**MISSION**

The mission of the Department of Corrections (DOC) is to provide a safe, secure, orderly, and humane environment for the confinement of pretrial detainees and sentenced inmates, while affording those in custody meaningful rehabilitative opportunities that will assist them to constructively re-integrate into the community.

**SUMMARY OF SERVICES**

The DOC operates the Central Detention Facility (CDF) and houses inmates in the Correctional Treatment Facility (CTF) through a contract with the Corrections Corporation of America; both facilities are accredited by the American Correctional Association (ACA). The department has contracts with four private and independently operated halfway houses: Efforts for Ex-Convicts; Extended House, Inc.; Fairview; and Hope Village; these are often used as alternatives to incarceration. Like other municipal jails, 75 to 85 percent of inmates in DOC’s custody have one or more outstanding legal matters that require detention, and median lengths of stay for released inmates are 31 days or less. Ninety percent of DOC’s inmates are male. DOC also houses female inmates and a small number of juveniles charged as adults at the CTF. Each facility offers inmates a number of programs and services that support successful community re-entry. These include: • Residential Substance Abuse Treatment (RSAT); • Re-entry preparation (Re-Entry); • Institutional Work Details and Community Work Squads; • Apprenticeship opportunities (Culinary, Industrial Cleaning, Barbering) provided in collaboration with the University of the District of Columbia (UDC); • One-Stop post-release employment and human services center operated by the D.C. Department of Employment Services (DOES); • Special education (through the District of Columbia Public Schools (DCPS)); adult education, and GED preparation provided by DOC. ACA and National Commission on Correctional Health Care (NCCHC) accredited comprehensive health and mental health services are provided through Unity Health Care (contractual) and the D.C. Department of Mental Health. In addition, facilities provide inmate adjustment and support services, such as food services, laundry, visitation, law library, inmate grievance process, etc. DOC facilities operate twenty-four hours a day, 365 days a year.

**PERFORMANCE PLAN DIVISIONS**

- Inmate Custody
- Inmate Services
- Agency Management/Institutional Support Services

**AGENCY WORKLOAD MEASURES**

<table>
<thead>
<tr>
<th>Measure</th>
<th>FY2008 Actual</th>
<th>FY2009 Actual</th>
<th>FY 2010 YTD</th>
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</thead>
<tbody>
<tr>
<td># of intakes</td>
<td>17,948</td>
<td>17,925</td>
<td>15,823</td>
</tr>
<tr>
<td># of releases</td>
<td>18,037</td>
<td>18,037</td>
<td>15,703</td>
</tr>
<tr>
<td>Average daily population</td>
<td>2,967</td>
<td>3,057</td>
<td>3,133</td>
</tr>
<tr>
<td>Median detention timeframe</td>
<td>25 days</td>
<td>21 days</td>
<td>27 days</td>
</tr>
</tbody>
</table>
Inmate Custody

SUMMARY OF SERVICES
Inmate Custody - detains pretrial defendants and sentenced inmates safely and securely, in an orderly manner, and in accordance with constitutional requirements. This division performs the following three activities: 1. Internal Security and Control - provides effective management of the inmate population within a safe, secure, and orderly institutional environment. 2. External Security and Control - provides oversight of contractual housing at the Correctional Treatment Facility and provides transportation of inmates in safe, secure, and cost effective manner, prevents escapes/absconds, and supports the timely apprehension of violators. 3. Community Corrections - provides oversight and facilitates community support and involvement for pretrial inmates awaiting adjudication of charges and sentenced inmates re-entering the community.

OBJECTIVE 1: Foster an Environment That Promotes Safety for Inmates, Staff, Visitors and the Community-at-Large.

INITIATIVE 1.1: Improve control over inmates and their movements in the CDF through implementation of Radio Frequency Identification (RFID) Business Rules.
In Phase II of the RFID implementation analysis, parameters will be studied and incorporated into business rules. Business rules are the logic that govern the detection and display of the hierarchy of alerts to which RFID monitors and surveillance operators respond. These business rules will be specific to CDF operations and the various categories of inmate and staff interactions there. Complete implementation of business rules is estimated to occur in Q4 FY 2012.

INITIATIVE 1.2: Re-evaluate Surveillance Center Staffing and Storage Requirements.
With the installation of an additional 200 plus cameras, thus doubling surveillance capability, and the full scale implementation of RFID, it is critical to reevaluate the surveillance center staffing required to support adequate monitoring and of all surveillance feeds. In addition, the storage capacity for surveillance feeds must be re-evaluated to ensure adequate archiving of surveillance to support investigations. This project will be completed by September 30, 2011.

INITIATIVE 1.3: Reduce drug use and improve contraband detection and recovery.
Expand canine patrols and canine sniffs by 5%, increase shakedowns, and implement a thorough randomized drug testing program which allows DOC to state results with 90% confidence and a 3.5% margin of error. Drug testing and recovery data will be baselined during FY 2011. Options, such as expanding MEDAT to cover randomized testing of inmates, and implementing ion-scanning technology will be considered. Completion is anticipated by September 30, 2011.
INITIATIVE 1.4: Replace cell doors.
Replace cell doors in all 18 housing units of the Central Detention Facility, beginning with the six special management units to improve security and safety. The program is expected to cost $14.5 million. Construction is expected to commence in October 2010 and be completed by September 30, 2012.

INITIATIVE 1.5: ReEvaluate Shift Relief Factors at the CDF.
DOC will re-evaluate shift relief factors using the National Institute of Corrections approved Net Available Working Hours methodology to ensure appropriate correctional officer staffing at the CDF. The project will be completed before March 1, 2011; so that results can be incorporated into the FY 2012 planning and budget process.

INITIATIVE 1.6: Enhance public safety through implementation of LiveScan at Visitor Control and Retinal Scanning of Inmates.
DOC will implement two correctional technology enhancements to improve public safety. LiveScan fingerprint technology will be implemented at visitor control to confirm the identity of visitors and ensure that persons with outstanding warrants are appropriately detained and referred to law enforcement for further processing. The second technology, retinal scanning, will be implemented at Receiving and Discharge (R&D) on all intakes and releases to ensure positive identification of individuals committed to or released from the CDF.

OBJECTIVE 2: Provide timely and accurate inmate documents and risk assessments.

INITIATIVE 2.1: Improve records office efficiency through an automated, paper-less processing system.
The DOC will implement a new case management and records office monitoring system to eliminate most paper processing and provide timely feedback on potential records office processing errors. Such changes will result in a reduction of over detentions and erroneous releases, and reduce agency exposure to litigation. Project implementation is anticipated to begin once the IPC nears completion and the project is expected to be fully implemented by the end of FY 2013.

INITIATIVE 2.2: Re-Validate Inmate Classification Instrument.
The DOC will statistically revalidate the inmate classification instruments used for security classification by September 30, 2011. This will ensure that inmates are appropriately classified and housed according to assessed risk level. Gender specific classification instruments will be developed.
### PROPOSED KEY PERFORMANCE INDICATORS - Inmate Custody

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Inmate on Inmate Assault Rate (Assaults per 10,000 inmate-days)</td>
<td>2.39</td>
<td>2.4</td>
<td>1.03</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Inmate on Staff Assault Rate (Assaults per 10,000 inmate-days)</td>
<td>2.30</td>
<td>2.3</td>
<td>1.39</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Percent of Disciplinary Reports Adjudicated as Charged</td>
<td>0.00%</td>
<td>75.00%</td>
<td>90.71%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Percent of Inmate on Staff Assaults resulting in papered charges</td>
<td>0.00%</td>
<td>5.00%</td>
<td>63.00%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Percent of Contraband Seizures resulting in papered charges</td>
<td>0.00%</td>
<td>25.00%</td>
<td>31.00%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Average Staff Hours to Close Investigation of Institutional Incident as Initially Classified</td>
<td>0.00</td>
<td>160.00</td>
<td>302.00</td>
<td>240</td>
<td>240</td>
<td>240</td>
</tr>
<tr>
<td>Delayed Release Rate</td>
<td>0.50%</td>
<td>0.50%</td>
<td>0.50%</td>
<td>0.75%</td>
<td>0.75%</td>
<td>0.75%</td>
</tr>
<tr>
<td>Erroneous Release Rate</td>
<td>0.02%</td>
<td>0.04%</td>
<td>0.044%</td>
<td>0.05%</td>
<td>0.05%</td>
<td>0.05%</td>
</tr>
</tbody>
</table>
Inmate Services

SUMMARY OF SERVICES
Inmate Services - provides the services necessary to ensure humane, hygienic, and constitutionally mandated care of inmates. This division performs the following three activities:

1. Inmate Personal Services - provides for inmates personal needs and ensures that each service is provided in a timely, accurate and efficient manner.
2. Inmate Adjustment and Development Support - facilitates adjustment to institutional custody and provides inmates with opportunities for personal development.
3. Inmate Health Services – provides inmates American Correctional Association and National Commission on Correctional Healthcare (dually) accredited levels of health and mental health services.

OBJECTIVE 1: Improve inmate education and job skill levels and facilitate successful community re-integration.

INITIATIVE 1.1: Establish document printing and scanning center.
The DOC will establish an inmate-operated document scanning and printing center at the Correctional Treatment Facility. This center will train inmates marketable skills and provide low cost printing and scanning services to District agencies. Up to nine inmates will be trained every six months. These individuals will exit the facility with enhanced ability to function in the real world after release. The center should be operating with its first set of inmate trainees by April 1, 2011.

INITIATIVE 1.2: Expand higher education and apprenticeship programs.
The DOC will collaborate with UDC to expand apprenticeship programs and offer higher education coursework for the first time to encourage inmates to improve their marketable skills. At least one additional apprentice program and two new higher education courses will be offered to inmates by September 30, 2011.

INITIATIVE 1.3: Expand one-stop referral program to offer additional post-release services linkages.
The DOC will partner with the Department of Employment Services’ one-stop employment service and referral career center within the Central Detention Facility to enhance services offered by engaging other District agencies and service providers. Expanded offerings will provide links to legal services, CFSA services, IMA benefits, VA benefits, etc. Services to be provided through the Departments of Health and Human Services will ensure continuity of income and promote individuals’ stability in housing upon release.

OBJECTIVE 2: Maintain/improve inmate physical and mental health.

INITIATIVE 2.1: Pilot test telemedicine.
Telemedicine is a healthcare delivery method whereby a doctor at a remote location assesses a patient via instruments and observations provided by a trained nurse or physician’s assistant on site with the patient. The pilot will evaluate whether telemedicine can be used to provide high quality special clinical services reliably and at a lower cost than traditional methods. It will be completed by June 30, 2011.
INITIATIVE 2.2: Evaluate inmate prescription dispensing practices.
The DOC will thoroughly evaluate the prescription practices of providers to determine the factors that result in an in-facility prescription rate that is 4 times the community rate by September 30, 2011. The initiative will focus on steps that can be taken to more closely align the in-facility prescription rates with community based prescription rates for comparably ill individuals.

INITIATIVE 2.3: Provide in-facility dialysis services.
The DOC will work with its inmate health services provider to provide dialysis services for inmates on-site. This will have a significant impact on reducing overtime costs, and positive impacts on institutional security as well as reducing risks to the community resulting from transporting inmates off-site. This initiative will be completed by September 30, 2011.

OBJECTIVE 3: Improve Daily Living Conditions.

INITIATIVE 3.1: Contract laundry services.
The initiative will establish a laundry contract with an off-site service so that DOC can comply with the ACA mandatory standards for weekly linen exchanges (3 per week). This will result in cleaner housing units and individuals housed there. Space and mechanical capacity limit the DOC’s ability to provide adequate laundry service within the Central Detention Facility. A contract will be in place by April 30, 2011.

INITIATIVE 3.3: Install video visitation visitors’ stations.
Video-visitation kiosks will be installed at off-site locations to increase the opportunities for inmates’ loved ones to interact socially with them. This will expand the amount of visitation time and number of opportunities for inmates to visit (no longer limited to certain days of the week or upon availability of visiting room space). In addition, visitors will no longer have to travel or wait in line at the visitor’s entrance and can visit from the comfort of a remote location. This is likely to improve safety due to lower levels of inmate movement and reduce costs because fewer employees are required. At least one off-site location will be equipped with such kiosks by September 30, 2011.

INITIATIVE 3.4: Enhance Food Services Delivery for the Inmate Population.
DOC will provide in-house food services which will enable DOC to provide better inmate food services at comparable or lower cost. The food services are expected to be fully brought in house by September 30, 2011.
## PROPOSED KEY PERFORMANCE INDICATORS — Inmate Services

<table>
<thead>
<tr>
<th>Measure</th>
<th>FY 2009 Actual</th>
<th>FY 2010 Target</th>
<th>FY 2010 YTD</th>
<th>FY 2011 Projected</th>
<th>FY 2012 Projected</th>
<th>FY 2013 Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of eligible inmates taking advantage of One-Stop services</td>
<td>Not Available</td>
<td>5.00%</td>
<td>2.16%</td>
<td>2.25%</td>
<td>2.25%</td>
<td>2.25%</td>
</tr>
<tr>
<td>Inmates served by re-entry program or One Stop services</td>
<td>Not Available</td>
<td>500.00</td>
<td>874.00</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Inmates served by educational programs or receiving educational counseling services</td>
<td>Not Available</td>
<td>500.00</td>
<td>1,360.00</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500</td>
</tr>
<tr>
<td>Benefit from Good Time Credit program (days per ADP) (^1)</td>
<td>Not Available</td>
<td>5.00%</td>
<td>Not Available</td>
<td>2.5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Percent of inmates released to community with required medications</td>
<td>96.58%</td>
<td>95.00%</td>
<td>94.40%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Inmate Pharmaceuticals Expenditure Variance</td>
<td>25%</td>
<td>15%</td>
<td>25%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Inmates served by substance abuse treatment program</td>
<td>Not Available</td>
<td>400.00</td>
<td>340.00</td>
<td>400</td>
<td>400</td>
<td>400</td>
</tr>
<tr>
<td>Hours of community service from inmate work release program</td>
<td>Not Available</td>
<td>12,500.00</td>
<td>21,198.00</td>
<td>25,000</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Number of unresolved inmate grievances outstanding more than 30 days</td>
<td>214.00</td>
<td>5.00%</td>
<td>0.00%</td>
<td>5.00%</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Inmates served by video-visitation program</td>
<td>Not Available</td>
<td>5.00%</td>
<td>5.00%</td>
<td>5.00%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

\(^1\) Cost Benefit = Minimum Wage*Hours of Service Provided (Assumes fair market wages for the same services are double minimum wage)
Agency Management/Institutional Support Services

SUMMARY OF SERVICES
Agency management services provide and maintain physical and technology infrastructure; planning, logistics, property management, transportation and operations support; administrative records keeping; human resources management, including recruitment and training; risk management; investigative services; accreditation process management; and the executive direction and legal support required to guide DOC operations.

OBJECTIVE 1: Improve Economy, Efficiency and Effectiveness of Agency Operations.

INITIATIVE 1.1: Consolidate Facilities: DOC will reduce its operating sites from five locations to four locations, the CDF, the CTF, the DC General Hospital space, and headquarter officers at the Frank D. Reeves Municipal Building by September 30, 2011. This is likely to result in infrastructure, and transportation savings.

INITIATIVE 1.2: Implement comprehensive facility maintenance program.
Facility maintenance services will show improvement in response time and repair work quality. In addition, a comprehensive preventative maintenance program will be implemented to extend the useful life of the Central Detention Facility. While cell door repair issues and inadequate maintenance resources have adversely affected the timeline of this initiative, a comprehensive maintenance plan is crucial to the agency’s ability to maintain existing facilities and support re-accreditation through ACA. A preventative maintenance schedule for all systems and equipment in the CDF and reports showing actual versus planned work will be implemented by September 30, 2012.

INITIATIVE 1.3: Commence construction of state-of-the-art Inmate Processing Center (IPC).
Full planning for the center was completed in the third quarter FY 2010. A major redesign delayed commencement of construction which is now expected to commence in the first quarter of FY 2011. Project completion is expected by October 2013. The IPC will house approximately 15 functions related to intake and release processing of inmates within a renovated area of approximately 15,000 square feet. The re-engineered process should result in considerable time savings, greater accuracy and more effective control of inmate movement.

INITIATIVE 1.4: Reevaluate Agency Budget Structure.
DOC will analyze the alignment of its budget structure with the current Division-Service agency structure and propose realignments where required by March 1, 2011. This will enable better planning and budget allocation, and result in improved service delivery going forward, possibly as soon as FY 2012.

INITIATIVE 1.5: Develop an External Grant Funding Program Capacity.
DOC will procure the services of an experienced correctional grants specialist to plan and develop an external grant funding program capacity based on an assessment of DOC’s strategic requirements. The cost of the grant writer will be offset by grants funds successfully obtained. The grant writer will be hired by January 2011, a grant funding
development roadmap will be in place by June 2011, and at least 2 grants will have been
developed and applied for by September 30, 2011.

**INITIATIVE 1.6: Institute Inmate Safe Release Act Quarterly Reporting.**
DOC will develop and produce quarterly Inmate Safe Release Act reports which it will
submit together with the 2003 Jail Improvement Act reports on a quarterly basis. The first
set of reports will be provided on or before April 30, 2011.

**OBJECTIVE 2: Upgrade Workforce.**

**INITIATIVE 2.1: Enhance recruitment program.**
DOC will continue to expand geographical and target areas (e.g. military) from which
correctional officers are recruited to increase the pool and quality of candidates, and to
improve diversity during FY 2011. DOC will use a wider variety of recruiting tools to
expand recruiting options, such as greater use of websites. The result will be improved
retention and fewer security or discipline related separations among new recruits.
Measureable results for retention rates among FY 2009 and FY 2010 recruits will be
available by September 30, 2011.

**INITIATIVE 2.2: Develop and implement Field Training for Front Line Correctional Officers.**
Implement a field training program pilot at the CDF to provide coaching, feedback and
assessment of Correctional Officers who perform front line work by April 30, 2011. The
purpose of the field training program pilot is to develop the training infrastructure
necessary to apply best correctional practices. The impact of this pilot program is likely
to be higher levels of vigilance, greater compliance with institutional policies and
procedures, and more effective housing unit management at the CDF.

**INITIATIVE 2.3: Increase American Correctional Association (ACA) certification of front-line correctional officer workforce from 35% to 50%.**
An intensive effort will be made to ensure that correctional officers have the study
materials and support necessary to achieve ACA certification. ACA certification is a
process that educates corrections professionals on the principles and practice of
corrections and prepares them to operate according to recognized best practices.
Workforce ACA certification is a key path towards fostering an enlightened correctional
culture, and safer day to day operations for all. Three hundred and sixty one correctional
professionals will be ACA certified by September 30, 2011.

**INITIATIVE 2.4: Achieve 75% American Correctional Association (ACA) certification of managers and supervisors.**
An intensive effort will be made to ensure that correctional managers and supervisors
have the study materials and support necessary to achieve ACA certification. ACA
certification is a process that educates corrections professionals on the principles and
practice of corrections and prepares them to operate according to recognized best
practices. Workforce ACA certification is a key path towards fostering an enlightened
 correctional culture, and safer day to day operations for all. One hundred and sixty five
correctional managers and supervisors will be ACA certified by September 30, 2011.
**PROPOSED KEY PERFORMANCE INDICATORS- Agency Management/Institutional Services.**

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<tr>
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</thead>
<tbody>
<tr>
<td>Federal Revenue Reimbursement Rate (Dollars Reimbursed divided by Dollars Billed)</td>
<td>99.18%</td>
<td>95.00%</td>
<td>99.84%</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>Priority 1 Maintenance and Repair Completion Rate (Percent of priority 1 maintenance and repair requests completed within 8 hours)</td>
<td>74.86%</td>
<td>85.00%</td>
<td>68.00%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Percent of Staff ACA certified* (DC DOC has the highest number/percentage of ACA certified staff among accredited systems; LA DOC with 130 staff is #2. DC DOC sets the industry standard in this area.)</td>
<td>Baseline</td>
<td>35%</td>
<td>40%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>