

Discussion Points

DEPARTMENT OF CORRECTIONS

1. In his testimony before the Senate and Assembly committees during the FY 2014 appropriations process, Commissioner Lanigan stated that the Department of Corrections “made a concerted effort to enlist the help of volunteers to supplement our teaching staff.”

- **Question:** In what other areas, if any, does the DOC make use of volunteers? Are background checks conducted on potential volunteers? What procedures are in place to provide for the safety of DOC volunteers while working in the facilities?

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A. In what other areas, if any, does the DOC make use of volunteers?

The DOC utilizes volunteers in the following areas:

1. Religious services/mentors
2. Education
3. Narcotics Anonymous /Alcoholics Anonymous groups

B. Are background checks conducted on potential volunteers? Upon submission of an application, all potential volunteers receive background checks conducted by the NJDOC Special Investigation Division. Once the background check results are reviewed, a determination is made by the Assistant Commissioner, Division of Programs and Community Services as to whether the potential volunteer will be approved.

C. What procedures are in place to provide for the safety of DOC volunteers while working in the facilities? Our department currently has more than 1500 volunteers providing services in our facilities and their safety and security has not been an issue. All of our volunteers must abide by all Departmental Policy, Rules, and Regulations instituted for the safety of all staff and inmates. The following policies and procedures are in place to ensure the safety of the volunteers:

1. An orientation and a Volunteer Handbook is provided to each volunteer.
2. A custodial or civilian escort is provided from the main lobby to the secured area where the volunteer provides his/her services to the inmate population.
3. Where available, panic buttons, emergency phones, and/or visual surveillance are in place to enhance the volunteer’s safety while inside of a facility.
4. Additional verbal directives and/or information is provided by the staff on an as needed basis.
5. At all times, the DOC volunteers are required to wear their identification badge and are assigned to a specific area within the facility. Volunteers are monitored by DOC corrections officers on duty in those areas of the prison where a volunteer is assigned.

2. In response to a FY 2014 OLS discussion point concerning the provision of inmate access to telephone service the DOC stated that Global Tel*Link (GTL) currently held the inmate telephone services contract. This contract was set to expire in March, 2014. In addition, the DOC anticipated Federal Communications Commission (FCC) rule changes.

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- **Question:** Who is the current holder of inmate telephone services contract? What are the FCC rule changes? How do these rule changes affect the provision of telephone services to New Jersey’s inmates and their families? How do these changes affect anticipated revenue from the contract?

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A. Who is the current holder of inmate telephone services contract? Global Tel Link (GTL) is the current contract vendor.

B. What are the FCC rule changes? FCC rules changes only affect interstate calls. The ruling does not affect intrastate calls. Key elements of the rules changes include:

- Interstate rates and charges must be cost based.
- Interstate debit and prepaid calls are capped at a rate of \$0.21 per minute.
- Interstate collect calls are capped at a rate of \$0.25 per minute.
- Commission charges are not considered cost based and are therefore not permitted for interstate calls.

C. How do these rule changes affect the provision of telephone services to New Jersey’s inmates and their families? The rules changes only affect pricing. The services provided to the inmates and their families remain the same at a lower cost.

D. How do these changes affect anticipated revenue from the contract?

In February 2014 commissions were eliminated for both interstate and intrastate calls. This reduced the rate to \$.19 per minute. Subsequently the Treasury’s Division of Purchase and Property (DPP) extended the existing contract for a period of six (6) months, beginning on March 4, 2014 and ending on September 3, 2014. This contract extension further reduced the rate to \$.17 per minute. The previous cost per minute, which included commissions, was \$0.33. Prior to the elimination of commissions, during FY13, the State received approximately \$3.71 million in revenue. The Governor’s budget reflects projected revenue of \$1.5 million for FY 2014.

3. In a response to a FY 2014 OLS Discussion Point concerning a proposed pilot program for food services at Bayside State Prison, the department stated:

The contract vendor, ARAMARK, took over food service operations at Bayside State Prison and its two satellite units on March 25, 2013. This is a planned two year pilot program, which will be monitored and evaluated regularly throughout the time period. The vendor’s menu provides complete dietary needs for the inmates. The nutritional content of the menu is the same as the NJDOC Central Menu as defined in the contract. . . . Upon completion of the two year pilot

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program, a determination will be made as to the efficacy of the program and whether to further expand the initiative.

According to October, 2013 news articles, some of the inmates have expressed their dissatisfaction with the food, and reportedly staged a "hunger strike" in protest.

- **Question:** How many inmates participated in this action? What monitoring procedures are used to ensure that the food meets appropriate standards? Have the department and ARAMARK made changes to the menu in response to inmates' protests? Does the program accommodate the religious and medical dietary needs of the inmate population?

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**A. How many inmates participated in this action?** Inmate meal participation can vary because of the popularity of the meal. On average 80% of the inmate population can be expected to participate in each meal on a given day. On October 25, 26, 27, the average meal participation was 54%. By October 28<sup>th</sup> the participation rate returned to the 80% range.

**B. What monitoring procedures are used to ensure that the food meets appropriate standards?** The standards for the food that ARAMARK serves are defined in the RFP/Contract. The menus that ARAMARK serves must be submitted to the NJDOC Consulting Dietitian for approval prior to service. The NJDOC Dietitian reviews the menu for nutritional content and food quality. The Contract Monitor at Bayside State Prison records what is served and reports any menu variations/substitutions to the NJDOC Dietitian.

**C. Have the department and ARAMARK made changes to the menu in response to inmates' protests?** Because it is a pilot program several changes have been made to the menu as part of the normal implementation process. The initial menu that ARAMARK introduced was not approved by the NJDOC Dietitian as meeting the contract specifications for a "Heart Healthy" menu. The most significant issue was that the ARAMARK menu did not contain any fresh fruit. After numerous meetings and discussions ARAMARK began serving a menu containing fresh fruits, vegetables and grains with reduced levels of sodium and cholesterol. The NJDOC Dietitian approved the new menu as meeting the requirements of a Heart Healthy menu.

**D. Does the program accommodate the religious and medical dietary needs of the inmate population?** Yes, the menus submitted by Aramark have been certified by the NJDOC as meeting the "Heart Healthy" nutritional requirements, and this also includes the religious and medical diets prescribed.

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4. The FY 2015 budget recommends \$20 million for the Essex County Jail Substance Abuse Programs, an increase of \$2 million over the FY 2014 adjusted appropriation of \$18 million over the FY 2014 adjusted appropriation. In addition the sum of \$2.5 million is

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recommended for Union County Inmate Rehabilitation Services, the same amount as that appropriated in FY 2014.

**Question:** Please provide a description of the services provided by each of these programs. How many individuals participate in each of the programs annually? What evaluation data exists concerning the impact and recidivism rate of each of these programs? Are there eligibility criteria for State aid to counties for inmate substance abuse and rehabilitation services, and are other counties eligible to apply to the department for this funding?

- **Question:** What circumstances are present in Essex County and Union County, respectively that warrant targeted financial assistance? What circumstances exist in Essex County that warrant increased assistance?

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The Administration continues its commitment to take a smarter and more effective approach in how the State treats drug-addicted offenders at both the state and county levels. Both Essex and Union counties have long-established substance abuse treatment programs for county inmates that this Administration and past Administrations have seen the value in supporting. Essex County has received aid since 2004 and Union since 2009.

These programs are part of the effort to rehabilitate drug offenders with effective treatment programs instead of long-term incarceration.

Safe Streets and Strong Communities are tenets of the Governor’s proposed FY15 budget. Increased assistance is being provided to aid crime prevention initiatives in Essex County by expanding substance abuse treatment programs for county inmates.

5. In a May, 29, 2013 audit report the State Comptroller stated:

Our audit identified more than \$23 million in benefit payments from a series of federal and State programs to individuals who were incarcerated and therefore do not appear to be entitled to such payments.

These payments generally resulted from a lack of adequate internal controls at the State agencies administering these programs. Particularly notable in this regard was the fact that those agencies are not making use of county incarceration data to identify inmates who are improperly receiving this government assistance. In addition, some of the agencies are placing unwarranted reliance on highly informal control mechanisms, such as one agency reviewing New Jersey newspapers to determine if any of its thousands of program participants have been arrested or convicted of a crime. The implementation of adequate controls would limit or eliminate improper and unnecessary benefit payments, thereby saving taxpayer funds.

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- **Question:** What procedures has the DOC put into place to aid those agencies attempting to determine if their beneficiaries are State prison inmates and therefore not eligible for the funding programs? What steps, if any, has the department taken to assist these agencies in recovering funds which were improperly disbursed?

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A. What procedures has the DOC put into place to aid those agencies attempting to determine if their beneficiaries are State prison inmates and therefore not eligible for the funding programs?

DOC has entered into a number of data-sharing agreements with other agencies to determine if their beneficiaries are state prison inmates. It should be noted however, that the majority of the fraud found by the above-referenced audit, involved inmates incarcerated in county jails.

B. What steps, if any, has the department taken to assist these agencies in recovering funds which were improperly disbursed?

Recovering funds which were improperly disbursed is the responsibility of the respective agency. The DOC provides whatever assistance is appropriate at the time of the request. For example, if an inmate has been paid benefits erroneously or fraudulently, and repayment has been ordered by the courts, this can be added to the inmate's record in iTAG (DOC's Offender data base) as an obligation, payable to that entity. In that case, DOC would collect funds accordingly during his/her incarceration, and forward them to this entity on a monthly basis. Once the inmate is released, all of his/her outstanding balances are sent to the Division of Revenue for collection.

6. A July, 2013 news article reported that a former corrections officer was indicted in April, 2010 for smuggling a cell phone to an imprisoned gang member leader in 2008 and pleaded guilty to this charge in 2013. FY 2015 performance data (Budget Page D-61) indicates that the department confiscates an average of 70 cell phones from within the secure perimeters of DOC facilities each year.

- **Question:** What are the various ways by which the inmates acquire cell phones? What safeguards has the department put into place to eliminate or reduce inmate access to phones? Has the department considered "jamming" devices which would render cell phones inoperable? How would such an action impact upon correction officer communications within the facilities? What other items of contraband has the department confiscated from inmates during the past fiscal year?

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A. What are the various ways by which the inmates acquire cell phones?

Inmates can acquire cell phones in numerous ways. Cell phones can be hidden in legitimate commodities that are entering the facility such as legal mail, food deliveries, medical equipment, or commissary items. These phones are not only hidden, but many times are also wrapped in materials in an attempt to defeat canine or electronic scanning detection methods. At minimum custody facilities, cell phones can be staged near off grounds inmate work detail areas where they can

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be picked up by inmates. Inmate visitors have been known to attempt to smuggle cell phones. Finally, staff members can attempt to circumvent screening processes and smuggle cell phones in to the security perimeter for delivery to the inmate population.

B. What safeguards has the department put into place to eliminate or reduce inmate access to phones? The Department has put the following safeguards into place to eliminate or reduce inmate access to cell phones:

1. Strengthened perimeters and entrances around full minimum camps with increased fencing and additional electronic screening systems at entry points.
2. All inmates entering the secured perimeter must be "scanned" and cleared to ensure no contraband is being brought in.
3. All Staff and visitors are required to be searched prior to entering the secure perimeter.
4. Incoming mail is passed through an x-ray machine and screened to ensure cell phones or other electronic devices are not being smuggled in.
5. Cell phone detection canines are dispatched throughout the prison system on a regular, though unscheduled, basis.
6. Staff caught bringing cell phones into prisons for inmates are charged criminally.
7. The department is in the process of switching all protective vests worn by custody to "outer" models. This allows staff to clear the magnetometer by easily removing the vests and placing them through a livescan machine.

C. Has the department considered "jamming" devices which would render cell phones inoperable? How would such an action impact upon correction officer communications within the facilities?

So called "Jamming" devices do exist, however, the Federal Communications Act prohibits non-Federal entities from using cell phone jammers. To date, the Federal Communications Commission (FCC) has been unwilling to waive this statutory prohibition absent a change in the law by Congress.

D. What other items of contraband has the department confiscated from inmates during the past fiscal year? Other contraband items that have been confiscated include tobacco products, inmate manufactured weapons, inmate manufactured alcohol and controlled dangerous substances, including marijuana, heroin, and suboxone.

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7. Under the Affordable Care Act, beginning in January, 2014, low income childless individuals, including State prison inmates, became eligible for Medicaid for off-site health care services. Since most inmates had not previously been eligible for Medicaid, they would be considered newly eligible and therefore qualify for federal reimbursement of 100 percent of all costs from 2014 to 2017. After that, states will become responsible for a small share of the costs, increasing to 10 percent by 2020. In addition, at release or upon parole, inmates already enrolled in Medicaid have an immediate source of health care coverage, assuring access to prescriptions drugs and ongoing treatment of serious illness, HIV/AIDS, hepatitis, cancer, and other conditions. According to the American Correctional Association, “to date, many states have not developed mechanisms to access federal match and reduce the state’s expense for inmate inpatient care.”

- **Question:** What provisions has the DOC made in order to obtain Medicaid reimbursement for inmate inpatient health services? How many inmates require off-site inpatient health services? What are the estimated savings for participating in the Medicaid program? What provisions have been made to assure that eligible inmates being released or entering into parole have access to Medicaid health care coverage?

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A. What provisions has the DOC made in order to obtain Medicaid reimbursement for inmate inpatient health services? The DOC and the New Jersey Department of Human Services (DHS) formed a Medicaid Task Force which has been meeting regularly since 2011 to discuss inmate enrollment in Medicaid for inmate hospital stays greater than 24 hours. Prior to January 1, 2014, Medicaid enrollment for such hospital stays was available only for certain categories of inmates (e.g. 65 and over, under 19, pregnant, blind, end stage renal disease, permanently disabled). In February 2013, DOC jointly implemented a “pilot program” with DHS and their Division of Medical Assistance and Health Service (“DMAHS”) for enrollment of our Medicaid eligible inmates hospitalized at St. Francis Medical Center in Trenton, which accounts for about 85% of all inmate hospitalizations. Also included in this pilot program of Medicaid enrollment were pregnant inmates, who are usually treated and delivered at St. Peters Medical Center in New Brunswick (only a few inmates per year fall into this category).

As of January 1, 2014, DOC and our medical provider, Rutgers University Correctional Health Care, have been working with DHS/DMAHS to enroll all eligible inmates in Medicaid who are hospitalized at all hospitals for stays of twenty-four (24) hours or longer. DOC, Rutgers, and DHS/DMAHS continue to work together to revise manual and automated processing systems necessary to handle the inmate medical claims.

B. How many inmates require off-site inpatient health services? The department averages about 700 inmate hospitalizations per year.

C. What are the estimated savings for participating in the Medicaid program? The department estimates a potential full year savings of approximately \$5 million. This savings will be realized once a process by which the inmate inpatient hospitalization claims can be processed as Medicaid claims is fully implemented.

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D. What provisions have been made to assure that eligible inmates being released or entering into parole have access to Medicaid health care coverage?

Office of Transitional Services staff interviews each inmate 30 days prior to release in an effort to finalize discharge needs and to offer them the opportunity for assistance in enrolling in affordable healthcare options. Single adult offenders are encouraged to complete the NJ Family Care application (NJ residents only) or Healthcare Marketplace application for Medicaid as a part of this process.

8. Under the Affordable Care Act young adults under the age of 27 are allowed to stay on their parents' employer sponsored health insurance plans, regardless if the child is a student, employed, or living away from the parents. This coverage expansion applies to inmates during incarceration and at release or upon parole. While many employer-sponsored insurance plans exclude coverage during incarceration, some do not. According to DOC statistics, as of January 2, 2013 a total of 3,632 State sentenced prison inmates were under the age of 25 and an additional 2,549 were between the ages of 25 and 27.

- **Question:** What provisions has the DOC made in order to obtain reimbursement for the medical expenses of inmates under the age of 27 through parents' medical insurance plans? What are the potential savings? What provisions has the DOC made in order to aid those released and paroled who are under the age of 27 in obtaining medical insurance from their parents' employer sponsored medical plans?

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A. What provisions has the DOC made in order to obtain reimbursement for the medical expenses of inmates under the age of 27 through parents' medical insurance plans? The DOC attempts to obtain medical insurance information at the time of intake. This is difficult since inmates, even if insured, do not arrive with their policy numbers or other useable information.

DOC is aware of the provisions of the Affordable Care Act which allow children under the age of 27 to be continued on their parents' employer-sponsored health insurance if such coverage includes dependents. The department has and will continue to discuss with our legal counsel, and with our medical provider, Rutgers, a process by which DOC may be able to recoup the cost of off-site medical care from the insurance carriers of any inmate under age 27 who is maintained on his or her parents' health insurance starting in 2014.

B. What are the potential savings? Savings cannot be estimated at this time since the necessary historical data does not exist.

C. What provisions has the DOC made in order to aid those released and paroled who are under the age of 27 in obtaining medical insurance from their parents' employer sponsored medical plans? Office of Transitional Services staff interviews each inmate 30 days prior to release in an effort to finalize discharge needs and to offer them the opportunity for assistance in enrolling in affordable healthcare options. Single adult offenders can complete the NJ Family Care application (NJ residents only) or Healthcare Marketplace application for Medicaid as a

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part of this process. Young adults (age 27 and under) are included in this process, but are first interviewed to establish if any healthcare coverage is provided by a working parent.

The inmate is required to contact the parent(s) to confirm if there is existing coverage available or if coverage will be available once they are released from custody. If no coverage is available by the working parent, the inmate completes the healthcare application at NJDOC. The application is then mailed to the appropriate office that administers Medicaid and a hard copy is provided to the inmate.

9. As of January, 2013, the number of inmates housed by the Department of Corrections over the age of 50 totaled 3,100, compared to 2,569 in January, 2010 and the number of inmates over 60 increased to 745 from 606 in the same time period. An aging inmate population often requires increased medical services at higher costs to the State.

- **Question:** What plans, if any, does the department have for specialized nursing home services or other services tailored to low risk chronically ill or elderly inmates? Has the department considered medical or geriatric parole for those elderly or infirm inmates? What would be the potential cost savings?

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**A. What plans, if any, does the department have for specialized nursing home services or other services tailored to low risk chronically ill or elderly inmates?** The Department of Corrections offers palliative care and has an extended care unit. As of this time there is no immediate need for additional specialized medical units.

**B. Has the department considered medical or geriatric parole for those elderly or infirm inmates?** This is not a big issue today because of the relatively modest number of inmates involved. We will continue to monitor the trend and study the issues surrounding the current medical parole statutes. We will consider making a recommendation to the Governor if appropriate.

**C. What would be the potential cost savings?** The level of savings would be dependent on any changes implemented.

10. The department's second quarter spending plan projects an overtime expenditure of \$26.762 million in FY 2014, \$4.721 million less than the amount appropriated, and \$5 million less than the FY 2013 expenditures for custody staff overtime.

- **Question:** What actions has the department undertaken in order to realize this reduction in overtime usage? How have this winter's severe weather conditions affected the department's overtime expenditures within the institutions? What are the projected custody staff overtime expenditures for FY 2015?

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**A. What actions has the department undertaken in order to realize this reduction in overtime usage?** The Department has made a concerted effort to consolidate housing units to increase efficiencies and reduce overtime. In addition, managers are held accountable for ensuring the efficient allocation of overtime when necessary. For example, to avoid or minimize overtime, custody staff training only occurs during the 156 available days which exclude weekends, holiday weeks and summer weeks. Additionally, all facilities are now required to monitor and report overtime on a shift by shift basis daily.

**B. How have this winter's severe weather conditions affected the department's overtime expenditures within the institutions?**

Although there has been a significant amount of days deemed as severe weather events in the winter of Fiscal Year 2014, overtime expenditures have only been impacted slightly. At the facility-level decisions are made regarding adjustments to the scheduling of programs and the assignment of staff when necessary. This enables the facility to better manage its resources during weather events.

**C. What are the projected custody staff overtime expenditures for FY 2015?**

FY 2015 requested funding of \$31.1 million, for custody staff overtime, reflects projected expenditures based on FY 2013 actual costs.

11. The department's FY 2015 budget anticipates net savings of about \$10 million from temporarily de-populating Mid-State Correctional Facility in order to undertake renovations. Mid-State, located on the grounds of Fort Dix in Burlington County, was acquired in 1982 from, and its continued operation is governed by a lease agreement with, the federal government. The facility houses an average daily population of about 690, or about 3.5% of the total inmate population. The FY 2014 adjusted appropriation for Mid-State is about \$16.8 million. According to information provided by the department, while renovations are underway inmates will be re-assigned to other facilities, including re-opened wings in Northern State Prison (Newark, Essex County) and Southern State Correctional Facility (Delmont, Cumberland County) that at present are closed. The department indicates that the savings from not operating Mid-State will substantially exceed the costs of the renovations, and that no reduction in its workforce is anticipated.

**Question:** What is the timetable for shifting inmates residing at Mid-State to other facilities? What is the timetable for renovations? What is the cost of renovations, if any, or other steps required to re-open wings in Northern State and Southern State, respectively? What is the timetable for completing those renovations or other preparatory steps? Is adequate funding available in FY 2014 to complete those measures? What are the sources of that funding? After renovations are completed, what will be the capacity and projected average daily population at Mid-State? As renovated, what will the projected useful life of Mid-State be, assuming routine maintenance and repairs? How does this compare with the ending date of the lease that allows the department to utilize Mid-State?

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**Question:** Were other facilities in addition to Mid-State under consideration for renovation in order to continue use as a correctional facility? If so, please elaborate and explain why Mid-State was chosen above others.

**Question:** If the department can close Mid-State and safely operate the remainder of the correctional system during FY 2015, why should it not permanently close Mid-State, or another facility, and reduce costs by an even greater amount, e.g., by not expending funds on renovation? Please explain whether this option was studied and why the department has determined that it is not feasible to permanently close Mid-State, or another facility. Please provide a copy of any cost/benefit analysis or other study that evaluated this option.

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A. What is the timetable for shifting inmates residing at Mid-State to other facilities? The FY 2015 Budget assumes that DOC will have the staff and inmates relocated and the facility closed by July 1, 2014.

B. What is the timetable for renovations? The Department of Corrections (DOC) will be working closely with the Department of the Treasury’s Division of Property and Management and Construction (DPMC) on the various projects. The renovation is scheduled to begin in Fiscal Year 2015. Since we are in the preliminary phase of this undertaking it is difficult to say when the projects would be completed. However, the budget does assume that the facility will be closed for all of FY 15.

C. What is the cost of renovations, if any, or other steps required to re-open wings in Northern State and Southern State, respectively? There are no additional costs required to re-open the units in Northern State or Southern State. Over the past two fiscal years, DOC has been systematically renovating these units using operating funds. Renovations have included roof repairs/replacements, additional fencing to enhance security and refurbishing the interior dormitories, classrooms and bathrooms.

D. What is the timetable for completing those renovations or other preparatory steps?
N/A. See above.

E. Is adequate funding available in FY 2014 to complete those measures? What are the sources of that funding? Yes renovations of the units at Northern State Prison and Southern State Correctional Facility were completed with available funds in FY 2012 & 2013.

F. After renovations are completed, what will be the capacity and projected average daily population at Mid-State? These renovations assume no change to the current operational capacity of 696.

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G. As renovated, what will the projected useful life of Mid-State be, assuming routine maintenance and repairs? With proper maintenance, these renovations should add decades to the useful life of the facility.

H. How does this compare with the ending date of the lease that allows the department to utilize Mid-State? On July 27, 2004 via Quitclaim deed, the United States of America conveyed to the State of New Jersey the property upon which Mid-State Correctional Facility is situated.

As a condition of the conveyance, the land is to be used as a correctional facility. Should the land cease to be used as a correctional facility, the United States Government shall have the option to reclaim the property. Thus, there is no "end date" if DOC continues to use the property and land for a correctional facility and is in compliance with all other terms of the agreement.

I. Were other facilities in addition to Mid-State under consideration for renovation in order to continue use as a correctional facility? If so, please elaborate and explain why Mid-State was chosen above others.

Mid-State is just the start. Our goal is to bring all facilities to a state of good repair. Mid-State was chosen because of its size and security classification. Additionally, the structure of the building is sound and secure allowing for timely renovations with little anticipated complications.

J. If the department can close Mid-State and safely operate the remainder of the correctional system during FY 2015, why should it not permanently close Mid-State, or another facility, and reduce costs by an even greater amount, e.g., by not expending funds on renovation?

The last quarter of the 20th century was marked by significant growth in the inmate population. An unavoidable by-product of this growth was overcrowding in our prisons which resulted in deferred maintenance and renovations. Today, we have to take advantage of a decrease in population by initiating repairs to facilities throughout the state. DOC's long term goal is to bring all facilities to a state of good repair. To continue this program we will need space to relocate inmates as additional structures are renovated.

K. Please explain whether this option was studied and why the department has determined that it is not feasible to permanently close Mid-State, or another facility. Please provide a copy of any cost/benefit analysis or other study that evaluated this option.

In approaching this topic, it must first be recognized that inmate housing is based upon a sophisticated classification system. The need for separations such as medical, mental health, restrictive housing, male/female, youth/adult, etc., make housing assignment complex and challenging. Considering this, the department has been very efficient at managing available resources specifically by maintaining a 98% occupancy rate in our general population housing. Through aggressive population management and effective resource allocation we consolidate partially filled housing areas and reassign staff to achieve savings. However, as explained

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above, the need to bring all of our facilities to a state of good repair while providing appropriate inmate housing precludes the closing of any facility at this time. If deemed feasible, the Department would continue the temporary closure of facilities by depopulating and performing much needed renovations as determined to be cost effective. The department will continue to be aggressive in its population management and also take advantage of the opportunity to close some of our older structures if feasible.