSARY FOR DOC TO PROVIDE 40 HOURS OF WEEKLY INMATE PROGRAMMING**

The study mandate directed JLARC staff to examine the feasibility of the inmate programming schedule in §53.1-32.1 of the *Code of Virginia*. The *Code* states that beginning in July 1998, DOC should provide inmates with 40 hours per week of a combination of work, education, and treatment programming. However, analysis conducted for this study indicates that the 40 hour programming requirement is not feasible for DOC to achieve at this time.

A number of factors indicate that the *Code's* FY 1999 programming schedule is not feasible. First, the majority of facility administrators reported that their facilities would not be able to provide inmates with 40 hours of inmate programming beginning July 1998. Second, a number of factors, both structural and non-structural, impede DOC's ability to attain 40 hours per week. These include: limited space to hold treatment and educational programming activities, facility security requirements, and the availability of security and nonsecurity staff to supervise inmate work and treatment programs.

Finally, based on cost estimates developed by DOC, fully addressing these factors to enable DOC to comply with the hourly programming schedule could require additional funding. However, due to changes in the State's correctional system since 1994, an updated estimate of the resources necessary should be developed and presented to the General Assembly.

#### **Administrators Reported Their Facilities Cannot Provide 40 Hours of Weekly Inmate Programming**

Seventy percent of the wardens and superintendents responding to the JLARC staff survey indicated that they would not be able to provide all inmates with an average of 40 hours of work, education, and treatment programming beginning July 1998. These administrators are responsible for ensuring that adequate amounts of inmate programming will be available. As a result, their responses are an important consideration in evaluating the extent to which DOC facilities can realistically provide 40 hours of inmate programming.

Results of structured interviews with wardens and superintendents and regional office staff support the facility administrators responses on the JLARC staff survey. Further, DOC staff reported to the Virginia State Crime Commission in 1995 that 40 hours per week of programming was too high and was unrealistic. However, the alternative goal DOC stated as being realistic (28 hours) appears to be too low.

## Structural Factors Affect DOC's Ability to Provide Increased Programming Activities

Several structural factors were identified by the wardens and superintendents responding to the JLARC staff survey as limiting DOC's ability to provide increased inmate work and treatment opportunities to the inmate population (Table 20). The availability of space within the facility to operate treatment programs was referred to often by DOC staff as an impediment to providing more treatment programming.

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Table 20

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### Structural Factors Cited by Wardens and Superintendents As Impacting the Provision of Increased Work or Treatment Programming

Factors Impacting Programming	Moderate Impact %	Substantial Impact %
Availability of Space	26	53
Availability of Inmate Work Opportunities	34	43
Facility Security Requirements	26	26

Source: JLARC staff analysis of data from the survey of DOC wardens and superintendents, May 1997.

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The availability of inmate job opportunities was also cited as a factor limiting more inmate work programming. Also, because of the mission of DOC institutions, there are certain security requirements which restrict movement and reduce time available for work and treatment programming, which would not be required in noncorrectional employment, education, or treatment settings. These security requirements are essential to an institution's effective operation, however.

***Space for Treatment Programming Is Limited.*** Almost 80 percent of the respondents to the JLARC staff survey noted that the availability of space had a substantial or moderate impact on their facility's ability to provide additional inmate treatment programming opportunities. Clearly, the provision of treatment programs will be affected by the amount of space available. Limited space restricts the number of inmates who can participate in programming, thereby reducing the overall hours that can be produced. For example:

*The Baskerville Correctional Unit, with an inmate population of 487, has two primary areas to hold treatment programming, a converted dining hall which also functions as the visitation room, and a small 18' by 18' programming room in one of the dormitories which houses 176 inmates. Programs with large inmate attendance, such as Life Skills or Breaking Barriers, can only be held in the visitation room. In its master site plan, the facility has requested funding for construction of a new building to be used for inmate programming.*

Another factor that has impacted the availability of space has likely been the double bunking of many facilities to relieve local jail overcrowding. Many facilities have significantly more inmates than their design capacity. One facility administrator reported that:

Since the opening of the facility no additional treatment space has been constructed. However, the inmate population has doubled. Presently, the [counseling] department is providing numerous programs, but total inmate needs are not being met due to a lack of space for programming.

Moreover, much of the programming space in major institutions is utilized for DCE classrooms during the day. Even when facilities attempt to be creative and utilize other space, problems can occur. For example, one institution reported that they tried to use the DCE library for inmate programming, but stopped when they found inmates were stealing books.

***Institutions Reported Difficulty Creating Additional Jobs.*** Almost 80 percent of the survey respondents cited the lack of additional inmate job opportunities as an impediment that limited their ability to provide more inmate work programming. Reflective of that, in FY 1996, DOC reported that there were almost 2,400 employable inmates who were unemployed.

DOC has made extensive efforts to employ inmates in some type of job. For example, one major institution reported that it had created almost 350 “yard maintenance” jobs in FY 1996 in which inmates picked up cigarettes and trash from the facility’s yard. Housekeeping jobs also highlight the extent to which DOC attempts to employ inmates. These jobs do not require high levels of skill nor do they require extensive supervision. For example:

*Thirty-eight facilities reported data on DOC’s annual work assessments for FY 1996. Those institutions reported that there were 3,716 actual inmate housekeeping jobs available. However, those same assessments reported that over 3,900 inmates were employed in housekeeping jobs. Therefore, more inmates than were necessary were employed in housekeeping jobs. Seven facilities that reported both the number of inmates assigned and those needed for housekeeping, indicated that twenty or more inmates over the total number needed were employed.*

Finally, job availability is a significant issue for major institutions. Their inmates are higher custody and unlikely to meet the requirements necessary to work outside the security perimeter. Therefore, these institutions have limited employment opportunities within the security perimeter. For example:

*A regional director stated that major institutions in his region will never be able to get their inmates actively involved in 40 hours of pro-*

*programming. One reason is that few inmates in these institutions are able to leave the fence perimeter to work due to security requirements. For instance, inmates from a correctional unit must perform the maintenance outside the security perimeter at one of the major institutions due to the fact none of the major institutions inmates is allowed outside the security perimeter.*

Clearly, security issues limit the availability of jobs that can be offered at many of the major institutions where the majority of inmates are held.

***DOC Security Requirements Also Impact Inmate Programming.*** Wardens and superintendents also noted that institutional security concerns also act to limit the number of inmate hours available for programming. These include scheduling, prohibitions on inmate movement after dark, and lockdowns. A facility's daily schedule can also significantly impact the availability of programming during a typical day. For example:

*A regional program manager reported that when an institution is utilizing a ten o'clock to two o'clock inmate count schedule, it leaves very little time for counselors to provide programming. For example, there would be an 8:30 count, and then another count before lunch. After lunch, there is a 2:00 count and another count before the evening meal at 4:30. The regional program manager said that even if a counselor were to come in early, the probability that they would be able to get more than an hour at a time with inmates is not great.*

As a result of these counts, the amount of time available for educational and treatment programming can be largely affected. If a count takes longer than normal to complete, the programs do not add extra time to make up for what has been lost. Instead, the amount of time the program has to operate is effectively reduced.

Facility lockdowns can also impact the availability of inmate programming across the DOC system. For example:

*In December 1996, Buckingham Correctional Center placed its inmates in a locked down status due to a major inmate disturbance. During the May 1997 JLARC visit, the facility was still on a modified lockdown which precluded any inmate education and treatment programming and limited inmate work opportunities. In addition, even during normal operations, the facility has a lockdown every quarter to search for contraband. These lockdowns could reportedly last up to two weeks.*

Finally, another factor that impacts inmate programming opportunities is the restriction preventing programming activities from occurring after dark. As a means of controlling inmate movement, and thus increasing security, DOC institutions are no longer allowed to have programming after approximately 8:00 p.m. For example:

*Nottoway Correctional Center staff reported that prior to August 1996, the inmate programming building was open until 11:30 p.m. Currently, the building is secured between 7:30 p.m. and 8:00 p.m.*

Clearly, security concerns have top priority, but it needs to be noted that the restrictions reduce the system's ability to expand inmate programming hours.

### **Nonstructural Factors Also Impact DOC's Ability to Provide Programming Opportunities**

Several nonstructural factors also limit DOC's ability to provide more extensive inmate work and treatment opportunities to the inmate population (Table 21). Wardens and superintendents identified the availability of security staff as a primary concern for the provision of additional work and treatment opportunities. Availability of nonsecurity staff to supervise the work activities of inmates was also reported as a factor. Finally, caseloads of counselors were cited as an impediment limiting the expansion of inmate treatment opportunities.

Table 21

### **Non-Structural Factors Cited by Wardens and Superintendents As Impacting the Provision of Increased Work or Treatment Programming**

<b>Factors Negatively Impacting Programming</b>	<b>Moderate Impact %</b>	<b>Substantial Impact %</b>
Availability of correctional officers to provide security for work opportunities.	23	66
Availability of correctional officers to provide security for treatment programming activities.	28	51
Caseloads of counselors and treatment staff.	26	53
Availability of nonsecurity staff to supervise work of inmates.	28	51

Source: JLARC staff analysis of data from the survey of DOC wardens and superintendents, May 1997.

***Work and Treatment Programming Are Affected by the Availability of Security and Nonsecurity Staff.*** The majority of facility administrators reported that the availability of correctional officers had a moderate or substantial impact on their institutions' ability to provide more work and treatment programming activities. For example, correctional officers provide security to the treatment programming buildings or complexes. Without these officers present, the buildings are usually off-limits to inmates, meaning that counselors are unable to hold programs. Or, other programs may need to be curtailed. For example:



*A treatment program supervisor reported that, without a correctional officer present, female counselors at this institution were not authorized to facilitate programs during the day in a modular unit which is situated away from the main treatment building. The building was closed to all staff at night. Without the use of the extra room, programs were reportedly reduced from six to four per day.*

Work programs are equally affected by the number of correctional officers available to provide proper security. Inmates who are “B” custody or higher are monitored by an armed correctional officer if they leave the security of the facility. In a small facility, if a correctional officer is absent or must perform other duties, the number of inmates who can work outside on road or community projects that day is also impacted. If a correctional officer is not available to provide security for a road gang, for example, those inmates likely do not work. For example:

*In a one month period (23 working days) at one correctional unit, the lack of DOC staff to supervise inmates was cited five times as one of the reasons inmate work crews did not go outside the facility and perform work for the Virginia Department of Transportation. As a result, these inmates may not have participated in a full work day due to insufficient work opportunities at the correctional unit.*

Finally, the availability of nonsecurity staff can also impact the ability of an institution to employ more inmates. Some inmates can be supervised outside the security perimeter by properly trained nonsecurity staff. If properly trained nonsecurity staff are not available, then security staff are often forced to perform these functions. As a result, these correctional officers are not available to supervise the work of higher custody inmates. For example:

*During a site visit to a major institution, the warden was giving a tour of the grounds outside of the facility and pointed out that correctional officers were assisting inmates with gardening and fence repair. The warden noted that nonsecurity staff could have been supervising those inmates, enabling the correctional officers to staff additional inmate work gangs and put more inmates to work.*

Clearly, the availability of nonsecurity staff and the availability of correctional officers are intertwined to some degree.

***Caseloads of Counselors and Treatment Staff Restrict Time for Actual Programming.*** As discussed in Chapter IV, almost 80 percent of the facility administrators responding to the JLARC staff survey reported that the caseloads of counselors and treatment staff had a substantial or moderate impact on providing additional treatment programming opportunities to the inmates. Moreover, the discussion in Chapter IV concluded that the current staffing levels for counselors and treatment staff will not readily support more than marginal increases in inmate treatment programming.

### **DCE Is Also Constrained by Many of the Same Factors as DOC**

The Department of Correctional Education (DCE) is also affected by several of the same factors as DOC in trying to increase the amount of educational hours available to inmates. The two primary hindrances to more inmate educational programming according to DCE staff are the availability of instructors and limited classroom space.

Space is constantly at a premium for many activities inside a prison, including education. For example, space dictates the number of inmates and the amount of equipment available for vocational programs, which provide work experience and are popular among inmates. Similarly, space is affected by the availability of correctional staff to provide security for those areas.

Finally, additional DCE staff would likely be necessary to provide increased levels of inmate educational programming. Clearly, to significantly increase this facet of inmate programming, the issues of space, security staff, and instructional staff would also need to be addressed.

### **DOC Should Provide the General Assembly with a Current Cost Estimate to Provide 40 Hours of Inmate Programming**

In 1993, DOC had a consultant prepare an implementation plan for meeting the hourly inmate programming schedule in §53.1-32.1 of the *Code*. The primary purpose of the plan was to determine how much additional funding would be required to meet the hourly programming schedule. The report concluded that the additional cost of implementing and meeting the inmate work, education, and treatment programming schedule between 1994 and 1998 would be over \$109 million.

However, subsequent changes to the State's correctional system have likely impacted the accuracy of these cost estimates. First, after the cost estimates were prepared, the General Assembly abolished parole. Second, a number of institutions that have opened since the cost estimates were developed, primarily work centers, were not even in the planning process at that time. As a result, the cost estimates do not reflect the need to provide programming for the more than 1,110 inmates currently incarcerated in work centers.

Thus, a revised estimate of the cost of providing 40 hours of weekly programming as scheduled in §53.1-32.1 of the *Code* is necessary. DOC should use its strategic planning process to fully identify the resources that would be necessary to provide 40 hours of inmate programming weekly to general population inmates. DOC should then present the revised cost estimate to the 1999 Session of the General Assembly for its consideration.

**Recommendation (20).** The Department of Corrections should use its strategic planning process to identify the additional resources that will be necessary to provide 40 hours of weekly inmate programming as scheduled in §53.1-32.1 of the *Code*. The revised cost estimates should be reported to the House Appropriations and Senate Finance Committees by October 1998.

#### ADDITIONAL OPTIONS FOR INCREASING DOC'S ABILITY TO MEET THE ESTABLISHED INMATE PROGRAMMING SCHEDULE

As discussed, it is currently not feasible for DOC to meet the hourly programming requirements of §53.1-32.1 of the *Code*. Nonetheless, DOC should establish and attempt to meet a departmental goal of 31 hours of programming and continue to strive to expand programming activities to meet the schedule in the *Code*. To assist DOC in accomplishing this, a number of mechanisms have been identified.

First, DOC should address the inmate programming schedule in §53.1-32.1 through its divisional operating procedures. DOC should also attempt to reduce the ancillary administrative duties performed by counselors to enable them to increase their time spent providing inmate programming. In addition, DOC should offer some types of treatment programming in work centers. At this time, work center inmates do not typically participate in nonwork programming which means DOC does not capture any additional hours. Finally, improvements to the data collection process for inmate treatment programming activities would enable more timely and accurate analysis of programming data to occur.

#### DOC's Policies Should Reflect the Intent of the *Code's* Programming Schedule

Current DOC division operating procedures (DOPs) addressing treatment programming were established before the General Assembly adopted the hourly programming schedule in 1993 and consequently do not reflect the hourly schedule. In fact, during several different interviews with DOC staff, the DOPs were referenced as the basis for meeting the *Code's* schedule. However, since the DOPs do not, at a minimum, reference the hourly programming schedule, it is not clear how they can serve as adequate guidance to each individual facility.

Moreover, 37 percent of the facility administrators responding to the JLARC staff survey reported that existing departmental policies did not provide adequate guidance in addressing the hourly programming schedule in the *Code*. The facilities represented by those respondents housed more than 33 percent of the entire inmate population in fiscal year 1996.

In addition, DOC should also revise its DOPs to clarify which activities meet the hourly programming schedule in the *Code* as well as its departmental programming goal. Currently, there are a significant number of different programming activi-

ties provided by the various institutions. At the same time, there are no DOC policies that clearly articulate which programming activities provided in DOC's institutions are to be counted as meeting the schedule in §53.1-32.1, as well as its hourly departmental programming goal.

Reflective of that, 33 percent of the respondents to the JLARC staff survey reported that clear departmental policies were not available regarding which programming activities meet the hourly programming requirements established in §53.1-32.1 of the *Code*. It is not clear to all facility administrators which activities should count towards the programming requirements. To help ensure facilities' efforts are consistently focused on meeting the programming schedule or goal, DOC needs to identify the treatment activities that meet the intent of the *Code* and that should be included in the hourly programming calculation.

***Recommendation (21).*** The Department of Corrections should revise its division operating procedures to reflect the intent of the schedule in §53.1-32.1 of the *Code*. In addition, the Department should clearly articulate in its operating procedures which programming activities meet the hourly requirements in §53.1-32.1 of the *Code*.

### **Ancillary Administrative Duties of Counselors and Treatment Staff Could Be Reduced**

One issue that DOC should continue to attempt to address in order to maximize inmate programming is the administrative duties performed by counselors. More than 75 percent of the wardens and superintendents responding to the JLARC staff survey reported that the administrative duties performed by counselors had a moderate or substantial impact on reducing the time available for inmate programming.

These administrative duties can include the preparation of reports, acting as the facility's volunteer and inmate grievance coordinator, supervising inmate recreation activities, and maintaining inmate phone lists. The impact of these additional duties can be significant. For example:

*One DOC facility administrator reported that "One of the rehabilitation counselors serves as the Grievance Coordinator and carries a reduced [inmate] caseload. The rehabilitation counselor of the inmate who files the grievance is tasked with conducting an investigation into the grievance and drafting a recommended response. The Grievance Coordinator's job takes at least half of that counselor's time. The grievance investigations by the other counselors take 20-25 percent of each of their time. The result is that counselors cannot fulfill their responsibilities to the public or to their inmates because of time taken away by the grievance process." This institution also reported that a counselor functioned as the volunteer coordinator as well.*

DOC has taken steps in the past to address the issue. A committee was established in 1995 to address the concern that counselors were spending their time on duties ancillary to their job descriptions. In addition, to facilitate the provision of core treatment programs, DOC stipulated that it was not necessary for counselors to have monthly contact with all inmates that are included in their caseload. Institutional management and a knowledge of each inmate's needs would determine the frequency of counselor contacts with inmates.

Despite the efforts of DOC in 1995 to examine mechanisms for reducing duties ancillary to counselors' primary responsibilities, additional focus needs to be placed in this area. Although all ancillary duties currently performed by counselors can likely never be eliminated, especially in smaller facilities like correctional units, there may be some additional steps DOC can take to make counselors' time more productive in the area of providing treatment programming. For example, if some additional clerical staffing is added as recommended in Chapter II, some of that staff time might be used to address some of the administrative work currently done by treatment staff.

***Recommendation (22).*** **The Department of Corrections should reexamine ancillary administrative duties performed by counselors with the goal of making more time available for counselors to provide inmate programming.**

### **Additional Programming Opportunities in Work Centers Could Be Provided**

At this time, work centers typically do not offer structured educational or treatment programming activities to their inmate populations. As a result, DOC is not providing treatment programming for work centers as it does for other institutions. However, standards for State correctional facilities adopted by the Board of Corrections do not exempt work centers from providing programming activities to inmates where those services would be appropriate to inmate needs. Moreover, inmates at work centers have many of the same substance abuse and general treatment needs of inmates systemwide. Finally, inmates incarcerated in the work centers are typically classified as minimum security and are within five years of their release date.

***Board of Corrections Standards Require Inmate Programming in All DOC Adult Facilities.*** The *Standards for State Correctional Facilities* establish the activities and services which must be provided in DOC institutions. Section 24.1 of the standards states that “[w]ritten policy, procedure, and practice provide for a system of core programs at each facility appropriate to the needs of inmates, which may include mental health, life skills, substance abuse, sex offender programs, and counseling services.” DOC staff have reported that no institution is exempt from meeting the established standards. Therefore, inmate treatment programming as required by the Board standards should also be applicable to the State's six work centers.

***Inmates in Work Centers Would Benefit from Treatment Programming.*** All of the work center superintendents responding to the JLARC staff survey noted

that inmates in their facilities could benefit from some types of treatment programming. They reported that programming to address drug and alcohol abuse would be useful for inmates in their facilities.

DOC data concerning inmate alcohol and drug use for work center inmates reveals that 68 percent of the inmates have used alcohol and 70 percent have used some form of an illicit substance. Clearly, due to the large number of substance abusers in the work centers and the fact that these inmates will soon be released, an educational substance abuse treatment program would likely be beneficial to this population.

Some inmates apparently arrive at the work centers with treatment programming needs that, if addressed, might make their transition to society more likely to be successful. However, once at the work center, there are no systematic opportunities for inmates to address these needs. For example, staff at one work center reported that:

The type[s] of programs needed are short term substance abuse support, the "Life Skills" program, and Basic Adult Education. These types of programs can be facilitated in the evenings, and coupled with the work program during the day the result would be an invaluable management regime[n]. The program requirements of the state would be fulfilled. The majority of the inmate's treatment needs would be met, and at the same [time] you are effectively occupying the inmate's "idle time" thus making management for security staff somewhat easier.

One work center actually provided some programming to its inmate population during FY 1996. This ceased, however, when the counselor providing the program was transferred to another DOC facility. The main goal of the programming that had been provided at the work center was reportedly to offer inmates educational and substance abuse treatment which would help after their release.

***Programming in the Work Centers Could Be Provided Similar to Correctional Units.*** Work centers could provide programming opportunities to their inmates in a manner similar to correctional units. In many correctional units, educational and treatment programming are offered at night. Counseling staff are often able to adjust their schedules to meet these requirements. For example:

*The Cold Springs Correctional Unit reported in FY 1996 that 67 percent of the inmates were employed outside of the facility's security perimeter. To be available to inmates, the two counselors reported that they work four, ten hour days (Monday through Thursday and Tuesday through Friday). The Cold Springs Correctional Unit offers drug education, Life Skills, and a GED program at night to inmates. On the other hand, the Cold Springs Work Center, which is within walking distance of the correctional unit, reported that it employed 72 per-*

*cent of its employable inmates outside of the facility's security perimeter. However, the work center currently provides no programming other than work for its inmates.*

**Conclusion.** Several work center superintendents stated that if they were allowed to provide programs, they would address the potential factors that might impact their ability to provide programs, such as space and security. Moreover, any programming that could be provided should be provided at night to enable DOC to maximize work activities for the inmates during the day. These programs should probably be of a shorter duration than offered in other facilities to reflect the fact that many inmates in work centers now have relatively short sentences.

If treatment staff availability is a problem, as it could currently be in some work centers with high inmate to counselor ratios, DOC should consider the feasibility of sharing treatment staff of the work centers with the adjacent DOC facility. For example, Cold Springs Correctional Unit has two counselors for 115 inmates, and the adjacent work center has one for 150 inmates. For purposes of programming, the three counselors would serve about 85 inmates, which is currently within the range of many major institutions. However, if additional staff are necessary to provide treatment programming, DOC should submit requests through the annual budget process.

Because work centers have a slightly different role in the State's correctional system, the standard substance abuse or life skills type programming offered in other institutions may not be readily applicable to work centers due to factors such as the length of the curriculum. As a result, any treatment programming activity in work centers should be pilot-tested in both a small and large work center in order to enable DOC to refine the programming to meet the needs of work center inmates as well as limit the impact on the work centers' primary mission of providing employment opportunities for inmates.

**Recommendation (23).** **In order to increase inmate programming hours, the General Assembly may wish to consider directing the Department of Corrections to implement treatment programming activities in both a small and large work center on a pilot basis prior to providing programming in all work centers.**

### **DOC Should Continue to Increase Opportunities for Inmate Employment**

As noted earlier in this chapter, the availability of inmate jobs is a significant factor limiting DOC's ability to provide more work programming activities to inmates. This is especially applicable to major institutions which house inmates that are typically not eligible for work outside the facility's security perimeter. Thus, significant gains in work programming will likely come through jobs created within the institutions' security perimeters.

The General Assembly's intent on this issue has been clearly articulated. The 1996 Appropriations Act states that:

It is the intent of the General Assembly that adult prisons in Virginia strive to become factories behind secure walls and farms where inmates engage in productive work and return a significant part of the cost of their incarceration to the society they offended.

Virginia Correctional Enterprises (VCE) is an excellent resource for DOC to expand the number of jobs within the security perimeters of its facilities. Enterprise jobs are typically located within the main security perimeter of an institution. Therefore, even "C" custody inmates can work at the job site, and many of the close custody facilities currently have some form of correctional enterprise activities. However, other wardens and superintendents indicated that a VCE activity would be a useful mechanism for increasing inmate employment opportunities at their facilities.

In addition to activities such as VCE which could require additional funding, additional inmate employment opportunities may exist elsewhere within the institutions. One inmate work activity that more than 63 percent of the wardens and superintendents on the JLARC staff survey reported could potentially be expanded was facility maintenance. In addition to providing inmate work activity, inmates employed in appropriate facility maintenance activities could begin to learn a skill, and DOC facilities could directly benefit from the labor.

Work programs such as facility maintenance could also be linked with vocational training provided by DCE. For example, Augusta Correctional Center reported that a new DCE custodial maintenance class at the institution "will upgrade the productivity and effectiveness of our inmate janitorial services." As a result, more inmates can likely be productively employed in this area. Other wardens reported to JLARC staff that they would like to construct greenhouses within the security perimeter to employ additional inmates and grow vegetables year round for use by the institution.

Finally, additional inmate work opportunities outside the facilities have been identified by wardens and superintendents. However, providing these additional work activities is likely limited by the structural and non-structural factors discussed in the previous section. For example, there are no work centers in the western region to provide "A" custody inmates for community work projects. Instead, to complete community work projects, the western region employs inmates from field units who require more DOC staff supervision. Therefore, community work projects using inmates from correctional units may be more staff intensive, and therefore more difficult to fulfill than projects using work center inmates.

The additional employment opportunities reported by the facility administrators included agribusiness or farming and State and local community work projects (Table 22). While for some institutions all of these activities may not be feasible, the responses provide some DOC guidance on where to focus efforts to employ more inmates.



Table 22

**Percent of Wardens/Superintendents Indicating the Potential for  
Additional Inmate Work Activities (by type of work activity)**

Work Activity	Administrators Identifying Potential Additional Inmate Work Opportunities %	Number of Respondents
State Work Projects	70	33
Community Work Projects	63	30
Farming or Agribusiness	56	27

Source: JLARC staff analysis of data from the survey of DOC wardens and superintendents, May 1997.

***Recommendation (24).*** The Department of Corrections should continue to attempt to create additional inmate employment opportunities both within and, where feasible, outside of institutions to reduce inmate unemployment and increase the hourly programming provided to inmates.

### **Data Collection Improvements Would Enable DOC to Better Track Inmate Treatment Hours**

One factor that DOC should address regarding the *Code's* hourly programming requirements is the collection and reporting of inmate treatment programming hours. Currently, DOC does not adequately track inmate hours spent in treatment programming. As a result, no systematic examination of the amount of hours inmates are in treatment activities is being processed by DOC.

For DOC to routinely assess its level of compliance with §53.1-32.1 of the *Code*, more accurate and systematic programming information should be collected. In addition, DOC should explore development of a personal computer-based automated spreadsheet or database that could be used by each facility to facilitate the collection and analysis of data related to inmate treatment programming. The improvement in data collection and reporting will be important, since one of DOC's proposed performance measures is to quantify inmate participation in work, education, and treatment programming.

***Additional Data Elements Are Needed on Reporting Forms.*** The annual treatment program surveys, which each institution is required to provide under DOP 832, are inadequate for proper analysis of the amount of inmate programming occurring. First, institutions do not currently report the data in a format that would be most useful in determining the hourly amount of inmate treatment programming which is occurring.

Because the data supplied by DOC was insufficient to develop a systemwide hourly treatment programming figure, JLARC staff conducted follow-up analysis of

most of the annual program surveys for FY 1996. The information collected by DOC tended to overestimate the actual hours inmates were involved with programming. The annual program surveys lacked several relevant data sources, including the number of times a year a program was offered.

To address this, DOC should ask more specific questions about inmate activity in programming. In addition to the weekly number of inmates involved with a program, DOC should also collect data on the number of times a program was offered during the fiscal year, how many weeks each session lasted, and finally how many hours per week each meeting lasted. This information, combined with the information already requested on the annual program surveys, would enhance DOC's ability to more accurately and easily determine the inmate hours spent in treatment programming.

Second, data for certain programs were not consistently reported by DOC institutions. The *Code of Virginia*, in §53.1-32.1, states that one programming activity that DOC will provide is inmate counseling. In addition, the Board of Corrections has designated mental health services as a core program. Despite these requirements, data for these activities were not consistently reported by DOC facilities. For example:

*Only 13 of the 43 institutions that reported inmate treatment programming hours in FY 1996 DOC's annual program surveys provided information on some form of counseling occurring at their facility. Likewise, only five institutions reported inmate hours for mental health services, even though 26 facilities are equipped to provide psychological services.*

Properly tracking the inmate hours spent in these treatment programs would increase the total amount of inmate hours and thus increase the average amount of hours per inmate.

***DOC Should Consider Automating Treatment Programming Data Collection.*** Finally, DOC should consider developing a simple personal computer-based spreadsheet to replace the current hardcopy annual program surveys. Automating this data collection process would enable DOC to more quickly assemble the information, process it, and then utilize it to indicate how many inmate hours are being achieved and where changes need to be made.

A new system utilizing automated spreadsheets and more detailed information on the programs themselves would allow DOC to analyze the provision of treatment services more accurately. If DOC established a systematic and accurate system for accounting for inmate programming hours, it could more easily measure the extent to which their own departmental goals are being achieved and to what degree the *Code's* hourly programming schedule is being met.

***Conclusion.*** DOC may have an almost immediate need for improved data collection and reporting of inmate treatment activities. As required by the 1997 Appro-

priation Act, the Department of Planning and Budget has proposed that a performance measure for DOC be to calculate inmate participation in program activities consistent with the goal set out in State statute.

The proposed performance measure states that DOC will calculate the annual percentage of the daily population participating in program activities and the extent to which the programming schedule in §53.1-32.1 is being achieved. Even though this performance measure is currently in the proposal stage, it does highlight the need for improved collecting and reporting of inmate treatment programming data by DOC.

***Recommendation (25).*** The Department of Corrections should revise its current reporting system for the annual program surveys to collect data that include the average weekly inmate attendance for each program, the number of times a program was offered during the fiscal year, the number of weeks each program offering lasted during the fiscal year, and the number of hours per week of each meeting.

***Recommendation (26).*** The Department of Corrections should consider creating a standardized and automated spreadsheet for use at the institutional level to aid in the efficient and effective collection of inmate treatment programming data.

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# Appendixes

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**Appendix A**  
**Study Mandate**  
**House Joint Resolution No. 115**  
**1996 Session**

*Directing the Joint Legislative Audit and Review Commission (JLARC) to conduct a comprehensive study of non-security staffing needs in Virginia's adult correctional institutions.*

WHEREAS, Virginia's adult correctional institutions' inmate population is increasing and will exceed 50,000 by the year 2005; and

WHEREAS, as the inmate population has grown, the program staff has been reduced; and

WHEREAS, while the Department of Corrections' security staff cuts were only 1.7 percent, Corrections' program staff was reduced by almost 16 percent in the past two years; and

WHEREAS, these reductions took place when prison populations were significantly expanding; and

WHEREAS, there are serious ramifications on long-term public safety due to the lack of program availability for inmates who will eventually be released back into the community; and

WHEREAS, the 1993 General Assembly passed legislation, § 53.1-32.1 of the Code of Virginia, which required forty hours of programming for inmates to be implemented by 1998; and

WHEREAS, the gaps in treatment slots, education slots, and work slots have widened since the passage of this legislation; and

WHEREAS, the Virginia State Crime Commission conducted a staffing study of Virginia's adult correctional institutions and recommended that a comprehensive study be undertaken by the Joint Legislative Audit and Review Commission to determine the non-security staffing needs of Virginia's adult correctional institutions, with particular emphasis on treatment and medical staffing needs; and

WHEREAS, the Virginia State Crime Commission also recommended that JLARC conduct an analysis of the requirements of § 53.1-32.1 to determine if the provisions are realistic; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Legislative Audit and Review Commission be directed to conduct a comprehensive study of the non-security staffing needs in Virginia's adult correctional institutions and to conduct an analysis of § 53.1-32.1 to determine the appropriate level of inmate programming to be accomplished by 1998.

The Joint Legislative Audit and Review Commission shall complete its work in time to submit its findings and recommendations to the Governor and the 1998 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.



## Appendix B

## Department of Corrections' Facilities Security Levels and Special Missions May 1997

Major Institutions	Security Level	Special Mission
Augusta Correctional Center	Close	Infirmiry Beds
Bland Correctional Center	Medium	Farm/Infirmiry Beds
Brunswick Correctional Center	Medium High	Parole Violator Unit/Mental Health Unit/Infirmiry Beds
Buckingham Correctional Center	Close	Parole Violator Unit/Infirmiry Beds
Coffeewood Correctional Center	Medium High	Infirmiry & Wheelchair Beds
Deep Meadow Correctional Center	Medium High	Intake Unit/Infirmiry & Wheelchair Beds
Deerfield Correctional Center	Medium High	
Dillwyn Correctional Center	Medium High	Parole Violator Unit/ Infirmiry & Wheelchair Beds
Greensville Correctional Center	Close	Mental Health Unit/Dialysis Unit/Infirmiry Beds
Haynesville Correctional Center	Medium High	Infirmiry & Wheelchair Beds
Indian Creek Correctional Center	Medium High	Intake & Parole Violator Units/Substance Abuse Therapeutic Community/Infirmiry & Wheelchair Beds
James River Correctional Center	Medium	Farm
Keen Mountain Correctional Center	Close	Protective Custody Unit/Infirmiry Beds
Lunenburg Correctional Center	Medium High	Infirmiry & Wheelchair Beds
Marion Correctional Treatment Center	Close/Medium	Mental Health Hospital
Mecklenburg Correctional Center	Maximum/Close	Intake & Parole Violator Units/Death Row/Infirmiry Beds
Nottoway Correctional Center	Close	Infirmiry Beds
Powhatan Correctional Center	Maximum/Close	Infirmiry Beds
Major Institutions	Security Level	Special Mission
Powhatan North Housing	Medium Low	Capital Construction
Powhatan Reception Center	Close	Intake Unit
Southampton Correctional Center	Close	Farm Cadre
Southampton Reception Center	Close	Intake Unit
Staunton Correctional Center	Medium	Mental Health, Geriatric, and Developmentally Disabled Unit/ Uniquet Therapeutic Community
St. Brides Correctional Center	Medium	Youthful Offender Program
Virginia Correctional Center for Women	Medium	Females/Intake Unit/Therapeutic Community/Mental Health Unit



**Appendix B**  
(Continued)

<b>Correctional Units</b>	<b>Security Level</b>	<b>Special Mission</b>
Pulaski Correctional Unit	Medium High	Literacy Incentive Program/PULSAR Therapeutic Community
Caroline Correctional Unit	Low Medium	Literacy Incentive Program
White Post Correctional Unit	Low Medium	Educational Unit
Harrisonburg Correctional Unit	Low Medium	
Rustburg Correctional Unit	Low Medium	
Cold Springs Correctional Unit	Low Medium	
Pocahontas Correctional Unit	Medium High	Females/Literacy Incentive Program
Chatham Correctional Unit	Low Medium	Literacy Incentive Program
Haynesville Correctional Unit	Low Medium	
Wise Correctional Unit	Low Medium	Females
Tidewater Correctional Unit	Medium High	Literacy Incentive Program
Halifax Correctional Unit	Low Medium	
<b>Correctional Units</b>	<b>Security Level</b>	<b>Special Mission</b>
Botetourt Correctional Unit	Medium High	Literacy Incentive Program/PULSAR Therapeutic Community
Dinwiddie Correctional Unit	Low Medium	Literacy Incentive Program/Farm Cadre
Patrick Henry Correctional Unit	Low Medium	
Appalachin Correctional Unit	Low Medium	Literacy Incentive Program
Fairfax Correctional Unit	Low Medium	Intake Unit/Literacy Incentive Program
Tazewell Correctional Unit	Low Medium	Intake Unit
<b>Work Centers</b>	<b>Security Level</b>	<b>Special Mission</b>
Cold Springs Work Center	Low	Farming & Maintenance Operations/Community Work
Greensville Work Center	Low	Farming & Maintenance Operations/Community Work
James River Work Center	Low	Farming & Maintenance Operations/Community Work
White Post Work Center	Low	Farming & Maintenance Operations/Community Work
Nottoway Work Center	Low	Farming & Maintenance Operations/Community Work
Brunswick Work Center	Low	Females/Food Bank & Maintenance Operations/Community Work

Source: JLARC staff analysis of information in the Department of Corrections' Institutional Assignment Criteria, May 1, 1997.

## **Appendix C**

# **Special Report: Review of Selected Issues in the Department of Corrections' Management Information Systems Division**

In April 1997, the Public Safety Subcommittee of the House Appropriations Committee requested a review of three issues relating to the Department of Corrections' computer systems (see letter attached). The subcommittee asked that the review be included in the JLARC study of non-security staffing within the Department of Corrections (DOC), which was then underway. The Public Safety Subcommittee of the Senate Finance Committee concurred in the request. The Commission chairman approved the subcommittee's request, and asked that the review be reported to the Commission.

The three issues to be reviewed are:

- The Department of Corrections' proposal to procure a new offender management information system, at an estimated cost of more than \$30 million;
- The adequacy of staffing in DOC's management information systems unit; and
- The status of the department's efforts to address its "year 2000" problem.

To address these issues, JLARC staff reviewed provisions of the Appropriations Act pertaining to DOC, analyzed DOC's Request for Proposals (RFP) for the offender management system, interviewed key personnel in DOC and in other State agencies, and collected staffing data from several agencies. The "year 2000" issue is also being addressed as part of a statewide review in a separate JLARC report.

DOC has experienced rapid growth in inmates, facilities, staff, and appropriations, as noted in the October 1997 JLARC report on nonsecurity staffing. While the prison system has expanded rapidly in facilities and employees, computer system development has not kept pace, despite the fact that the agency's need to process and manage information about inmates has grown in proportion to the inmate population. In FY 1997, DOC housed an inmate population averaging 24,511, and supervised more than 100,000 offenders through community corrections. The department accomplished this through more than 100 locations, with 12,000 employees.

For each offender, whether incarcerated or in the community, the department maintains extensive information including, for example, judicial orders, criminal histories, conviction records, fingerprint and other identifying information, medical and mental health records, case management documents, and records regarding the inmate's participation in education and work activities. Some of this information is stored in an automated format, although most is retained only on hard copy. The DOC central office and each institution maintains records on inmates in the correctional system.

## OFFENDER MANAGEMENT SYSTEM

DOC management has recognized for some time the need for improved automated support of the Department. Development of new automated information systems has been under discussion within the department since at least 1992. In 1995, DOC retained Andersen Consulting to develop a conceptual design for a new system.

**Re-engineering.** Andersen submitted its report to DOC in March 1996, and made two major recommendations concerning the overall design of a new system. First, Andersen recommended that key decision processes within DOC be re-engineered for efficiency. In other words, the department should identify the key departmental processes, such as intake and classification of inmates (in which the custody level of inmates is determined), and identify ways these processes could be streamlined. According to the Andersen report, in many cases, improvements could be made without necessarily automating the processes. The report stated that savings could result from improving the ways in which decisions are made and information is handled, although the quantified savings were not made available to JLARC staff.

At the time of the current report, some process re-engineering has occurred, but not to the level of detail required for automation or for full efficiency to be achieved. Several of the report's suggested re-engineering efforts may generate significant efficiencies, but will also require significant effort and may raise other issues, such as staffing or coordination with numerous localities. Examples include developing an intake process integrated with that used by jails, and consolidating inmate trust accounts with a single financial institution instead of permitting each facility to use a local bank, which is the current practice.

Revising these processes prior to automation would provide the department with the opportunity to carefully plan how the processes should work, determine who will have the responsibility for the processes, and to consider staffing and related matters. Without taking this step, the agency may not achieve the full efficiencies offered by automation.

The Andersen report also identified opportunities for savings by eliminating redundant data entry in key processes within the department, such as classification, time computation, and pre-sentence investigations. These savings cannot be achieved without automating the respective processes within the department.

**Request for Proposals.** Andersen's second major recommendation was that automated systems should be developed to take maximum advantage of re-engineered internal processes and data processing technology. The Andersen report included a "conceptual design" or overview of how a new automated system might work.

The department has moved forward with Andersen's second major recommendation, issuing a Request for Proposals (RFP) in September 1996 for the purpose of procuring a statewide offender management system. The RFP addressed several key

concerns for procuring large systems, such as clearly stating a vision of what the new system should do, and providing for a central point of monitoring and accountability throughout the project. However, there were several unusual features of the RFP.

One unusual feature was that Andersen's conceptual design became the key component of the RFP. It is unusual to base such an RFP on a conceptual design for a system, since an additional step – a requirements analysis – is needed to convert a conceptual design into the technical specifications necessary for system development. Without this step, prospective vendors did not have a complete or detailed understanding of what was to be procured. In effect, DOC asked for bids based on a general description of the system, without providing specifics on, for example, the desired functionality of the system.

This concern was expressed by a vendor. In a question submitted at one of the pre-bid conferences held by the department, a vendor stated:

The way in which the Department of Corrections has structured their proposal – requiring that the contractor scope (price) all the phases at one time prior to the specifications being defined – is unconventional. We believe that realistically this is beyond any contractor's ability. Either the contractor will misjudge the true level of effort because of lack of information, or more likely will scope the effort based on an extensive set of assumptions. Either scenario in the long run will be to the detriment of the Department of Corrections and will jeopardize the success of the project.

The Department of Corrections responded by stating:

The Department does not believe it to be unrealistic for a contractor to price the entire project. We feel it will be detrimental and will jeopardize the success of the project by not having a fixed price project. The Department feels that any vendor who has completed projects of similar size and complexity should have the ability to submit a fixed price proposal. The Department will entertain fixed proposals only.

Thus, the RFP sought a complete "turnkey" package at a single fixed price. In other words, the department sought a single vendor who would supply all needed hardware, software, network development, system development, installation, testing, and all related tasks necessary to implement the offender management system. The director of DOC indicated to JLARC staff that he felt this strategy was most likely to ensure a completed and operational system, with minimal risk to the Commonwealth.

The position taken by the department may compel the department to pay a higher price for computer hardware than necessary. Although proposing to purchase 2,978 PCs and laptops, 1,118 laser printers, and large quantities of other hardware and off-the-shelf software, the RFP does not require the vendor to match or improve upon prices available under the existing State contract for such equipment. In addition,

computer hardware prices have declined since the January 7, 1997, deadline for responses to the RFP, yet with a fixed-price bid requirement, the department may not benefit from these price reductions.

Another unusual aspect of the OMS procurement is the marginal role played by the DOC MIS unit. Based on interviews with DOC staff, the MIS unit appears to have been minimally involved in the development of the RFP and in key negotiations with the bidder. The MIS unit was not asked to provide technical guidance for the development of the RFP, although MIS staff did assist in reviewing vendor proposals. Although the RFP asks the vendor to train DOC technical staff on the system, neither the DOC director nor the MIS director, at the time of JLARC interviews, appeared to know whether MIS staff would be involved in the OMS development and implementation, contract oversight, or in eventual training and maintenance on the OMS system. It is also unclear whether the 17 staff vacancies in the MIS unit would be used in any way to facilitate development of OMS.

Keeping a key internal resource marginally involved on a major procurement and system development directly affecting the unit and its future workload can contribute significantly to operational problems when the new system is eventually implemented. Transfer of knowledge from the vendor's staff to internal agency staff is important to the long term success of major computer systems. Alternatively, the agency may find it necessary to retain the vendor long term for system maintenance and operation.

**Responses to the RFP.** The department received only one vendor response to the RFP. At the current time, the department is continuing to negotiate with the vendor. Based on discussions with JLARC staff, it is unclear whether the Council on Information Management or the Department of Information Technology will concur with technical aspects of the vendor's proposal, which is required by language in the Appropriations Act. The Act's requirement is discussed further below.

**Project Management.** A project of the size and scope of OMS will require the full time and attention of at least one person to effectively manage the contract and represent the concerns of the department. The Andersen report recommended a steering committee comprised of vendor and agency management. The RFP references the department's project manager as having several responsibilities, such as receiving a finalized detailed implementation plan, and receiving monthly progress reports.

In anticipation of awarding the contract, DOC contracted with a consulting firm for a full-time project manager in early 1997. However, the contract for this manager was allowed to lapse in late Spring. The department recently indicated it plans to have two full-time project monitors, a steering committee, and a separate quality assurance vendor, all assigned to monitor the OMS project.

## Paying for the New System

Additional concerns about the procurement include: (1) the department lacks an appropriation for the procurement, and (2) the department proposes to pay for the procurement from future savings in its operating budget. The feasibility of these approaches is questionable and this places the long-term success of the new automated system at risk.

**Appropriation Authority.** Although the department does not have a specific appropriation for the procurement, the 1997 General Assembly adopted language in the Appropriations Act concerning DOC's initiative. The language in item 452C(2) states:

The Department of Corrections shall not proceed with its automation modernization plan until approval is granted by the Secretary of Public Safety, the State Treasurer, and the Director of the Department of Planning and Budget. The Council on Information Management and the Department of Information Technology must concur in the general technical aspects of the plan and on the most appropriate and cost-effective implementation approach. The Department shall present a final automation modernization implementation report for consideration, with appropriate financing, benefits, and payment options to the Secretary of Public Safety and the Chairmen of the House Appropriations and Senate Finance Committees not later than July 1, 1997.

A final report was not presented within the timeframe indicated, and as of the date of the current JLARC report, the required approval has not been given for the procurement. Thus, no award has been made under the RFP. While the director of the department is authorized by the *Code of Virginia* to make and enter into contracts, contracting for a system that may cost \$30 million or more without receiving specific funding is highly unusual.

The RFP provided that the vendor would delay billing for any hardware, network, installation, or other aspects of OMS until the system was operational and accepted by the Department. Because the system is expected to be completed within two years, but not fully paid for until after four to five years, this approach may require the vendor to operate off of a loan or other financing arrangement, and to pass the costs of such a loan or arrangement on to the Department. This could increase the overall cost of the OMS project. Procurement of OMS in stages would result in periodic payments to one or more vendors, would assure the department of some efficiencies in the meantime, and would reduce the need for long-term financing.

**Potential Savings.** Implementation of OMS could generate significant savings and cost avoidances for the department. An analysis performed by the Department identified several ways that internal processes could be made more efficient and

staff positions eliminated. It also noted expenditures that are currently required that would either be eliminated or reduced once OMS is operational. Examples are noted in Exhibit 1. JLARC was not provided with any specific estimates of the savings, however. Also, it should be pointed out that most of the savings noted in Exhibit 1 would be realized only after the system becomes operational.

At the low-end estimated cost of \$30 million, DOC would be required to generate at least \$5 million in savings each year to pay for the proposed four to six year period it has allotted for full payment. While some savings are likely under OMS, there will also be offsetting costs — such as the cost of developing and installing OMS, and additional staff or contracts with private vendors to maintain and operate the new system.

### Exhibit 1

#### **Examples of Efficiencies and Cost Avoidances Under the Offender Management System**

- Eliminate redundant data entry in several activities, including community corrections, classification, medical copayments
- Automate the Parole Board's access to inmate records
- Allow jails to enter data directly into OMS, eliminating redundant data entry between jails and DOC, and eliminating much mailing and other costs to jails
- Consolidate the 2-step inmate classification process and delegate to field
- Implement a single statewide inmate trust account system
- Eliminate automatic parole review for inmates not eligible for parole and for those who have had no change in status
- Reduce the number of records management staff by automating inmate files
- Automate the inmate orientation process, reducing the number of staff needed for this purpose
- Move computer processing function from DIT to DOC, avoiding payment for DIT services
- Use digitized photo ID's to control food service, commissaries, medical copayments, and to record program attendance

Source: DOC Director's Office.

Some current-year savings may be possible by holding or “freezing” some vacant staff positions, but it would require an ongoing agreement between DOC, DPB, and the General Assembly budget committees to hold enough vacancies to generate \$30 million or more over several years. To generate the low-end estimated OMS cost of \$30 million, the department would have to hold 240 staff positions vacant each year for five years, assuming an average salary of \$25,000 per position. Meanwhile, some departmental operations could be understaffed to the point of jeopardizing the accomplishment of their mission.

Savings from other OMS-related efficiencies, such as reducing the cost of institutional food service or other items noted in Exhibit 1, could reduce the need to hold so many positions vacant. For the department to spend \$5 million or more out of savings each year for several years would still require agreement from the General Assembly and DPB. The need to generate savings could also be used to set priorities for the implementation of specific modules under OMS.

While savings could result, JLARC staff was not provided with any quantified savings which may result from the efficiencies noted in Exhibit 1. Consequently, the claimed savings could not be verified.

A preferable strategy may be to appropriate the needed funding to the department over the period of OMS development, and then recoup savings when they occur as OMS is implemented. This approach could avoid the need for the State to pay any vendor financing charges, and avoid jeopardizing agency operations through freezing a large number of vacant staff positions.

### **Director Strongly Defends Current Procurement Approach**

The director of DOC believes strongly that the department’s current approach to procuring OMS is sound. Anything short of complete automation of DOC’s decision processes, with all computer system modules operational and fully integrated, is unacceptable, in his view. Based on his experience, he says this complete system approach is the best way to procure computer systems. He stated that he is and should be accountable for the results of this approach.

The director foresees a major breakdown by the year 2000, due to old, antiquated computer systems and a growing inmate population. Therefore, he insists that the current approach provides the best way to completely replace the department’s old computer systems within two years, with all risks borne by the contractor, and no need for additional appropriations to pay for the expected \$30 million cost of the system.

### **Current OMS Procurement Should Be Canceled**

Concerns about the price of hardware, the lack of a detailed requirements analysis, and the risk associated with the methods to pay for the system raise serious



questions about the OMS procurement. Several of these concerns were cited in a September 26, 1997, letter from the director of the Council on Information Management (CIM) rejecting DOC's procurement request. By law, CIM is required to approve computer system procurement requests.

Although some issues may be handled in negotiations with the successful bidder, it may be in the overall best interest of the Commonwealth to cancel the current OMS procurement. Significant issues of payment and implementation remain, and concerns remain as to whether, despite the department's intent, the system will be implemented for the lowest overall cost.

The Department should continue the initiative, however, because the conceptual design of OMS is sound and significant efficiencies and economies will likely result. Instead of seeking to procure the entire system as a single, all-or-nothing package, the initiative should be separated into manageable, discrete stages, and each pursued separately. This approach would yield benefits quickly. Future savings could revert to the general fund instead of being used to pay for DOC's computer systems.

The stages of the project could include:

- Revision of key internal decision processes, such as time computation, to streamline each process and ensure that it is efficient and effective. This process could begin with internal DOC staff working groups.
- Acquisition and installation of computer hardware and office automation software, making full use of existing State contracts for these items, with appropriations provided over two or more years.
- Procurement of a vendor to conduct a requirements analysis based on the existing conceptual design of the system. An appropriation may be necessary to fund this analysis.
- Using the results of the requirements analysis as the basis for procurement of an offender management information system.

These steps should permit DOC to move ahead quickly with the new system in a cost effective manner.

***Recommendation (1).*** Pursuant to item 452C(2) of the 1997 Appropriation Act, the Secretary of Public Safety, the State Treasurer, and the Director of the Department of Planning and Budget should not approve award of the OMS contract as currently designed. The Department of Corrections should cancel the current procurement for the offender management system, separate the overall project into smaller components, and then pursue each separately. In addition, DOC should request an appropriation of funds necessary for each component in the fiscal years in which the components are to be

**procured. DOC should present a plan to the General Assembly budget committees before proceeding with the procurement.**

#### STAFFING OF DOC'S MANAGEMENT INFORMATION SYSTEMS DIVISION

Full-time staff resources dedicated to the department's information processing needs have remained relatively static in recent years. While the number of FTEs in the central MIS unit have increased from 48 in FY 1993 to 65 in FY 1998, this apparent increase was due primarily to consolidating into the central MIS unit positions which had previously been located elsewhere within the agency, or within the Parole Board, which was recently merged into DOC. The department is also using temporary employees, wage employees, and consultants to augment the MIS function.

***Vacancies Are High.*** Vacancies in the MIS units of State agencies tend to be above the statewide vacancy rate for all job classes. However, vacancies in the DOC MIS unit are even higher than the norm for other large State agencies. Of the 65 positions in the unit, 17 (26 percent) were vacant at the time of this study. This is more than double the vacancy rate for other large agencies' MIS units, as shown in Table 1. It is also well above the statewide vacancy rate for all classified State employees of about 13 percent.

Part of the rationale for holding vacancies was apparently to be able to recruit and assign staff to the OMS project. However, this high level of vacancies may also have hindered routine system application and development activities. Despite plans for developing a major new system which will replace and improve DOC's current systems, the existing computer systems must continue to operate until the new system is in place and fully operational. In addition, minor improvements and upgrades will be needed to current systems even while OMS is under development. The loss of employees with expertise in these existing systems may hinder the agency's operations until the new OMS is implemented.

***Overall Staffing Level Is Modest.*** While the vacancy rate among MIS positions is high at DOC, the overall MIS staffing level appears modest compared to some other large State agencies (Table 1). Of course, agency missions as well as the nature of the installed systems vary significantly.

Unlike some other large State agencies, DOC has almost no MIS staff outside the central office. This is due in large part to the highly centralized nature of DOC's computer systems. However, with the increasing availability of PCs, institutional staff have taken the initiative to implement software that improves operational efficiency. Consequently, the role of the central MIS unit has not been one of keeping the field current with ways that automation can make staff jobs more efficient. For example, staff at Coffeewood Correctional Center automated the institution's daily "mass move-

Table 1

**Staffing and Vacancies of MIS Functions  
in Large State Agencies**

<b>Agency</b>	<b># FTEs</b>	<b># Vacant</b>	<b>Vacancy Rate</b>
DOC	65	17	26.2%
VDOT	169	16	9.5%
DMV	133	6	4.5%
DSS	76	19*	25.0%
DOH	37	1	2.7%
DMHMRSAS	77	8.2	10.6%
<b>Totals</b>	<b>557</b>	<b>51.2</b>	<b>12.1%</b>

Source: JLARC. Data current as of September 1997. \*DSS has augmented its MIS staff by borrowing 50 FTEs (not shown here) from other organizational units within DSS.

ment” tracking process, which keeps a daily roster of inmate bed assignments. Automation has greatly reduced the amount of staff time spent each day on this task. Despite the need for this type of automation at each facility, only the facilities which have spent institutional funds to purchase the necessary equipment, and which have knowledgeable staff able to devote time to application development, are currently able to take advantage of such automation.

Agencies which have distributed computer operations in field locations have typically placed significant support staff at the same field sites. VDOT, for example, has 69 positions in its district offices. DMHMRSAS has 47 staff positions at its institutions, compared to 30 in its central office, in part because of the distributed systems in place at the institutions. By contrast, DOC’s computer system is highly centralized, with all computer processing located in Richmond and all telecommunications, including those between field locations, routed through the DOC central office. As DOC implements OMS and distributes more of its computer processing into the field to support the system, support staff (either DOC employees or private vendors) may be needed at those locations as well.

As OMS is developed, the role and staffing of DOC’s MIS unit needs to be examined. A priority concern should be to fill a number of the existing vacancies with staff who can maintain and support the legacy systems that will continue in use until OMS is fully implemented. Beyond staffing this function, the department should consider the role desired for the MIS unit in the development and application of software at the facilities. Some of these applications hold significant potential for increasing the efficiency and effectiveness of prison operations. The department may wish to emphasize these applications by assigning staff to inventory the existing uses at facilities and provide assistance in implementing them at other locations.

***Recommendation (2).*** The Department of Corrections may wish to retain a consultant not associated with the OMS effort to review the level and need for staff positions within the MIS unit. Based on the consultant's recommendation, DOC should fill vacant staff positions in its MIS unit as necessary, for the purpose of working with the vendors selected to develop the requirements analysis and to implement OMS. In addition, DOC should ensure that the unit is adequately staffed to maintain existing automated systems, including the Year 2000 compliance efforts. The Department should also reconsider the role of the MIS unit as OMS is developed and implemented.

#### DOC'S RESPONSE TO THE YEAR 2000 PROBLEM

DOC retained HCL-James Martin, Inc., to assess the agency's status regarding the "year 2000 problem." Based on a review of DOC's systems, the firm's findings indicated a cost of \$6.1 million to bring the department into compliance within 12 months. Any additional funding required will be less than this amount, however, because at least 23 percent of the estimated effort, totaling at least \$1.4 million of the estimated cost, would be provided by DOC staff.

The department has appointed a project manager for its year 2000 efforts. Additional staff resources should be dedicated to the effort in order to move toward year 2000 compliance. The department should assign some of the currently vacant MIS staff positions to the year 2000 effort. Additional funding also appears necessary to address the objectives of the Martin study.

***Recommendation (3).*** The Department should implement the year 2000 compliance plan developed by HCL-James Martin, Inc. Additional funding may be required. Based on the review of MIS staffing, some staff positions currently vacant within the MIS unit should be assigned to the year 2000 effort.



## Appendix D

### Agency Responses

As part of an extensive data validation process, State agencies involved in a JLARC assessment effort are given the opportunity to comment on an exposure draft of the report. Appropriate technical corrections resulting from the written comments have been made in this final version of the report. Page references in the agency responses relate to an earlier exposure draft and may not correspond to page numbers in this version.

This appendix contains two sets of responses. First, in response to the full report on JLARC's review of nonsecurity staffing and the inmate programming schedule, the Department of Corrections' response is attached.

Second, in connection with the special report on DOC's Management Information Systems Division (Appendix C), the following correspondence is provided:

- Delegate Glenn R. Croshaw's request for the special study
- JLARC Chairman Delegate W. Tayloe Murphy's approval of Delegate Croshaw's request
- Response to the special study by the Department of Corrections





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*The following personnel were assigned to the special report on DOC's Management Information Systems Division (Appendix C to this report):*

GLEN S. TITTERMARY, *DIVISION CHIEF*

WALTER L. SMILEY, *TEAM LEADER*



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## Recent JLARC Reports

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*Review of the Virginia Retirement System*, January 1994  
*The Virginia Retirement System's Investment in the RF&P Corporation*, January 1994  
*Review of the State's Group Life Insurance Program for Public Employees*, January 1994  
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*VRS Oversight Report No. 4: Semi-Annual VRS Investment Report*, September 1995  
*Technical Report: The Cost of Competing in Standards of Quality Funding*, November 1995  
*Funding Incentives for Reducing Jail Populations*, November 1995  
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*Interim Report: Feasibility of Consolidating Virginia's Wildlife and Marine Resource Agencies*, December 1995  
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*VRS Oversight Report No. 6: Biennial Status Report on the Virginia Retirement System*, May 1996  
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*Review of the Magistrate System in Virginia*, August 1996  
*Review of the Virginia Liaison Office*, October 1996  
*Feasibility of Consolidating Virginia's Wildlife Resource Functions*, December 1996  
*VRS Oversight Report No. 7: Review of VRS Fiduciary Responsibility and Liability*, January 1997  
*The Operation and Impact of Juvenile Corrections Services in Virginia*, January 1997  
*Review of the Department of Environmental Quality*, January 1997  
*Interim Report: The Secretarial System in Virginia*, January 1997  
*The Feasibility of Modernizing Land Records in Virginia*, January 1997  
*Review of the Department of Corrections' Inmate Telephone System*, January 1997  
*Virginia's Progress Toward Chesapeake Bay Nutrient Reduction Goals*, February 1997  
*VRS Oversight Report No. 8: Semi-Annual VRS Investment Report*, May 1997  
*Services for Mentally Disabled Residents of Adult Care Residences*, July 1997  
*Follow-Up Review of Child Day Care in Virginia*, August 1997  
*1997 Report to the General Assembly*, September 1997  
*Improvement of Hazardous Roadway Sites in Virginia*, October 1997  
*Review of DOC Nonsecurity Staffing and the Inmate Programming Schedule*, December 1997  
*Technical Report: Gender Pay Equity in the Virginia State Workforce*, December 1997  
*The Secretarial System in Virginia State Government*, December 1997  
*Overview: Review of Information Technology in Virginia State Government*, December 1997  
*Review of the Comprehensive Services Act*, January 1998  
*Review of the Highway Location Process in Virginia*, January 1998  
*Overview: Year 2000 Compliance of State Agency Systems*, January 1998  
*Special Report: Status of Automation Initiatives of the Department of Social Services*, February 1998



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