



DEPARTMENT OF CORRECTIONS
Institutions



Title:	Capacity Management	DOC Policy: 40.3.2
Effective:	4/7/08	Supercedes: N/A
Applicability:	Staff working in Institutions, Office of Population Management, Transitional Services and CTS	
Directives Cross-Reference:		
Rule: Prohibited Inmate Conduct and Processing Disciplinary Actions – Div 105		
Attachments: None		

I. PURPOSE

The purpose of this policy is to establish designated authority in managing institution bed capacity, utilize standardized methods in monitoring information system capacity population reports, develop a master bed capacity inventory record, and maintain consistent bed definitions for capacity management.

II. DEFINITIONS

A. Beds:

1. **Bed:** Permanent planned constructed space for inmate housing.
2. **General Population Bed:** Beds available to receive appropriately classified inmates Levels 1 through 4.
3. **Emergency Beds:** Beds created for short term use due to a declared DOC emergency situation.
4. **Program Bed:** A housing location for the delivery of specific assessment or treatment programs.
 - a. **Alcohol & Drug Treatment:** Program beds that serve inmates who have a history of severe addiction and criminality, and designed to reduce recidivism by addressing each inmate's substance abuse and criminal risk factors. The program uses an evidenced-based cognitive behavioral curriculum in a therapeutic community and includes therapy groups, community-based work challenges and re-entry groups.
 - b. **Alternative Incarceration Program (AIP):** Highly structured program beds that include intensive interventions, rigorous personal responsibility and accountability, physical labor, and service to the community.

- c. **Co-occurring Program:** Program beds designated to help inmates with co-occurring disorders learn skills necessary to manage their mental illnesses and chemical addictions through individual and group therapy, psycho educational classes, and other structured activities.
 - d. **Intake Center:** Beds designated for inmates sentenced to serve time with the Oregon Department of Corrections for intake and assessment evaluation.
 - e. **Mental Health Day Treatment:** Beds designated for mentally ill inmates that provide intensive individual and group treatment on a designated unit.
 - f. **Sex Offender Re-entry:** Program beds for sex offender inmates within six to nine months of release with a static 99 score determined by DOC to prepare for immediate supervision and treatment once in the community.
5. **Special Purpose Bed:** Permanent planned constructed housing assignment separated from the general population.
- a. **Administrative Segregation:** Administrative housing beds for those inmates whose notoriety, actions, or threats jeopardize the safety, security, and orderly operation of the facility, staff, visitors, or other inmates.
 - b. **Death Row:** Beds designated for inmates that are sentenced to death and are separate from general population housing.
 - c. **Disciplinary Segregation:** Beds which separate an inmate from the general population of the facility in accordance to the DOC rule on **Prohibited Inmate Conduct and Processing Disciplinary Actions** (OAR 291-105). In minimum facilities – short term holding beds.
 - d. **Infirmiry:** Beds that provide limited medical, dental and nursing services for patients with health care problems whose care may be managed in an in-patient setting. Services may include, but are not limited to, observation, isolation, first aid, nursing care and post-operative care. .
 - e. **Intensive Management Unit:** Beds designated for inmates scoring at custody Level 5 and demonstrate behaviors that cannot be controlled in other housing as indicated by high severity and/or chronic misconduct sanctions, escape activity or security threat group activities causing serious management concerns.
 - f. **Long Term Geriatric:** Beds in an environment that allows for accommodations for inmates who have a decreased ability to function in general population due to factors including, but not limited to, mobility impairment, decreased sensory capacity, decreased mentation, and who are otherwise frail. This environment allows for accommodations based on these factors.
 - g. **Mental Health Infirmiry:** Crisis response beds that provides short-term

psychiatric crisis stabilization, evaluation, and medication adjustment for severely mentally ill inmates who are a serious risk of harm to self or others and who are unable to manage their basic needs.

h. **Protective Custody:** Administrative housing beds for those inmates who consent in writing and for which no reasonable housing alternative is available or for those inmates who are considered by staff to require protective custody but do not volunteer to sign consent for such placement.

6. **Seasonal Bed:** Beds designed to house inmates in mobile camps.

7. **Temporary Bed:** Beds added to an institution/facility in addition to permanent beds assigned.

B. Capacity

1. **Constructed Capacity:** Number of beds constructed based on forecast.

2. **Extended Capacity:** Short-term and emergency housing used to bridge the housing shortage until planned future capacity is constructed or until not longer required.

3. **Operational Capacity:** Number of beds funded for staffing and available for occupancy.

4. **Planned Future Capacity:** Beds not yet constructed

III. POLICY

A. Responsibility and Management

1. The Office of Population Management has administrative oversight for the management of prison bed occupancy and capacity requirements for inmates housed in DOC facilities. Responsibilities include:

a. Provide gatekeeper authority for all DOC institution bed capacity.

b. Provide quality assurance by utilizing standardized bed capacity reports and consistent guidelines for bed type definitions.

c. Maintain a master inventory of all institution bed counts.

d. Maintain siting regulations to bed capacity requirements.

e. Develop and monitor capacity resource reports.

f. Maintain a master document articulating all temporary/emergency beds for each DOC facility for historical purposes.

2. The Capacity and Resource Manager is responsible to assess and monitor bed

capacity and population needs for the Oregon Department of Corrections to ensure efficient utilization of bed resources.

B. Procedures

1. Institutions may request a change in bed numbers or bed type. Any request shall be fully justified in writing and submitted to the Office of Population Management. The request shall include, but not be limited to, the following:
 - Information of the present bed count/type;
 - The specific change requested;
 - Estimated change in number or type of beds resulting from the request; and
 - The resulting bed count/use after the change is completed.
2. The Office of Population Management Administrator will review all request for changes in bed capacities and bed type with the Planning and Budget Administrator and the Assistant Director for Operations/designee. The decision to approve or deny will be communicated to all stakeholders.
3. The Capacity and Resource Manager shall ensure that all appropriate changes are made to the Correctional Information System (CIS) capacity and population programs, Corrections Management Information System (CMIS) and to the Office of Population Management Master Bed Capacity Inventory sheet. All information system changes shall be forwarded to the Operations Division and Research Unit.
4. The Office of Population Management shall maintain a permanent record, for historical purposes, of all approved changes to bed capacity. The institution shall forward the bed information to the Office of Population Management for signature and placement into the Master Inventory Record.

IV. IMPLEMENTATION

This policy will be adopted immediately without further modification.