



Nevada Department of  
Corrections

Florence McClure  
Women's Correctional Center

# Women's Institutional Needs and Strengths (WINS) Agency Assessment Report

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- Dwight Neven, Warden
- Gabriela Garcia, Associate Warden
- Gary Piccinini, Associate Warden
- Officer Peterson, PREA Compliance Coordinator
- Kaye Park, Administrative Assistant II

## Disclaimer

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The consultants who provided the onsite assistance did so through a third party contract, at the request of the Nevada Department of Corrections. The direct onsite assistance and subsequent report are intended to assist the Nevada Department of Corrections in addressing issues outlined in the original request and in efforts to enhance the effectiveness of the agency to reduce recidivism in Nevada.

The contents of this report reflect the views of the consultants, Ashley Bauman and Emily Salisbury. Points of view or opinions expressed in the report are those of the authors and do not represent the official opinion or policies of the U.S. Office of Justice, the Nevada Department of Corrections, or the University of Nevada, Las Vegas. Upon delivery of the final report to the Nevada Department of Corrections, the report becomes the property of the Nevada Department of Corrections.

## Executive Summary

On June 26-28, 2018, a team of consultants from the University of Nevada, Las Vegas and Bauman Consulting Group, LLC conducted a site visit at Florence McClure Women's Correctional Center (FMWCC) in North Las Vegas, Nevada. The goal of the site visit was to provide facility management with an appraisal of the facility in respect to evidence-based, gender-responsive practices. Over the three-day visit, consultants spent time observing facility operations; reviewing reports, policies, and other documentation; interviewing key staff members; conducting staff and inmate focus groups; and observing programs and activities. The comprehensive facility assessment, utilizing the Women's Institutional Needs and Strengths (WINS) Agency Assessment, focused on ten core areas:

1. Organizational Culture and Philosophy
2. Leadership and Management
3. Environment
4. Stakeholders and Resources
5. Staffing and Training
6. Operational Practices
7. Assessment, Case Planning, and Transition
8. Programs, Services, and Activities
9. Continuous Quality Improvement and Evaluation
10. Implementation Capacity

This report summarizes the findings from this facility site visit. The results are presented in order to highlight both facility strengths and opportunities for improvement. The key strengths noted within this report include:

- Women are routinely invited to participate in facility decision-making processes about program design, operations, and service offering (e.g., suggestion boxes, committees, etc.).
- Women have multiple ways of reporting all concerns and forms of emotional/psychological, physical and sexual abuse and have confidence in this reporting process.
- Gender-responsive and trauma-informed intervention programs are offered at the facility, including *Helping Women Recover* and *Seeking Safety*.
- Changes in operational practice are communicated through formal and informal communication strategies to women and staff members.
- Violation sanctioning is based upon a behavior set instead of individual infractions within the same incident.
- The agency translates initiatives into formalized policy and practice.

To improve the facility's evidence-based and gender-responsive approaches with women, the consultant team recommends the following priority opportunities:

- Develop an agency culture which reflects gender-responsive principles and practices (including respectful communication and healthy boundaries for staff and clients) at all times.
- Increase the psychological safety of the facility for women and staff.
- Increase staffing levels and procedures to address the population numbers.

- Conduct a staffing analysis that takes into account gender-responsive principles and practices (e.g., women’s need for positive interactions with staff, facility limitations, program requirements, and safety and security).
- Train staff members for effective work with women. This should require training in gender-responsive principles and practices (including content that addresses the research on women, relevant gender-informed theoretical models, strengths-based approaches, gender-responsive operational practices, boundaries and professional relationships with women, the role of community stakeholders, and the unique physical, mental, and emotional needs of women who are pregnant or new mothers), evidence-based principles and practices, trauma-informed procedures and practices, motivational interviewing, problem-solving, conflict resolution, and core correctional practices with women.
- Develop a facility information system that provides data on essential functions including: staffing patterns and assignment, programs, population movement, assessment, dynamic needs, risk levels, disciplinaries, classification, mental health, program completion, release planning, and case management. Collect data regarding women’s intake, assessment, participation in programming, and outcome information. Client referrals and the outcomes of the referrals should be tracked. Client outcomes related to stated program goals (such as improved relationships with family members, children, peers and the community; educational and vocational skill improvement; increased self-efficacy; recovery from dependence on alcohol and/or drugs; improvement in the effects of trauma; improvement in mental health; improvement in employment and finances; emotional regulation improvement; increases in prosocial skills; and recidivism reduction) are collected and used to improve performance. Both quantitative (numbers) and qualitative (e.g., focus groups) data should be collected. Utilize this data to improve performance.
- Clients should be matched to programs and services appropriately (based upon risk and needs assessments, groups assigned by overall risk levels, etc.).
- Formalize an implementation plan and strategy for moving newly proposed initiatives forward. Training alone will not create sustainable solutions in moving toward safer and more appropriate policies and practices for the facility. A systemic implementation plan specific to FMWCC must first be considered.

The consultant team recommends that the facility review the information contained within this report and incorporate it into a multi-year strategic plan to advance evidence-based, gender-responsive practices within Florence McClure Women’s Correctional Center.

## Introduction

The request for the WINS (Women’s Institutional Needs and Strengths) report by the Nevada Department of Corrections (NDOC) resulted from the goals and objectives outlined in the Nevada Strategic Recidivism Reduction Plan (BJA Second Chance Grant) to improve reentry services for returning Nevada citizens from NDOC prisons and reduce recidivism throughout the state of Nevada.

The Nevada female prison incarceration rate is 43% higher than the national average<sup>1</sup> and is continuing to rise, causing significant concern for the state. As a result, the NDOC was specifically interested in learning more about how it can best serve the female population at the sole women’s facility. Executive leadership staff at NDOC has a general understanding that women prisoners require specific supervision and treatment approaches based on their needs and strengths (e.g., see the Bangkok Rules from the United Nations).

Therefore, an assessment of the conditions at FMWCC was necessary to prepare recommendations for baseline strengths and challenges to improve upon. This WINS report serves that initial purpose and provides recommendations for beginning to address improvements that focus on becoming more evidence-based to the criminogenic needs of women and the ways in which women serve their incarcerated time. Indeed, women prisoners not only serve time as offenders, but also as survivors of significant and insidious complex trauma<sup>2</sup>.

## Date and Purpose of Site Visit

On June 26-28, 2018, a team of consultants from the University of Nevada, Las Vegas and Bauman Consulting Group, LLC conducted a site visit at Florence McClure Women’s Correctional Center (FMWCC) in North Las Vegas, Nevada. The goal of the site visit was to provide facility management with a comprehensive appraisal of the facility in respect to evidence-based, gender-responsive practices. This assessment, completed utilizing the Women’s Institutional Needs and Strengths (WINS) Agency Assessment, focused on ten core areas:

1. Organizational Culture and Philosophy
2. Leadership and Management
3. Environment
4. Stakeholders and Resources
5. Staffing and Training
6. Operational Practices
7. Assessment, Case Planning, and Transition
8. Programs, Services, and Activities
9. Continuous Quality Improvement and Evaluation
10. Implementation Capacity

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<sup>1</sup> Bureau of Justice Statistics (2018). *Prisoners in 2016* (NCJ 251149). Washington, DC: Bureau of Justice Statistics, USDOJ.

<sup>2</sup> Wright, E. M., Van Voorhis, P., Salisbury, E. J., & Bauman, A. (2012). Gender-responsive lessons learned and policy implications for women in prison: A review. *Criminal Justice and Behavior*, 39, 1612-1632.

The WINS Agency Assessment was developed based upon best practices and empirical research on evidence-based practices, gender-responsive principles, trauma-informed approaches, and implementation science. It drew heavily from existing tools on the market including the Gender Informed Program Assessment<sup>3</sup>, ImpleMap<sup>4,5</sup> (“Implementation Map”) the Gender-Responsive Correctional Program Assessment Inventory<sup>6</sup>, the Gender-Responsive Policy and Practice Assessment<sup>7</sup>, and the Gender-Responsive Program Assessment Tool<sup>8</sup>. While each existing assessment offered a way to evaluate the agency, the WINS Agency Assessment incorporated the best elements of each assessment into a more comprehensive assessment that capture all aspects of evidence-based correctional assessment.

## Team Members

The consultant team was comprised of two experts on evidence-based and gender-responsive practices. Emily Salisbury, Ph.D. is an associate professor of criminal justice at the University of Nevada, Las Vegas. She regularly conducts research, writes, and consults on topics related to justice-involved women. Ashley Bauman, M.S., M.B.A., B.C.C. is the president of Bauman Consulting Group, LLC in Loveland, Ohio a criminal justice consulting firm. She specializes in correctional systems and focuses on agencies serving justice-involved women.

## Prior to the Site Visit

Before arriving onsite, the consultant team communicated with facility management via telephone and e-mail. To begin the planning for the site visit, the consultant team provided the management at FMWCC with a detailed list of policies, procedures, and documents to gather in preparation for the site visit. Many of the documents requested were provided to the consultant team in advance of the site visit. The consultant team also worked with facility staff to create a complex onsite agenda to accommodate a variety of activities over the three-day site visit to include observing facility operations; reviewing reports, policies, and other documentation; interviewing key staff members; conducting staff and inmate focus groups; and observing programs and activities.

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<sup>3</sup> National Institute of Corrections (2011). *Gender-Informed Practice Assessment User’s Guide*. Washington, DC: National Institute of Corrections, USDOJ.

<sup>4</sup> Blase, K., & Fixsen, D. (2013). *ImpleMap: Exploring the Implementation Landscape*. Chapel Hill, NC: Frank Porter Graham Child Development Institute, UNC Chapel Hill.

<sup>5</sup> Salisbury, E. J., Sundt, J., & Boppre, B. (in press). Mapping the implementation landscape: Assessing the systemic capacity of statewide community corrections agencies to deliver evidence-based practices. *Corrections: Policy, Practice, and Research*.

<sup>6</sup> Van Voorhis, P. (2014). *Gender-Responsive Correctional Program Assessment Inventory*. Cincinnati, OH: University of Cincinnati.

<sup>7</sup> National Institute of Corrections (2014). *Gender-Responsive Policy and Practice Assessment Manual*. Washington, DC: National Institute of Corrections, USDOJ.

<sup>8</sup> Covington, S., & Bloom, B. (2017) *Gender-Responsive Program Assessment Tool*. La Jolla, CA: Center for Gender and Justice.

## Site Visit Activities

During the site visit, the following activities occurred:

- Kick off meeting with facility management;
- A facility tour including all areas of the facility (housing areas, dining, visiting, medical, recreation, programming, etc.);
- Individual interviews with a number of staff including: Warden Dwight Neven, Associate Warden of Programs Gabriela Garcia, Associate Warden of Operations Gary Piccinini, the PREA Compliance Coordinator, classification staff, program staff, and medical and mental health staff;
- Staff focus groups including line and supervisory staff, as well as uniform and non-uniform staff from multiple shifts;
- Inmate focus groups with women from varying classification levels and housing units;
- Observations of facility operations;
- Observations of programs, services, and activities;
- Review of documentation of policy, procedure, and practice;
- Final debriefing with facility management.

## Results

This report identifies a significant number of findings and should not be interpreted as anything more than the comprehensiveness of the WINS Agency Assessment. The area of correctional gender-responsiveness has been growing rapidly in recent years and has thus afforded the opportunity to identify many areas of growth for agencies. We recognize that the results of the assessment may be overwhelming and leadership may have difficulty prioritizing recommendations. Some opportunities for improvement are more critical to the success of the agency than others and require a more central focus. As such, the first section of the results highlights the priority recommendations for the agency to draw from when creating strategic plans focused on timely and critical targets for change. We recommend that key personnel in the agency come together for a discussion of the report results and plan for strategic action steps to address opportunities which resonate most with the group.

## Priority Recommendations

Over the course of the assessment, it became apparent that there were certain opportunities that should be focused on either because they were critical to the success of the institution or because they were prerequisites to addressing additional opportunities. It is recommended that the facility prioritize the following:

- Develop an agency culture which reflects gender-responsive principles and practices (including respectful communication and healthy boundaries for staff and clients) at all times.
- Increase the psychological safety of the facility for women and staff.
- Increase staffing levels and procedures to address the population numbers.

- Conduct a staffing analysis that takes into account gender-responsive principles and practices (e.g., women’s need for positive interactions with staff, facility limitations, program requirements, and safety and security).
- Train staff members for effective work with women. This should require training in gender-responsive principles and practices (including content that addresses the research on women, relevant gender-informed theoretical models, strengths-based approaches, gender-responsive operational practices, boundaries and professional relationships with women, the role of community stakeholders, and the unique physical, mental, and emotional needs of women who are pregnant or new mothers), evidence-based principles and practices, trauma-informed procedures and practices, motivational interviewing, problem-solving, conflict resolution, and core correctional practices with women.
- Develop a facility information system that provides data on essential functions including: staffing patterns and assignment, programs, population movement, assessment, dynamic needs, risk levels, disciplinaries, classification, mental health, program completion, release planning, and case management. Collect data regarding women’s intake, assessment, participation in programming, and outcome information. Client referrals and the outcomes of the referrals should be tracked. Client outcomes related to stated program goals (such as improved relationships with family members, children, peers and the community; educational and vocational skill improvement; increased self-efficacy; recovery from dependence on alcohol and/or drugs; improvement in the effects of trauma; improvement in mental health; improvement in employment and finances; emotional regulation improvement; increases in prosocial skills; and recidivism reduction) are collected and used to improve performance. Both quantitative (numbers) and qualitative (e.g., focus groups) data should be collected. Utilize this data to improve performance.
- Clients should be matched to programs and services appropriately (based upon risk and needs assessments, groups assigned by overall risk levels, etc.).
- Formalize an implementation plan and strategy for moving newly proposed initiatives forward. Training alone will not create sustainable solutions in moving toward safer and more appropriate policies and practices for the facility. A systemic implementation plan specific to FMWCC must first be considered.

### Organizational Culture and Philosophy

This section evaluates the current organizational culture and the guiding philosophy of the agency. Ideal agencies have an organizational mission, vision, and values supportive of evidence-based, gender-informed, and trauma-informed practices. These philosophical approaches do not just exist on paper but are well integrated into the organization’s formal and informal culture where staff and clients alike understand the value the agency places on these beliefs and practices. The organization should strongly rely on evidence-based, gender-informed, and trauma-informed research and practice throughout all organizational levels, not solely at the executive level. Additionally, this should be reflected by interactions with clients. This is evidenced by a team-based approach within the agency where all members are valued and supported in the completion of the overall mission of the organization.

### *Strengths*

- Women are routinely invited to participate in facility decision-making processes about program design, operations, and service offering (e.g., suggestion boxes, committees, etc.).
- Women have opportunities to engage in a formalized unit/house decision-making process (e.g. unit/house meetings).
- Women have multiple ways of reporting all concerns and forms of emotional/psychological, physical and sexual abuse and have confidence in this reporting process.
- Women understand that the agency takes all allegations of sexual or physical abuse seriously.
- A clear grievance process exists for women and they have confidence in this process.
- An orientation program is offered to women that includes definitions of sexual and physical safety and provides guidance and understanding regarding reporting.
- All staff members, contractors, and volunteers understand their duty to report abuse, know the steps to take in reporting abuse so that investigations are not compromised, and have confidence in the reporting process.

### *Opportunities*

- Develop a clear statement of intermediate outcomes (client outcomes expected by the completion of programs/services) that are relevant for women.
- Clearly communicate the mission statement throughout the agency and integrate it into organizational practices.
- Establish, pursue, and communicate a strategic vision and plan for implementing evidence-based, gender-responsive principles and practices throughout the agency.
- Develop a facility mission statement that is strengths-based and clearly acknowledges the importance of evidence-based and gender-responsive principles and practices.
- Build the skill set of staff to interact productively with women (such as modeling effective problem solving, negotiation, and conflict resolution skills, or administering effective reinforcement, effective disapproval, and effective use of authority). Ensure staff utilize this skill set.
- Promote operational and management practices that foster a culture responsive to women's risks, needs, and strengths.
- Increase opportunities for staff members to provide feedback and suggestions to management.
- Develop an agency culture which reflects gender-responsive principles and practices (including respectful communication and healthy boundaries for staff and clients) at all times.
- Develop an approach to treatment that is based on a holistic model (physiological, social, emotional, spiritual, and environment).
- Ensure the agency's foundation is gender-responsive, culturally competent, and based on the integration of the following theories: pathways, relational, trauma, and addiction. The agency's foundation should be grounded in research on women's risks, needs, and strengths.

### *Leadership and Management*

Effective facility management begins with leaders who have a clear commitment to evidence-based, gender-responsive principles and practices. This portion assesses the leadership and management in operationalizing gender-responsive principles into clear daily practice, development and communication

of a facility vision, and oversight and development of staff. This is evidenced by the establishment of gender-responsive policies and procedures, the use of formal methods of gathering input from facility staff, regular accessibility of leadership to staff, clear grievance processes, regular meetings with management, creation of staff development plans, and modeling of gender-responsive approaches.

### *Strengths*

- A clear grievance process exists and is utilized.
- Executive leadership is directly involved in the hiring process.

### *Opportunities*

- Establish agency-level oversight for gender-responsive and evidence-based principles and practices.
- Establish an agency-level executive to formally have oversight of women's services.
- The above agency-level executive should establish an organizational structure (such as a work group or task force) to guide and direct gender-responsive services.
- Agency leadership should coordinate all aspects of the agency's response to implementation of gender-responsive principles and practices.
- Agency leadership should direct facility leadership to be gender-responsive and hold them accountable.
- Ensure that agency leadership and facility executive leadership demonstrate a clear commitment to implementation of gender-responsive practices for women.
- Facility management must be responsible for the oversight and implementation of gender-responsive operational/security practices, programming/services, medical/mental health care, and contractors/volunteers.
- Review policies and procedures annually and make changes according to important and emergent gender-specific operational issues.
- Facility leadership should meet with managers at least twice per month.
- Managers and supervisors must effectively supervise, coach, and hold staff accountable according to gender-responsive principles.
- Leadership should model gender-responsive practice with both staff and women.
- Leadership should employ a leadership style that is relational and strengths-based.
- Managers and supervisors must hold staff appropriately accountable.
- Regular staff reviews and evaluations should be conducted and should include discussions about the individual ability of the staff to demonstrate relational, strengths-based, trauma-informed, and culturally competent practices.
- Establish and implement staff development plans when staff members are under-performing.

### *Environment*

The environment of an institution sets the foundation for everything that occurs within its walls. This portion assesses the facility's physical structure, condition, and adherence to trauma-informed principles. Successful agencies should seek to offer a safe and secure facility<sup>9</sup> which operates in a

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<sup>9</sup> Note that the concepts of safety and security are not interchangeable and reflect distinct concepts.

gender-responsive, trauma-informed manner. Facilities should be clean and well-maintained, offer adequate space for the diverse needs of the agency, provide adequate privacy, and support the women through strengths-based approaches.

### *Strengths*

- The physical facility is clean, functional, comfortable, safe, and secure.
- The facility is physically safe for women and staff.
- Safety and security parameters respect women's need for privacy.
- There is space available for assessment, treatment, and a variety of programming modalities.
- User-friendly space is available to permit interactions with family members and other individuals that may visit the women.

### *Opportunities*

- Display materials supportive of gender-responsive values and principles.
- Increase the psychological safety of the facility for women and staff.
- Utilize motivational strategies to encourage positive behavior.
- Train staff in trauma-informed practices. Staff should be aware of the impact trauma has on a client and her behavior. They should avoid re-traumatizing clients through their language and behaviors.
- Employ relational practice by validating client's feelings, using reflective listening skills, fostering physical and emotional safety, developing trust, and interacting with clients therapeutically.

### *Stakeholders and Resources*

An important part of successful correctional practice involves the building of community partnerships and developing stakeholder relationships. Partnerships can enhance community engagement, increase awareness of the issues being addressed by the agency, and establish a framework for the continuation of service provision within the community following release. This section evaluates the external support from stakeholders, funders, and community partners in accomplishing the mission of the agency. Ideal agencies have support in the forms of sufficient budgets, legislative commitment to the agency's work, partnerships with community human service agencies, community advisory groups, and strong volunteer networks. These agencies work within a framework of transparency, collaboration, and mutual respect.

### *Strengths*

- All contract RFPs require the provider to adhere to agency policy regarding the Prison Rape Elimination Act (PREA).

### *Opportunities*

- Develop a community advisory group model where community members offer some level of expertise or commitment to the facility's mission (e.g., local colleges, external stakeholders who influence resources, community providers, etc.).
- Conduct community events that engage the community in better understanding the mission of the facility and seek opportunities for partnerships (e.g., host tours or luncheons, have facility representation attend local association events, etc.).

- Partner with community groups to assist families with transportation for visitation (e.g., local Rotary).
- Develop protocols to properly train and inform external providers and volunteers about gender-responsive expectations and practices.
- Provide monitoring to ensure that local service providers are working with clients using gender-responsive and evidence-based practices.
- Establish a list of potential partners or stakeholders.
- Ensure that agency contracts with outside agencies reflect the importance of evidence-based and gender-responsive practices (i.e., MOU's, RFP's, etc.).
- Develop formalized relationships with community agencies (e.g., partnerships, commitments, MOU's, contracts, etc.).

### Staffing and Training

A facility's workforce is the heart of the organization. Staff are the agency's most important asset and investing in them through training and professional development ensures that staff are well prepared for their jobs and feel valued by the organization. It is the staff themselves who create the organizational culture, implement the policies and procedures, and serve as the face of the organization. This portion assesses the facility staff, their commitment to evidence-based and gender-responsive practices, the training they have received, and their ability to fulfill the mission of the institution and the women that they serve.

#### *Strengths*

- Cross-gender and same sex supervision are planned in the context of women's trauma history and need for privacy.
- Training in PREA and its implications for women is required of all staff (the length may vary based on the role and function of targeted staff members/groups).
- Training content in all courses focuses on application of principles and concepts to actual daily practice (this application orientation is adapted to the unique role and function of targeted staff members/groups).

#### *Opportunities*

- Increase staffing levels and procedures to address the population numbers.
- Conduct a staffing analysis that takes into account gender-responsive principles and practices (e.g., women's need for positive interactions with staff, facility limitations, program requirements, and safety and security).
- Clearly define staff roles and responsibilities and include gender-responsive and trauma-informed practices in those definitions.
- Identify candidates with an interest and commitment to working with women within a gender-responsive context when hiring new employees.
- Develop and utilize effective methods for staff members to communicate concerns regarding individual women and groups of women to other staff members (shift changes, other units/departments, etc.).

- Hold staff meetings at least twice per month and include discussions that facilitate gender-responsive and trauma-responsive learning and practice.
- Provide regular supervision for all staff (administrative and clinical). Supervisors should monitor and mentor staff members regarding gender-responsive and trauma-responsive practices.
- Staff members should demonstrate attitudes and behaviors consistent with gender-responsive practice (relational, strengths-based, culturally competent, and trauma-informed).
- Train staff members for effective work with women. This should require training in gender-responsive principles and practices (including content that addresses the research on women, relevant gender-informed theoretical models, strengths-based approaches, gender-responsive operational practices, boundaries and professional relationships with women, the role of community stakeholders, and the unique physical, mental, and emotional needs of women who are pregnant or new mothers), evidence-based principles and practices, trauma-informed procedures and practices, motivational interviewing, problem-solving, conflict resolution, and core correctional practices with women.
- Address cultural competency in all trainings.
- Provide staff with booster training annually in each training curricula to support the development of competencies.
- Develop staff members so that they have adequate education and experience regarding work with women.
- Provide staff members with “on the floor” coaching to support the development of competencies.
- Provide initial staff training at the academy which incorporates specific information on justice-involved women to prepare staff for their facility assignment.
- Create a staffing pattern which supports the operational and programmatic requirements for effectively working with women.
- Hold staff accountable for effective implementation of gender-responsive practices through annual performance reviews. These performance reviews should be based on, at minimum, file reviews, supervision sessions, and in vivo observation.
- Identify staff performance outcomes/competencies which include expectations regarding the effective application of gender-responsive principles and practices (maintaining effective boundaries, health relationship building, trauma-informed practice, other skills that are essential for effective work with women such as listening skills, and implementation of gender-responsive operational practices).
- Develop supervisors to have the skills and knowledge to hold staff accountable for gender-responsive practices.
- Match staff and clients based on risk, need, or responsivity factors.
- Staff at all levels should model the behaviors expected of clients (with each other and when interacting with clients) and act as advocates.

### Operational Practices

The application of quality, gender-responsive operational practices ensures the highest level of efficiency and effectiveness within a facility. It can be challenging to integrate gender-responsive practices within every aspect of operations as traditional (male-based) views and safety and security

often are in conflict. However, agencies can incorporate gender-responsive practices into operations without compromising goals of safety. This section evaluates the current operational practices through a gender-responsive lens. High-performing agencies demonstrate a commitment to gender-responsiveness through the incorporation of gender-responsive practices within written policy and procedure, clear communication of rules and expectation to both staff and clients, a strengths-based approach through appropriate, gender-responsive incentives, privileges, and motivators, and disciplinary protocols which incorporate strengths-based, trauma-informed, and relational approaches.

### *Strengths*

- Security practices (e.g., disciplinaries, transportation, movement, administrative segregation) are appropriate for the risk level of the population.
- Changes in operational practice are communicated through formal and informal communication strategies to women and staff members.
- Staff are provided with a handbook that outlines policies, procedures, and expectations for their behavior and interactions with both other staff and clients.
- Client movement is conducted in an orderly process that supports women's physical and psychological safety (e.g., appropriate use of restraints, communicating reasons for movement).
- There are specific restraint prohibition policies for pregnant women (e.g., prohibit the use of restraints during labor/delivery, prohibit the use of ankle restraints and belly chains during second and third trimesters).
- Violation sanctioning is based upon a behavior set instead of individual infractions within the same incident.
- Women gain access to additional privileges as they gain competence in meeting program or facility expectations.

### *Opportunities*

- Operationalize the facility's written policies and procedures to reflect the importance of evidence-based and gender-responsive practices. Communicate these throughout the agency.
- Establish clear rules and expectations which are gender-responsive and understood by both staff and women.
- Establish gender-responsive and culturally diverse policies and procedures related to property lists, approved hygiene products, and clothing.
- Create a client-orientation protocol which is well-defined and gender-responsive (i.e., the staff create a safe, comfortable space for clients to acclimate, connect, share thoughts, feelings, and concerns, learn about the program, tour the facility, and meet staff members and other clients).
- Ensure responses to women's behaviors (including violations/infractions) are consistent among staff within a shift and across staff between shifts.
- Provide women with verbal information in addition to written materials (e.g., a client handbook) that is gender-responsive, clear and easy to comprehend, and outlines the rules and expectations. Information should also be provided on physical and emotional/psychological safety, relational supports, and advocacy services.
- Implement formal gender-responsive incentives, privileges, and motivators that allow staff to positively motivate women (through affirmations, reinforcers, and encouragers).

- Ensure staff members acknowledge the strengths and assets of women as often as their challenges.
- Staff members should set a positive tone for each shift.
- Ensure staff members utilize collaborative problem solving techniques to prevent and de-escalate problems.
- Develop clear mechanisms to support women who are struggling (such as targeted interventions).
- Modify the existing disciplinary/sanction process to ensure all responses to unsafe client behaviors reflect gender-responsive principles and practices, are strengths-based, trauma-informed, relational, and appropriately matched to women’s behaviors. Disciplinary actions should be learning lessons and not just punishment.
- Ensure staff can manage the women’s population without over reliance on the use of sanctions (i.e., all efforts are made to ensure minimal use of sanctions/disciplinary infractions).
- The basic rights of women should be upheld within the sanctions/disciplinary system (e.g., food should never be withheld, contact with family should never be withheld unless a documented safety or security reason exists). Isolation should be used only to ensure client safety and not as punishment.
- Women should be frequently encouraged and reinforced for adhering to rules and personal goals.
- Establish a large number (and variety) of gender-responsive incentives and rewards to reinforce progress and achievement.
- Plan special events to honor accomplishments such as completion of programs, educational attainment, sobriety milestones, etc.
- Develop supervision levels based on a combination of risk/needs and performance.

### Assessment, Case Planning, and Transition

Assessment is a foundational element of correctional treatment and intervention. The use of classification tools, risk and needs assessments, and PREA risk tools establish an informational framework for facility staff to work from. The development of assessment-driven case plans connects the assessment to individualized interventions and serves as a path to place women in appropriate programs and services. These case plans eventually evolve into transitional plans setting women up for a successful reintegration into the community. This section evaluates the facility’s use of evidence-based, gender-responsive assessments, case plans, and transitional plans. Successful agencies integrate these tools into trauma-informed approaches and utilize community partnerships and resources.

#### Strengths

- *At the present time, no strengths could be identified in this area.*

#### Opportunities

- Implement an objective, dynamic, valid, and gender-responsive custody/external classification process.
- Ensure that the classification process places women in the least restrictive environment possible.

- Utilize a gender-informed, objective system/tool to conduct PREA classification assessments.
- Implement a valid, dynamic gender-responsive risk/needs/strengths assessment.
- Assess sex offenders and other special populations using validated, standardized and objective assessment instruments.
- Establish policies and procedures to support re-assessment for stays longer than 6 months. Reassessments should be conducted at least annually.
- Assessments should be administered in a gender-responsive, trauma-informed manner.
- Integrate more intensive programs and services for women who have higher risk levels, more numerous, and more serious needs.
- Ensure low-risk women have services which provide access to safe and affordable housing, substance abuse treatment, employment services, mental health care, and physical/emotional safety.
- Where appropriate, match women to programs and services on the basis of assessed risks, needs, and strengths. Priority should be given to meeting a client's basic needs for food, clothing, shelter, transportation, child care, economic sufficiency, and safety when planning reentry treatment/services.
- Utilize comprehensive, assessment-driven case plans, addressing both gender-responsive and gender-neutral need areas. The case planning process should be gender-responsive (e.g., relational and strengths-based). Women should be directly involved in the collaborative development of the case/transition plan and in setting the targets of intervention. The woman's input should be solicited and valued. Meeting a client's individual, relational, and community-based needs is part of the case planning process.
- Make efforts to ensure continuity in case planning and information sharing. A team approach (including the woman, her family members, service providers and other relevant community supports) should be promoted to ensure continuity of care from institution to community and across referral sources. This includes sharing information from the assessment results and the case plan with relevant professionals before the woman is transferred or immediately following her transfer. Deliberate efforts should be made to link women directly with natural supports prior to leaving the facility.
- Case managers/case management teams should work deliberately to monitor progress and reinforce all successes. Intentional efforts should be made to include informal supports into the case management team (i.e., nonprofessional such as family members, friends, clergy, etc. who are identified by the woman as sources of support).
- Case plans and transition plans should contain clear goals which are differentiated from one another, measurable, and attainable. Both short- and long-term actions should be specified. Intermediate objectives or steps to accomplishing goals should be identified, meet SMART criteria, and be established collaboratively with the woman. The services and supports listed on these plans should be directly related to each woman's specific needs.
- Hold regular, ongoing case management sessions during which: 1) discussions are guided by the case plan; 2) goals are revisited to check on progress and revised according to the woman's achievements in each area; 3) discussions are focused on each woman's achievements and successes; 4) staff encourage and support areas where she is struggling; and 5) women are asked about their satisfaction with the services they are involved in.

- Directly facilitate initial community support contact for each client while she is still in the facility. This involves referrals to appropriate community agencies.
- Educate case management staff about the services and supports that are often helpful for women and ensure case management staff develop relationships with agencies that provide those services and supports (mental health and substance abuse services, domestic violence shelters, health care clinics/agencies, half-way houses and work release programs, educational institutions like community colleges, parenting supports including child care, child welfare agencies, transportation supports, self-help groups, vocational and employment services, faith-based organizations, agencies that offer supports for basic needs).

### Programs, Services, and Activities

Programs, services, and activities provide the core of any agency's approach to rehabilitative efforts. These should all adhere to six key factors: 1) gender-responsive theoretical approach, 2) evidence-based foundation, 3) structured treatment manuals and guides, 4) clear criteria for eligibility, 5) efforts to monitor outcomes, and 6) quality assurance protocols. This section evaluates the facility's provision of these programs, services, and activities and their adherence to best practices in the field. Facility offerings should include programs to address: 1) cognitive thinking and skill deficits, 2) education, 3) employment and finances, 4) anger/hostility and emotional regulation, 5) mental health, 6) abuse/trauma, 7) substance use disorders, 8) relationships, 9) parenting, and 10) self-efficacy deficits. Facility's should address needs in medical, mental health, transportation, food, legal, and victim experiences through gender-responsive services. Structured activities should be offered to promote pro-social lifestyles inside of the facility and outside after release.

### Strengths

- Food services account for women's unique nutritional and caloric needs.
- Legal services are available and accessible to address the special needs of women (e.g., custody, restraining orders, child access, and parental rights).
- Women are provided adequate access to visitation with children and family members.
- Quality healthy relationships programming is available and accessible.
- Quality trauma programming is available and accessible.
- Quality substance abuse programming is available and accessible.
- Quality cognitive restructuring and cognitive skills programming is available and accessible.
- Quality life skills (hygiene, nutrition, leisure/physical activity) programming is provided.
- The programs that target mental health, substance abuse, and trauma use interventions that integrate these frameworks.
- Spiritual programming is available and accessible.
- Groups are structured and use a process that facilitates connection between women.
- Programs and services are facilitated by a trained staff person who is skilled in using a relational, strengths-based, and trauma-informed approach.

### Opportunities

- Ensure quality educational and employment programming is available and accessible.
- Provide quality victim services to women in the facility.

- Make quality parenting programming available and accessible.
- Ensure quality interpersonal violence programming is available and accessible.
- Provide quality family contact/reunification programming.
- Ensure quality emotional regulation programming is available and accessible (including anger and hostility management).
- Provide quality programming for mental health disorders (including depression and anxiety).
- Offer individual counseling/trauma therapy (delivered one-on-one by a trained professional).
- Ensure NA and AA groups are offered daily and are accessible by the women.
- Offer grief and loss services (including support groups).
- Offer quality programming to address self-efficacy deficits.
- Provide quality financial/budgeting/entitlements programming.
- Offer activities concerned with community stabilization (housing, securing medication, transportation, medical care, identification, child care/parenting responsibilities, etc.).
- Transportation should attend to women's medical and trauma needs.
- Clients should be matched to programs and services appropriately (based upon risk and needs assessments, groups assigned by overall risk levels, etc.).
- When women are referred to an external provider for services, a follow-up system should be in place to ensure the needed service was provided adequately.
- Women should be afforded the opportunity to form support groups on topics of their choosing.
- Women should be engaged in the selection of new programs, services, and/or activities.
- The facility should offer a variety of therapeutic interventions (e.g., relational, family, expressive, cognitive, dynamic/systemic).

### Continuous Quality Improvement and Evaluation

Continuous quality improvement (CQI) and evaluation is not simply a set of practices, but a philosophy of managing an agency towards constant progress through data collection and analysis. This section evaluates the agency's adherence to ongoing data collection, data analysis, and data-driven improvement of existing practices and procedures. Agencies excelling in this area would exhibit robust data collection and management systems, prioritize the evaluation of practices and procedures, utilize evaluation results to inform changes and improvements in practice, value the input of outside consultants, and conduct regular internal audits.

#### Strengths

- *At the present time, no strengths could be identified in this area.*

#### Opportunities

- Develop a facility information system that provides data on essential functions including: staffing patterns and assignment, programs, population movement, assessment, dynamic needs, risk levels, disciplinaries, classification, mental health, program completion, release planning, and case management. Collect data regarding women's intake, assessment, participation in programming, and outcome information. Client referrals and the outcomes of the referrals should be tracked. Client outcomes related to stated program goals (such as improved relationships with family members, children, peers and the community; educational and

vocational skill improvement; increased self-efficacy; recovery from dependence on alcohol and/or drugs; improvement in the effects of trauma; improvement in mental health; improvement in employment and finances; emotional regulation improvement; increases in prosocial skills; and recidivism reduction) are collected and used to improve performance. Both quantitative (numbers) and qualitative (e.g., focus groups) data should be collected. Utilize this data to improve performance.

- Conduct gender-responsive internal audits annually to evaluate program/facility safety, performance and gender-responsivity. Audits should include a review of policy and practice, with measures that review gender-responsive principles. Audits should focus on both the presence of an item and the quality of each item. The results of these audits should be used to make concrete improvements to operations, programs, and services. A detailed report highlighting both strengths and challenges should be written following each audit and should be available to all staff and stakeholders.
- Utilize internal quality improvement methods to audit/evaluate and improve the following areas: 1) operations, 2) security, 3) staffing patterns, 4) population movement, 5) intake procedures, 6) assessment and classification, 7) case management and transition plans, 8) programming and services, 9) medical services, 10) mental health services, 11) external programs/provider who serve women while in the facility, 12) safety (including harassment, emotional, physical, and sexual), 13) restraints, 14) staff misconduct, 15) disciplinary practices, 16) incident reports, and 17) grievance procedures.
- Outside evaluations should be completed no less than every 5 years.
- Utilize outside consultants to make improvements to all functional units/departments.
- Utilize empirical methods to evaluate and improve programs and services. Core programs should be evaluated every 5 years at a minimum. Program completion rates should be reviewed regularly and in context with outcome measures.
- Outcome evaluations should be utilized regularly to monitor progress, improve quality, and build staff competency.
- Process evaluations should be utilized regularly to monitor progress, improve quality, and build staff competency.
- Quality assurance activities should be performed regularly by a qualified individual to ensure: 1) staff competence, 2) adherence to process and program fidelity, and 3) the delivery methods are gender-responsive.
- Women should be asked for their feedback, satisfaction, and suggestions with practices, programs, and services via confidential surveys, focus groups, and/or interviews.

### Implementation Capacity

This section assesses the facility's capacity to implement new practices successfully. Recent research on implementation science demonstrates that certain implementation drivers are necessary for agencies to have the capacity to successfully adopt new practices<sup>10</sup>. Effective interventions can also sustain

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<sup>10</sup> Salisbury, E. J., Sundt, J., & Boppre, B. (in press). Mapping the implementation landscape: Assessing the systemic capacity of statewide community corrections agencies to deliver evidence-based practices. *Corrections: Policy, Practice, and Research*.

successful results if they are implemented with an understanding of the overall context of the organization and facility. Organizations with a high implementation capacity 1) operationalize initiatives and develop systems for their implementation; 2) develop needed staff competencies; 3) create organizational supports; and 4) foster leadership supports.

### *Strengths*

- The agency translates initiatives into formalized policy and practice.

### *Opportunities*

- Formalize a process for moving newly proposed initiatives forward. Training alone will not create sustainable solutions in moving toward safer and more appropriate policies and practices for the facility. A systemic implementation plan specific to FMWCC must first be considered.
- Build staff competencies by 1) selecting staff for initiatives based upon staff attitudes, receptivity, and role orientation; 2) regularly evaluating staff for performance on initiatives; 3) provide ongoing support and problem solving; and 4) training staff to ensure additional knowledge is gained and buy-in is created.
- Develop organizational supports including data systems, staff champions, funding allocation, identification of opportunities and threats, internal policy alignment, multi-level alignment, multi-level communication, and organizational culture supportive of change.
- Enhance leadership supports and funding for initiatives by allocating funding for initiatives, engaging staff and removing obstacles, promoting the initiative to managers and line staff, rewarding staff performance, and allocating time for implementation of the initiative.

## Conclusion

This report offers many opportunities for FMWCC to make significant strides towards a more evidence-based, gender-responsive, and trauma-informed facility. Not all opportunities will be feasible for the agency to undertake, and it would be unrealistic to expect all opportunities to be addressed at once. Beginning with the priority recommendations will afford the greatest wins for the facility.

*Again, it should be noted that without addressing staffing at the facility first, no other initiative is likely to be successful.* The consultant team suggests that a taskforce review the information contained within this report and incorporate several opportunities into a multi-year strategic plan to advance practice at FMWCC.