

A Serious Response to a “Sobering” Reality

OJRC’S RESPONSE TO THE GENDER
INFORMED PRACTICES ASSESSMENT OF
COFFEE CREEK CORRECTIONAL FACILITY



Julia Yoshimoto, MSW, JD
Contributions by Sarah Bieri, JD, Justin Low, MS, and Zach Winston, JD
October 2023

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Introduction

“Raped by staff twice, physically and emotionally abused, always maintained excellent behavior. Yet, I [have] never been allowed to do ANY programs here.”

—Coffee Creek Correctional Facility (CCCF) resident¹

“It’s the mental aspect...the walls close in, you hear voices, and you spiral...[T]hen it’s your celly’s job to become a therapist or active engager...they call it white wall syndrome.” —CCCF resident²

“Doors scare me, I don’t want to be alone in my cell [but] if I don’t have a paper allowing me out of my cell, I am told no.”

—CCCF resident³

“We have a bad culture in the way staff interact with the population...cussing at them, telling them ‘Get the fuck away from me’”

—CCCF staff member⁴

“We have done a lot of trauma to [the residents] as a system.”

—CCCF staff member⁵

“I’d rather be in Iraq.” —CCCF staff⁶

“The GIPA report was sobering to read.”

—Oregon Governor Tina Kotek⁷

THE GIPA REPORT paints a horrifying and grim picture of the conditions at Coffee Creek Correctional Facility (CCCF), Oregon’s only women’s prison. It affirms what many have understood for years. Women incarcerated in Oregon are treated inhumanely. They are experiencing ongoing and extensive harm in prison. Their lives, their families’ lives, and their futures are continually threatened. The GIPA report further affirms that the Oregon Department of Corrections (ODOC) is an agency in crisis. Its severe dysfunction and dehumanizing culture endanger the lives of all people incarcerated in its twelve prisons. State leaders who genuinely care for human life and the welfare of Oregon communities should be alarmed by the findings in the GIPA report. It should wake them up to the sobering reality that Oregon is in desperate need of a profoundly different approach to caring for people in ODOC custody.

In 2022, the Oregon State Legislature passed legislation requiring the state to conduct a Gender Informed Practices Assessment (GIPA) of Coffee Creek Correctional Facility. The GIPA “provides prisons with a measured assessment of their adherence to sound principles of gender responsive, evidence-based, and trauma-informed policies, programming, and practices, from admission to release.”⁸ The assessment was conducted by a team of out-of-state experts from the Women’s Justice Institute and the Center for Effective Public Policy. The GIPA assessors began collecting information in December 2022. They reviewed dozens of policy and program documents; conducted 53 interviews with CCCF staff and other stakeholders; conducted 11 focus groups with CCCF staff, 14 focus groups with CCCF residents, and five focus groups with stakeholders and community partners; distributed surveys to staff, residents, stakeholders, and community partners; and conducted over 40 observations of different areas of CCCF and different aspects of the prison operations. This assessment is unprecedented in Oregon. It is the first comprehensive audit of the functioning and effectiveness of an entire Oregon prison.

The GIPA report was made public in August 2023. The 228-page report breaks down the assessors’ findings into twelve domains that cover all essential aspects of CCCF, and based on these findings, an extensive list of recommendations is provided. **The report not only finds that CCCF is not gender responsive, evidence-based, nor trauma-informed; it also describes a prison that is replete with dysfunction and dominated by a para-military and punitive culture, resulting in countless harms to incarcerated women daily.**

In response to the GIPA report, Oregon Governor Tina Kotek expressed, “The GIPA report was sobering to read.”⁹ However, the contents of the report come as no surprise to women who are and have been incarcerated in CCCF, their loved ones, and advocates working with people incarcerated there. They have long known that, since CCCF opened in 2001, women at the prison have been subjected to persistent abuse, traumas, and indignities. Sexual abuse of incarcerated women by staff has been a regular feature of the institution. The prison’s programs and services have always been grossly inadequate. Incarceration in CCCF has always threatened women’s lives and futures through numerous other forms of harm. Despite this ongoing crisis, state leaders have allowed CCCF to continue in its operations with little to no oversight, and have shown no real curiosity nor meaningful investigation into its operations and the treatment of women incarcerated there.

This disregard of the women at CCCF is consistent with the customary response of state leaders, including our governors—they habitually ignore the plight of people incarcerated in Oregon’s prisons. When it comes to prison conditions and other issues affecting incarcerated people, public officials and state leaders consistently allow themselves to be duped by ODOC’s self-serving public presentation and

false narratives. The ongoing buy-in to ODOC's fictions has allowed the agency to portray itself as effective and conceal the extent of its own incompetency. This is despite decades of overwhelming evidence that ODOC operates with a generalized disregard for human life, has demonstrated endless failings of its management and operations, and is overall an agency in crisis.

Our response to the GIPA report asserts three conclusions that are necessarily drawn from the report's findings:

- **Women should not be incarcerated in CCCF.** The GIPA report indicates that all aspects of the facility—the prison culture, management and operations, and the buildings themselves—are not safe for women. The scope of the failings at CCCF is stunning and the treatment of women in CCCF custody is abusive and inhumane. When one considers the inherently harmful physical structures and the level of dysfunction in all domains of CCCF, the unavoidable implication is that women should not be incarcerated at CCCF.
- **ODOC should not be incarcerating humans in its prisons.** The GIPA report repeatedly states that CCCF is not gender responsive and instead reflects a “traditional carceral” approach, indicating that it operates like Oregon’s men’s prisons. It then repeatedly and explicitly states that numerous aspects of CCCF are not “human-centered,” are dehumanizing, are not trauma-informed, and are not appropriate for “any justice-involved individuals.” Thus, the report indicates that the counterparts of prison life at Oregon’s men’s facilities are also not meant for humans and are harmful to humans. The characteristics of the prison that are considered not meant for humans are of a permanent or deeply entrenched nature. The only reasonable conclusion is that humans should not be incarcerated in ODOC prisons.
- **Strong oversight of ODOC is urgently needed.** State leaders must take immediate oversight of ODOC and hold the agency accountable for the extensive harm it causes to adults in its care, and for jeopardizing the well-being of families and communities. There already exists a massive amount of evidence showing egregious ongoing problems within ODOC and countless threats to human life. The GIPA report provides a compelling and unprecedented type of evidence—an all-encompassing account of an entire facility in crisis, authored by objective, out-of-state experts. The report reveals that ODOC has been dishonest about conditions in its prisons, and has misled the public about its competence as an agency to humanely operate prisons and effectively implement reforms. The necessary response is meaningful oversight of the agency.

Given these grim realities and for the love of Oregon communities, the state must immediately act to lessen the harm experienced by people in Oregon prisons and create a completely new system of caring for people sentenced to ODOC custody.

Accompanying our response to the GIPA report, we provide recommendations for immediate next steps by state leaders.

The enormity of abuses, dehumanization, and threats to the lives and futures of people in Oregon's prisons should no longer be tolerated. Now *that* the current state of our prison system has been revealed so comprehensively by the GIPA report, complacency by state leaders is no longer an option.

“If you love your community, then you need to be insisting on justice in all circumstances.”

—Bryan Stevenson

Women should not be incarcerated at CCCF.

THE GIPA REPORT makes clear that CCCF is not a safe environment for women. It depicts gross failures and dysfunction in the culture, management, operations, services, and physical structure of CCCF. In its assessment of twelve domains of the institution, covering all essential aspects of a prison, the report illustrates that the environment at CCCF causes physical, psychological, and emotional harm to women—threatening the welfare of women’s families, and jeopardizes women’s futures.

The overwhelming conclusion drawn from the GIPA report is that **CCCF is not gender responsive, trauma-informed, nor even human-centered.** While the report does not directly state this, the great number of dire problems (“challenges”) identified in the report for each domain greatly overshadows the meager positive characteristics (“strengths”) identified by the assessors.

A gender responsive approach is critical to the welfare of incarcerated women. Being responsive to the needs of women is not special treatment nor an indication of an effective agency going above and beyond what is required of an otherwise adequate facility. Rather, when a women’s prison does not adhere to gender responsive principles in its operations, “[h]uman rights and, in some cases, even basic standards of decency are unmet.”¹⁰ Incarceration in a prison that is not gender responsive causes women to be traumatized and harmed on a daily basis, and sometimes to suffer permanent harm.^{11 12 13}

The GIPA report is replete with explicit statements of harm that women endure while incarcerated in CCCF and statements that strongly imply further injury is occurring less obviously. All of the harms described in the report are consistent with research documenting the detrimental impacts experienced by women in non-gender-responsive prisons.

In nearly all twelve of the domains reviewed, the GIPA assessors identified a wide variety of significant harms experienced by women at CCCF. For example:

- Worsening mental health issues and conditions¹⁴
- High numbers of reports for sexual abuse and sexual harassment¹⁵
- Women experiencing “various forms of retaliation in the wake of reporting sexual misconduct, including mistreatment from staff [and] being placed in segregation”¹⁶
- Many staff reportedly “engaging in harmful, discriminatory and harassing behaviors”¹⁷

- Shackling of pregnant women¹⁸ and a lack of pre-natal and post-natal support for women¹⁹
- Delays in medical care “that resulted in worsening conditions, including cancer”²⁰ and “long wait times for needed surgery or being denied such surgeries”²¹
- High rates of suicide attempts and self-injury by women²²
- Women on suicide watch being “‘stripped down’ and placed in isolation”²³
- Women being unable to fully participate in legal proceedings that affect their own well-being and that of their families²⁴
- Significant barriers to necessary communication between women and their children, including reports of ODOC “usurping DHS assessments of child safety”²⁵
- Lack of comprehensive case plans or reentry plans for the majority of women, placing them at greater risk of harm and recidivism upon release²⁶

This list is horrifying. Even so, it is a sanitized version of the daily reality for women in CCCF. The full extent of the persistent dehumanization, degradation, and violence that women endure at CCCF is better illustrated by the details of these harms, which have been documented and have long been expressed by incarcerated and formerly incarcerated women. For example:

“We see [the cuts] on the girls. It comes in batches...two weeks ago, a girl tried to swallow a razor. It is quite often.”²⁷

– Woman incarcerated in CCCF

“[An incarcerated kitchen worker had] to pat themselves down in front of a male kitchen coordinator. [It] looked very awkward and demeaning. I had to look away because I was ashamed and embarrassed for [them], like I was seeing something private happening. The poor girl looked ashamed and downtrodden about doing it, very uncomfortable. [It was] very inappropriate.”²⁸ – Woman incarcerated in CCCF

“[Lockdown] begins to get to people—they’re pounding on the door, they’re screaming, or they’re cutting [themselves]. It gets really chaotic sometimes. [Lockdown creates] a domino effect. It’s beginning to be too much. A lot of people struggle with PTSD and trauma, so it’s really nerve-wracking.”²⁹

– Woman incarcerated in CCCF

“We’re getting locked down for people falling off their bunks. People fall off their bunks all the time. A lady the other day fell and split her forehead open. I fell off the bunk once,

onto the toilet seat. My whole thigh was black for a week.”³⁰

– Woman incarcerated in CCCF

An AIC experienced permanent loss of eyesight because she waited so long for treatment of her macular degeneration.³¹

– Report from a woman incarcerated in CCCF

“One inmate orderly recounted being isolated by Klein [a nurse at CCCF] in offices and closets without cameras. She said she was molested on multiple occasions and raped. She also reported another inmate being choked by Klein’s stethoscope during oral sex.”³² – Woman incarcerated in CCCF

“Before state health inspections, prison officials would direct inmates to clean up kitchens and remove ‘not for human consumption’[labeled] food and move green meat and moldy, spoiled food to mobile refrigerator and freezer trucks, only to return the spoiled food to the kitchen after inspection... The inmates were often nauseated during and after meals and suffered stomach and intestinal pain and discomfort.”³³

The GIPA report identifies an overwhelming number of problems at CCCF that each contribute to its unsafe environment and collectively support the conclusion that women should not be incarcerated at CCCF. In our reading of the GIPA report, three core problems emerged which we will discuss here in brief: 1) CCCF’s problematic prison culture; 2) the extensive nature of the dysfunctional prison operations and systems; and 3) the harmful nature of the prison buildings and structures. Each of these core problems influence each other, compounding the harm that each one has on the daily lives of women in CCCF.

CCCF’s problematic prison culture

THE GIPA REPORT indicates that driving much of the harm to women at CCCF is its problematic prison culture, one that is “punitive,”³⁴ “para-military,”³⁵ “dehumanizing,”³⁶ and that is “failing to function as a safe and healing environment for women.”³⁷

As with each domain discussed in the GIPA report, the discussion of the domain “Culture” starts out with a short list of “strengths.” However, the strengths identified are predominantly a recognition of the strength and character of the incarcerated women, who show “tremendous resilience despite the challenges they face in their lives while incarcerated,”³⁸ and their engagement in the “AIC Panel,” which has the “*potential* to improve the culture,”³⁹ and in “peer

support programs.”⁴⁰ The GIPA assessors did acknowledge that there are “several staff” who “are aware of the challenges at CCCF” and are “committed to doing what is needed to improve the facility.”⁴¹ While such staff are certainly appreciated by the incarcerated women and can ease their daily stress, the report suggests that any impact of these staff members’ intentions and attempts to advocate for women is far outweighed by the dominating prison culture.

In outlining the problematic aspects of CCCF’s culture, the report describes CCCF as a “harmful environment for both staff and residents,”⁴² where “a punitive and para-military atmosphere is too often the default.”⁴³ The report further states that this atmosphere “does not work for any justice-involved individuals, [and] is uniquely harmful to women[.]”⁴⁴ The report recognizes that “[w]omen consistently reported that they do not feel emotionally safe or respected by staff, and experience misogyny, discrimination, and harassment”⁴⁵ and that these reports were “corroborated by facility staff managers, providers, and stakeholders.”⁴⁶ Describing this demeaning treatment of the women in further detail, the report states:

“Residents report that staff are emotionally abusive and that officers yell at them on the unit, threaten ‘cell ins’ and punishments, treat them ‘less than human’ and ‘without dignity,’ belittle them, make fun of them, and taunt them. They also reported being infantilized, experiencing gaslighting, being demeaned as part of routine practices (e.g., strip and pat searches), and being subjected to various forms of harassment and misconduct (e.g., physical, emotional, sexual). This kind of treatment reenacts abuse (see Appendix to review comments from the women). Women also reported that they are not free from harassment and discrimination. For example:

- 64% of the women surveyed reported that staff do not treat them with respect, and another 23% neither agreed nor disagreed.
- 67% of the women surveyed reported that they are not free from harassment and discrimination based on their race/ethnicity; 23% reported that they are not free from harassment and discrimination based on their gender and sexuality.
- Residents who identify as LGBTQI+ report feeling targeted by staff for discipline.”⁴⁷

The report concludes that this abusive treatment of the women by staff is “instigating safety and security issues and having specific impacts on women who are struggling with medical and mental health needs.”⁴⁸ The report further states,

“Staff and residents reported that there is an on-ground culture of acceptance and code of silence regarding the harmful treatment of women. For example, staff reported that harmful treatment is not documented by security and non-security staff. This allows such behavior to perpetuate unchecked and sends the message to residents and staff that it is acceptable and even deserved.”⁴⁹

The report highlights the following quotes from CCCF staff members about the prison culture:

“We have a bad culture in the way staff interact with the population...cussing at them, telling them ‘Get the fuck away from me.’”⁵⁰

“We have done a lot of trauma to [the residents] as a system.”⁵¹

“We are the Titanic.”⁵²

The problematic prison culture is pervasive throughout the discussion of other domains in the GIPA report. The culture is causing extensive harm in all areas of CCCF. The punitive nature of the prison culture is particularly apparent in the disciplinary practices discussed in the section, “Resident Discipline (Motivation and Empowerment).” The GIPA assessors found that “staff rely on confrontation and punishment”⁵³ and “punitive sanctions are over-used,”⁵⁴ further commenting that “staff use sanctions to control and coerce women.”⁵⁵

The GIPA assessors describe an environment in which staff punish women too frequently and too severely for behaviors that are benign or otherwise a low risk to safety and security, for actions taken out of a sense of survival, or for actions that are a response to the triggering effects of isolation, confinement, and the inability to have basic needs met.⁵⁶ The report states, “The most common tools used as part of discipline and sanctions are cell-ins, Loss of Privileges (LOP), daily fails, program fails, and disciplinary segregation. It is important to note that these kinds of sanctions are not evidence-based, especially in the absence of any intervention, skill building, or supportive programming.”⁵⁷ These “tools” instead “reenact trauma, cause harm, and have numerous short- and long-term impacts on women, including restricted access to housing, programs, treatment, education/vocational opportunities, earned time and good time,”⁵⁸ and cause “psychological and physical harm.”⁵⁹

The GIPA assessors also observed on various occasions “extreme responses” to “minor infractions” and provided the following occurrence as an example:

“GIPA Assessors observed a facility-wide call on the radio for first responders to go to [housing unit] F-400 because an ‘AIC was being disrespectful.’ In response to this call, 6-8 officers rushed to a unit to respond to an alleged incident with a resident. As the officers arrived, another officer was escorting an elderly resident off the unit. The resident, who was not resisting, asked the officer to ‘please reconsider’ his response, and explained that there had been a misunderstanding. Even though the resident was clearly demonstrating signs of stability (she was in control and de-escalated), the officer made her turn around, secured her wrists, and dismissed her comment that the handcuffs were ‘a little tight.’ Despite her continued signs of stability, the 6-8 officers who responded to the call still escorted her off the unit. This is an excessive response to a resident who is allegedly ‘speaking disrespectfully’ and not exhibiting any signs of violence.”⁶⁰

The assessors added, “In general, it appears that staff overreact to feeling disrespected by residents.”

Nearly all of CCCF’s operations, systems, and services are dysfunctional and failing.

According to the GIPA report, nearly all of CCCF’s operations, systems, and services are not only not gender responsive, but they are also dysfunctional and failing, resulting in tremendous harm to the women, their families, and their futures. The strengths that the GIPA assessors identified in these areas, which spanned all twelve domains, were predominantly acknowledgements of the existence of staff who are hardworking or interested in gender responsiveness,⁶¹ efforts by CCCF without meaningful or positive outcomes,⁶² scattershot efforts to implement various systems and services that have the potential to become something effective in future,⁶³ or recognition of the work of outside community stakeholders and partners.⁶⁴ Nearly all the strengths identified are greatly diminished or nullified by the immensity of the challenges and problems identified by the GIPA assessors.

The extensive nature of the dysfunction and failings at CCCF is quite shocking. In short, the report seems to indicate that nearly every aspect of CCCF is ineffective, dysfunctional, and contributes to harm, e.g., PREA protocols,⁶⁵ population management,⁶⁶ Multi-disciplinary Team (MDT) meetings,⁶⁷ communication systems,⁶⁸ the grievance process,⁶⁹ the privilege/incentive system,⁷⁰ the intake process,⁷¹ the Special Housing Unit (aka segregation and “the hole”),⁷² medical services,⁷³ staff training,⁷⁴ hiring processes,⁷⁵ the BHS staffing model

and schedule,⁷⁶ the overall staffing model,⁷⁷ accountability of staff, particularly security staff,⁷⁸ the discipline system,⁷⁹ the classification and assessment of incarcerated women,⁸⁰ case planning and reentry planning,⁸¹ women's access to basic needs,⁸² the structure of department-level functions,⁸³ etc.

The deficiencies identified in these areas are not minor criticisms nor are they mere suggestions of how CCCF could improve on already functioning areas. In the report, the GIPA assessors discuss the seriousness of these problems and explain how they contribute to significant and tangible harms. For example, the GIPA assessors criticize CCCF's Behavioral Health Services (BHS) staffing model and schedule, and express the sound reasoning for their critique as follows:

“The current staffing model does not support adequate mental health staffing and leads to reliance on restrictive responses

“The BHS staffing model is insufficient, and BHS staff maintain a schedule that negatively impacts custody and care (see also Domain 4: Management and Operations). While medical staff are available 24/7, BHS staff do not work evenings or weekends, when women may face additional mental health challenges (e.g., trauma triggers that directly relate to evening routines and disconnection from family, which can be felt even more strongly on weekends). It is well known in the literature that evenings and weekends can be particularly challenging for women due to their trauma histories and separation from children. This pervasive absence of BHS staff support means that security staff and medical staff must respond to women's emergent needs at these times.

“Lacking GR [gender responsive] and TI [trauma-informed] training, skills, and capacity, security and medical staff implement responses that are often not helpful. For example:

Many women are placed on suicide watch, which requires an extreme operational response that includes them being ‘stripped down’ and placed in isolation without the support of a trained mental health professional. This also requires that staff be pulled from other responsibilities, which lasts through the weekend if a crisis happens on a Friday night.

For some women, placement on suicide watch may not be clinically indicated; rather, it is driven by staffing limitations. This not only strains an already stretched-thin workforce, but perpetuates a cycle whereby women's needs are not being met and behaviors escalate.”⁸⁴

Below are just a few other examples, in brief, of the GIPA assessors' meaningful critiques of CCCF operations, systems, and services, and the implications of these deficiencies.

- **Special Housing Unit (SHU) (aka segregation and “the hole”):**

The GIPA assessors explain that the SHU houses six different populations with different needs, making management and care for women in the SHU ineffective and harmful. The report states that the “SHU practices are too restrictive (e.g., limited outside time, out-of-cell time), and there is a lack of dignified care and supportive interventions for the residents housed there.”⁸⁵ This results in the erosion of “stability, growth and mental health.”⁸⁶

These consequences not only harm the women while in segregation, but this deterioration also affects their relationships with their families and impacts their future after release from prison.

- **Medical Services:** The GIPA assessors describe a whole host of problems with medical services, for example: lack of timely, gender responsive, and trauma-informed medical care,⁸⁷ insufficient medical services staffing,⁸⁸ and delays in medical care and denials of necessary surgeries.⁸⁹ Delays in medical care for incarcerated women, who have more complex medical and mental health issues,⁹⁰ cause unnecessary and severe suffering during incarceration.

The failures of the medical services cause chronic and unnecessary suffering, impacting women’s abilities to work and their engagement in other services and programs, and can be permanently debilitating. These consequences jeopardize women’s futures after release.

- **Comprehensive Case Plan or Reentry Plan:** The GIPA assessors report that “[w]hile clear efforts have been made to establish and implement comprehensive case management protocols that are tied to the WRNA [(Women’s Risk Need Assessment)], the majority of women at CCCF do not have a comprehensive case plan or reentry plan.” They further state: “This is highly problematic given the plethora of research demonstrating how important it is to work with women to address gender-specific need areas while they are incarcerated and through their transition and reentry...In the absence of substantive reentry support, most women at CCCF remain at greater risk of harm and recidivism.” The report later adds that “program and service options are not currently available to address the major need areas identified in the WRNA.”⁹¹

- **Privilege/incentive system:** The GIPA assessors are critical of CCCF’s privilege/incentive system, stating, “While CCCF does have an incentive system, it is ill-conceived and instigates a survival mode among women and creates conflict”⁹² and conflates privileges with basic needs.⁹³

This impacts the way women serve their time in prison, the programs and opportunities available to them, and therefore impacts their reentry plans.

- **Protocols related to incarcerated mothers and families:** The GIPA assessors report that “existing protocols are insufficient to meet the unique needs of incarcerated mothers and families,” identifying a variety of deficiencies: limited activities, barriers to visits, lack of infrastructure, and ODOC “over-reaching” in their authority to determine which incarcerated mothers can communicate with their children.⁹⁴

These deficiencies have clear implications for the well-being of women and their families during women’s incarceration, as well as their families’ futures after women are released.

Additionally, the report discusses how staffing problems are a pervasive problem exacerbating the dysfunction at CCCF. These problems include an inadequate staffing model,⁹⁵ staffing shortages,⁹⁶ low staff morale,⁹⁷ staff lacking necessary training and skills,⁹⁸ and inexperienced staff.⁹⁹ Statements in the report illustrate that staffing issues result in ineffective systems and services, pose barriers to gender responsive practices, and contribute to a “toxic” prison environment, all of which create an unsafe environment for incarcerated women.

Some example statements from the report regarding staffing:

“In the absence of an adequate staffing model that matches the size and gender-specific needs of a diverse population, staff resort to resident management strategies that are not evidence-based, GR or TI (e.g., facility and unit lockdowns). These practices function as potent triggers for women, cause harm, instigate survival behaviors, worsen mental health issues and conditions, and end up requiring additional operational responses from an already over-burdened staff. This also creates a toxic environment on housing units rather than one focused on supporting healing and restoration among the residents.”¹⁰⁰

“Chronic staffing shortages pose significant barriers to custody and care, implementation of GR and TI policies and practices, and staff wellness[.] Throughout the GIPA assessment, ongoing concerns were raised regarding significant challenges related to low staffing, turnover rates, overtime, and frequent mandates... Staff also reported that limited staffing requires them to rely on frequent lockdowns and to cancel recreation activities. It was noted that the Mental Health Unit (MHU) is particularly short-staffed. These challenges were supported by follow up data that was requested by the GIPA Team.”¹⁰¹

“There are significant medical staff shortages. Specifically, CCCF has the highest medical staff vacancy rate of all 12 prisons statewide.”¹⁰²

“Due to staffing shortages and other factors, staff feel unsupported, as well as physically and emotionally exhausted. They also reported being unable to take care of themselves or their families and had deep concerns about not being able to fulfill their obligations at home and be present for those they love. They reported missing their children’s activities and birthday parties, not being able to support their partners with day-to-day family and other responsibilities, and facing ensuing conflicts with the people they love.”¹⁰³

“There is low morale among staff, and the majority of women reported that they do not feel emotionally safe or respected by staff.”¹⁰⁴

“Persistent challenges, including lack of faith in PREA and grievance protocols, are linked to limited bandwidth, post-pandemic barriers, a crisis-driven culture, staffing shortages, and a significant lack of staff training and coaching regarding effective interventions with women.”¹⁰⁵

“Veteran staff with traditional and limited attitudes about incarcerated persons, and women, plus an influx of new, inexperienced staff who lack essential GR and TI communication skills has contributed to inconsistent operations and troubling and harmful interactions with women.”¹⁰⁶

The failures in CCCF described in the report are so numerous, and the dysfunction so extensive, that rectifying the situation will be a monumental undertaking. The task will be made even more difficult by chronic staffing shortages and insufficient staff training, which have been persistent problems at ODOC for many years.^{107 108}

The buildings and physical infrastructure of CCCF are harmful.

THE GIPA REPORT makes clear that CCCF’s buildings and physical infrastructure are harmful, in and of themselves, to incarcerated women and their families. The GIPA report states,

“CCCF is generally clean and well maintained, and the leadership and staff have made clear efforts to create motivating visual spaces. However, consistent with many facilities across the country, **CCCF resembles a more traditional carceral setting that does not reflect a human-centered design.** The design of the facility is more suited to a higher-risk population, rather than a high-need population that requires therapeutic spaces. **Various features of the environment can be highly triggering for women, most of whom are survivors of trauma.**”¹⁰⁹

The GIPA report includes a “Facility” domain, which examines “multiple aspects of a facility’s location, physical design, and conditions regarding their gender-appropriateness for women.”¹¹⁰ Primary considerations include: “accessibility to critical community services... and to the families of the women”; whether essential privacy is provided in the institution; adequacy and appropriateness of basic living conditions; whether the design and operations of the prison create a higher security environment than warranted; sufficiency of program space and space for physical exercise and spiritual expression; adequacy of visitation space; and whether the facility allows for respectful treatment of children and families.¹¹¹

To help understand the assessment of this domain, here is some basic information about CCCF’s buildings and layout.

CCCF is located in Wilsonville, Oregon, about 15 miles south of Portland. The CCCF campus includes an intake facility, where all individuals sentenced to ODOC custody are held before being transported to their assigned prisons elsewhere in the state, and minimum-security and medium-security facilities for women and some transgender individuals to serve their sentence in ODOC custody. The minimum-security and medium-security facilities are physically separated by a large parking lot.

Generally, adults in custody at CCCF with five years or less on their sentence are housed in the minimum-security facility. The minimum side contains four dormitory-style housing units capable of housing about 100 people, as well as a smaller unit for those participating in treatment programs. People sleep in bunk beds spaced a few feet apart from each other. There are showers and toilets in each

housing unit. The minimum-security facility buildings encircle an outdoor area containing a garden and recreational area.

The medium-security facility is a more restrictive environment. It houses people with more than five years left on their sentence, as well as those who are deemed to have disciplinary issues. Movements within the medium facility are more closely monitored and regulated, and many of the indoor areas have a highly institutional, enclosed atmosphere, where there is little to no natural light. A long corridor runs down the length of the medium facility. There are several heavy, loud metal doors throughout the facility at certain entry points, which can only be opened from a control booth staffed by officers.

The medium side has six regular housing units capable of housing about 100 people. All but one of the medium-security housing units contains cells. The other is an open dormitory. The cell housing units are built with two tiers of cells stacked on one another. People share cells with a bunkmate. The cells are 9 x 12 square feet and are constructed with hard concrete floors and metal furniture including a bunk bed, sink, toilet, small shelf, and a small desk with two metal seats. The cell doors are solid metal with a small slot for mail. The doors open and shut frequently during the day on a timed schedule, two or three times per hour, depending on the unit and the time of day, resulting in constant loud banging sounds throughout the day. Two units share one yard area with an estimated perimeter of 1/10 of a mile. Most of the yard space, approximately two-thirds, is blacktop or sand, and has tables and recreation equipment like weights, a basketball net, or a volleyball net.

The medium side also has the Special Housing Unit (aka “segregation” or “the hole”), which is used to house six different populations including the Intensive Management Unit, Behavioral Health Unit, Disciplinary Segregation Unit, and Intensive Management Unit.

Again, the strengths identified by the GIPA assessors in the facility domain are nullified by the problems identified, which are provided below.

“Due to its singular location, **CCCF is often inaccessible for women and their families not from the area.** While there are some advantages to centralizing prison operations and programs at one location, **this poses challenges and barriers related to family connection, reunification, reentry planning, and preparation.**”¹¹²

“**Overall, the facility design and operations do not match the security requirements of the women; thus, CCCF functions as a higher security environment than is warranted (in both medium and minimum).** It is noteworthy that, at the time of

the assessment, over half of the residents had a level 1 custody classification, which is the least restrictive.”¹¹³

“Despite the beautiful artwork and other features noted above, CCCF largely has the qualities of a traditional carceral setting and reflects a design that is more suited to a higher risk population, rather than a high need population that requires therapeutic spaces. **Various features of the environment can be highly triggering for women, most of whom are survivors of trauma.**”¹¹⁴

Other space concerns identified include: there is no dining room in medium, and phone and video call access is located where it is noisy and lacks privacy.

“There is a lack of appropriate space for visitation across the facility. In minimum, visits are held in the cafeteria; the space is not properly set up or equipped to support children and families. In medium, the visitation space is small and insufficient to support meaningful family interactions, including and especially with children. It was reported that women and their families are sometimes required to cut visits short due to limited space. This is problematic for various reasons, not the least of which is the fact that many families travel long distances to attend visits with their loved ones. The department acknowledges the challenges with visitation; officials noted that they work to accommodate families as best they can. For example, they ask people who travel a shorter distance and are local to move to the back of the line so they can prioritize visits for families who have traveled further. This is not ideal but is reportedly ‘the best we can do’ with limited space and resources.”¹¹⁵

“There is lacking space for essential activities, including confidential assessment and treatment, diverse programming, and legal calls and processes.”¹¹⁶

“There is also insufficient space for women to come together for larger programs and community building events, including unit/community meetings. Consequently, each unit operates separately, **providing little opportunity for normalization and resident interaction across locations.**”¹¹⁷

“The Special Housing Unit (SHU) is one of the least dignified and trauma-informed spaces at CCCF[.] The SHU appeared unclean, unmaintained, stark, and overall lacking in a human-centered, dignified, GR and TI design. It is painted in institutional colors, and various features of the environment are not only inattentive to trauma but can be trauma-inducing, including the shackles chained to the walls, the floor-to-ceiling closet-sized cages, and restraint desks. Space for programming is seriously inadequate, and what is available has a carceral feel. This is particularly problematic given that the residents placed in the SHU are often experiencing deep levels of distress. **In its current condition and as currently designed, it is virtually impossible for the SHU to function as a space where residents can achieve stabilization.** In fact, despite staff efforts, the visual space, physical environment, and operational practices within the SHU are reportedly causing serious mental, emotional, and physical distress among residents and high levels of stress among staff.”¹¹⁸

“The all-gender intake space is neither GR nor TI. While well-intentioned efforts are made to keep the populations separate, it is nearly impossible to maintain this function with integrity, and this presents several challenges.”¹¹⁹

“The open-dorm style housing in minimum does not provide privacy or personal space and does not uphold women’s dignity. Women must engage in a variety of activities communally. Several residents supported not wanting to go to minimum, even if they qualify, because it lacks privacy, is overstimulating, and ‘feels chaotic.’ The design of the housing units, including where staff are located (i.e., posted), does not align with a lesser security environment, and the unit spaces have a traditional carceral feel. While there is a robust culinary program, major items (e.g., walk in refrigerator, dishwasher) were not functional at the time of the assessment, and had reportedly been unavailable for some time. Overall, minimum is an under-utilized space with potential to become more GR and TI.”¹²⁰

We note that there are many other significant problematic features of CCCF’s buildings and infrastructure that, for years, women have reported to us, but were not identified in the GIPA report. A few examples:

- Living with another person in a 9 x 12 square foot cell, with a metal door, can cause incredible strain on mental health and can negatively impact all aspects of women’s lives in CCCF.

- Living in a 9 x 12 square foot cell, in which women must sleep next to a toilet with no lid and use a sink, located above the toilet, to brush their teeth and maintain their hygiene, is dehumanizing and disgusting.
- Many women have reported falling from the top bunk onto the concrete floor or the sink/toilet, either because their mattresses slipped or due to the difficulty of climbing to the top bunk without a ladder, causing debilitating physical injury.
- The enclosed environment of the medium side, lacking in natural light and any sense of nature, creates a chronic level of stress that harms people's emotional and mental health. One woman commented, "To not see or hear a tree for twenty-six years has an impact that hurts to the core of my soul."
- Women are trapped in intolerable heat during the summers and extreme cold in the winters because there are insufficient cooling and heating systems in the prison.
- The intensity of the all-metal environment on the medium side harms people psychologically and physically (e.g., a woman reported that she developed nerve damage in her elbows from sitting for years at the metal tables in her housing unit.)
- The frequent sound of loud metal doors opening and slamming shut on the medium side is a source of chronic stress and can aggravate trauma-related symptoms.

The GIPA assessors' critique of CCCF buildings, coupled with women's stories about their experiences in the institution and the impact that the severity of the physical structure has on them and their families, demonstrates that CCCF is an inherently unsafe environment to incarcerate women.

In sum, the GIPA report uncovers the stark reality that, across all aspects of the facility, CCCF is not safe for women. The scope of the failures at CCCF is stunning; the treatment of women in CCCF custody is abysmal; and the strengths of CCCF identified by the GIPA assessors are minimal at best. When one considers the inherently harmful physical structures and the level of dysfunction in the culture, operations, services, staffing, and other domains of CCCF, the unavoidable conclusion is that there is not any significant aspect of CCCF that is functioning effectively, let alone responsively to gender. The current circumstances in CCCF are in dire need of immediate response and the agency should be implementing as many recommendations from the GIPA report as possible and as soon as possible to mitigate the harms that women are currently experiencing every day. However, the primary issues plaguing CCCF are so deeply entrenched that they cannot truly be remedied through a series of incremental changes. It is obvious from the GIPA findings that women should not be incarcerated at CCCF.

The Oregon Department of Corrections should not be incarcerating humans in its prisons.

WHILE THE PURPOSE of the GIPA was to provide ODOC with a measured assessment of their adherence to gender responsive policies and practices at CCCF, the findings in the report raise serious concerns about the treatment and well-being of people in *all* of ODOC's prisons.

On numerous occasions, the GIPA report states that the harmful aspects of CCCF are not “human-centered” or are “dehumanizing,” and that these aspects are consistent with “traditional carceral” approaches. In the same breath with its criticism of these “traditional carceral” approach at CCCF, the GIPA assessors repeatedly conclude that these fundamental aspects of CCCF are not appropriate for any justice-involved individuals. They go on to discuss how CCCF operates like Oregon's men's prisons. This is unsurprising given that CCCF's facilities were designed after Two Rivers Correctional Institution, a men's prison in Umatilla, Oregon. Indeed, it was the significant concern that CCCF operates like a men's prison that underlied the state's call for a GIPA in the first place.

Given the GIPA assessors conclusions about that the “traditional carceral” approach at CCCF, it is clear that the counterparts of prison life at Oregon's men's facilities are also not “human centered” or trauma-informed, and are therefore harmful to incarcerated people. It must be acknowledged that many men and transgender individuals incarcerated in Oregon have histories of trauma, both prior to incarceration and due to incarceration. We are left with the unmistakable conclusion that Oregon's prisons are not safe for humans.

The two domains in which the GIPA assessors most clearly conclude that CCCF is not human-centered, not appropriate for any justice-involved individuals, dehumanizing, and not trauma-informed are: “Facility” and “Culture.” Both of these domains have an inherent permanent-like quality, meaning that change in these areas to transform from harmful to rehabilitative appears, at best, a long uphill endeavor, and, at worst, impossible.

Regarding the facility, the GIPA conclusion could not be any clearer. The report states, “consistent with many facilities across the country, CCCF resembles a more traditional carceral setting that does not reflect a human-centered design.”¹²¹ Little to no explanation is needed to recognize that a human living in an environment, for years, that is not designed for humans—like ODOC's prisons—would naturally be harmful. Additionally, as stated above, the GIPA assessors found

the Special Housing Unit (aka “segregation” and “the hole”), which are found in all ODOC prisons, containing shackles chained to the walls, floor-to-ceiling closet-sized cages, and restraint desks, as “one of the least dignified and trauma-informed spaces,” and “overall lacking in a human-centered, dignified...and TI design.”¹²² Again, the report further expresses the harm caused, stating in brief, “the visual space, physical environment, and operational practices within the SHU are reportedly causing serious mental, emotional, and physical distress among residents and high levels of stress among staff.”¹²³

The problematic culture at CCCF derive from the punitive, paramilitary, and dehumanizing culture that dominates the men’s institutions. The report clearly states that this culture “does not work for *any* justice-involved individuals...and [is] antithetical to human-centered, GR and TI principles and practices.”¹²⁴ The GIPA assessors call for “immediate” action by ODOC to “implement a culture of respect and dignity”¹²⁵ and address the staff “code of silence regarding behavior that is unprofessional, disrespectful, dehumanizing and harmful.”¹²⁶

The explicit-nature of the references in the GIPA report to a prison environment that is not “human-centered” is shocking. However, such conclusions are not at all surprising to those who have been and are incarcerated in Oregon’s men’s prisons. We repeatedly hear from incarcerated and formerly incarcerated men and transgender individuals that ODOC staff do not view them as human. The GIPA report supports what people in men’s prisons have long been saying and offers confirmation of the harm that they have long been experiencing. The findings of the GIPA report have concerning statewide implications, and it must not be overlooked that ODOC is operating all of its prisons in a manner that is unacceptable for human beings.

ODOC is an agency in crisis and strong oversight of ODOC is urgently needed.

AN UNTOLD NUMBER of lawsuits have been filed against ODOC for its dangerous and inhumane conditions. The media has regularly reported on glaring and reoccurring issues within ODOC's staff, culture, and daily operations related to the abject treatment of incarcerated people and other agency staff. Family members of incarcerated individuals have made countless pleas to state leaders to take action to end the relentless suffering that their incarcerated loved ones are experiencing in ODOC's prisons. Advocates have continuously alerted state officials to evidence of incredible dysfunction within the agency and of the resulting abuse and violence experienced by adults in custody. The harms that these community members have been alerting state leaders to include violations of constitutional rights, deprivation of basic needs, sexual violence, negligent medical care, physical and mental harm, and generalized disregard for human life and well-being.

Despite this massive volume of evidence showing egregious ongoing problems within the agency and countless threats to human life, state leaders have failed to engage in any meaningful inquiry or oversight of ODOC. State leaders have too easily bought into the agency's rhetoric about their expertise and good intentions and have habitually accepted the agency's narratives that either ignore the issues entirely, profoundly sanitize the facts, or wrongly shift blame and responsibility away from itself.

ODOC's ongoing charade has, arguably, been made easier by the fact that state officials are usually alerted to issues in isolation. When state leaders' interest in ODOC is minimally or moderately piqued, they may inquire about specific situations with narrowly focused questions. ODOC is accustomed to responding to such inquiries with prison operations jargon, suggestive of their exclusive expertise in the needs of and treatment of people in their custody, and with explanations that avoid any responsibility for the problems. Usually, such responses are sufficient to end the inquiries. When state leaders have a more heightened interest in a problem, they nevertheless continually approach ODOC with deference and reliance on collaboration. This approach has proven woefully ineffective and has not resulted in any meaningful change. Rather, it leads to months and years of work that only modestly addresses a handful of singular problems in an agency rife with dysfunction and significant issues.

The GIPA report opens an important window into the severity of the problems within ODOC. Unlike prior presentations to state leaders about the problems of ODOC, the GIPA report provides an all-encompassing account of a facility in crisis, authored by a group of neutral

out-of-state experts aiming to provide an objective and measured assessment of CCCF.¹²⁷ The extensive amount of harm and complete dysfunction described in the GIPA report should sound alarm bells for state leaders, alerting them to the reality that they must do more and ask more of ODOC if they are to protect the safety and welfare of people and communities in Oregon.

The GIPA report provides substantial evidence that state leaders have long been misled by ODOC; and that state leaders must immediately take meaningful oversight of ODOC and hold the agency accountable for the extensive harm it causes to adults in its care and for jeopardizing the well-being of families and communities.

State leaders who have long trusted in ODOC's statements about the status of the agency should be disturbed and aggrieved by the findings in the GIPA report, which reveals that ODOC has blatantly misled them for years. There is no better example of ODOC's deception than the agency's narrative around the effectiveness of the "Oregon Way" initiative (aka "The Norway Model"). Former ODOC director Colette Peters regularly spoke about her trips to Norway prisons and Oregon's subsequent adoption of a similar approach that prioritizes "humanizing and normalizing" those in prison, meant to: create a healthy work environment for ODOC staff; and create a living environment for incarcerated people that is humane and resembles life in the community.¹²⁸ The GIPA report starkly illustrates that this narrative of ODOC improving its prisons through the "Oregon Way" is a complete fiction.

For several years, ODOC has touted the effectiveness of the "Oregon Way," and in particular has portrayed itself as an agency that values and promotes staff wellness as a top priority. The GIPA report clearly demonstrates otherwise: it states that "staff are experiencing high levels of unrelenting stress"¹²⁹; that "[s]taff report serious concerns about their wellness";¹³⁰ and that "[staff] do not feel safe with each other." Further, "[t]he culture was described as a 'bucket of crabs,'" with staff reporting that they fear being reported or retaliated against for "doing their job and following the rules." Here is a sampling of additional quotes from CCCF staff about their harmful work environment:

"We are supposed to be awake and aware after working for hours with no breaks and no time to see our families."¹³¹

"Security will always trump staff wellness. 'Staff Wellness' is just a term the director throws around to sound like something is being done; but it isn't. The truth is, we just sell our sole [sic] hourly to the DOC. If the price is right, we stay; if it's not, we go."¹³²

“[N]o care for staff wellness. It destroys that staff member’s moral[e] and faith in our employer.”¹³³

The Oregon Way initiative has not only failed in supporting staff wellness; as described above, it has completely failed to create a prison environment that is humane or that resembles a “normal” life in the community.

“The Norway Model is really the ‘no-way’ model”
—CCCF staff member¹³⁴

ODOC’s propaganda about the Norway Model is especially pernicious because it has served to obfuscate the actual situation and to shield the agency from meaningful scrutiny. The agency’s espoused commitment to this initiative appeared to generate a positive reception and sense of trust of the agency among state leaders, thus contributing to an ongoing dynamic wherein ODOC is given wide latitude and deference regarding problems raised by community members.

The extent of the dysfunction in ODOC, laid bare in the GIPA report, is undeniable at this point. There is more than enough evidence to inform state leaders that the agency cannot be relied upon to fix itself without meaningful oversight and direct orders from state leaders. Moreover, ODOC has demonstrated time and again that it cannot be trusted to successfully implement agency-wide initiatives, nor to adopt recommendations from outside assessors that find significant dysfunction and harm in the agency. For example, the GIPA assessors found that CCCF staff view statewide initiatives as “disruptive, unrealistic, and ineffective.”¹³⁵ In addition to criticizing the Oregon Way, CCCF staff were critical of “Destination 2026,” the agency’s ten-year strategic plan with the “overarching goal of making the department the public safety employer of choice with innovative employees who transform lives.”¹³⁶ Also, mentioned in the report is the failed effort by ODOC to effectively implement the Women’s Risk Needs Assessment, which they have been working on for many years. Yet another example is ODOC’s failure to meaningfully address problems with its use of segregation, in spite of outside recommendations. In 2015, the Vera Institute of Justice partnered with ODOC to assess the agency’s use of segregation and identify ways to reduce its use of segregation. In 2016, the Vera Institute found, in short: “disciplinary segregation is overused, overly long, and characterized by isolating conditions”; “stays in administrative segregation can be long, isolating, and unproductive for adults in custody”; and “people of color and people with mental health needs are over-represented in segregation.”¹³⁷ Since the Vera Institute published its recommendations more than seven years ago, no meaningful state-wide changes have occurred regarding segregation at ODOC facilities.

The evidence is overwhelming that ODOC is grossly in need of oversight by state leaders. If state leaders fail to act and fail to demand meaningful change of ODOC, they are condoning and contributing to the abuse and suffering experienced by people incarcerated in Oregon's prisons, and are responsible for the resulting threats to the well-being of incarcerated people's families and Oregon communities.

It should further be noted that stakeholders in the criminal justice system have remained complicit in ODOC's dysfunction and have defended its culture of abuse of power, coercion, and sexual violence. They too must take responsibility for their part in the harm, instill more humanity in their approach to their work, and drastically change their practices to reflect a much greater sense of care for people and the community.

Conclusion: State leaders must create a completely new system of caring for adults sentenced to ODOC custody.

THE GIPA REPORT makes clear that CCCF is not a safe environment for women and can never truly be an acceptable place for women to live. The GIPA report also strongly indicates that none of ODOC's prisons are safe for humans and they can never truly become safe environments. Given the extensive harm that results from these prisons and ODOC's inability to humanely operate its prisons, it is incumbent upon state leaders to create a completely new system of caring for people sentenced to ODOC custody. Unlike Oregon's current prison system, the new system must be grounded in values of care and dignity and focused on supporting the well-being of people in ODOC custody and their families. This moment demands a complete shift to a paradigm that is entirely human-centered, with the goal of promoting healthy and thriving Oregon communities.

Recommendations

State leaders must immediately begin plans for a new system of caring for people sentenced to ODOC custody.

As previously discussed, the harmful characteristics of Oregon’s prisons are of a permanent and deeply entrenched nature. To respond to the dire circumstances of our current prison system with plans to merely improve the current facilities and operations, without a meaningful overhaul of the entire system, is tantamount to fantastical thinking. State leaders must be open to and willing to engage in a paradigm shift in the way we treat and care for people sentenced to ODOC custody.

Accordingly, state leaders should immediately begin creating plans for the closure of our current prison facilities and the implementation of a new system. While such a transformation is a huge endeavor, Oregon is addressing comparably challenging, far-reaching issues, such as houselessness and climate change; both of which have required the state to do away with antiquated dogma and begin to reimagine systems and policies that reflect what the data and subject matter experts recommend. Fortunately, concepts and models for a human-centered approach to incarceration already exist, which state leaders can look to as they begin their plans for a different system.

For example, the GIPA report recommends that Oregon move from one large, centralized prison facility to “regional justice centers for women.”¹³⁸ In further support of these regional centers, the GIPA report states, “Maintaining large facilities over time is extremely costly to corrections departments, and makes it difficult to sustain consistent staffing levels needed to operate and address the needs of a complex population.”

By closing CCCF and opening regional justice centers, women can receive gender-specific care in a less traumatic setting that appropriately meets their needs and adapts to their progress, in a way that emphasizes “healing, growing, and well-being.”¹³⁹ Another glaring problem with the centralized prison model is the geographical distance it places between women and their families and communities. Proximity to children, loved ones, and community connections is crucial for the mental and emotional well-being of female AICs, and it plays a significant role in their successful reentry into society. By housing women in various region-based facilities closer to their communities,

we foster the preservation and strengthening of these essential familial and social bonds.

Transitioning to this model also paves the way for community-based organizations and local resources to play a more active and impactful role in the lives of incarcerated women, enhancing the support and opportunities available to them both inside and outside prison walls. This could lead to additional cost-savings and bolster investments in locally-based healthcare, education, and vocational training providers. Additionally, in a regionalized residential and non-carceral alternative to CCCF, Oregon could potentially unlock and leverage Medicaid dollars to provide and cover services and care for the women.¹⁴⁰

As another example, Norway—a country whose prison system is one that ODOC officials and state leaders are familiar with and greatly admire—employs a carceral model that is rooted in vastly different principles and practices than Oregon’s current system.

Norway’s prison model places an emphasis on four key principles: normality, community import, reintegration, and dynamic security.¹⁴¹ Normality signifies that, outside of being separated from the community, incarcerated people should not experience any difference in treatment, respect, quality of living, or dignity in their carceral experience. Community import prioritizes that incarcerated people receive services, programming, and resources from the local community around them, such as food, mental health services, and recreational programming in order to build relationships and connections between people in prison and the community. The principle of reintegration is grounded in the truth that all individuals in Norway will return to the community as a neighbor one day and, therefore, all aspects of prison must serve a role in aiding successful community re-entry. Lastly, dynamic security is the prioritization of those incarcerated and staff building relationships that are meant to “increase trust and thereby decrease [the potential for] violence.”¹⁴²

General practices that stem from the four core principles of the Norway prison model include: officers that do not carry batons, pepper spray, or tasers;¹⁴³ amenities in prisons such as private bathrooms, small house-like living quarters, windows that look out toward nature, on-site schools, recording studios for music, fitness centers, anti-violence and drug counseling, and frequent familial and conjugal visits;¹⁴⁴ the ability for incarcerated people to wear their own clothes and cook their own food;¹⁴⁵ corrections staff and incarcerated people tending to farm animals and gardens together, recreate together, and eating meals at the same table with the same food.¹⁴⁶

Lastly, instead of having 12 large, centralized prisons, as Oregon does, Norway utilizes a network of over 50 smaller, region-based prison facilities that allow incarcerated people to be close to, if not remain in, the community they came from and will return to. Furthermore, this model

allows prisons to provide region and community-specific resources to people in prison and allows staff to maintain a lower staff-to-incarcerated person ratio of almost 1:1, compared to U.S. prisons which can be as high as 1:70.¹⁴⁷

Cap prison populations dependent on staffing levels.

ODOC is in a staffing crisis. According to ODOC, as well as the GIPA report, ODOC is experiencing severe staffing shortages in various departments at all prisons, high staff turnover rates, and corrections officers working mandated overtime shifts multiple days per week. This has resulted in severe strain upon the physical and mental well-being of staff, decreased job performance, staff burnout, and critically inadequate prison services.

The staffing crisis has culminated in significant and persistent harm to incarcerated people. Staff report that unrelenting high stress on the job negatively impacts their interactions with adults in custody and increases tensions in the prison. Those incarcerated are experiencing more frequent discipline and excessive punishment, which hinders their rehabilitative efforts; frequent degrading treatment and humiliating comments from staff; and an overall unsafe and stressful prison environment. Without sufficient staff to manage and provide services, incarcerated people are frequently confined to their cells for prolonged periods, causing many to suffer negative mental health consequences. Essential rehabilitative programs, medical services, and mental health support are truncated or denied. This not only severely jeopardizes the futures of adults in custody but can also result in long-lasting or permanent physical and psychological injury.

Given the detrimental impact that the current staffing situation has on the prison environment, and the lack of any remedy in the foreseeable future,¹⁴⁸ Oregon should adopt population caps on its prison population to mitigate the unacceptable and wide-ranging harms that people are experiencing Oregon's prisons.

Other jurisdictions, both near and far, have imposed population caps to improve the welfare of incarcerated people. For example, in 1987, prompted by lawsuits, a federal investigation, and court interventions, North Carolina passed a law that capped the number of people that their prisons would hold. The legislation also required that if 98% of the cap was ever reached, people eligible for parole were to be released on parole until the population was reduced to 97% of the cap.¹⁴⁹ In 2009, a federal court ordered the state of California to cap and reduce its prison population by 27% due to the unconstitutionality of the state

prison health care system, which was leading to one “unnecessary death a week.”¹⁵⁰

At the city and county level, there have been numerous examples of courts and local governments mandating caps on jail populations for grievous facility and operating conditions, including Houston,¹⁵¹ Washington D.C.,¹⁵² and New Orleans.¹⁵³

Furthermore, across the Atlantic, Norway is famously known for capping their prison populations such that each facility is mandated to house no more than one person per cell.¹⁵⁴ When prisons are at maximum capacity, a Norwegian convicted of a felony offense remains in the community on a prison waitlist and is required to report to prison once a spot has opened up.¹⁵⁵

Many cities, states, and even countries, have acknowledged through such measures that issues related to prison capacity, such as understaffing, are not to be taken lightly. Capping prison populations in accordance with staffing levels is not just a logistical necessity, it is a moral and ethical imperative. Such a policy ensures that every individual within the prison system—whether incarcerated or staff—is treated with dignity, respect, and consideration for their welfare. This aligns with basic principles of humane treatment, rehabilitation, and community safety and well-being.

A trauma-informed and human-centered assessment of all other ODOC prisons is needed.

As discussed earlier, the GIPA not only reveals appalling conditions at CCCF; it strongly indicates that extreme dysfunction and extensive harm is occurring throughout Oregon’s prison system. Therefore, the Oregon state legislature should require and appropriate funds for a similar assessment of *all* ODOC institutions.

The GIPA resulted from legislation passed in 2021, HB 3096, which directed: “[T]he Oregon Department of Administrative Services shall contract with an appropriate third-party organization to conduct an assessment of the Coffee Creek Correctional Facility. The purpose of the **assessment is to establish a baseline for a strategic planning process, policy recommendation and improved protection of individuals serving sentences of incarceration** at Coffee Creek Correctional Facility.”¹⁵⁶ The legislation required a comprehensive review of all major aspects of CCCF, e.g., intake, risk assessment, rehabilitation programs, correctional staff, organizational structure, etc., to determine whether these aspects were “gender-responsive, culturally responsive and trauma informed.”¹⁵⁷ The assessment was

then funded through a budget note in HB 5202 during the 2022 Legislative Session. The budget note appropriated \$500,000 to the Oregon Department of Administrative Services for assessing gender-responsive practices in correctional settings, which led to the GIPA at CCCF.

There is an urgent need for a similar comprehensive assessment of all aspects of Oregon's eleven other prisons, which serve the male population and some transgender individuals. Consistent with HB 3096 (2021) and the findings from the GIPA of CCCF, the purpose of the assessment should be to determine whether fundamental aspects of the prisons are gender-responsive, culturally responsive, trauma informed, and human-centered, and to establish recommendations for "improved protection of individuals serving sentences of incarceration." It is incumbent upon state leaders, who are responsible for the care and well-being of incarcerated people and the broader community, to take this simple step to prioritize the welfare of incarcerated people so that they are better prepared to return to the community healthy and rehabilitated.

State leaders must provide meaningful oversight of ODOC.

The GIPA report confirms that ODOC is an agency in crisis and cannot be trusted to fix itself. Strong oversight of ODOC is urgently needed. Here are three recommendations which provide for each branch of government to participate in meaningful oversight of ODOC.

Legislative oversight: Create a Senate Judiciary subcommittee on Corrections.

Oregon's legislature should create a fully staffed standing subcommittee in the Senate Committee on Judiciary called the Subcommittee on Corrections, dedicated to oversight and debate of corrections policy and the treatment of individuals in state custody. This subcommittee would allow legislators to address the chronic and cultural issues currently plaguing ODOC and provide them with the staff and resources they need to navigate the issues and pass legislation efficiently.

Legislative subcommittees have proven to be valuable spaces where legislators can engage in policymaking, oversight, and debate over niche subject matters they typically would not have the time or resources to get to. For example, during Oregon's 2021 Legislative Session, two subcommittees were created within the House Committee on Judiciary for legislators to develop and scrutinize policies specific to civil law and equitable policing. Each subcommittee had

five legislators and had committee services provided by the full House Committee on Judiciary staff team. These subcommittees were critical because they allowed legislators the opportunity to thoroughly vet and amend bills that the full House Committee on Judiciary did not have time to individually address. Due to this division of labor and the subject-matter expertise present in each subcommittee, a total of 44 bills related to civil law and equitable policing were moved from the subcommittee all the way to the Governor's desk to be signed into law.

In the same 2021 Legislative Session, there were 30 bills introduced related to ODOC. Of those 30 bills, only 11 passed. Nine of those that passed were administrative or operations-related; one was a general fund appropriation for ODOC's biennial budget; and one was to establish a task force on Corrections Medical Care. With the exception of the task force on Corrections Medical Care, none of those bills offered any direct legislative action or reform on the crises that ODOC experienced leading up to 2021.

The bills that died in committee were concepts that would have done the following: prohibited most uses of deadly physical force against adults in custody by ODOC staff; created a more straightforward process for early medical release of an AIC from prison; provided health services to adults in custody during pregnancy, labor, birth and the postpartum period; created a study regarding special dietary needs and accommodations for adults in custody; and prohibited ODOC from imposing certain limitations on calls between attorneys and in-custody clients. While some of these bills may have died due to substantial opposition, financial restraints, or logistical issues that had not been ironed out, many of these bills died simply because the legislative session ran out of time. A dedicated subcommittee on corrections would give bills like these the opportunity to be heard and worked on to keep up with the fast-moving pace of Oregon's legislative sessions.

Executive oversight: Enhance the Corrections Ombudsperson position and office.

The Corrections Ombudsperson is an individual appointed by the Governor who is responsible for auditing and providing oversight over ODOC.¹⁵⁸

The Corrections Ombudsperson's abilities include investigating ODOC actions or employees at will, subpoenaing ODOC documents, entering and inspecting ODOC premises without notice, commissioning studies related to improving ODOC, and bringing lawsuits against ODOC in the Circuit Court of Marion County.¹⁵⁹ Furthermore, the Corrections Ombudsperson can investigate matters beyond wrongdoing, such as inconsistent practices, inefficient performance, actions taken based on mistaken facts, or unreasonable, unfair, or otherwise objectionable actions, even those that may be in accordance with the law.¹⁶⁰ Lastly,

they can also offer recommendations and findings to the Legislative Assembly if they believe statutory change is desirable.¹⁶¹ These abilities point to the comprehensive potential vested in the Corrections Ombudsperson position to serve as an effective check and balance for ODOC.

While the Corrections Ombudsperson position has recently been filled, as of late 2022, various issues are preventing the position from meeting its potential; the statutory powers of the position are not being utilized to full force. First, the Corrections Ombudsperson needs the appropriate level of legislative funding to fully staff an office with investigators and other support staff. Second, there needs to be a state law granting the Corrections Ombudsperson access to and representation by third-party private counsel, so as not to create a conflict of interest with ODOJ, which currently represents both ODOC and the Corrections Ombudsperson in the event of litigation. Finally, the Corrections Ombudsperson position should be statutorily prohibited from being filled by an individual who has been formerly employed by ODOC, due to the competing interests that could distract from the provision of independent oversight. Importantly, the governor should also require that the Ombudsperson be an experienced prisoner rights attorney who is supported by staff with experience in prisoner rights investigation.

Judicial oversight: Create an expedited judicial review process for adults in ODOC custody.

Oregon's judiciary and state legislature should work together to create a process that would provide for expedient review of disciplinary orders and other related actions of the Department of Corrections by the Court of Appeals.¹⁶²

All too often, individuals in ODOC custody receive unjust disciplinary punishments, including loss of privileges and solitary confinement/segregation, yet lack any meaningful way to contest the decision. As a result, most incarcerated people either wait out the punishment or are unable to put forward a meaningful administrative challenge by the time the punishment is over. Consequently, there is little incentive for ODOC staff to be prudent or just when doling out disciplinary orders. Additionally, any challenge to a disciplinary order typically must go through an internal administrative review process before it can be reviewed by the court, which essentially allows ODOC to police and protect itself.

To solve this problem, the legislature should create an expedited judicial review process through legislation. Legislation to this effect, SB 1005, was introduced in 2023, and it can be looked to as a model.

The legislation would create a three-judge panel, appointed by the Chief Judge of the Court of Appeals, consisting of current or former appellate judges to review petitions filed by incarcerated people. Petitions could be filed to review:

- Disciplinary orders that include a sanction of over 15 days in disciplinary solitary confinement,
- ODOC decisions to place an adult in custody in any type of prehearing detention prior to a disciplinary hearing for more than 15 days, or
- ODOC decisions to place an adult in custody in any type of housing during or related to the investigation of a disciplinary violation for more than 15 days.

Importantly, an incarcerated person would not be required to exhaust administrative remedies before filing a petition. After filing of a petition, an incarcerated person would be appointed counsel through the Office of Public Defense Services (OPDS). Due to the urgency of these matters, the court would be required to hold a hearing on the petition within 60 days of filing and the court's decision would be expedited. The panel's decision would be subject to discretionary review by the Supreme Court.

The process described above and found in SB 1005 (2023) would provide incarcerated people with a more accessible and expedient way to have their cases heard and addressed.

In summary, the above recommendations would accomplish critical initial steps towards creating a more humane system of caring for people sentenced to ODOC custody. Responding to the enormity of abuses, dehumanization, and threats to the lives and futures of people in Oregon's prisons will require transformative thinking and planning, but it can be done. In the wake of the disturbing GIPA findings, it is beyond reasonable debate that a new paradigm is profoundly necessary. ■

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- 63 Ibid., e.g., p. 27, 54 (Some managers have access to and are trained on the Unusual Incident Report dashboard, which could be a “potentially impactful management tool.”); p. 54 (ODOC has taken steps to meet the needs of transgender residents.); p. 79 (In 2016, ODOC worked with the Vera Institute of Justice to address segregation issues, specifically women in segregation. The Vera Institute provide recommendations on how to reduce segregation and improve interventions with residents. While the GIPA report state that “CCCF has taken steps to reduce the overall time spent in the disciplinary segregation unit,” it does not further elaborate on the specifics or the effectiveness of those steps.).
- 64 Ibid., e.g., p. 34 (“Due to the commitment of strong community partners, CCCF has been able to sustain key programs despite challenges (e.g., funding cuts, COVID); p. 34 (“Partnerships with organizations that focus on the specific needs of women, including those that focus on mothers and their children, are nationally significant,” e.g., the Family Preservation Project, The Pathfinder Network, Oregon Justice Resource Center); p. 170 (“CCCF’s relationship with the Oregon Justice Resource Center is providing women with essential support.”).
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- 96 Ibid., e.g., p. 82 (“Chronic staffing shortages pose significant barriers to custody and care, implementation of GR and TI policies and practices, and staff wellness[.]; “CCCF has the third highest correctional staff vacancy rate in the state[.]”); p. 160 (“Medical services staffing is insufficient, and CCCF has the highest vacancy rate of all 12 prisons statewide[.]”).
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- 98 Ibid., e.g., p. 87 (“There is a lack of training in gender responsive and trauma-informed approaches that are needed to maintain safety and security and improve outcomes[.]”); p. 88 (“There is a significant lack of staff support, coaching, supervision, and accountability, particularly among security staff[.]”).
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OJRC is a Portland, Oregon, 501(c)(3) nonprofit founded in 2011. We work to promote civil rights and improve legal representation for communities that have often been underserved in the past: people living in poverty and people of color among them. Our clients are currently and formerly incarcerated Oregonians. We work in partnership with other, like-minded organizations to maximize our reach to serve underrepresented populations, train public interest lawyers, and educate our community on civil rights and civil liberties concerns. We are a public interest law firm that uses integrative advocacy to achieve our goals. This strategy includes focused direct legal services, public awareness campaigns, strategic partnerships, and coordinating our legal and advocacy areas to positively impact outcomes in favor of criminal justice reforms.

Women's Justice Project

The Women's Justice Project (WJP) is a program of OJRC. It is the first and only program in Oregon to exclusively address issues related to women in Oregon's criminal legal system. Since 2014, WJP staff have been providing direct legal services and other supports to people incarcerated in Coffee Creek Correctional Facility (CCCF), Oregon's only women's prison. The WJP advocates for more just and humane treatment of women in the criminal legal system. In pursuit of our efforts, we document and track women's experiences, develop creative litigation opportunities, advocate for legislative and other reforms, and provide public education.

PO Box 5248
Portland, Oregon 97208
503.944.2270

ojrc.info