

Digest of A Performance Audit of the Utah Department of Corrections

Corrections is Challenged by Inmate Growth

The Utah Department of Corrections (UDOC) faces a challenge as its inmate population continues to grow at a rapid rate. Non-traditional methods of incarceration, such as contracts with county jails and private prisons, present fiscal and non-quantitative concerns. Other related challenges facing UDOC are correctional officers' compensation and training, inmate medical services and treatment programs and internal security.

This audit was performed for the Legislative Process Committee in cooperation with the Office of the Legislative Fiscal Analyst. It was limited to identifying costs of incarceration in county jails and to reviewing efficiency/ effectiveness issues in officer training, medical services and therapeutic services. The report also reviews some security issues.

Findings & Recommendations

1. Not all costs of contracting with county jails to house UDOC inmates have been appropriately allocated or reported.

We recommend UDOC allocate the full costs of providing services when contracting with county jails.

2. UDOC subsidizes other correctional entities within Utah by providing free or reduced-rate correctional officer training. UDOC has a high turnover rate of correctional officers and loses many to higher-paying county positions.

We recommend UDOC begin recouping the full cost of training provided to county correctional officers in Utah county jails.

**Findings &
Recommendations
(continued)**

We recommend UDOC update the fees charged to the private prison to reflect the full cost of pre-service training. UDOC should also bill the private prison for correctional officers yearly in-service training.

We recommend UDOC seek to raise wages for their correctional officers commensurate to those offered by county jails in Utah (particularly along the Wasatch Front) and western states.

3. UDOC requires a high number of correctional officer pre-service training hours above the average of ten other western states. Many of these hours are mandated by the Peace Officers and Standards Training board.

We recommend the UDOC review correctional officer training hours needed and strategies to retain correctional officers.

4. Medical service treatment has improved, but there are concerns with some related treatment programs.

We recommend UDOC improve control of medical syringes and improve mental health review of patients who have a history of prescription drug overdoses.

We recommend UDOC review enrollment and staffing of the sex offender, substance abuse and mental health treatment programs.

We recommend UDOC review the effects which changing housing assignments have on inmate treatment and review transitional services for paroling inmates.

5. Security compromises exist because: (1) UDOC clinical professionals are not properly custody-trained or POST-certified; and, (2) areas in prison maximum security have failing cell door locking mechanisms.

We recommend UDOC either properly custody-train and certify all clinical professionals that treat and have regular contact with inmates or hire additional custody staff.

We recommend UDOC install sliding cell doors to be used to house maximum security inmates who are either classified as levels 1 & 2 or who are Reception & Orientation inmates.

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Chapter I Introduction

The Utah Department of Corrections (UDOC) has faced a number of major changes in recent years that have taxed its abilities. Foremost is the state's need for more inmate bed space due to a rapidly growing inmate population. To answer this growth, in early 1998 UDOC placed approximately 400 of its 5,000 inmates in county jails and an additional 390 in a privately operated prison. The move to jail inmates has reportedly cut 1997 inmate housing costs from \$54 to \$38 per day for those inmates in county jails.

In theory this daily cost reduction saves the state approximately \$1.9 million annually. It is our belief, however, that a lesser figure of only \$500,000 is the current expense savings in jail contracting because some costs of housing inmates outside traditional methods have not been fully presented to the Legislature. However, this conclusion does not include an analysis of capital needs for either UDOC or county jails under contract. Our general concerns with the operation of the UDOC can be addressed in the following topic areas:

- correctional systems must change to address high inmate population growth,
- the cost of using jails for state inmates has not been fully disclosed, and
- the non-dollar cost of state use of jails has not been fully disclosed.

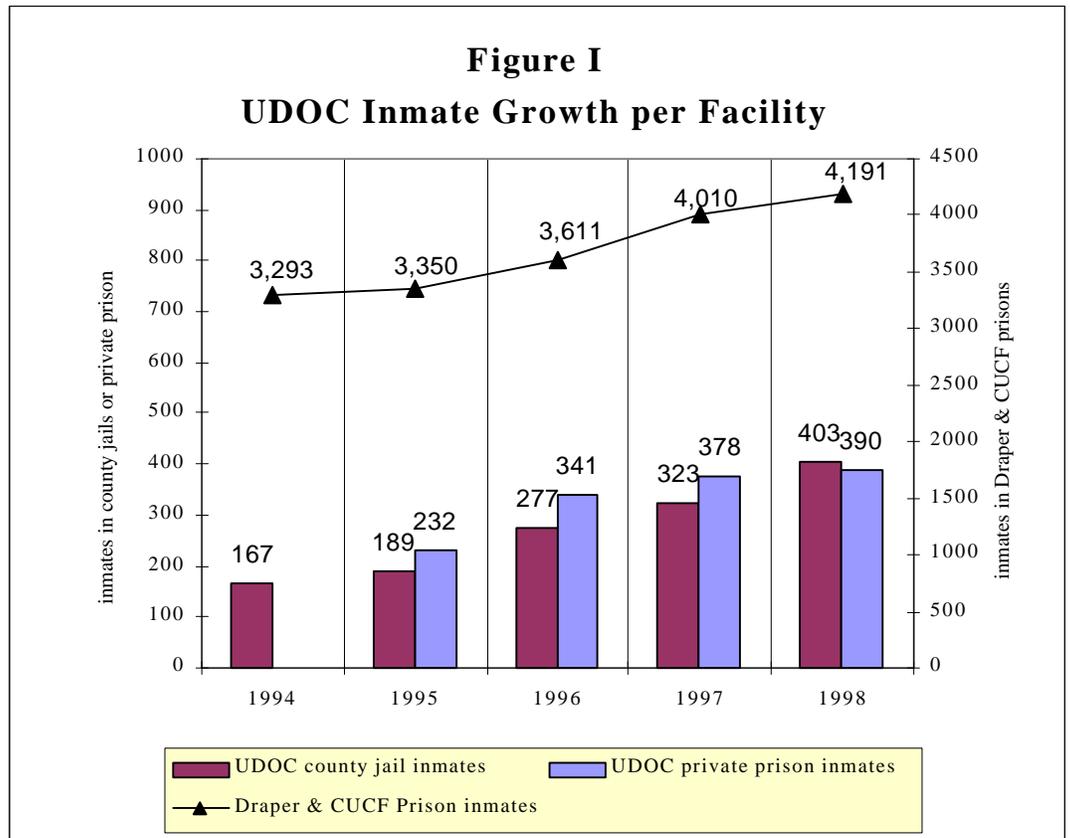
High Inmate Population Growth

Rapid growth of inmates has forced UDOC to use non-traditional forms of inmate housing such as county jail and private prison contracts.

The state does not save as much money as is reported when using county jail contracts for inmate housing.

Forces System Changes

In recent years, the nation's correctional system has been forced to react to a rapidly increasing prison population that is more prone to violent acts than past populations. UDOC has felt this changing environment and attempted to adjust by placing a large number of less violent inmates in Utah's county jail system and in a private, for-profit prison facility. The non-traditional placement of inmates in county jails and private prisons has been viewed as a cost issue in Utah and across the nation. Figure I shows the rapid growth of inmate populations in Utah and the subsequent increased use of non-traditional housing methods.



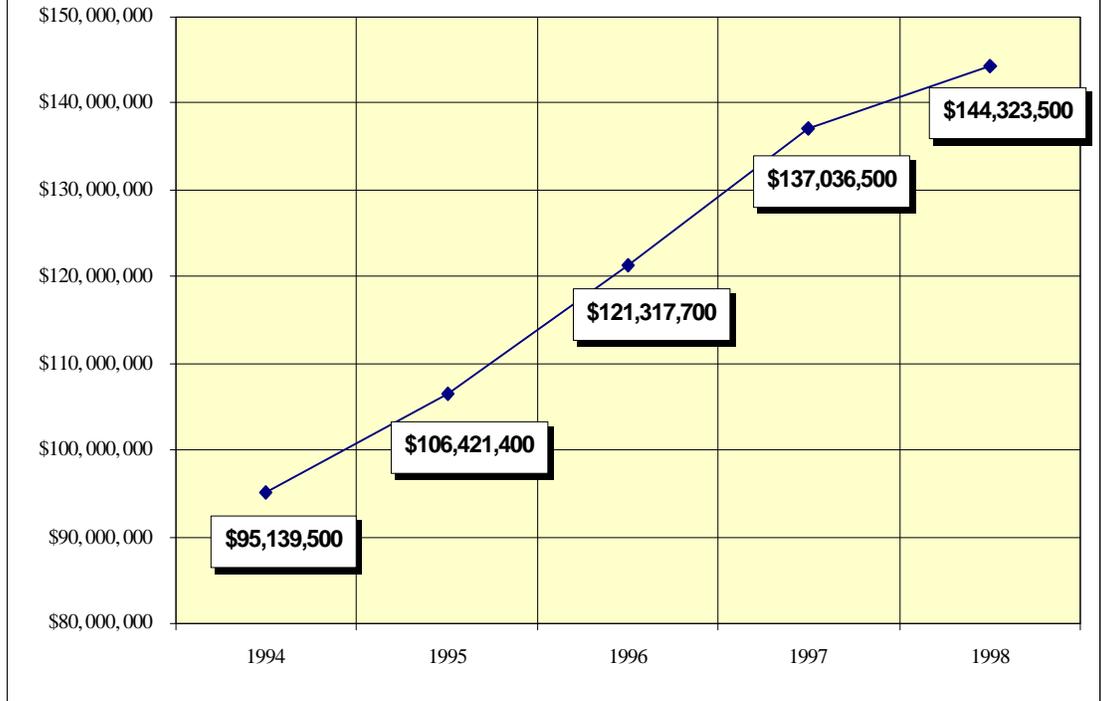
UDOC expenditures have not kept pace with inmate growth.

Over five years, inmate growth has been 44 percent compared to only 35 percent expenditure growth.

While Utah's inmate population has grown 44 percent from 1994 to 1998, UDOC expenditures over the same period have grown 51 percent. However, after adjusting for an average inflation rate of 3 percent over those 4 years, the actual

expenditure growth is only 35 percent. Actual expenditures and the growth line are shown in Figure II. This disparity between growth rates means that UDOC has had to increase its efficiency in order to house a growing number of inmates that outpaces funding allocations.

Figure II
UDOC Expenditures, Fiscal Years 1994 - 1998



UDOC has followed the lead of other states and uses non-traditional forms of incarceration. Foremost is the use of the state's county jail system. In effect, department participation has resulted in counties building larger jails than justified for the counties' needs wherein excess space is sold to UDOC for state inmate use. Counties can apparently build jails, which are short-term stay facilities, for less than the state can build long-term stay facility prisons. There are, however, cost and facility problems with this arrangement.

Jail Incarceration Cost Has not Been Fully Developed

Placement of UDOC inmates in county jails costs more than originally presented to the Utah Legislature. Placing inmates in jails actually costs the state \$1.4 million per year more than is commonly reported. This discrepancy exists because UDOC

Placing inmates in county jails costs \$1.4 million more per year than is reported to the Legislature.

In 1997, it cost \$54 per day to house an inmate in Utah prisons.

has failed to calculate and inform the Legislature of substantial costs they continue to bear even though the inmates are no longer housed in their facilities.

According to fiscal year 1997 information given to the Legislature, it costs UDOC approximately \$54 per inmate per day to house inmates in prisons. This figure is routinely compared to the contract rate of \$38 per inmate per day for housing inmates in any of a number of Utah's county jails; but, the \$38 figure does not include much more than room, board, and certain security considerations. It does not reflect costs of the items shown in Figure III.

**Figure III
Costs in Addition to Current County Jail Contract
(Per Inmate Per Day - Fiscal Year 1997)**

Services Provided to Inmate	Amount
Medical Services	\$ 5.03
Clothing and Haircuts	.25
Mental Health Therapy	1.10
Legal Aid	.60
Salaries of UDOC employees who maintain jail contracts	1.56
Transportation to jail	.71
Training of county correctional officers paid by UDOC*	<u>2.93</u>
Total:	<u>\$ 12.18</u>

** Chapter II shows that UDOC is not reimbursed for training it provides to officers in county jails. We show that expense here as a per-inmate cost to county jail inmates.*

UDOC has under-reported the cost of housing inmates in county jails and needs to add \$12.18 per inmate per day, bringing the total to \$50.18.

According to these cost figures, the state spends \$12.18 in addition to the \$38 for each UDOC inmate in a county jail per day, bringing the total cost to \$50.18. The state, therefore, does

not save \$16 per inmate per day (\$54 minus \$38) when it sends a prisoner to a county jail as has commonly been believed. Instead, current expense analysis suggests that housing at the prison—\$54 per day—compared to housing at county jails—\$50.18 per day—are much more equal. It should also be noted that the additional costs listed in Figure III are only those we examined. There may be other costs, such as administrative overhead, which also need to be added to the \$50.18 total.

Utah's cost differential between prison and jail incarceration may also be overstated because jails and private prisons can choose the inmates they accept into their care. Utah ranks its inmates on a 1 to 6 scale with 1 being the most dangerous as a security risk and 6 being the least. Utah's jails tend to house inmates ranked as 3's, 4's or 5's, the lower-risk levels. Currently, the majority of state inmates in county jails are level 3 inmates. It is generally accepted that maximum security inmates (levels 1 and 2) are incarcerated at a greater cost than medium or minimum security inmates (levels 3-6). A Utah cost breakdown by level was not available at the time of this report but other states report housing costs for higher-risk inmates are approximately 40 percent greater than those of lower-risk inmates.

Since jails and private prisons will only accept less violent inmates with fewer needs, it falls upon the department to incarcerate the higher risk inmates and, in doing so, to accept the higher costs. UDOC has targeted to place up to 20 percent of their inmates in county jails or the private prison. This means that under the current system, UDOC must still maintain the support infrastructure (pharmacy, infirmary, treatment programs, transportation and officer training) to support inmates directly under its control and the inmates in non-traditional housing.

Corrections Use of Jails Has a Non-dollar Cost

The loss of direct UDOC control over inmates in non-traditional housing can be a non-quantified cost of using jails. There is some inherent risk accepted by the state when custody of state inmates is contracted to others. Other states are also

Non-dollar costs to using county inmate housing include a loss of direct control over inmates and a loss of some therapy programs.

wrestling with the problem of custodial control. Attached to this control problem are additional problems with continuity of treatment services and the redirection of correctional funding away from existing correctional facilities.

While treatment options continue to improve for state inmates in county jails, the options are limited. UDOC has greatly increased the number of educational treatment programs available to state inmates in county jails, but jails, as short-term stay facilities, are not necessarily configured to accommodate traditional correctional therapy programs. Within the traditional prison structure, treatment programs can serve the inmate population more efficiently because centralization allows for greater economy of scale in the use of therapists, psychologists, and social workers.

A second concern is that funding going to inmate jail housing can affect maintenance and upgrading of existing facilities. In effect, newly constructed county facilities house the least risky inmates while the most risky inmates are housed in our oldest facilities. Increasing maintenance costs and more knowledgeable inmates challenge these older facilities making facility security an increasing liability for the state.

Audit Scope and Objectives

This audit has been performed in cooperation with the Office of the Legislative Fiscal Analyst as a portion of a Legislative Process Committee in-depth budget review of the Utah Department of Corrections. As such, our audit scope has not been that of a complete review of the department's efficiency and effectiveness. Our review has been limited, primarily reviewing departmental training, medical and treatment services, and some security issues.

In addition to those discussed in this introductory chapter, the major objectives of this report, which are discussed in the following chapters, are to:

- Identify whether UDOC offers subsidized correctional officer training to other correctional entities.

In addition to county jail contracts, this audit also addresses:

- **training subsidies,**
 - **inmate medical services,**
 - **inmate treatment programs and**
 - **security issues.**
-

- Review medical services and treatment programs given to inmates.
- Review and identify security and other operational issues.

Chapter II

UDOC Loses Dollars and Officers to Other Correctional Facilities

In total, \$825,000 of the Utah Department of Corrections (UDOC) training budget is spent in areas needing greater scrutiny. UDOC spends approximately \$1.1 million per year giving correctional officer pre-service and UDOC employee in-service training. The largest portion of the dollars needing scrutiny, \$500,000, is spent training officers that will either never work for UDOC or will work for only a short period of time. The remainder, \$325,000, is spent supporting a correctional officer training program that is considerably more extensive than those in other western states.

UDOC spends approximately \$500,000 per year training staff for non-UDOC correctional facilities and training staff needed to replace the high number of correctional officers who leave UDOC. For several years, UDOC has been providing free training to correctional officers employed by county jails while losing officers to these jails and other non-UDOC correctional facilities. UDOC has also been providing reduced-cost training to Utah's private prison facility. As summarized in Figure IV, there is a significant cost to these practices.

\$825,000 of the UDOC training budget needs to be more closely scrutinized.

Figure IV
UDOC Yearly Costs of Training Subsidies and Officer Turnover

Cost Area	Amount
Training to Officers in County Jails	\$ 320,000
Training of New Officers to Off-set High Turnover	164,000
Reduced Cost Pre-service Training for Private Prison	7,000
In-service Training Provided to Private Prison	<u>5,000</u>
Total:	<u>\$ 496,000</u>

UDOC gives correctional officer training hours at a level high above the average of other western states. The training offered above the average of other states costs Utah \$325,000 per year. Much of this additional training comes because UDOC has introductory training mandated by the Peace Officer Standards and Training (POST). Unlike many other western states, Utah offers more extensive theoretical training on constitutional issues, corrections law, the relation between various levels of law enforcement and criminal justice and computer use in law enforcement and corrections. At the same time, uniquely trained correctional officers from Utah receive wages less than the average of correctional officers in other western states and county jails in Utah.

Portions of the correctional officer training are being revised to better match the department's mission and federal requirements for physical training. Being such, it may also be an ideal time for UDOC to examine their training hours and those mandated by POST.

The major audit findings of this chapter, discussed in the two sections which follow, are that:

Major findings:

- **UDOC has been offering free and subsidized training to other correctional entities.**
 - **UDOC requires a high number of officer training hours.**
-

- UDOC subsidizes other correctional entities within Utah by providing free or reduced-rate correctional officer training and by preparing their own highly trained officers who are frequently hired away to county, city or private correctional facilities.
- UDOC requires a high number of correctional officer pre-training hours. The amount and excellence of this training curriculum places their correctional officers in high demand on the job market.

UDOC Subsidizes Other Correctional Entities

Training subsidies and correctional officer turnover cost UDOC an estimated \$500,000 a year. This cost is attributed to UDOC offering free training to correctional officers in all Utah county jails. To compound this cost, UDOC also loses because counties frequently hire away their best correctional officer

High turnover leaves as many as 50 correctional officer positions unfilled.

In fiscal year 1997, UDOC provided \$320,000 of free correctional officer training for the county jails.

graduates and more experienced prison correctional officers who are seeking higher compensation. This loss forces UDOC to hire more officers than they would need to otherwise. While some turnover is expected, UDOC is currently experiencing a high turnover rate of 23 percent, with up to 50 correctional officer positions going unfilled at any given time. This means they are essentially retraining officers since the leaving rate is so high. It also affects institutional operations as correctional officer experience levels plummet. Finally, UDOC loses because it does not charge a high enough hourly rate for pre-service training nor charge anything for the 40 hours of in-service training it provides each year to the correctional officers at Promontory Correctional Facility (PCF), a privately-owned institution.

UDOC Pays for County Correctional Officer Training

The Department of Corrections spends, without remuneration, one-third of its training expenditures for the training of correctional officers employed by Utah's county jails. We estimated that this figure was \$320,000 for fiscal year 1997. In fact, the department's Fred House Academy (the Academy) currently trains more correctional officers for the county jails than it does correctional officers for the state prisons in Draper and Gunnison. Trends show that departmental budget dollars spent for training county correctional officers will continue to increase as the Academy trains more and more county correctional officers compared to UDOC correctional officers. We recognize that the Academy is the only correctional officer training facility in the state, so counties have no choice but to send officers there. However, this does not preclude counties from paying the full costs of UDOC providing the training.

Academy officials have expressed a concern to us that while they realize training so many county employees uses up Academy dollars, they worry that changing to a policy which would suddenly require training fees to be charged to the counties will strain relations. While we recognize that camaraderie and assistance between inter-agency corrections and law enforcement entities is essential, we also recognize that—in this instance—the state is unduly subsidizing the

UDOC is concerned that relations may be strained if they begin charging counties for correctional officer training.

counties. Records show that a high volume of training for county correctional officers has not been a one-time phenomenon; this volume suggests that counties must recognize a need for on-going fiscal responsibility to the Fred House Academy for the training of their officers.

Data in Figure V shows that just five years ago in 1994, an overwhelming majority, 192 of the 262, or 73 percent, of the Academy graduates were trained for UDOC. By the end of 1998, however, it is projected that a majority of graduates, 238 of 435, or 55 percent, will have been hired to go directly to work for the county jails.

Figure V Correctional Officers Trained by Agency — 1994 to 1998							
	UDOC Trainees	UDOC Percent Total	County Trainees	County Percent Total	MTC (Private Prison) Trainees	MTC Percent Total	Total
1994	192	73.3%	70	26.7%	0	0.0%	262
1995	209	59.7%	107	30.6%	34	9.7%	350
1996	176	55.3%	116	36.5%	26	8.2%	318
1997	173	43.8%	201	50.9%	21	5.3%	395
1998 *	176	40.5%	238	54.7%	21	4.8%	435

Note: *The 1998 totals are extrapolated using data through September, 1998.

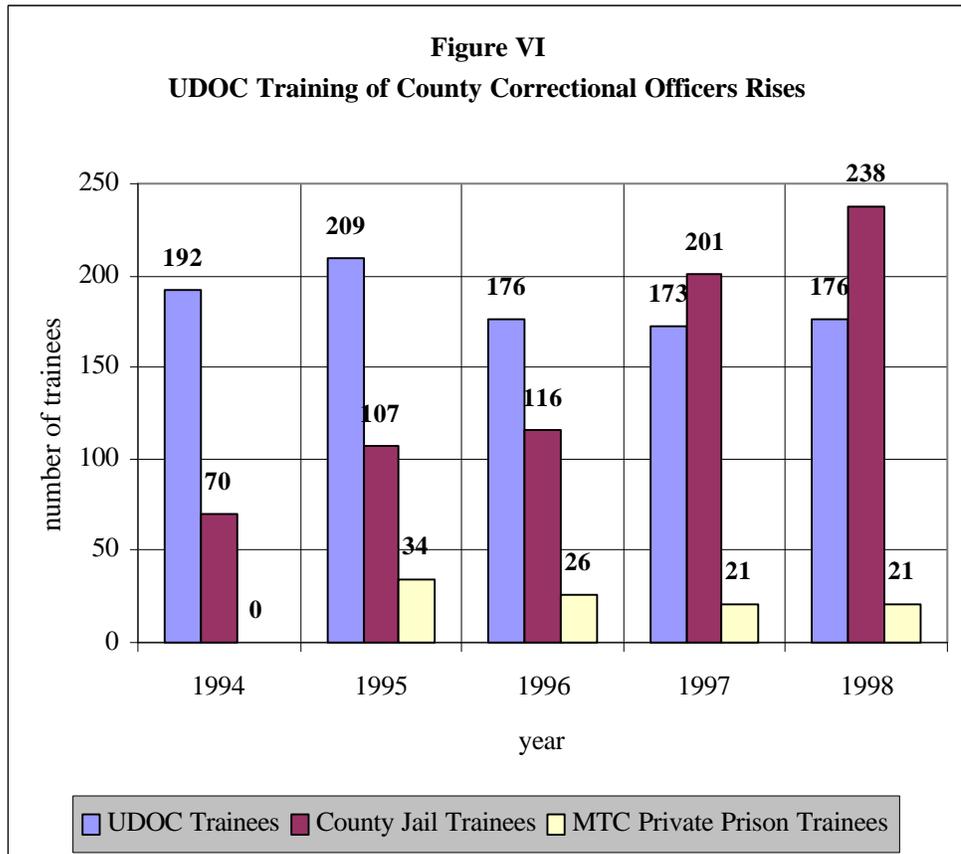
Since 1994, UDOC has been training an increasing number of correctional officers for county jails, even to exceed training of its own officers.

Figure VI illustrates the trend graphically by showing a steady increase in the number of county correctional officers trained.

The overall costs of operating the Academy and providing training for UDOC (including in-service training to all UDOC employees) is shown in Figure VII. By assigning expenditures based on the actual number of training hours received, an estimated cost which we believe should be borne by the county jails is computed to be \$319,964 for fiscal year 1997.

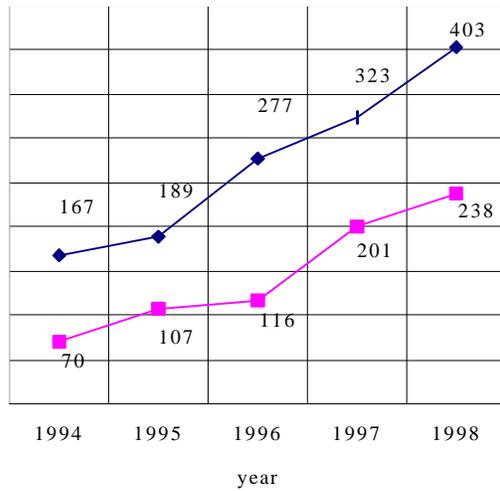
Figure VII	
Fiscal Year 1997 Cost of Training Correctional Officers	
Explanation	Amount
Cost of in-service training	\$ 329,336
Cost of pre-service training	\$ 857,357
Total Expenses	\$1,186,693

In-service costs attributable to counties	\$ 28,463
Pre-service costs attributable to counties	\$ 291,501



Counties' Portion of Expenses (27 percent of \$ 319,964

UDOC Inmate & Officer Increase in Counties



total)

Notes: These costs are based on the actual hours of training that county correctional officers received.

Please refer to Appendix A for a figure showing the method of computing the total costs.

◆ Inmates sent to counties
 ■ County Correctional Officers trained

Although not all fiscal year 1998 data was available at the time of this analysis, we know the costs

attributable to the counties are higher in fiscal year 1998 and

It costs \$2.93 per inmate per day to provide training to county jailors if costs are attributed to each UDOC inmate held in a county jail.

UDOC staffing demands and high turnover may cause training demands to exceed the capacity of the Fred House Academy.

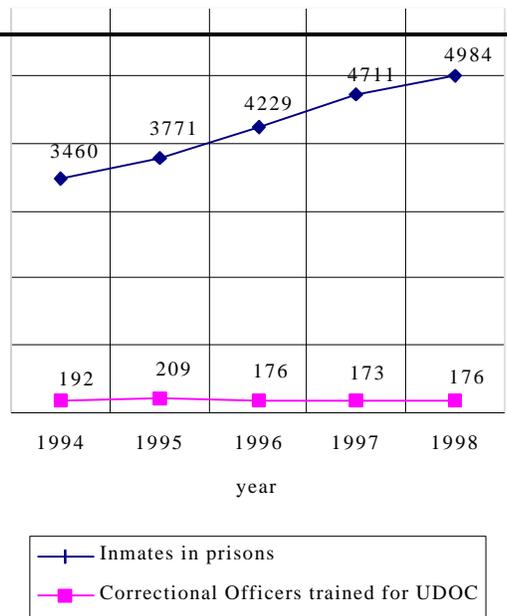
fiscal year 1999 because of the increasing number of county correctional officers being trained at the Academy.

If training costs for the counties were measured as a per inmate per day expenditure, the cost would have been approximately \$2.93 per inmate per day for UDOC inmates held in county jails. In Chapter I, we showed this training as one of the cost elements that raises the *actual* cost of housing inmates in the counties' jails. This actual cost is greater than \$38 per inmate per day—the current UDOC contract with county jails. This \$2.93 figure is calculated by taking the fiscal year 1997 cost attributable to the counties of \$319,964 (shown above in Figure VII) and dividing by the average daily number of UDOC inmates on county jail contract for fiscal year 1997 (300 inmates) then dividing by 365 days, to get a per inmate per day cost. We show these county correctional officer training costs in terms of inmates held merely for illustrative purposes. We believe that direct reimbursement by the counties to the Academy is the more appropriate remedy rather than adjusting the current contract fee.

Officer training is further complicated when one also considers that additional UDOC staffing needs in conjunction with high turnover rates may cause training demands that exceed the capacity of the Fred House Academy. While it appears that the number of trainees at the county level is keeping pace with inmate growth there, such is not the case at UDOC prisons. Over the past five years, UDOC prison populations have increased over 40 percent while the training of officers has remained constant, as shown in Figure VIII. If this trend continues, the Academy will not be able to provide enough trained correctional officers to meet UDOC staffing needs in light of the high turnover rates. This training shortage will be further complicated if the Academy continues to direct so much of its resources to training correctional officers for the counties.

Figure VIII State Inmates & Correctional Officers Trained For County Jails and State Prisons

UDOC Inmate & Officer Increase in Prisons



UDOC is losing institutional experience. Officers used to have an average of 9.5 years of experience and now they have an average of 3 years.

In an effort to deal with the expanding inmate population, UDOC contracts with county jails to take the lower-risk inmates. At the same time, UDOC's shrinking officer pool at the Draper and Gunnison prisons oversee the state's worst offenders. Recently, department officials expressed their concerns to a legislative interim committee over the high correctional officer turnover rate and the high number of unfilled correctional officer positions. Perhaps the more important concern

expressed, however, was that over the past few years, the level of experience among prison correctional officers has dropped from an average of 9.5 years of experience in 1992 to only 3 years of experience in 1998.

UDOC officials summarized this concern best by stating: “correctional officers now find themselves in the position of having less institutional experience than the inmates they must control.” Inmates know which officers are new and find increasing opportunities to cause disciplinary problems because fewer “veteran” officers are a presence at the prisons. One veteran lieutenant told us that there was potential that one of his night shifts could occasionally be staffed with all new (probationary) officers if sickness or emergency ever took out a few key experienced officers. Many experienced officers are leaving for higher paying correctional jobs.

Several Correctional Officers Trained by UDOC Leave for Counties

UDOC is experiencing a high level of annual correctional officer turnover, which is currently at 23 percent. A number of these correctional officers are leaving for higher paying corrections and law enforcement jobs throughout Utah. Because of limited data, there was only a portion of departing officers who we were able to track. Of those we could track, many left for correctional officer and law-enforcement jobs at counties. Including normal turnover, we associate a cost of lost training dollars with this high exodus in the amount of \$164,000 per year for the past five years we studied. UDOC recently informed a legislative subcommittee of the high turnover rates, unfilled positions and wage disparity. Legislators were amenable to UDOC requests to bring correctional officer wages up to levels of higher paying Wasatch Front county jails.

To illustrate UDOC’s correctional officer turnover problem, we created a database of Academy graduates from 1993 to 1998 (year-to-date) and matched it against the POST database of all certified law enforcement personnel throughout the state of Utah, as of July 1998. We found that of the approximate 980 correctional officers trained for UDOC employment over the past five years, 164 employees (17 percent) ended up leaving Corrections for other POST positions in the state of Utah. We

“ . . . correctional officers now find themselves in a position of having less institutional experience than the inmates they must control.”

UDOC has an annual turnover rate of 23 percent for correctional officers at the prison in Draper.

strongly believe this to be a low estimate because the POST database only includes current certified officers and not those who may have worked for any period between 1993 and 1998 after graduating from the Academy, who are not currently on POST's database. This estimate does not include those who may have left for positions in other states. UDOC does, however, have a policy in place wherein a correctional officer trainee who voluntarily terminates employment within the first year of UDOC employment must reimburse the department on a pro-rated basis.

Of the 164 officers who left, 86 went to correctional and law enforcement jobs in counties, mostly in Salt Lake County. Sixty-three went to police departments in Utah cities, 14 went to law enforcement in other state agencies, and 1 officer left for a private prison. It is a concern that 40 different in-state corrections and law enforcement agencies— public and private—were recipients of these leaving correctional officers as shown in Figure IX. While we recognize that other entities should not have to repay the costs of training, they are nonetheless beneficiaries of trained law enforcement officers at the expense of the Department of Corrections.

In the past five years, over 40 different Utah correctional entities have hired correctional officers who had previously been trained and employed by UDOC.

**Figure IX
Utah Destinations of UDOC-trained Correctional Officers**

Agency Count	Law-Enforcement or Correctional Agency	Govt. Level	Officer Count
1	Salt Lake County Sheriff's Office	County	46
11	Other county sheriffs' offices*	County	29
1	Salt Lake County Protective Services	County	10
1	Iron/Garfield County Narcotic Task Force	County	1
20	City police departments	City	63
1	Iron County/Utah Correctional Facility	State	1
1	Utah Dept. of Public Safety, Highway Patrol	State	9
3	University/college police departments	State	4
<u>1</u>	Promontory Correctional Facility	Private	<u>1</u>
<u>40</u>	Total Agencies	Total Officers	<u>164</u>

Note: * The Wasatch Front counties of Davis, Weber and Utah (Salt Lake already being listed) account for 11 of the 29 officers in this category.

Turnover costs UDOC approximately \$164,000 per year in training costs for replacement officers.

UDOC can have 50 vacant correctional officer slots at any given time. This forces them to use costly overtime.

We computed an approximate training cost associated with UDOC's high loss of correctional officers over the past five years. This amounts to \$820,000 over five years, or \$164,000 per year. This amount includes normal turnover.

We arrived at this cost by taking the fiscal year 1997 training expenditures shown in Figure VII and subtracting out the amount we believe should be paid by counties. We then divided this amount by the number of correctional officers trained for UDOC employment for the same time period. This gave us an average training cost per person of \$5,000. Multiplying this cost by the 164 departing UDOC correctional officers totals \$820,000, or an average of \$164,000 per year for the past five years. This does not include some of the overtime costs which UDOC incurs because they must pay many existing correctional officers to

stay extra shifts because of the 50 unfilled correctional officer positions throughout the department. While this number is an obvious approximation, we believe it represents a minimum cost to UDOC for training associated with officer turnover and an obvious benefit to 40-plus agencies throughout Utah.

Officials at the Academy told us of the less tangible losses which occur when newly trained correctional officers leave for other law enforcement entities as well. They said they work hard to train people only to see several of them leave to work elsewhere. Academy officials told us that staff in county sheriff's offices frequently target the best graduates from the Academy to add to their respective staff. The counties study rankings and awards given by the Academy to UDOC trainees and often offer employment to stand-out individuals soon after graduation. When asked what could be done to counter this effect, Academy officials said that one key would be to get UDOC wages raised to the level of counties. Surprisingly, they said that counties cannot be blamed for their tactics; they are simply "trying to get the best employees they can." They can typically do this because counties pay better wages.

Figure X shows that, on average, correctional officers in Utah make less than their counterparts in Utah county jails.

UDOC correctional officers make less than many of their counterparts in Utah county jails.

**Figure X
Correctional Officer Salaries for UDOC
and Jails in All Utah Counties**

	Entry Level Salaries		Completion of Probation*	
	Hourly	Yearly	Hourly	Yearly
Average of 26 Counties **	\$10.13	\$21,067	\$11.05	\$22,990
Average of Wasatch Front ***	\$11.41	\$23,723	\$12.11	\$25,187
Department of Corrections	\$10.11	\$21,029	\$11.27	\$23,442

Notes: *Counties average 6 months probation while UDOC has 18 months probation.
 **Three counties do not have county jails: Morgan, Piute and Wayne.
 ***Includes Davis, Salt Lake, Utah and Weber counties.

Please refer to Appendix B for a list of all salaries in Utah county jails.

Entry-level correctional officers in county jails along the Wasatch Front make 13 percent more than their counterparts in UDOC prisons.

Perhaps the most telling comparison is between UDOC and county jails along the Wasatch Front where the majority of UDOC correctional officers are migrating. UDOC correctional officers are making \$1.30 less per hour than their colleagues in Davis, Salt Lake, Utah and Weber County jails. This wage amounts to a yearly salary difference of almost \$3,000. Recent UDOC data, which will be released to the 1999 General Session, shows that if wages of law enforcement officers in Wasatch Front city police forces are also used in the comparison, wage disparity between prison correctional officers and other Wasatch Front officers would be closer to \$6,000 per year in favor of counties and cities.

In fiscal year 1997, UDOC subsidized training provided to the private prison in the amount of \$23,000.

Other governmental agencies in Utah are not the only contributors to heightened UDOC training costs. The state's only privately owned and operated prison also adds to UDOC correctional officer costs.

Promontory Private Prison Does

Not Pay Full Costs of Training

The state's privately owned and operated prison, the Promontory Correctional Facility, also receives a training subsidy from UDOC. Training of Promontory correctional officers amounts to as much as \$23,000 per year—\$18,000 for pre-service training and \$5,000 for yearly in-service training. Although the Academy bills Promontory for the pre-service training of their correctional officers, the out-dated billing rate does not cover the full costs. In addition, the Academy does not bill Promontory for the 40 hours of in-service training each of their correctional officers receives each year. According to Academy officials, in-service training is provided "as a courtesy" to Promontory, just as all training is provided as a courtesy to the counties.

From the data listed below in Figure XI, it appears that the Academy under-charged Promontory between \$7,000 and \$18,000 in fiscal year 1997. This figure was calculated by taking the per hour difference of what Promontory is *currently* charged for pre-service training and the *actual* cost per hour that we computed, resulting in a total difference of \$7,000. A recent joint study team from UDOC and the Department of Public Safety (DPS)—called the Law Enforcement Training Study Committee (LETS)—computed the per hour costs to be even higher than our office. If we used their per hour cost data, revenue lost would be as much as \$18,000 in fiscal year 1997 instead of only \$7,000. Officials at the Academy do not doubt that the per hour rate they charge Promontory is too low; they have just never taken the steps to get the authorized rate increased.

Correctional officer in-service training has been offered "as a courtesy" to the private prison.

Figure XI
Expenditures for Training of Promontory Correctional Facility
Correctional Officers, Fiscal Year 1997

Explanation	Amounts
Pre-service hours taught	157,960
Expenditures used for pre-service	\$857,356.93
Cost of pre-service training, per hour	\$ 5.43
Cost per hour for training, reported by LETS*	\$ 6.35
Training hours given to Promontory, FY 97	12,560
Reimbursement if billed at current \$4.86 per hour	\$ 61,041.60
Reimbursement if billed at \$5.43 per hour	\$ 68,171.71
Reimbursement billed at LETS \$6.35 per hour	\$ 79,756.00
Difference of reimbursements at \$4.86 and \$5.43	\$ 7,130
Difference of reimbursements at \$4.86 and \$6.35	\$ 18,714
Note: * LETS, the Law Enforcement Training Study Committee, reported to the Legislature on law enforcement and corrections issues in 1997.	

Our audit work also shows that Fred House Academy could have received an additional \$5,000 had they charged Promontory a reimbursement fee for the 920 hours they provided for in-service training in fiscal year 1997.

Training subsidies and losses, due to wage disparities, are not the only costs to UDOC. As shown in the following section, there are also costs associated with the level of training UDOC has chosen to provide its correctional officers in comparison to other western states.

UDOC has three-times the average training hours as ten other western states. This adds \$325,000 to

UDOC yearly expenditures, but has some benefits. If UDOC is going to invest so much in training, it needs to find ways to retain its trainees.

Correctional Officer Training and Wages Vary in the Intermountain Region

UDOC pays \$325,000 more per year than other states in the region for correctional officer training because UDOC requires almost three times as many training hours as the average of ten other western states. This amount of training, however, does not necessarily mean that Utah over-trains its correctional officers because many of the training hours come as a mandate from the Legislature through Peace Officer Standards and Training (POST). Utah's POST hours seem to give correctional officers a more thorough theoretical base in criminal law enforcement than what we found in some other western states. In fact, Utah is looked to by other states when they are developing or revising Corrections' curriculum. The irony of our regional comparison is that while Utah may offer more and better training than other western states, its officers are compensated less. If UDOC is going to invest so many additional training dollars in its correctional officers than other states, it should invest better in correctional officer retention.

This section also shows that UDOC trains in accordance with its newly revised mission statement and is making positive ADA approved changes in physical training requirements. This was in response to concerns about allegations of discriminatory training.

Utah's Training Hours are Higher Than Surrounding States

Compared to other western states, UDOC offers much longer training to their correctional officers. Those trained at the Academy go through a 13-week (520-hour) training, whereas officers in ten other western states receive an average of five weeks (195 hours) training. We estimate that the 325 UDOC training hours above the other states' average come at a cost of \$325,000 per year. Figure XII shows the breakdown of training hours in the region.

**Figure XII
Correctional Officer Training Hours in the Intermountain States**

State	Weeks of Training	Actual Hours
Utah	13	520
Arizona	7	280
California	6	240
Colorado	5	192
Idaho	2	80
Montana	3	120
Nevada	4	160
New Mexico	8	320
Oregon	8	320
Washington	4	160
Wyoming	2	80
Ten states' average (w/o UT)	5	195

Note: Just over half of the western states POST-certify their Correctional Officers: California, Montana, New Mexico, Nevada, Oregon and Washington.

One of the reasons for UDOC's high number of training hours is its affiliation with the state's Peace Officer Standards and Training accrediting organization. The Legislature, through POST, requires each law enforcement and correctional agency to be POST-certified. For UDOC, this means providing a core 200 hours of POST training for correctional officers and field operations officers along with the 320 hours of "Corrections" and "Advanced Corrections" training. Without POST training, UDOC would be much closer to the western states' average, in which half of the other states surveyed affiliate their correctional officer training with POST or a POST equivalent.

We briefly reviewed POST and Academy curriculum and did not find any significant duplication in training. Academy officials build on much of the theory learned through POST curriculum and apply it during physical training in the Academy

The Legislature mandates POST curriculum for correctional officers. This curriculum accounts for 200 of the 520 training hours.

gymnasium. In fact, without POST elements, UDOC would lose a degree of training which makes Utah a correctional training model for other states. Of other states who responded to our data requests, Utah had more extensive coverage of subjects like the state criminal code, constitutional law, bill of rights, related law enforcement/criminal justice agencies and computer use in criminal law. The state of Idaho recently cut the bulk of its correctional officer training and opted to start anew. Their training coordinator said he would be looking to Utah when devising new training curriculum and standards.

UDOC's Highly Trained Officers Make Less Than Western States' Officers

Although Utah may very well produce the most trained correctional officers in the intermountain west, several other states pay their correctional officers more, as Figure XIII shows. We believe that if UDOC is going to invest above average dollars in extensive training, they need to make efforts to retain those they train.

Entry-level UDOC correctional officers make 6 percent less than entry-level correctional officers in ten other western states.

Figure XIII Correctional Officer Salaries in the Intermountain States				
State	Entry Level		After Probation (or 1 year)*	
	Hourly	Yearly	Hourly	Yearly
Utah*	\$10.11	\$21,029	\$11.27	\$23,442
Average of 10 states	\$10.79	\$22,435	\$11.40	\$23,719

Notes: *Utah correctional officers get an increase after six months to \$10.38 per hour, then to \$11.27 per hour after a year, instead of waiting to the end of the 18 month probation. (The ten states probation average is 11 months.)

Please refer to Appendix C for a complete list of correctional officer salaries in the ten other western states.

Although we were unable to track the number of UDOC correctional officers leaving for corrections or law enforcement employment in these other states, it is reasonable to conclude that some did leave for jobs in other states, just as they did to county jails.

Utah Trains Correctional Officers According to Its Mission Statement

Contrary to allegations that UDOC only trains its officers in a custody-orientation, we found that although UDOC trains its officers heavily in custody issues, it also trains officers to assist inmates in their self-habilitation. Our audit request asked us to follow up on allegations that the Academy does not teach their correctional officer trainees about how to assist inmates' in their own habilitation. The allegation was that correctional officers are trained only to maintain an adversarial mind-set toward the inmates rather than trained to be sensitive to inmates' needs for habilitation to society.

UDOC offers training curriculum to its correctional officers and field operations officers which appears to balance between custody-oriented training and training which teaches employees to assist in the habilitation of inmates. The training curriculum appears consistent with the UDOC mission statement, which is first to provide community security while still offering inmates an opportunity to re-enter Utah's community as habilitated citizens.

As mentioned, Utah offers a total of 520 hours of training, 200 of which are POST mandated curriculum hours. Of the remaining 320 curriculum hours, the academy considers 96 to be custody and security-related and 65 to be geared toward teaching officers how to help inmates habilitate. Thirty-percent (159 of 520) of the training hours are specifically designed for Utah's correctional needs based on an internal "needs analysis." This division is shown in Figure XIV.

UDOC offers training curriculum to its correctional officers which has both "custody" elements and "habilitative" elements.

The recently revised UDOC mission statement shows a more aggressive intent to assist inmates to re-enter society as habilitated individuals.

Recent conversations with the UDOC executive director also show that training officials plan to bring training more in-line with the second-half of the UDOC mission statement which deals with habilitation of inmates.

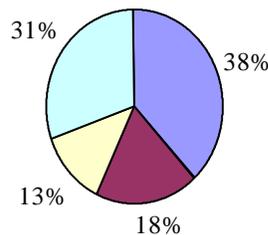
UDOC's primary purpose has always been to provide Utah's communities security from incarcerated inmates. Its mission has recently been updated to reflect a desire to more aggressively seek to guide offenders "to become law-abiding citizens by utilizing resources within our department and our community," as well.

This revised mission statement is divided into two parts:

Part I — Community Protection ("custody" function)

The Utah Department of Corrections contributes to the protection of our community by enforcing the orders of the Court and Board of Pardons & Parole,...

Figure XIV
Training Academy Curriculum



■ POST-mandated training hours ■ custody-emphasis training hours
□ habilitative-emphasis training hours □ internal "needs analysis" training hours

Part II — Guiding Offenders (“habilitative” function)

...and guiding offenders to become law-abiding citizens by utilizing resources within our department and our community.

UDOC administrators have also authored a guiding principle that “...all staff training and development activities should be directed to the needs of the individual staff member and the achievement of our Mission.”

“ . . . all staff training and development activities should be directed . . . [to] the achievement of our Mission.”

While training officials at the Academy believe that they are offering a good blend of training curriculum, they recognize the continual need to teach correctional officers in the ways they can assist inmates in their habilitation. Criteria show that some other states have also recognized this recent training movement as a resurgent trend. For example, the Nevada Department of Prisons teaches “How to Change Behavior in Inmates” to their correctional officers. They believe this curriculum could be linked to a reduced rate of inmate attacks on officers in their “super max” facility in Ely, Nevada. Appendix D contains a complete chart which summarizes more feedback we received from eight other western states.

As with curriculum on habilitating inmates, Utah is also coming in line with current standards on physical fitness training required of correctional officers in the Federal Bureau of Prisons (FBP).

Academy Curriculum on Physical Training is Being Revised

The Academy is removing potential age- and gender-discriminating measures of physical fitness from their curriculum in order to meet the requirement of the federal Americans with Disabilities Act (ADA). A concern voiced in the audit request was that several qualified social workers were being potentially disqualified from employment as inmate case workers or social workers because they were unable to meet certain physical tests. Academy officials state that this does not take place, but they are still changing requirements just as POST

The UDOC Fred House Academy will use new physical training standards which are approved by the Americans with Disabilities Act (ADA).

is moving away from the stringent requirements known as the Cooper Standards.

The Cooper Standards list certain agility and strength requirements that a POST-certified law enforcement officer or correctional officer would need to complete within a certain age group. The Academy is writing more general and appropriate requirements to replace the Cooper Standards, as was recommended in the LETS November 1997 interim report to a Legislative subcommittee:

POST [and the Fred House Academy] should continue to maintain a physical fitness program; however, should no longer rely on the Cooper fitness standards to determine eligibility for peace officer certification (Law Enforcement Training Study Committee: Second Report to the Legislature, November 19, 1997).

The Academy is now finalizing a skills test based on standards from the Federal Bureau of Prisons where, about three years ago, training personnel and attorneys from the FBP put together physical training requirements which were needs-based and ADA approved. The Academy will use five tests:

1. **The 440-yard run.** This skill simulates the distance an officer may run on an "A-Team" response to a prison incident or emergency and replaces the 1.5 mile run of the Cooper Standards.
2. **The Stair Climb.** This run up or down 2-3 flights of stairs gauges an officer's response time within a prison standard.
3. **The Dummy Drag.** This skill tests an officer's ability to drag a downed inmate or fellow officer out of a facility. It would replace certain strength requirements in the Cooper Standards.
4. **The Obstacle Course.** The Academy will construct a course consisting of a cell door, regular door and other obstacles. In this skill test, officers will be required to

New physical training standards test an officer's ability to respond to real life situations rather than testing raw physical strength and stamina.

unlock the doors and negotiate the obstacles in a certain time period.

5. **The Ladder Climb.** Officers will climb a ladder and feel for a “search item” of contraband.

The Academy plans to test all of these requirements on active UDOC correctional officers so as to establish “norms.” Then, new trainees may be asked to perform at the 90th percentile of the norms, or another level yet-to-be determined.

The Cooper Standards may still be used for some initial screening, but they would not be used as the ultimate indicator of hire. The assistant director of the Academy said that they will use some of the Cooper Standards until they can develop physical training requirements suited to the prison environment and to employees whose primary duty may be to provide habilitation to the inmates rather than custodial supervision.

Recommendations:

1. We recommend that UDOC begin recouping the full cost of pre-service and in-service training provided to officers from Utah county jails.
2. We recommend that UDOC update their fee charged to Promontory Correctional Facility to reflect the full cost of training costs-per-hour. UDOC should also bill Promontory for yearly in-service training.

3. We recommend that UDOC seek parity in wages compared to those offered by county jails in Utah (particularly along the Wasatch Front) and those offered by surrounding western states.
4. We recommend that UDOC review correctional officer training hours and curriculum. We also recommend they review strategies used to retain correctional officers.

Chapter III

Medical Services Have Improved But Treatment Program Concerns Exist

The Utah Department of Corrections (UDOC) Clinical Services has made efforts to improve their service delivery and reduce costs. But, rapid inmate growth has affected treatment programs and cost allocations. Clinical Services oversees two major sections: the Bureau of Medical Services (BMS) and a compilation of treatment programs such as mental health, sex offender, and substance abuse therapy.

Although BMS has improved its service delivery while containing costs, some concerns still exist which affect state liability. Additionally, BMS has failed to allocate appropriate medical costs to its inmate population held in non-traditional housing. The need for this housing comes because of rapid inmate population growth, which has also affected Clinical Service's treatment programs. Some of these programs appear to have insufficient staff, to be affected by housing transfers, and may lack treatment continuity with transition to parole.

The major findings in this chapter include the following:

- Each UDOC inmate housed in a county jail incurred a cost of \$5.03 per day for having basic medical care provided in fiscal year 1997.
- BMS has decreased its per-inmate medical and administrative costs over the past several years and has made organizational improvements.
- Quality of medical care is at a higher level than ever, but concerns still remain in the control of syringes and suicide prevention.
- The lack of qualified staff limits some inmate treatment programs and makes it difficult to achieve optimal program effectiveness.

- Housing issues can interfere with the effectiveness of some inmate treatment programs.
- The effectiveness of treatment programs is hindered when continuity is broken by ill-timed or unanticipated transfers or parole of inmates.

UDOC Medical Costs Have Not Been Appropriately Considered

Comparisons of costs for housing inmates in county jails, as opposed to prisons, should include a daily medical care cost of \$5.03 per inmate per day for fiscal year 1997. This figure represents the allocation of costs for each inmate in non-traditional housing to have a permanent and running medical staff, administrative staff, and stocked medications. To this point, UDOC has only recognized medical contract costs to jails. They have not appropriately allocated additional shared costs which would more accurately reflect the full cost of providing medical services to their inmates in jails.

This per inmate cost figure for medical care assumes that inmates will need medical care of some form when they are in prison and that if they are sent to the county jails, they continue to use Clinical Services' administrative resources. For example, each inmate has a health screening when they enter the state corrections system. An inmate's medical records could be reviewed, at a later date, to determine their eligibility to be sent to a county jail. There is a high probability that inmates will receive some form of medical care when they are in the state corrections system, and it is obvious that the system must be present for the provision of the care. State inmates in county jails that are injured, hospitalized, or need moderate medical attention are returned to the prison from the county jails for their care. As these examples demonstrate, inmates use the medical system even when they are healthy or are sent to the county jails. The fixed costs need to be shared across all state inmates.

The calculation of the per inmate per day cost does not include costs for chronic nor emergency care. These were taken out as "extraordinary" costs that are not borne for everyday medical care each inmate is likely to need and use. The figure

UDOC needs to include a daily medical care cost of \$5.03 per day for jail-housed inmates.

The per day calculation of inmate medical cost does not include "extraordinary" costs such as emergency and chronic care.

does include the costs of providing standard medical care to inmates in the county jails.

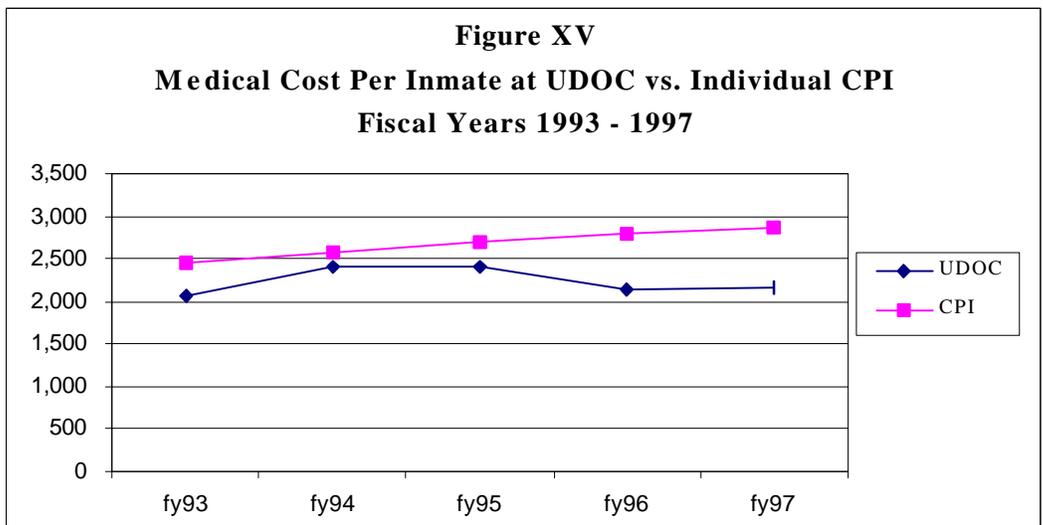
Medical Service Costs and Efficiency Hold Constant

Total expenditures for medical services have increased, but due to the increase in the inmate population, the per inmate cost for medical services increased at a lower rate than the national consumer price index (CPI). Total medical administrative costs have remained steady and have actually decreased when considered on a per inmate basis. BMS has also made organizational changes to improve medical care. Among these improvements are the continued pursuit of cost reductions in county jail medical care provision; and, increased control of chronic care costs and improved monitoring of emergency care expenditures. Finally, on-call policies and procedures have been restructured so that "on-call time" has been reduced while a better level of care is provided by on-duty personnel.

Expenditures Appear Contained in Medical Services

Medical expenditures have increased over the past five years to keep pace with the growing inmate population. Total medical

Growth of inmate medical expenditures has been well below the national consumer price index.



costs per inmate have increased only 4 percent from fiscal year

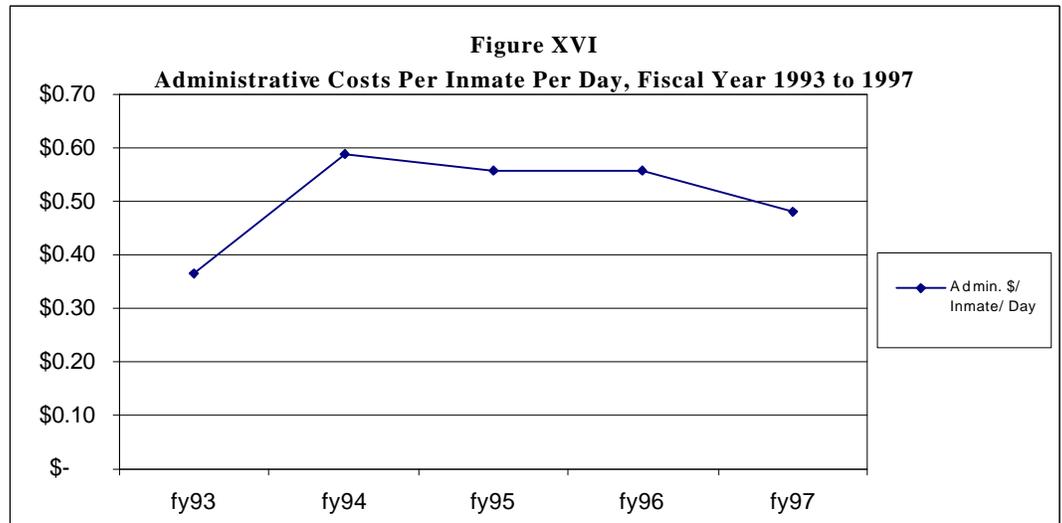
The per inmate per day medical administrative costs have decreased over the past four years.

1993 (\$2,070) to fiscal year 1997 (\$2,155). This increase in costs is well below the CPI increase of 18 percent for individual medical care services during the same period and is illustrated in Figure XV below.

UDOC per inmate costs were close to other western states that had comparable data for comparison. Thus, UDOC has been able to improve their medical care, and keep costs at levels similar to those of other western states.

Administrative Costs Have Been Controlled and Organizational Structure Streamlined

Administrative costs have remained constant when the expenditures for capital projects and legal costs are eliminated. In fiscal year 1994 and fiscal year 1995 there were considerable expenditures for infirmary remodeling, updating of the patient medical tracking system, and legal costs. When these "special project" costs are deducted from the total expenditures for each year, total administrative costs are very close from year to year. Due to an increase in the inmate population, the per inmate per day cost for medical administration has decreased since fiscal year 1994, showing increased efficiencies in the administration of medical services. Figure XVI shows this trend. Fiscal year 1993 was not typical of the later years because it was prior to the changes made to meet the standards in the *Henry vs. DeLand* stipulated settlement.



Reorganization in Clinical Services has reduced personnel costs by \$40,000 annually.

Recent organizational changes have also reduced administrative overhead and increased clinical care resources without adding any staff. Previously, the former director of clinical services was doubling as a physician. Because of all the efforts that had to be put into areas of clinical services (administrative, budgetary, organizational, mental health, substance abuse, and sex offender) as division director, the time and attention he was able to dedicate as a physician was greatly reduced.

Under the new organization, the high-paid position of clinical services director has been eliminated. That position's duties have been re-allocated to existing, lesser-paid staff and a newly-hired physician. Clinical services now separates administrative and clinical decision-making. Thus, by rearranging positions and not increasing total staff, overhead was reduced and medical care resources were increased. This reorganization has reduced personnel costs by about \$40,000 per year.

Current Clinical Services staff report that the reorganization of Clinical Services has improved decision-making permanence and has increased initiative. The previous director of clinical services made decisions without input from individuals in their respective areas. Because the former director of clinical services made these decisions unilaterally, without input, his decisions often had to be reversed or rethought to find effective, long-lasting solutions. With the current organization, decisions are made in a more concerted manner with people in the affected areas involved in the decision-making process.

Personnel in each area now have greater autonomy in affecting their work process because decisions are now made with input from those affected. For example, cost saving improvements have been made in both sending inmates for emergency care and determining which inmates need to see specialists. Previously, the former director of clinical services would determine who should be sent to the University Medical Center (UMC) for emergency care, often without seeing the case or knowing much about it. Now, there is more discretion given to the medical staff to determine what can be handled at the infirmary and what needs to be sent out. UMC staff have stated that they no longer receive "frivolous" emergency cases from

More autonomous decision-making has reduced the number of unnecessary emergency cases being sent to the University Medical Center.

the prison, which used to happen regularly before BMS changed their procedures on determination of care.

It is the same in specialized care. The decision to use specialized care was made by the former director of clinical services, often with limited knowledge and familiarity of the case. Now the physicians, physician assistants, and the medical technicians meet to discuss cases and make determinations about care. They now more accurately determine what cases can be handled at the infirmary and what cases need specialists.

The previous organizational system was indeed instituted to provide one decision-maker with the ability to implement unilateral decisions. But, once UDOC lawsuit compliance was reached, this structure outlived its usefulness and served only to stifle further innovation by reducing the input for decisions. The Division of Clinical Services has made cost saving and efficiency improving changes.

Under the new organization, however, Clinical Services needs to remember to provide the head of medical services with enough expenditure/budgetary discretion to fulfill the directives in the *Henry vs. DeLand* stipulated settlement. The settlement states a "physician will arrange for all levels of health care delivery and will have responsibility for assuring the quality and accessibility of all medical and dental services provided to inmates."

Reducing Costs in County Jails Should Be Pursued

Reports from UDOC show that, for the costs they track, per inmate medical costs for state inmates in the county jails have declined from fiscal year 1993 to fiscal year 1997, but it is questionable if it is a result of greater efficiency. For jail-requested medical reimbursements, the department reports that per inmate per day costs have dropped from \$2.36 per inmate per day in fiscal year 1993 to \$1.40 per inmate per day in fiscal year 1997. It is possible that this cost reduction could only be demonstrating that healthier inmates are being sent to the county jails than was previously the case. Because UDOC can select the inmates that are sent to the county jails, it would

Continuing to send traveling physicians assistants out to UDOC inmates in county jails may reduce medical costs.

appear the greatest effect upon costs would be that the inmates sent to the county jails are healthier than those remaining in the prisons.

Recently, the BMS has used traveling physicians assistants to oversee state inmates in some county jails. This should reduce costs by reducing the contract costs to physicians and reduce drug costs by using only formulary drugs. The early data does not show consistent cost savings, but it is an approach that could reduce medical care costs and should continue to be pursued.

Chronic Care Cost Reductions Have Been Sought

BMS has implemented procedures for controlling cost increases for chronic care pharmaceuticals. The cost of pharmaceuticals increased from fiscal year 1997 to fiscal year 1998 but, BMS was able to minimize cost increases for several chronic conditions. BMS has instituted procedures of purchasing generic drugs when they are available and effective for treating all conditions. This has helped to reduce costs to some degree.

Use of generic drugs has slowed the increase of chronic care pharmaceutical expenditures.

The total cost of pharmaceuticals for chronic conditions of Draper prison inmates increased by 22 percent from fiscal year 1997 to fiscal year 1998, up from \$443,601 to \$542,135. There was an increase of \$131,409 in the categories of chronic care pharmaceuticals that had cost increases; however, there was a total decrease from the remaining categories of \$32,875.

Time Accounting and Staffing Changes Have Improved On-Call Claims

The medical staff has reduced the number of physicians assistants on-call as well as the number of on-call hours for physicians without increasing staff or work hours. The schedule of the physicians assistants (PA's) staff has now been staggered so that a PA is on duty during the evening hours when the majority of trauma incidents occur. This eliminated the need to have a PA on-call during the evening. Now, only a doctor is on call during those hours. This has reduced the PA on-call by 480

Changes in on-call medical practices have saved UDOC approximately \$1,800 per month.

hours each month and reduced the compensatory time claimed by on-call staff, reducing costs by about \$1,500 per month. They have also been able to have a PA come in on the weekends to see new arrivals without increasing their staff and on-call hours.

Since the new administration began in BMS about a year ago, physician on-call hours have been reduced, on average, by two hours per day. This comes to about \$300 per month in on-call savings. Combined, these staff reductions are small, but they are illustrative of cost reduction initiatives that are occurring. The new administration of BMS began enforcing the on-call policy which states that those on-call must be able to be contacted and be to the prison within 30 minutes or they are unable to be on-call.

Medical Care has Improved but Concerns Remain

Independent outside entities report that the level of medical care at the prison has improved in the past few years. Our own observations are consistent with these claims as we conclude that the tracking of inmate medical needs and the provision of care appear improved. Furthermore, both prisons have passed their most recent accreditation reviews and have a fully licensed staff. Still, there are concerns about the control of syringes and the prevention of inmate suicides caused by pharmaceutical overdosing.

Quality of Medical Care Appears Improved

The American Civil Liberties Union of Utah (ACLU) and the University of Utah Medical Center (UMC) report that UDOC has made improvements in inmate medical service delivery. The ACLU of Utah reports that inmate complaints regarding medical services have decreased dramatically in the past year. In addition, officials from the ACLU expressed the opinion that there was marked improvements in the provision of medical care in the prison system. UMC staff also stated they feel there is better medical care and supervision now being provided by

The ACLU and University Medical Center report apparent improvement in UDOC inmate medical care.

the prison medical staff. These opinions appear to be supported by BMS's past medical accreditation.

This accreditation by the National Commission on Correctional Health Care (NCCHC) showed full compliance with only one deficiency. BMS lacked a policy statement on post-mortem reviews. NCCHC found that post mortem reviews were being performed in practice, but an explicit policy statement was absent. The addition of this policy has not been made to the divisions' policies.

There has been concern expressed about a former clinical administrator for the department being part of the organization that performs the accreditation review for NCCHC. We verified that NCCHC screens its review teams for any conflict of interest that may be present before assembling a review team. NCCHC sends out a list of the proposed review team six weeks prior to the review so the correctional facility may evaluate the proposed staff for conflicts of interest. If the correctional facility identifies conflicts of interest then the specified member of the review team will be changed.

Past Problems Have Been Addressed

Past reviews of BMS have pointed to problems with inmate medical care tracking and licensure of medical staff. Recent actions show that the bureau has addressed these problems. A review of medical staff shows that all licensure is up-to-date and on file at the state Division of Professional Licensing.

Tracking of inmates for medical care consists of several duties such as: collecting inmate requests for care, following-up on care requests, delivering pharmaceuticals and making sure care is continued when inmates are moved. The department is addressing these issues stipulated in the *Henry vs. DeLand* settlement.

We accompanied the medical technicians on their medical care rounds. On these rounds, the medical technicians perform all of the duties listed in the paragraph above. We observed them gathering the medical request forms and prioritizing them by urgency of need. We also witnessed them providing care

The Bureau of Medical Services has been fully accredited by the National Commission on Correctional Health Care.

All Bureau of Medical Services professionals have current licensing.

Medical technicians provide thorough medical care and timely pharmaceutical delivery to inmates.

(e.g. taking blood pressure and checking on inmates' condition, etc.) based upon care request forms.

We also saw them deliver pharmaceuticals to inmates. In some cases there were new blister packs of prescribed medication issued. We also witnessed the medical technicians providing a single dose of medication to inmates because the medication is not released to the inmate because it is a controlled substance or the inmates pose a danger to themselves.

In the case of inmates that had been moved, we witnessed the medical technicians put the medications in the drop box where the medical technician for that block would pick up the medication on the next round. Each medical technician we accompanied checked the bins before they left for their block to see if there were any moved inmates' medication they needed to take. In one instance, we witnessed a medical technician take the medications directly to an inmate because the medications were needed urgently. Each of the medical technicians we questioned stated that if there is a case of urgently needed medication, they will go directly to the inmate's new cell and deliver the medication.

The system for addressing inmate medical needs based upon their requests is sufficient and consistently followed by the medical staff. We witnessed the medical technicians going through medical care requests from the inmates each time we accompanied them on pill lines. The practice followed by the medical technicians and the tracking of inmates was done according to the guidance given in the *Henry vs. DeLand* stipulated settlement.

Concerns Exist With Control of Sharp Medical Instruments

While BMS has addressed the above issues, there remains a concern with the control of syringes and sharp medical instruments; this has been an on-going concern for the department. BMS continues to be dependent only upon the discretion of the medical technicians for the control of syringes and does not have an accountability method established for

The Bureau of Medical Services needs better control of syringes.

exam/emergency room tools. Control is important because of potential liability to the state. In three recent examples of inmate heroin overdoses, improperly controlled BMS syringes were used. Syringes (which are prized by inmates so they can use them for illegal drugs) have also been found in various cell searches.

BMS purchased a *Med Serv* computerized pharmaceutical and syringe delivery system. The system consists of a database that tracks the quantity of medications and tracks the users and the medications they took from the container. The *Med Serv* has locking drawers that only open once the user is identified and enters a password. While it is a sufficient inventory system for the syringes and pharmaceuticals, it does not serve as a control of syringes.

The *Med Serv* system does not provide a means of tracking how many syringes were actually used nor does it link them to injections administered by the medical technicians in a record of care. It is unknown how inmates obtain the syringes, but BMS should evaluate their controls in medical technician distribution (e.g., not being distracted, locking cabinets, etc.), assured disposal by the medical technicians, and final disposal as waste. These areas were identified by the NCCHC as focus areas for controlling syringes. BMS should formalize control procedures for syringes and verify that staff follow the procedures.

Although it did not constitute a failure in the last accreditation review, NCCHC reviewers recommended that for BMS to improve accountability for "sharps" (syringes and sharp medical instruments), they should include a count of emergency and exam room implements. Currently, there is not a formal count of the emergency/exam room implements.

Repeated Overdoses May Indicate Insufficient Review

In the past year there have been 17 drug overdoses, three by illegal drugs and 14 by pharmaceuticals; none of these resulted in death. Of the 14 pharmaceutical overdoses, three were able to overdose twice within a month's time of their first overdose, on the same medication. Of the three inmates who overdosed,

Mental health reviews of inmate suicide attempts by medication overdose, should be improved and enacted into policy.

one overdosed a second time due to his poor judgement. The remaining two, however, admitted that they had been attempting to kill themselves, but they did not admit it until after the second overdose. After the first overdose, both of these inmates were reviewed by mental health workers and found not to be a danger to themselves. Since a suicide attempt followed these reviews, however, it is questionable whether the mental health reviews were adequate.

Inmates in Utah do not have a higher rate of suicide than in other western states. But, two incidents in close succession warrant a concern for preventative procedures. Since the new director of mental health began in May, 1998, he has been revising the evaluation process to include more evaluation and observation of these attempted suicide cases. We believe the policy should be formalized as soon as possible.

Treatment Programs Suffer Due to Outside Factors

UDOC spends nearly \$4 million per year on programs and services attempting to habilitate some of the inmates in its custody. However, several factors not related to treatment affect the delivery and efficiency of treatment programs such as the Sex Offenders Treatment Program (SOTP), Substance Abuse Treatment Program (SATP), and Mentally Ill Offenders (MIO) treatment program. Increased housing needs for the growing inmate population have strained UDOC's budget. Many treatment programs are filled to capacity and caseloads exceed effectiveness limits. Housing and custodial needs take the highest priority leaving treatment programs to react as best they can. The continuity of treatment is difficult to maintain, and treatment effectiveness may be diminished anytime inmate movement occurs, whether it be a parole, discharge, or even a transfer within the prison or relocation to a facility in the community. Problems facing treatment include:

- Insufficient staffing for treatment programs.
- Housing problems that impair the treatment effectiveness.
- Maintaining treatment continuity after inmate relocation.

Lack of Staff Makes Treatment Difficult

Some treatment programs at the Utah State Prison (USP) are hindered by the lack of qualified staff available to provide treatment. The ratio of enrollments per program staff indicates that the programs are overcrowded. Because of the heavy caseloads, it is difficult for therapists to provide the time and attention necessary for optimal program effectiveness. In addition to being crowded, programs often have waiting lists that keep inmates waiting as long as a year or more before they are enrolled in treatment. The Sex Offender Treatment Program is one example of a program that is clearly hindered by the lack of staff.

SOTP therapists are overloaded. Caseloads average 21 inmates per therapist while experts recommend a maximum of 12.

A program evaluation was completed by a nationally recognized expert in 1995. In the report he recommended that for optimal effectiveness, the treatment program for sex offenders should limit caseloads to 12 inmates per therapist. The director of the SOTP said that when this recommendation was made the caseload was at 30 inmates per therapist but was reduced to about 18 inmates per therapist. The most recent information shows 85 inmates in the residential treatment program with 4 facilitators providing treatment, an average caseload of over 21 inmates per therapist. Using average caseloads can be misleading, however. For example, one therapist had as many as 30 cases while another had only 4 cases. To bring the caseload down to the recommended level just in the residential treatment program, 3 additional therapists would need to be hired.

Large caseloads are evident throughout the program. At the Draper facility, the sex offender treatment program has only 2 social workers, 3 psychologists, 2 half-time interns, and 1 half-time technician (6.5 FTEs total) available for counseling and therapy to inmates. These 6 FTEs provide counseling and therapy to approximately 208 inmates currently in treatment, or an average of over 32 inmates per therapist.

UDOC needs to hire more than 19 additional therapists just to treat inmates currently enrolled in the SOTP.

An analysis of the UDOC report on total program enrollments shows there were 381 inmates in treatment and 17 facilitators. This report includes all inmates in treatment and all inmates on the waiting list, whether at the Draper facility, Gunnison facility,

**Long waiting lists
keep inmates out of
the Sex Offender
Treatment Program.**

or the county jails. It also shows which facilitator is providing treatment. Because some of the facilitators were part-time, the number of FTEs available for treatment was about 12.5 therapists. This number means the caseload for the whole program is about 30.5 inmates per facilitator and indicates that the program is operating above capacity. If UDOC were to follow the report recommendation for optimal caseload, they would need to hire more than 19 additional facilitators just to treat the inmates currently enrolled. This would still not accommodate the inmates on the waiting list.

The program director stated that lack of staff was one problem that kept inmates on the waiting list and prevented greater program enrollment. The July monthly treatment report shows that there were nearly as many inmates on the waiting list as there were enrolled in treatment. There were 347 inmates in treatment with 334 inmates on the waiting list. Further review showed that more than 50 percent of the inmates on the waiting list were for "Phase I". In other words, they had not received any type of treatment. Although Phase I takes on average 12-14 weeks to complete, about 40 percent of the inmates waiting for "Phase I" have been on the waiting list longer than 8 months. Some inmates have been on the list since September, 1994. The lack of staff is not the only factor that impedes program enrollment. Other factors include safety and security concerns and removal from treatment by self or by a therapist.

We feel the large waiting list and the length of time inmates spend on the waiting list are indicators that the SOTP is understaffed. This under-staffing is shown in a comparison between the growth rate for all inmates compared with the growth rate for the SOTP enrollments and the changes to the waiting list. For example, over the past five years (1994 to 1998) the total number of inmates has increased by about 44 percent (roughly 11 percent per year). According to the SOTP program director, the growth rate of the sex offender treatment program has remained static. He told us this static growth was because they have been operating at capacity and the program enrollments cannot increase without an increase in the number of facilitators. If this is the case, there should be an increase in the number of inmates on the waiting list and the length of time on the list.

Program enrollment data was not available for the last five years, but we did review monthly treatment reports for the past 18 months. The program administrator said the monthly treatment reports have only been kept since he started keeping them about 18 months ago. He said during the first six months of enrollment tracking, there was a big push to get the program enrollments listed and categorized, and this push resulted in a seemingly large increase to the program. For the past 12 months the total number of sex offenders and the number in treatment have seen normal growth patterns. The reports show that the number of sex offenders increased at about the same rate as the total inmate population (11.6 percent for the past 12 months). The number of inmates receiving treatment also increased about 17 percent over the last 12 months.

Treatment numbers and waiting list numbers varied monthly and they seemed to adversely affect each other. If one went up, the other went down and vice versa. The interesting thing we noted, however, was that even though the total number of sex offenders appeared to increase at the same rate as the inmate population and the number receiving treatment increased even greater, the number of full time staff positions for the SOTP varied only slightly between 18-20 FTEs for the same time period. This lack of change in staffing supports the position that the program is overcrowded.

Housing Assignments Can Create Problems for Treatment Programs

Housing changes may cause problems for some treatment programs. While we do not believe this happens very often, we did find some examples. UDOC is trying to minimize the housing issues and the problems they create for treatment programs within the correctional system. For example, the Housing Review Committee (HRC) meets regularly to review the issues of inmate housing, safety, employment, and treatment programs. In addition, policies have been drafted to address inmate treatment and rehabilitation programs and how they fit in with the overall mission of UDOC. Housing is a very complex issue and assignments are not made without first considering many factors such as inmate classifications, availability of inmate bed space, programming, education and employment.

Some inmate treatment plans have been affected by housing problems.

We were told of numerous inmates in the substance abuse treatment program who were relocated to new housing units which caused their treatment to be disrupted or terminated. For example, over the past 18 months, 42 inmates who were enrolled and active in Con-Quest, a substance abuse treatment program, were relocated prior to their completion of the program because of various housing problems. In addition, 63 inmates who were evaluated and accepted to the Con-Quest program were transferred to the Gunnison prison prior to admission, and another 16 inmates were transferred to the county jails prior to admission to the program.

In another example, we found over 25 sex offenders housed in the Oquirrh 5 minimum security facility while waiting to be transferred to another area of the prison known as Wasatch D Block. The program administrator explained that although they would be best served if they were housed in a residential facility for sex offenders, housing space and other factors do not permit them to be moved there at this time. They are still participating in treatment, but they are housed with the general inmate population in Oquirrh 5. One factor that prohibits the move at this time is the inmate chemistry at Oquirrh 5. These individuals are classified as passive and submissive type inmates and to move them out of the Oquirrh 5 facility would disturb the chemistry of this dormitory facility because they might be replaced by aggressive and violent type inmates.

The Housing Review Committee tries to match inmate treatment plans and housing.

Housing is one of the main factors that affects treatment programs. In many ways housing drives inmate programming. The HRC has a difficult task in making housing assignments because they must consider the educational and programming needs of the inmate as well as safety and security issues and available bed space. The committee generally does a good job matching inmates to housing areas which provide safety and security and which facilitate treatment and education, but they are often hindered by the lack of inmate bed space. After the HRC considers the inmate assessments and profile done at Reception & Orientation (R&O), they must look at available housing. The placement is made to the best available housing space, and sometimes programming is secondary to available housing. Another of the issues HRC considers when they make assignments is inmate chemistry. Often, they make housing assignments to improve chemistry between inmates, thus

The UDOC mission statement places safety and security over treatment programs.

improving safety. In such instances, safety needs may override treatment needs.

The primary mission of the UDOC is community protection, and the secondary mission is providing offenders with the tools necessary to be competitive and enhance their prospects of success in the outside world. This dual mission is often difficult to achieve and sometimes appears to be in conflict.

The main focus, as indicated, is to incarcerate offenders, supervise them in the community, administer sanctions and punishments, minimize the risk of escape, reduce inmate violence and disturbances and generally enhance the safety and security of the system. The secondary focus, provided that safety and security provisions are met, is to offer a wide range of correctional programming including inmate education, vocational training, work opportunities, treatment programs and other programs designed to facilitate a more successful re-entry into the community. All of these secondary objectives sometimes seem to work in direct opposition to the primary mission because they all require greater degrees of freedom and less security. The mission of UDOC is therefore challenged to maintain the proper balance of both objectives: community security/protection and inmate program/treatment opportunities.

UDOC has drafted a policy to address issues of treatment continuity.

In order to meet this secondary objective, UDOC has drafted a policy to provide standardized offender program/course curriculum, track offenders' participation and determine effectiveness of curriculum in reducing recidivism. One objective of the policy is to coordinate services between providers and UDOC divisions. Another objective is to develop a continuity of curriculum designed to allow offenders enrolled in a program or course to be moved from one area to another and still continue in the same program. This procedure helps prevent offenders from duplicating courses. In order to achieve this objective, UDOC proposes to organize a Master Curriculum Oversight Committee which will meet regularly to discuss and coordinate inmate programming and curriculum.

Continuity of Treatment is Broken When Inmates Are Relocated

Inmate housing changes or parole may interrupt the continuity of treatment.

It is easier for therapists to control an inmate's treatment while he is in prison than after he is paroled.

The continuity of treatment is interrupted in several ways when inmates are transferred, paroled or discharged. First, any inmate movement creates a change in housing which may cause changes in inmate treatment, education, work and other stabilizing factors. Second, any transfers, discharges or paroles can cause changes in the level of UDOC control which affects programming and treatment as well. Third, access to treatment may be diminished for inmates who are transferred, discharged or paroled. There are some problems with transition for treatment programs from one location to another and they need further review.

As previously discussed, changes in housing brought on by transfer, parole or discharge may interfere with program treatment because treatment programs, education, employment and other factors have stabilizing effects on inmates. They get adjusted to meeting with the same group and same caseworker each time for therapy and they typically make progress with uninterrupted treatment. When these factors are disturbed because of a transfer or relocation, the effectiveness is weakened, at least temporarily. Moves or transfers often result in an inmate having to learn to deal with a new treatment group or caseworker in addition to new cell mates and environment. There is a period of time needed for adjustment and building new trust and rapport; this may cause a setback in the inmate's treatment progress.

One program psychologist told us that the level of control is a big factor in the continuation and effectiveness of treatment. For example, when an inmate is discharged or paroled from the prison, the level of control is reduced in a couple of ways. First, the inmate is no longer in the tightly controlled environment of the prison. There are many opportunities to get into trouble and with no prison correctional officers to prevent it. Second, the UDOC loses control of the inmate. While paroled, they cannot legally make the offender (particularly the mentally ill offender) take medication or participate in continued therapy and treatment. The offender might not take his medication because he forgot or because it simply was not available. Worse, he might mix other substances such as street drugs and alcohol with his medication. In these cases, the effectiveness of any prior treatment is diminished because of less UDOC influence and control. The likelihood of recidivism, where the offender

Access to treatment may be diminished when inmates are discharged to the community.

UDOC cannot always assure that every paroled mentally ill offender is taking his medication or attending treatment classes.

UDOC could increase the medication to paroled mentally ill offenders from a one-month supply to a two-month supply.

returns to prison, is much greater. He is very likely to commit a new offense or violate conditions of parole and shortly thereafter be returned to the controlled environment of the prison.

When an inmate is discharged or paroled, there may be a drop off in the level of treatment provided to him. For example, many mentally ill offenders (MIOs) do not have personal health insurance, and they rely on Medicaid to pay for needed medications and treatments. However, some MIOs do not qualify for Medicaid, and they must depend on family members, relatives, or friends to provide funds for continued treatment.

In addition, Medicaid is often slow in processing the paperwork to get payments to the recently discharged inmates. The paperwork does not start until the inmate is discharged from prison. It can take 6-8 weeks before any Medicaid payments actually get to the applicant. The prison discharges the MIOs with one month supply of medication but this is usually exhausted before Medicaid payments arrive. This lag could leave the MIO without medication for a month, and the likelihood of re-offending or violating parole increases dramatically without medications.

Another problem with continuation of treatment is that the UDOC cannot physically escort the discharged or paroled inmate to treatment. They can make recommendations and referrals for continued treatment to the community providers, but they cannot guarantee that the offender will show up for treatment. The discharging psychologist does, however, routinely submit to the local contract providers, a discharge summary which includes a diagnosis of the offender's disorders and recommendations for continued treatment and medications. MIOs are often very dependent on family members or friends to escort them to the provider's facility for treatment. Sometimes, for various reasons, the MIOs do not keep their appointments. They may not have transportation or they may be living in an area not close to a community provider. For whatever reason, when there is a decrease in treatment, there is also a drop in the effectiveness and an increase in the likelihood of recidivism.

There are several things that could be done to help improve the situation for MIOs. For example, UDOC could consider increasing the funding and supply of medication from one month to two months for MIOs upon discharge. In addition,

there may be a way to work with the local Medicaid office to expedite the paperwork for medicaid payments. Some community mental health providers may have programs in conjunction with pharmaceutical companies to distribute limited dosage of medications to qualifying recipients. Finally, UDOC could improve the offender tracking system so that they know where the inmates are when they are discharged, and they can begin some sort of follow-through to assure treatment programs are not dropped when an inmate is relocated or discharged.

Recommendations:

1. We recommend that UDOC accurately allocate medical costs for inmates held in county jails.
2. We recommend that BMS improve syringe control at least in the disposal area.
3. We recommend that the BMS improve review in cases of multiple overdosing by inmates.
4. We recommend that UDOC review the enrollment/staff ratios for treatment programs and provide analysis with funding requests to the Legislature.
5. We recommend that UDOC conduct more analysis on how inmates in treatment programs are affected by housing assignments, transfers, paroles and/or discharge.
6. We recommend that UDOC develop better procedures to assist inmates and facilitate the continuation of treatment and medication upon discharge.

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Chapter IV

Budgetary Limitations Have Increased Liability and Compromised Security

Past budgetary limitations have resulted in some UDOC administrative decisions that have increased the financial liability of the state and compromised the security of the prisons. Specifically, there are two primary administrative decisions that have had such an effect. The first is the decision to not POST-certify all clinical employees of the Bureau of Medical Services (BMS), which includes basic training in self-defense and custodial inmate care. The second is the decision to house some high-risk, maximum security inmates using cell doors and locks that can be manipulated and opened by inmates. The total cost to remedy these two deficiencies would be approximately \$845,000.

The field of corrections, by its very nature, has a high number of lawsuits and litigation proceedings. Administrators must be proactive in taking precautions to minimize potential lawsuits and losses. Even when agencies do not lose lawsuits, funds are spent in litigation costs. Millions of dollars are at stake in this high-risk endeavor. UDOC has experienced lawsuits and settlements, including spending millions of dollars to upgrade medical services in the early- and mid-1990s as a result of the *Henry vs. DeLand* stipulated settlement.

The major audit finding in this chapter is that state liability is increased and institutional security is compromised by the following practices:

Major findings:

- **UDOC clinical professionals are not custody-trained.**
 - **Some cell doors in maximum security can be opened by inmates.**
-

- Clinical professionals are not POST-certified and as a result receive no self-defense or inmate custody training, even though they are exposed to similar hazards and conditions as correctional officers.
- Inferior cell doors and locks are being used to house some maximum security inmates. These doors and locks can be manipulated and opened by inmates.

These situations have not only created a financial liability for the state, they have also put the safety of staff and inmates at risk.

Liability is Increased and Security is Compromised by Insufficient Staff Training

The majority of clinical positions in BMS are not POST-certified and, as a result, receive no self-defense or inmate custody training. The cost to POST-certify all clinical professionals in the state prisons would be approximately \$575,000. The other option is to hire additional correctional officers to comply with current departmental policy which would be approximately \$425,000, for a difference of \$150,000 between the two potential options. The lack of training for BMS personnel increases the liability of the state and puts employees and inmates at risk. The exceptions are the social worker positions, which are the only clinically-related positions that are POST-certified and part of the public safety retirement (PSR) system. Social workers receive self-defense and inmate custody training just as correctional officers do. UDOC is currently experiencing a high number of employee grievances and lawsuits on this particular issue. That social workers receive training may, in fact, actually increase the liability of negligent training for the department for all other medical positions not trained in self-defense and custody skills. Finally, there are numerous benefits to taking a proactive approach to training in corrections including risk management, reduction in litigation costs and grievances, and increased employee morale.

Clinical Professionals are Not POST-Certified or Custody-Trained

In 1990 the Department of Corrections withdrew POST certification and training, along with the 20-year PSR benefits, from all newly hired clinical professionals. UDOC administrators said that it was purely an economic decision designed to save money. The savings came from the elimination of training and switching to the 30-year general state retirement system for non-certified employees. UDOC did not, however, compensate by hiring additional correctional officers to protect non-certified clinical employees who were still required to work with inmates.

UDOC must either:

- **train clinical staff and provide public safety retirement at a cost of \$575,000**

-or-

- **hire additional correctional officers at a cost of \$425,000.**
-

Lack of custodial training increases state liability and puts employees and inmates at risk.

The only clinical positions that were not affected by the change were social workers.

All social workers employed by UDOC still receive full POST-certification and enjoy the benefits of 20-year PSR. This practice is perplexing given that social workers, in general, have the same amount of contact with inmates as other health care professionals. Administrators could not explain this inequity to us. In addition, the situation may actually increase the liability of negligent training for all non-certified health care workers because they perform similar functions and have similar job duties and expectations.

When UDOC administrators made the training change in 1990, they ignored the "POST orders" that are assigned to each position. UDOC creates these orders, which are based on an analysis of job duties and expectations, and state which positions need POST training and certification and which do not. It appears that UDOC is currently violating numerous POST orders by not certifying and training clinical professionals whose positions require POST certification.

UDOC administrators also instituted a policy that requires a POST-certified correctional officer to be present when inmates are being treated by non-certified medical staff or when staff are delivering medication (termed "the pill line") to inmates. Departmental policy for treatment and medication delivery to inmates states:

- 1. A correctional officer shall accompany medical staff on all outpatient housing unit pill lines and shall accompany medical staff on pill lines which require going cell-to-cell to distribute medication.*
- 2. The officer shall remain in the immediate presence of the medical staff member actively assisting in the medication distribution process by identifying inmates and shall not be performing mail, commissary, laundry issue, or other functions at the same time. Being immediately present shall not mean being in the general area (TMF Manual 06/03.06/C.1,2).*

Clinical personnel violate departmental policies and POST orders when they must treat inmates without either POST-certified training or correctional officer escort.

Additional officers were not hired which essentially eliminated UDOC's ability to follow its own policy. Medical personnel cannot possibly comply at all times and are often alone with inmates, sometimes behind closed doors or out of sight or shouting distance of officers. In fact, a correctional officer was present on only about half of our observations of "pill lines" and medical treatments. The following are examples of violations of this policy:

- We accompanied a female nurse into a housing unit day room to distribute medication and conduct treatments. We were alone with six unrestrained maximum security inmates for a half-hour without a correctional officer present or even within shouting distance.
- A nurse was attacked by an inmate who weighed over 300 pounds as he was treating him alone in a housing unit treatment room. It was over one minute before officers arrived to restrain the inmate. The nurse was slightly hurt but said that it would have been worse had he not relied upon training he received in the military.

Officials have estimated that 12 additional full-time correctional officers would need to be hired to have adequate personnel to comply with the medical delivery policy. Figure XVII shows the costs of this course of action.

UDOC officials say at least 12 additional correctional officers are needed to accompany clinical personnel.

Figure XVII Costs of Hiring and Training 12 Certified Correctional Officers	
Cost Category	Amount
Annual salaries	\$328,000
POST training costs	33,000
Trainees' salaries during POST training period	<u>63,000</u>
Total	<u>\$424,000</u>
Note: Annual salaries are ongoing while POST costs and trainees' salaries are one time costs.	

The option of adding 12 new correctional officers would cost \$424,000.

While hiring additional personnel is one option available to UDOC, we do not believe that 12 officers can adequately meet the needs of the treatment and medication delivery policy. It is unlikely that 12 additional officers can be in all treatment and delivery areas when non-certified medical staff are in the presence of inmates.

In contrast to Utah, other states provide some level of self-defense and inmate custody training for medical personnel. The data in Figure XVIII show that Utah is the only state of the five we contacted that provide no training in these areas for clinical professionals.

Figure XVIII Custody Training for Prison Medical Personnel in Other States	
State	Weeks of Custody Training
Utah	0
Arizona	3
Colorado	4
Montana	3
Nevada	2
Oregon	2
Average of Other States	3

Other states invest in custody and self-defense training for their clinical professionals.

All of the representatives from the states we talked to reported that the investment in training is necessary to decrease liability and increase the security of the institutions and safety of staff and inmates. In addition to states, the Federal Bureau of Prisons provides full custody training and certification for all of its employees.

UDOC is Susceptible to Negligent Training Lawsuits and Grievances

The lack of self-defense and inmate custody training for clinical personnel has resulted in four pending group grievances

There are four group grievances and one lawsuit pending against UDOC over negligent training.

filed by BMS employees against UDOC. These employees are asking for POST- certification and inclusion in PSR. The grievances were filed by the following groups:

- physicians and psychiatrists,
- physician assistants,
- registered nurses and
- licensed practical nurses and emergency medical technicians.

The grievances are currently with the executive director of UDOC awaiting his decision. There is also at least one lawsuit pending over the training issue. The costs of such grievances and lawsuits are great not only in monetary terms, but also because they take a toll on employee confidence and morale. Valuable time and funds are wasted on such actions. The four grievances have been ongoing for over one and one-half years, while the lawsuit is over two and one-half years old. These cases should be settled quickly or, if possible, avoided by being proactive in planning and meeting training needs.

The current training situation in BMS constitutes arbitrary and capricious decision-making by UDOC administrators. Social workers receive extensive training and are POST-certified while all other positions in the bureau are not. Even the psychologists and psychiatrists, who work side by side with the social workers, and in some cases perform identical functions, are not POST-certified and as a result receive no training.

We consulted the administrative law judge for UDOC to discuss the criteria that must be met to legally constitute negligent training. He said that one must look at the duties and expectations of each position in question. The employees must be properly trained for those duties and expectations. If not, the agency is susceptible to liability based on negligent training.

The UDOC administrative law judge stated that employees must be properly trained or the agency could be liable for negligent training.

The judge referred us to **Utah Code Annotated** (§ 64-13-8), which states the following:

The department shall designate by policy which of its employees have the authority and powers of peace officers, the power to administer oaths, and other powers the department considers appropriate...

The Utah Code states that UDOC has the authority to designate which of its employees should be POST-certified and trained.

The code gives UDOC the power to designate which of its employees should be POST-certified and trained as peace officers. He added, however, that there are two limitations on this power. The first is the liability caused by negligent training discussed above. The second limitation is that the decision cannot be "arbitrary or capricious." He stated that if some positions in BMS are POST-certified with PSR benefits while others are not, they must be fairly distinct to not constitute an arbitrary or capricious decision. Unfortunately, there are numerous examples of UDOC putting itself at risk through arbitrary and capricious training decisions:

- Social workers generally have the same amount of face-to-face inmate contact as other positions in BMS. The psychiatrists and psychologists, who supervise and work side-by-side with social workers, are not POST-certified or on PSR.
- Although the recreational therapist position is not part of BMS, the following example where a recreational therapist was not POST-certified demonstrates the problem. In June of 1997, the administrative law judge for UDOC ruled on a grievance (*Zabriskie vs. UDOC*) filed by a recreational therapist asking for POST-certification and inclusion in PSR. The judge ruled that UDOC must either train and certify the plaintiff or change his job duties. He said that the recreational therapist is basically a custodial position because the employee is usually alone and solely responsible for numerous mentally ill inmates. He performed all of the duties of correctional officers and had the same job expectations. The plaintiff resigned, however, before the final decision was made. As of this date, recreational therapists are still not POST-certified and have not had their duties altered. The judge was very surprised to learn this information because the department's liability is even greater now that an official interpretation and recommendation has been made.
- A non-certified nurse, who is alone with inmates daily, came to the aid of a correctional officer when he was attacked by an inmate. The nurse restrained the inmate until other officers arrived to help. Unbelievably, the inmate has filed a lawsuit against UDOC because he was restrained by an untrained employee. The case has been ongoing for

UDOC is currently being sued by an inmate who was restrained by a non-custody certified (untrained) nurse.

over two and one-half years and the nurse has been told that a settlement is a strong possibility.

The arbitrary and capricious training decisions by administrators have put UDOC in a situation of double jeopardy, meaning that it is susceptible to lawsuits from both staff and inmates. If an employee is injured because he did not receive the proper training to perform the job duties and expectations, he may sue the department based on negligent training. Similarly, an inmate may sue if he is injured by an employee who is not properly trained. We spoke with a number of non-certified medical employees who said that they had been assaulted and injured by inmates but, fortunately for UDOC, had decided not to file lawsuits.

Training Benefits Should be Weighed Against Costs

Avoiding future lawsuits against UDOC is a benefit that should be weighed heavily against the costs of providing training and PSR to clinical professionals. UDOC administrators are not unaware of this fact and have estimated some remedying costs. As discussed earlier, they say a minimum solution is to hire at least 12 new correctional officers so that certified officers could accompany all non-certified medical employees during inmate treatments and medication deliveries. This would necessitate a one-time training and salary expense of \$96,000 and an on-going annual cost of \$328,000. Another alternative—to POST-certify all BMS clinical staff and include them in PSR—is shown in Figure XIX.

UDOC is susceptible to lawsuits from both staff and inmates because of “arbitrary and capricious” training decisions.

UDOC’s other option to prevent negligent training is to POST-certify all clinical professionals at a cost of \$577,000.

UDOC believes that providing POST certification for all clinical professionals is the better of the two options.

It would cost UDOC only \$100,000 more annually to POST-certify 142 clinical professionals than it would to hire 12 additional correctional officers.

Figure XIX Cost of POST Certification and Public Safety Retirement for BMS Professionals	
Cost Category	Amount
Moving BMS from general retirement to PSR	\$426,000
POST training costs	86,000
BMS salaries during POST training period	<u>65,000</u>
Total	<u>\$577,000</u>
<p>Notes: Staff which would be affected is 142 FTE's. On-going costs for PSR are 7.3 percent higher per FTE salary, as shown in the \$426,000 figure.</p>	

Thus, if one compares on-going costs of each scenario (\$426,000 and \$328,000), there is only about a \$100,000 annual difference. In other words, it would cost UDOC \$100,000 more annually to POST-certify 142 clinical professionals than it would to hire 12 more correctional officers. By POST-certifying the clinical employees, UDOC would also save by avoiding potential settlement decisions brought by staff and inmates who may sue over negligent training. If UDOC decided to POST-certify all clinical professionals, which includes PSR, there may be added costs of increased turnover down the road because employees would have their 30-year retirement shortened to 20-years.

Recently, high-ranking UDOC administrators have recommended to the executive director that all clinical staff in BMS receive POST- certification and training with inclusion in PSR. They contend that it is important to properly train UDOC employees to fulfill their duties and expectations. They further contend that it is important that all employees take an active role in the security mission of the department. Providing training and benefits for some and not for others, especially when the positions in question perform similar duties, creates a conflict among staff members which cannot be measured in dollar figures. We find this recommendation to the executive director to have merit given the benefits of having 130 additional trained and certified staff members. It would also resolve the situation of having employees exposed to similar hazards without commensurate compensation.

Some cell doors used to house maximum security inmates can be manipulated and opened by inmates. The *Henry vs. DeLand* stipulated settlement illustrates UDOC's need to be proactive in avoiding liability suits.

Because of the numerous dangers found in prisons, a proactive approach to training is vital. UDOC learned this lesson in the early- and mid-1990s with the *Henry vs. DeLand* lawsuit and stipulated settlement. Under this settlement, the department spent millions of dollars to upgrade its medical delivery system. A new infirmary, treatment and triage center was constructed and given state of the art medical equipment. Policy was developed that would ensure the best possible care for inmates. Many new positions were created and filled by qualified professionals. UDOC will soon convert an existing facility to a new 187-bed mental health treatment center. All of these actions are not only to provide quality care to inmates, but also to minimize the risk of costly liability lawsuits and settlements. To upgrade the system and then risk millions of dollars by not investing in proper training is nonsensical.

Liability is Increased and Security Compromised Because Inmates Manipulate Swinging Cell Doors

It would cost approximately \$270,000 to install appropriate cell doors to house maximum security inmates.

As shown in the previous section, cost-cutting and budgetary decisions can affect state liability and prison security. Another administrative decision that has had such an effect is linked to the type of cell doors that were installed in one section of maximum security. These "swinging" cell doors are not designed for dangerous and aggressive maximum security inmates because they can be manipulated and opened by inmates. "Sliding" cell doors, on the other hand, are considered tamper proof and are designed for more aggressive maximum security inmates. The cost to install the appropriate cell doors to house maximum security inmates would be approximately \$270,000. The misapplication of cell doors has created a dangerous environment for staff and inmates. Several correctional officers told us that some inmate-on-inmate assaults have resulted from this misapplication, as well as one case of alleged sexual misconduct. Until funding is available to replace the section of swinging doors, UDOC says they are trying to keep the aggressive maximum security (level 1) inmates out of the affected area of the prison. They also say they are increasing the correctional officer inspection of the doors and locks.

Some Maximum Security Cell Doors Can Be Manipulated and Opened by Inmates

The Uinta 3 facility of maximum security is equipped with swinging cell doors that can be manipulated and opened by inmates from both inside and outside the cells. The Uinta facilities are a collection of five buildings that make up maximum security at the Utah State Prison in Draper. Maximum security inmates are those that are classified as levels 1 and 2, and also those Reception and Orientation (R&O) inmates who have yet to be classified. As mentioned in the introductory chapter, all inmates are classified on a scale of 1 to 6 with 1 being the most dangerous and violent. Most maximum security inmates are confined to their cells twenty-three hours per day and must be handcuffed and shackled when they are taken out of their areas. Uinta 3 is the only maximum security facility that is equipped with swinging cell doors. The others have the superior, but more costly, sliding cell doors that are considered tamper proof.

The decision to install swinging doors was a budgetary, not a custodial decision. UDOC officials have made some attempts to correct the problem, including asking the Division of Facilities Construction and Management to fund a conversion to sliding cell doors. But, according to a recent contact report, they were told "...the sliding doors were not an option because of money."

UDOC was denied funding for appropriate maximum security sliding cell doors, even after problems were found.

The swinging cell doors can be manipulated and opened by inmates from both inside and outside the cells because the deadbolt, deadbolt latch and hinges can be accessed. Accompanied by UDOC officials and locksmiths, we were taken on one occasion into a section of Uinta 3 to see how the locks and doors can be manipulated. We were shown five different methods by which the cell doors could be opened when there was a "locked" indication light inside the officers' control room. Most of the methods involved using material provided to the inmates including bed sheets and plastic eating utensils. We were also shown how the inmates could damage the doors and locks by slamming them, which results in costly repairs.

Sliding cell doors, on the other hand, are considered tamper proof and are designed to house dangerous and aggressive inmates. Vital functioning parts of the sliding doors are

inaccessible to inmates. They cannot be moved or slammed by force, even when they are not completely closed.

Misapplication of Cell Doors Creates Dangerous Environment for Staff and Inmates

Some inmate-on-inmate assaults have occurred as a result of the misapplication of cell doors and locks. We were also told of an alleged incident of sexual misconduct that occurred as a direct result of this situation. Staff members are also at risk because of these doors and locks. As discussed earlier, medical personnel who are not trained in self-defense or custody issues are often alone in these areas and are susceptible to attack. In one incident an inmate opened a locked cell door and charged towards an officer. The officer was not attacked or injured, but the episode illustrates the potential danger for staff.

UDOC officials said that the swinging cell doors and locks are not malfunctioning; rather, they are simply not being applied as they were designed. In other words, swinging doors and locks were designed for less aggressive, medium and minimum security inmates. These inmates are deterred from tampering with cell doors for two reasons: First, if they are repeatedly caught tampering with doors and locks, they could be transferred to maximum security and lose numerous privileges. Second, these minimum and medium security inmates are not locked in their cells during day or evening hours which lessens the need to force their way out of their cells.

One of the locksmiths told us that the manufacturers' design manuals for these cell doors and locks clearly stated that they are to be installed in a medium or minimum security facility only. The manufacturers also recommended installing automatic closure arms on the doors. Officials decided against this option, however, because the arms could be broken off easily and used as weapons.

In a recent incident, an inmate was able to open his cell door and charge toward an officer.

The manufacturers of the swinging doors and locks recommend that they only be installed in medium or minimum security facilities.

Benefits of Utilizing Appropriate Cell Doors Outweigh Costs

Public safety is undoubtedly the primary mission of UDOC. Administrators are also responsible for protecting inmates and staff inside the prisons. Officials must rely on proper equipment and facilities in order to successfully comply with these challenging and difficult responsibilities. The potential for loss of life and taxpayer funds is great. For example, in 1994 an inmate at the Gunnison prison was attacked by other inmates. The victim died and the state later paid a substantial settlement to his family. Although this scenario was not caused by the misapplication of cell doors, it does demonstrate the volatile nature of prisons, as well as what can occur if inmates are not properly controlled.

UDOC officials said that all maximum security inmates (R&O and classification levels 1 and 2) should be housed behind sliding cell doors. Currently, at the Utah State Prison in Draper, Uinta 3 is the only maximum security facility equipped with swinging cell doors. The infirmary is also equipped with swinging doors and, at times, holds maximum security inmates. This is a total of 109 cell doors that need to be converted. It is estimated that it would cost \$2,500 per cell to retro-fit all swinging doors in Uinta 3 and the infirmary to sliding doors, a total cost of approximately \$270,000.

Despite what seems to be a high replacement cost, UDOC officials indicate that, in the end, swinging cell doors are more costly because of the numerous repairs and replacements in contrast to sliding doors. For example, a new lock is \$500 and new hinges are \$75 each. Furthermore, none of these figures reflect the constant labor costs for installation and repair of the swinging cell doors.

Recommendations:

1. We recommend that UDOC either properly train all clinical professionals that treat and have regular contact with inmates, or hire additional custody staff.

UDOC needs to convert a total of 109 “swinging” cell doors to “sliding” cell doors at an approximate cost of \$270,000.

2. We recommend that sliding cell doors be used to house all maximum security inmates who are either classification levels 1 or 2 and Reception & Orientation inmates.

Appendices

Appendix A

Cost of Training Correctional Officers at the Fred House Academy	
Expenditure Category	FY 97
Personnel Services	\$706,165
In-State Travel	\$5,971
Current Expenses	\$170,724
Data Processing	\$14,070
Pass Through Charges	\$173,150
Instructor Cost (Donated by UDOC Employees)	\$116,613
Total Expenses	<u>\$1,186,693</u>

In-service Hours Taught	60,677
Pre-service Hours Taught	166,134
Total Hours	226,811

In-service, percent of total hours (used by UDOC)	25.4%
In-service, percent of total hours (used by the counties)	2.4%
Pre-service, percent of total hours	72.2%

Expenses used for In-service (27% of FY 97 total)	\$329,336
Expenses used for Pre-service (73% of FY 97 total)	\$857,357

In-service expenditures attributable to counties (2.4% of total)	\$28,463
Pre-service expenditures attributable to counties (34% of total) ¹	\$291,501
Expenses that should be attributed to the counties	<u>\$319,964</u>

Note: ¹ Based on actual hours taught, the counties use 34 percent of the total pre-service hours. Although in terms of actual numbers taught, there are more county officers than UDOC, county officers receive three weeks less training and, therefore, use less hours.

Appendix B

Correctional Officer Salaries for Jails in All Utah Counties					
County in Utah	Entry Level		Completion of Probation		
	Hourly	Yearly	Hourly	Yearly	Probation
Millard	\$13.91	\$28,933	\$14.83	\$30,846	6
Salt Lake	\$13.03	\$27,096	\$13.38	\$27,840	6
Utah	\$12.63	\$26,260	\$12.93	\$26,884	6
Juab	\$11.65	\$24,232	\$12.12	\$25,211	6
Washington	\$11.14	\$23,166	\$11.36	\$23,629	6
Cache	\$11.11	\$23,109	\$11.44	\$23,802	6
Emery	\$11.05	\$22,984	\$11.27	\$23,444	6
Summit	\$10.93	\$22,734	\$11.26	\$23,416	6
Davis	\$10.88	\$22,630	\$11.07	\$23,021	6
Duchesne	\$10.76	\$22,381	\$11.76	\$24,461	6
Tooele	\$10.49	\$21,819	\$11.69	\$24,306	6
Carbon	\$10.07	\$20,936	\$11.18	\$23,263	6
Box Elder	\$9.87	\$20,530	\$10.21	\$21,237	6
Wasatch	\$9.80	\$20,384	\$10.29	\$21,403	6
Daggett ¹	\$9.62	\$20,000	\$10.12	\$21,040	6
Uintah	\$9.44	\$19,635	\$9.63	\$20,028	12
Sevier	\$9.23	\$19,200	n/a	n/a	0
Garfield	\$9.13	\$19,000	\$9.62	\$20,000	12
Weber	\$9.09	\$18,907	\$11.06	\$23,005	6
Iron	\$9.08	\$18,886	\$11.13	\$23,150	12
Grand	\$8.99	\$18,700	\$9.44	\$19,635	6
Beaver	\$8.86	\$18,429	\$10.55	\$21,944	6
Sanpete	\$8.61	\$17,901	\$9.47	\$19,691	6
Kane	\$8.36	\$17,380	\$8.77	\$18,249	6
Rich	\$8.00	\$16,640	n/a	n/a	6
San Juan	\$7.63	\$15,864	\$10.70	\$22,260	12
Average (all 26 Counties) ²	<u>\$10.13</u>	<u>\$21,067</u>	<u>\$11.05</u>	<u>\$22,990</u>	-
Average (Wasatch Front) ³	<u>\$11.41</u>	<u>\$23,723</u>	<u>\$12.11</u>	<u>\$25,187</u>	-
Dept. of Corrections (State)	<u>\$10.11</u>	<u>\$21,029</u>	<u>\$11.27</u>	<u>\$23,442</u>	<u>18</u>
Notes:					
¹ Daggett County has a new jail scheduled to be opened in November, 1998.					
² Three of the 29 counties do not operate county jails: Morgan, Piute and Wayne.					
³ Includes the county jails in Salt Lake, Utah, Davis and Weber counties.					

Appendix C

Correctional Officer Salaries in the Intermountain States

State	Entry Level		After Probation (or 1 year)		Probation
	Hourly	Yearly	Hourly	Yearly	
Colorado	\$14.20	\$29,532	\$14.55	\$30,270	12
Oregon	\$12.68	\$26,370	\$13.31	\$27,684	12
Nevada	\$12.36	\$25,698	\$13.41	\$27,886	12
California	\$11.54	\$24,012			9
Washington	\$11.53	\$23,976	\$12.08	\$25,116	12
Idaho	\$10.97	\$22,818	\$11.24	\$23,379	12
UTAH ¹	\$10.11	\$21,029	\$11.27	\$23,442	18
Arizona	\$9.91	\$20,604	\$10.39	\$21,604	12
Wyoming	\$8.86	\$18,420	\$9.43	\$19,620	12
Montana ²	\$8.08	\$16,796	\$9.50	\$19,766	6
New Mexico	\$7.75	\$16,120	\$8.72	\$18,143	12
Averages of 11 States	<u>\$10.72</u>	<u>\$22,307</u>	<u>\$11.39</u>	<u>\$23,691</u>	
Averages minus UT	<u>\$10.79</u>	<u>\$22,435</u>	<u>\$11.40</u>	<u>\$23,719</u>	
Federal Prison System	\$9.39	\$19,524			

Notes: ¹ Utah Correctional Officers get an increase after six months to \$10.38 per hour, then to \$11.27 per hour after a year. They do not have to wait to the end of the 18 month probation.

² Montana Correctional Officers get an increase after the first year to \$8.76 per hour and the second year to \$9.50 per hour.

Appendix D

Thrust of Correctional Officer Training Curriculum in the Intermountain States		
State	Training Emphasis ¹	Comments
Utah	Custody/ Habilitative according to Mission	•habilitative training accounts for 12.5 percent of total training, including POST-mandated (65 of 520 hours); it accounts for 20 percent of training when POST-mandated training is excluded (65 of 320 hours)
Arizona	Custody	•there are only a few course on “managing inmates” which would be considered habilitative
Colorado	Custody	•a definite “security” (custody) emphasis although they are “trying to move more toward customer-service”
Idaho	Habilitative (Proposed)	•new proposed training curriculum is hoped to be 75 percent “how to help inmates succeed”—habilitative in nature and 25 percent on keeping community safe
Montana	Custody	•pre-service training is “almost all custody,” but in-service training has “human element” training
Nevada	Habilitative	•curriculum concept taught to Correctional Officers is “How to Change Behavior” in the inmates; officers are taught to teach and show inmates self-management; curriculum could be linked to a reduced rate of inmate attacks on officers in their super max facility in Ely, Nevada
New Mexico	Custody	•analysis shows that only about 12 percent of the training hours have an habilitative focus
Oregon	Habilitative	•they are making a push to better fulfill their mission which is “Preparing Inmates to Transition Back to the Community” by not just focusing on “guarding” in their Correctional Officers training, but also furthering inmate habilitation
Washington	Custody	“the custody staff do not do programming”
Wyoming	Habilitative	•although traditional “custody” topics are taught, they are delivered with a “people” focus; the “foundation of the entire training program is ‘people skills’ ”; officers are taught to “treat inmates like people”
Note: ¹ The categories of “Custody” and “Habilitative” were assigned through the opinion of the auditors, not through the states’ self-assessment.		

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Agency Response