A decorative border at the top of the slide featuring a dark green background with various tropical plants. On the left, there are long, thin, light green leaves. In the center and right, there are large, vibrant flowers: a light pink one with a yellow center, and several bright red ones. The border is separated from the white text area by a diagonal white line.

LESSONS FROM THE PLANNING AND DESIGN OF SECURE MENTAL HEALTH FACILITIES: POTENTIAL BENEFITS OF APPLICATION IN CORRECTIONS AND DETENTION

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COURSE DESCRIPTION

In today's rapidly changing corrections and detention arenas much greater (and needed) emphasis is being placed on mental health issues within nearly every system in the country and around the world. Alternative placements, enhanced treatment and effective transition, among other initiatives are driving the development of new and improved programs and infrastructure in nearly every jurisdiction.

This workshop will focus on the question "what type of environments can enhance mental health treatment and outcomes within a custodial milieu." Current planning and design standards focus on minimum guidelines for the development of custodial facilities. There is little or no focus on treatment amenable design - on humane design - that has for decades been proven in areas such as healthcare, education and workplace to improve health, behavior and performance.

A primary focus of our discussion will be that in addition to respecting key standards (e.g., Mandela Rules, ACA), evidence regarding the impact of environment on human beings should be embraced as a foundation for every correctional / detention design project (both mental/medical health and within "traditional" custodial environments). It is the hypothesis of the panel that physically enhanced environments can and will achieve a wide variety of positive results in any custodial setting to the benefit of both staff and inmate/patient and as a result, to the public-at-large.

The panel will be supported by a PowerPoint presentation with supporting data, actual evidence of the positive effects of environment on human behavior and well-being, case-studies and photographic tours of actual facilities and concepts that have utilized a more humane approach to incarceration and treatment.

LEARNING OBJECTIVES

1. Based upon expert panel discussion and presentation, participants will gain an understanding of the impact of the built environment on human performance and how these principles may be applied to custodial facilities.
2. Based upon expert panel discussion and presentation, participants will gain an understanding of the negative impacts of “typical” custodial environments on the human condition.
3. Based upon expert panel discussion and presentation, participants will gain an understanding of the positive and potentially adverse impacts of enhanced environments in correctional and detention settings and operations.
4. Based upon expert panel discussion and presentation, participants will form their own opinions about how custodial facilities should be designed going forward in a new era of criminal justice.

LESSONS FROM THE PLANNING AND DESIGN OF SECURE MENTAL HEALTH FACILITIES: POTENTIAL BENEFITS OF APPLICATION IN CORRECTIONS AND DETENTION



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State of Tennessee Department
of Correction

Designing for mental health: context and a look forward

ERIN PERSKY, ASSOC. AIA, CCHP

What is “mentally ill”?...continued

Neurodevelopmental Disorders

Intellectual Disabilities

Intellectual Disability (Intellectual Developmental Disorder)

Global Developmental Delay

Unspecified Intellectual Disability (Intellectual Developmental Disorder)

Communication Disorders

Language Disorder

Speech Sound Disorder (previously Phonological Disorder)

Childhood-Onset Fluency Disorder (Stuttering)

Social (Pragmatic) Communication Disorder

Unspecified Communication Disorder

Autism Spectrum Disorder

Autism Spectrum Disorder

Attention-Deficit/Hyperactivity Disorder

Attention-Deficit/Hyperactivity Disorder

Other Specified Attention-Deficit/Hyperactivity Disorder

Unspecified Attention-Deficit/Hyperactivity Disorder

Specific Learning Disorder

Specific Learning Disorder

Motor Disorders

Developmental Coordination Disorder

Stereotypic Movement Disorder

What is “mentally ill”?...continued

Tic Disorders

Tourette's Disorder

Persistent (Chronic) Motor or Vocal Tic Disorder

Provisional Tic Disorder

Other Specified Tic Disorder

Unspecified Tic Disorder

Other Neurodevelopmental Disorders

Other Specified Neurodevelopmental Disorder

Unspecified Neurodevelopmental Disorder

Schizophrenia Spectrum and Other Psychotic Disorders

Schizotypal (Personality) Disorder

Delusional Disorder

Brief Psychotic Disorder

Schizophreniform Disorder

Schizophrenia

Schizoaffective Disorder

Substance/Medication-Induced Psychotic Disorder

Psychotic Disorder Due to Another Medical Condition

Catatonia

Catatonia Associated With Another Mental Disorder
(Catatonia Specifier)

Catatonic Disorder Due to Another Medical Condition

Unspecified Catatonia

Other Specified Schizophrenia Spectrum and Other Psychotic
Disorder

What is “mentally ill”?...continued

Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

Bipolar and Related Disorders

Bipolar I Disorder

Bipolar II Disorder

Cyclothymic Disorder

Substance/Medication-Induced Bipolar and Related Disorder

Bipolar and Related Disorder Due to Another Medical Condition

Other Specified Bipolar and Related Disorder

Unspecified Bipolar and Related Disorder

Depressive Disorders

Disruptive Mood Dysregulation Disorder

Major Depressive Disorder, Single and Recurrent Episodes

Persistent Depressive Disorder (Dysthymia)

Premenstrual Dysphoric Disorder

Substance/Medication-Induced Depressive Disorder

Depressive Disorder Due to Another Medical Condition

Other Specified Depressive Disorder

Unspecified Depressive Disorder

What is “mentally ill”?...continued

Anxiety Disorders

Separation Anxiety Disorder

Selective Mutism

Specific Phobia

Social Anxiety Disorder (Social Phobia)

Panic Disorder

Panic Attack (Specifier)

Agoraphobia

Generalized Anxiety Disorder

Substance/Medication-Induced Anxiety Disorder

Anxiety Disorder Due to Another Medical Condition

Other Specified Anxiety Disorder

Unspecified Anxiety Disorder

Obsessive-Compulsive and Related Disorders

Obsessive-Compulsive Disorder

Body Dysmorphic Disorder

Hoarding Disorder

Trichotillomania (Hair-Pulling Disorder)

Excoriation (Skin-Picking) Disorder

Substance/Medication-Induced Obsessive-Compulsive and Related Disorder

Obsessive-Compulsive and Related Disorder Due to Another Medical Condition

Other Specified Obsessive-Compulsive and Related Disorder

Unspecified Obsessive-Compulsive and Related Disorder

What is “mentally ill”?...continued

Trauma- and Stressor-Related Disorders

Reactive Attachment Disorder

Disinhibited Social Engagement Disorder

Posttraumatic Stress Disorder

Acute Stress Disorder

Adjustment Disorders

Other Specified Trauma- and Stressor-Related Disorder

Unspecified Trauma- and Stressor-Related Disorder

Dissociative Disorders

Dissociative Identity Disorder

Dissociative Amnesia

Depersonalization/Derealization Disorder

Other Specified Dissociative Disorder

Unspecified Dissociative Disorder

Somatic Symptom and Related Disorders

Somatic Symptom Disorder

Illness Anxiety Disorder

Conversion Disorder (Functional Neurological Symptom Disorder)

Psychological Factors Affecting Other Medical Conditions

Factitious Disorder

Other Specified Somatic Symptom and Related Disorder

Unspecified Somatic Symptom and Related Disorder

What is “mentally ill”?...continued

Feeding and Eating Disorders

Pica

Rumination Disorder

Avoidant/Restrictive Food Intake Disorder

Anorexia Nervosa

Bulimia Nervosa

Binge-Eating Disorder

Other Specified Feeding or Eating Disorder

Unspecified Feeding or Eating Disorder

Elimination Disorders

Enuresis

Encopresis

Other Specified Elimination Disorder

Unspecified Elimination Disorder

Sleep-Wake Disorders

Insomnia Disorder

Hypersomnolence Disorder

Narcolepsy

Breathing-Related Sleep Disorders

Obstructive Sleep Apnea Hypopnea

Central Sleep Apnea

Sleep-Related Hypoventilation

Circadian Rhythm Sleep-Wake Disorders

What is “mentally ill”?...continued

Parasomnias

Non–Rapid Eye Movement Sleep Arousal Disorders

Sleepwalking

Sleep Terrors

Nightmare Disorder

Rapid Eye Movement Sleep Behavior Disorder

Restless Legs Syndrome

Substance/Medication-Induced Sleep Disorder

Other Specified Insomnia Disorder

Unspecified Insomnia Disorder

Other Specified Hypersomnolence Disorder

Unspecified Hypersomnolence Disorder

Other Specified Sleep-Wake Disorder

Unspecified Sleep-Wake Disorder

Sexual Dysfunctions

Delayed Ejaculation

Erectile Disorder

Female Orgasmic Disorder

Female Sexual Interest/Arousal Disorder

Genito-Pelvic Pain/Penetration Disorder

Male Hypoactive Sexual Desire Disorder

Premature (Early) Ejaculation

Substance/Medication-Induced Sexual Dysfunction

Other Specified Sexual Dysfunction

What is “mentally ill”?...continued

Gender Dysphoria

Gender Dysphoria

Other Specified Gender Dysphoria

Unspecified Gender Dysphoria

Disruptive, Impulse-Control, and Conduct Disorders

Oppositional Defiant Disorder

Intermittent Explosive Disorder

Conduct Disorder

Antisocial Personality Disorder

Pyromania

Kleptomania

Other Specified Disruptive, Impulse-Control, and Conduct Disorder

Unspecified Disruptive, Impulse-Control, and Conduct Disorder

Substance-Related and Addictive Disorders

Substance-Related Disorders

Substance Use Disorders

Substance-Induced Disorders

Substance Intoxication and Withdrawal

Substance/Medication-Induced Mental Disorders

Alcohol-Related Disorders

Alcohol Use Disorder

Alcohol Intoxication

Alcohol Withdrawal

Other Alcohol-Induced Disorders

What is “mentally ill”?...continued

Unspecified Alcohol-Related Disorder

Caffeine-Related Disorders

Caffeine Intoxication

Caffeine Withdrawal

Other Caffeine-Induced Disorders

Unspecified Caffeine-Related Disorder

Cannabis-Related Disorders

Cannabis Use Disorder

Cannabis Intoxication

Cannabis Withdrawal

Other Cannabis-Induced Disorders

Unspecified Cannabis-Related Disorder

Hallucinogen-Related Disorders

Phencyclidine Use Disorder

Other Hallucinogen Use Disorder

Phencyclidine Intoxication

Other Hallucinogen Intoxication

Hallucinogen Persisting Perception Disorder

Other Phencyclidine-Induced Disorders

Other Hallucinogen-Induced Disorders

Unspecified Phencyclidine-Related Disorder

Unspecified Hallucinogen-Related Disorder

What is “mentally ill”?...continued

Inhalant-Related Disorders

Inhalant Use Disorder

Inhalant Intoxication

Other Inhalant-Induced Disorders

Unspecified Inhalant-Related Disorder

Opioid-Related Disorders

Opioid Use Disorder

Opioid Intoxication

Opioid Withdrawal

Other Opioid-Induced Disorders

Unspecified Opioid-Related Disorder

Sedative-, Hypnotic-, or Anxiolytic-Related Disorders

Sedative, Hypnotic, or Anxiolytic Use Disorder

Sedative, Hypnotic, or Anxiolytic Intoxication

Sedative, Hypnotic, or Anxiolytic Withdrawal

Other Sedative-, Hypnotic-, or Anxiolytic-Induced Disorders

Unspecified Sedative-, Hypnotic-, or Anxiolytic-Related Disorder

Stimulant-Related Disorders

Stimulant Use Disorder

Stimulant Intoxication

Stimulant Withdrawal

Other Stimulant-Induced Disorders

Unspecified Stimulant-Related Disorders

What is “mentally ill”?...continued

Tobacco-Related Disorders

Tobacco Use Disorder

Tobacco Withdrawal

Other Tobacco-Induced Disorders

Unspecified Tobacco-Related Disorder

Other (or unknown) Substance-Related Disorders

Other (or Unknown) Substance Use Disorder

Other (or Unknown) Substance Intoxication

Other (or Unknown) Substance Withdrawal

Other (or Unknown) Substance-Induced Disorders

Unspecified Other (or Unknown) Substance-Related Disorder

Non-Substance-Related Disorders

Gambling Disorder

Neurocognitive Disorders

Delirium

Other Specified Delirium

Unspecified Delirium

Major and Mild Neurocognitive Disorders

Major Neurocognitive Disorder

Mild Neurocognitive Disorder

Major or Mild Neurocognitive Disorder Due to Alzheimer's Disease

Major or Mild Frontotemporal Neurocognitive Disorder

Major or Mild Neurocognitive Disorder With Lewy Bodies

Major or Mild Vascular Neurocognitive Disorder

What is “mentally ill”?...continued

Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury

Substance/Medication-Induced Major or Mild Neurocognitive Disorder

Major or Mild Neurocognitive Disorder Due to HIV Infection

Major or Mild Neurocognitive Disorder Due to Prion Disease

Major or Mild Neurocognitive Disorder Due to Parkinson's Disease

Major or Mild Neurocognitive Disorder Due to Huntington's Disease

Major or Mild Neurocognitive Disorder Due to Another Medical Condition

Major or Mild Neurocognitive Disorder Due to Multiple Etiologies

Unspecified Neurocognitive Disorder

Personality Disorders

General Personality Disorder

Cluster A Personality Disorders

Paranoid Personality Disorder

Schizoid Personality Disorder

Schizotypal Personality Disorder

Cluster B Personality Disorders

Antisocial Personality Disorder

Borderline Personality Disorder

Histrionic Personality Disorder

Narcissistic Personality Disorder

What is “mentally ill”?...continued

Cluster C Personality Disorders

Avoidant Personality Disorder

Dependent Personality Disorder

Obsessive-Compulsive Personality Disorder

Other Personality Disorders

Personality Change Due to Another Medical Condition

Other Specified Personality Disorder

Unspecified Personality Disorder

Paraphilic Disorders

Voyeuristic Disorder

Exhibitionistic Disorder

Frotteuristic Disorder

Sexual Masochism Disorder

Sexual Sadism Disorder

Pedophilic Disorder

Fetishistic Disorder

Transvestic Disorder

Other Specified Paraphilic Disorder

Unspecified Paraphilic Disorder

Other Mental Disorders

Other Specified Mental Disorder Due to Another Medical Condition

Unspecified Mental Disorder Due to Another Medical Condition

Other Specified Mental Disorder

What is “mentally ill”?...continued

Unspecified Mental Disorder

Medication-Induced Movement Disorders and Other Adverse Effects of Medication

Other Conditions That May Be a Focus of Clinical Attention

Conditions for Further Study

Attenuated Psychosis Syndrome

Depressive Episodes With Short-Duration Hypomania

Persistent Complex Bereavement Disorder

Caffeine Use Disorder

Internet Gaming Disorder

Neurobehavioral Disorder Associated With Prenatal Alcohol Exposure

Suicidal Behavior Disorder

Nonsuicidal Self-Injury

How are we supposed to design for this?

Most common diagnosed disorders in jails/prisons:

- Depression/depressive disorders – 21%
- Mania/bipolar disorder – 12%
- Anxiety disorders – 8%
- PTSD – 7%
- Personality Disorders – 6%
- Schizophrenia – 5%

(BJS, 2007)

High percentage of co-morbidity – approximately 75%

How are we supposed to design for this?

In addition to the disorders listed on the previous slides, “mental illness” and “mental health” extends beyond clinically diagnosed disorders.

Other prevalent cognitive and behavioral issues:

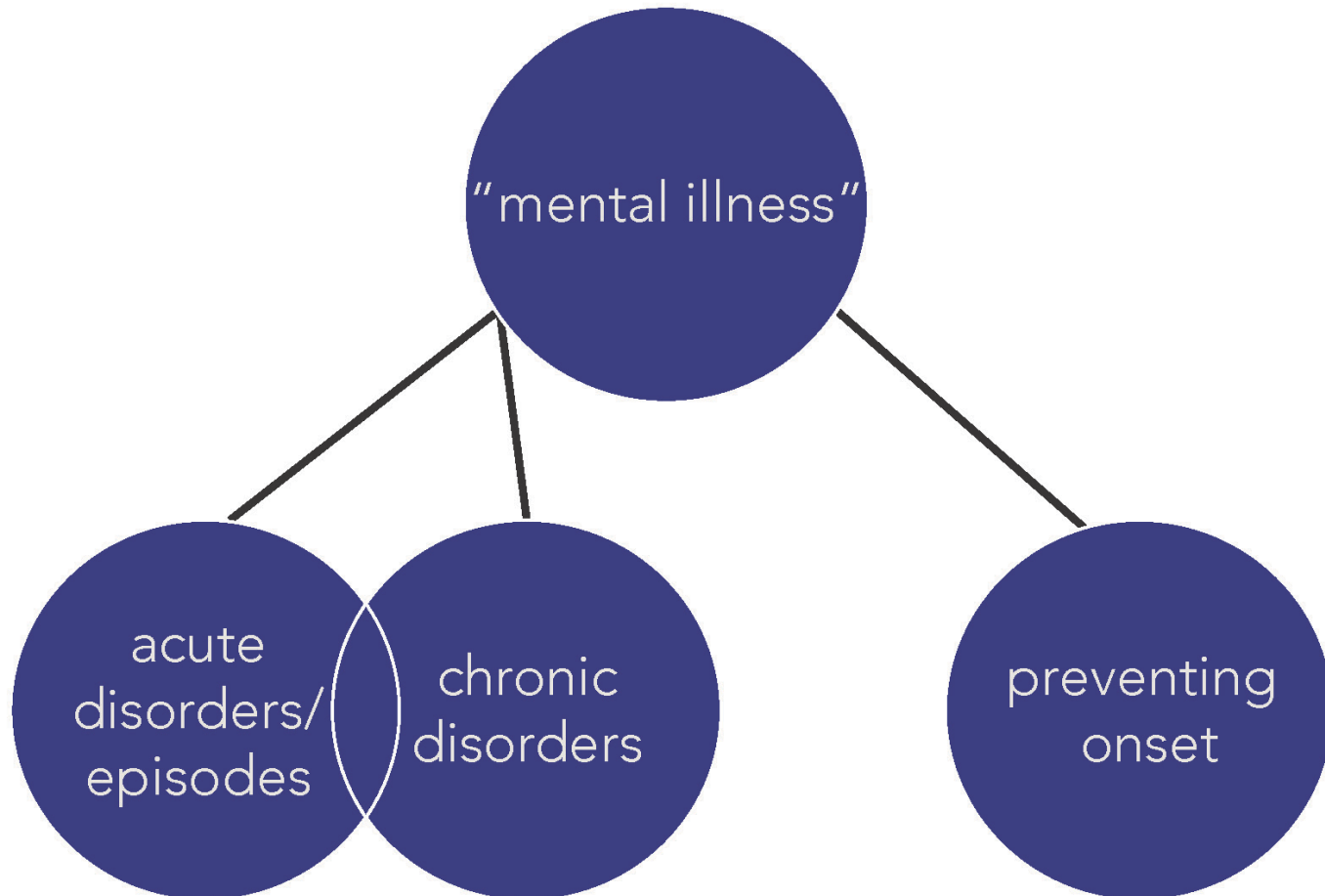
- Anger management
- Impulse control
- Emotional regulation
- Intellectual/developmental delays
- Malnourishment

How are we supposed to design for this?

Correctional environment milieus are NOT set up for these significant and wide-ranging symptomologies. Given this, an alternative environment is necessary, focused on the mental health of inmates/patients.

We design for the largest mental health provider in the nation. It's evident that we need to look to Secure Psychiatric/Behavioral Health Facilities for precedent on how to design for these vulnerable populations.

How are we supposed to design for this?



What are we doing right?



West County Detention Facility
Contra Costa County
Richmond, CA



San Diego County Women's
Detention Facility
Santee, CA

Where to look next

Where to look next

Inmate-Patient Rooms (Cells) and Dorms:

- Allocation
- Density
- Capacity

Balancing designing for security and designing for mental health.

Access to restorative exterior environments.

- Particularly for high acuity and high security inmates.

Resources

National Association of Psychiatric Health Systems:

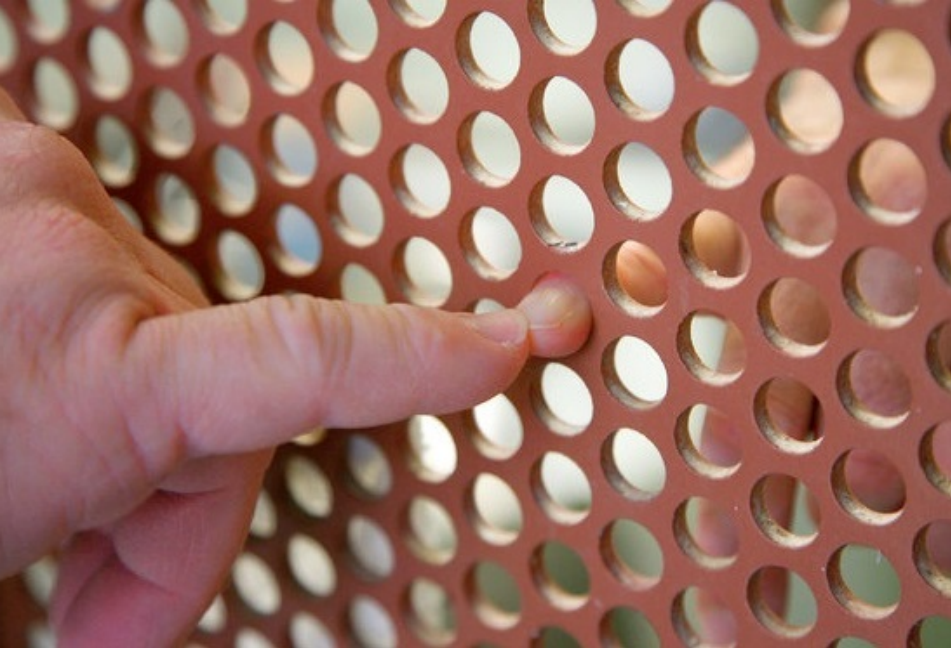
- Design Guide for the Built Environment of Behavioral Health Facilities
- www.fgiguilines.org

The Center for Health Design:

- Design Research and Behavioral Health Facilities
- www.healthdesign.org

Whole Building Design Guide:

- <https://www.wbdg.org/design/psychiatric.php>



PRISON | HOSPITAL

ARCHITECTURE + ENVIRONMENT

CAUSE | EFFECT | SOLUTION?

John A. MacAllister, AAIA

What suggests that our prisons and other carceral settings should be designed like modern mental health institutions?

- Harsh prison environments are a contributor to declining inmate health (both physical and psychological), anti-social behavior, increased violence, and recidivism.
- Facility design impacts inmates' physical and psychological well-being - better physical conditions (e.g., acoustics, sanitation, and privacy) contribute to more positive behaviors.
- However, little empirical evidence exists as the foundation for decision-making to support either harsh or more comfortable surroundings for inmates.



The Perversion of Justice



“ Ethical guidelines forbid researchers from keeping animals in social isolation for long periods of time. ”

(Akil)



Current Practices / Standards

- Are prisoners any better off after serving their sentences?
- ACA
 - are the standards truly adequate?
 - planning/design to the lowest common denominator?
 - new updates...do they go far enough?
- Mandela Rules
 - a better, more humane approach
 - don't address the physical environment

A photograph of a prison cell. On the left is a long, low concrete bench. On the right is a stainless steel toilet. The walls are made of light-colored cinder blocks. The floor has a pattern of light and dark tiles.

How then, do we develop a **HUMANE** approach to incarceration?

Educate clients,
decision-makers
and legislators
to **think outside
of the box**

Clients, politicians and the public are beginning to understand that **our system must be changed...**

AN OP-ED
BY THE PRESIDENT

‘We believe that when people make mistakes, they deserve the opportunity to remake their lives.’



Collaboration with visionary clients can alter the goals and missions of criminal justice projects...



Traditional custodial facility vs. a treatment model...

- elevation of the “Status Quo”, enhanced solutions
- making a positive difference in the lives of people who occupy it
- proving that architecture can play a major role in making people better
- through example, contributing to the betterment of society

Leadership & Collaboration...

- Decision/policy-makers vs. "process managers"
- Build trust and common goals at the very beginning
- Advance vision, policy, reform, approach, process and solution
- Consider all interest-bearing parties in the process

Leadership & Collaboration...

- “Keeping it Real” – Clients call the shots but are advised and influenced by good architects
- Bring out the best intellect/solutions
- Push the boundaries without going too far
- Expect and work toward innovative solutions

Visionary Clients,
Meaningful Collaborations,
Great Projects...

Visionary Clients, Meaningful Collaborations, Great Projects...



Otago Corrections Facility, New Zealand



Sollentuna Prison, Sweden



Pondok Bambu Prison, Indonesia



HMP Addiewell, Scotland



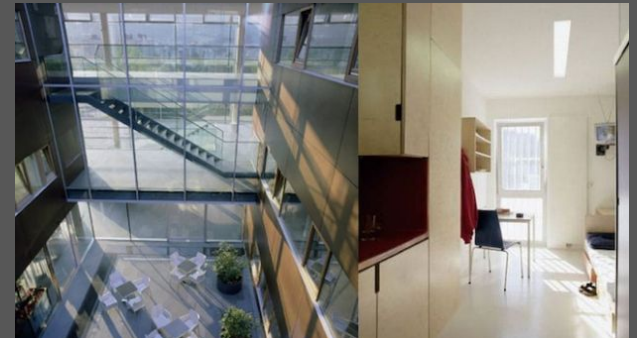
HMP Addiewell, Scotland



Halden Prison, Norway



JVA Fuhlsbuettel Prison, Germany



Justice Center, Leoben, Austria

San Mateo County Youth Services Center, 2006

Client: Loren Budress, Chief Probation Officer (former)

Architect: CGL/Steve Carter; KMD/John MacAllister



Vision/Goals

"The vision of the San Mateo County Probation Department is to be a proactive and innovative agency which facilitates positive changes in offenders' behaviors that reduce recidivism and foster a law-abiding lifestyle."

Mission Statement

"The mission of the San Mateo County Probation Department is to enhance community safety, reduce crime, and assist the victims of crime through offender accountability and rehabilitation."



San Mateo County Youth Services Center, 2006

Multiple Clients

(youth, family and community) as well as service providers, which include Juvenile Courts, Health Service Agency, Mental Health, Human Services Agency, County Office of Education, Public Works, and Probation Department.

Complex Program

Juvenile Hall: Assessment Center, Intake/release, Housing (including a dual diagnosis unit), Visiting, Facility Support, Health Services, Mental Health, Food Service, Programs, Education, Girls Camp and Administration.

Youth Services, composed of the Juvenile Court, Probation Department Administration, Juvenile Probation, Community School/Day Reporting, and two Group Receiving Homes.

Awards

- AIA Academy of Architecture for Justice – Justice Facility Review 2007
- California Legislative Assembly Certificate of Recognition, 2008 Green Building Award, Honorable Mention
- State of California Senate - Certificate of Recognition - March 2008

San Mateo County Youth Services Center, 2006



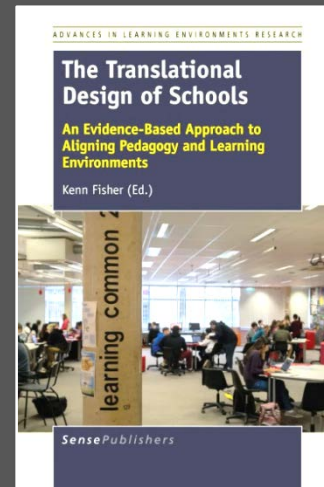
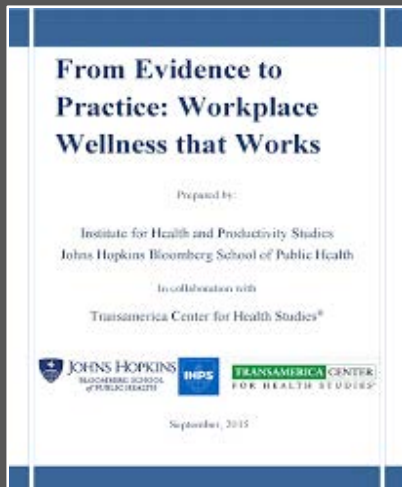




Decades of **Evidence-Based Design** study in...

Healthcare Facilities → **Enhanced TX Outcomes**
Academic Facilities → **Enhanced Learning**
Workplaces → **Enhanced Performance**

Has taught us a lot about how physical environments can impact human performance and cognition...



Why would **Evidence-Based Design** and a **Treatment-Based Approach** not be applied to the design of custodial facilities?



Architecture
has the power
to soothe,
inspire and
motivate...

Secure Psychiatric Facility Designs

Set an Excellent Precedent for Custodial Environs



**We still have much to learn from other,
more enlightened countries...**

Halden Prison, Norway

**A prison
where inmates are treated
like people**

A photograph of the Halden Prison in Norway, a modern building with a curved, metallic facade and large windows, situated on a hillside. The building is a long, multi-story structure with a distinctive curved, metallic facade. It features large, rectangular windows and a series of vertical panels. The building is situated on a hillside, and a paved path leads towards it. The overall tone of the image is sepia or muted, giving it a historical or documentary feel.



The Elements of a Humane Environment



Academy of Architecture for Justice Conference
November 2-5, 2016
Honolulu, Hawaii



The Context

- Globally, the focus of many correctional systems has shifted to now include a reduction of reoffending.
- While perhaps a gradual shift in programs and services, ultimately this will be reflected in architectural responses.
- Over an extended time, this could mean special-purpose facilities that include a greater focus on treatment rather than incarceration.
- In the short-term, opportunities may well be limited to subtle changes to existing incarcerative institutions.
- What, then, are the elements of design that can support a focus on treatment with an aim of reducing reoffending?

Implications for the System

1. For an entire correctional system to embrace a treatment focus, a structural re-ordering should follow the evidence-informed expression of **vision, values, and principles**.
2. Followed by an examination of **risk and needs assessment tools and metrics**.
3. From which quantitative and qualitative **guidelines for care and custody** are established.
4. Leading to clarification of appropriate **policies and procedures** for management and operations.
5. That are supported by changes in **staff training**.

Implications for the Facility

The design of a school with a mission of vocational training should be different from that of a STEM school.

The design of an emergent care hospital will look different from one based on rehabilitation.

SO

A correctional facility focused on treatment and preparation for reentry should be more than a different color scheme.

Physical Elements of a Humane Environment

1. Image and the setting.
2. Role of nature.
3. Spaces for association.
4. Spaces for accommodation.
5. Delineation of character.

1. Setting and the Facility Image

- Image is everything.
- Custody and care through the perimeter.
- Importance of the front door.
- A statement to the community about mission.



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2. The Importance of Nature in Treatment

- The exterior environment sets the stage for healing.
- A variety of uses of nature to promote the mission
- “Where have all the flowers gone?”



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3. The Space for Association

- Use of color to inspire.
- No substitute for natural light.
- Spaces to fit the treatment.
- Healing through social interaction.
- Creating a culture of caring.



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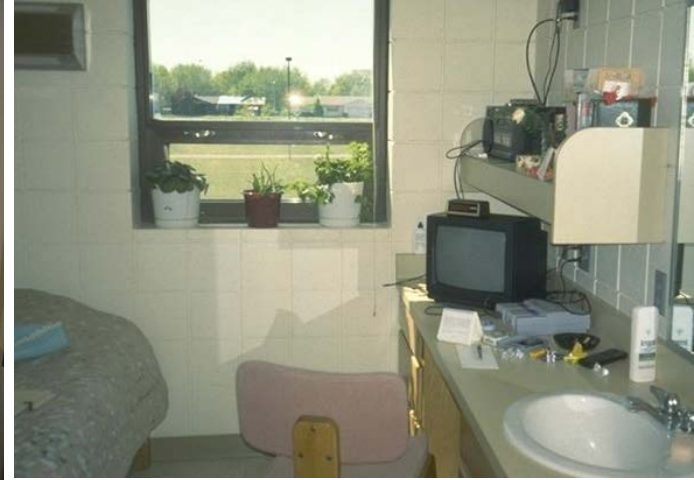
4. The Space for Accommodation

- The pursuit of human dignity.
- Essential tilt towards normalization.
- Remaining connected.
- Privacy without loneliness.
- Shared spaces.



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5. The Delineation of Character

- Finding a new expression.
- Integrating the elements.
- Using the evidence.
- Building a constituency.



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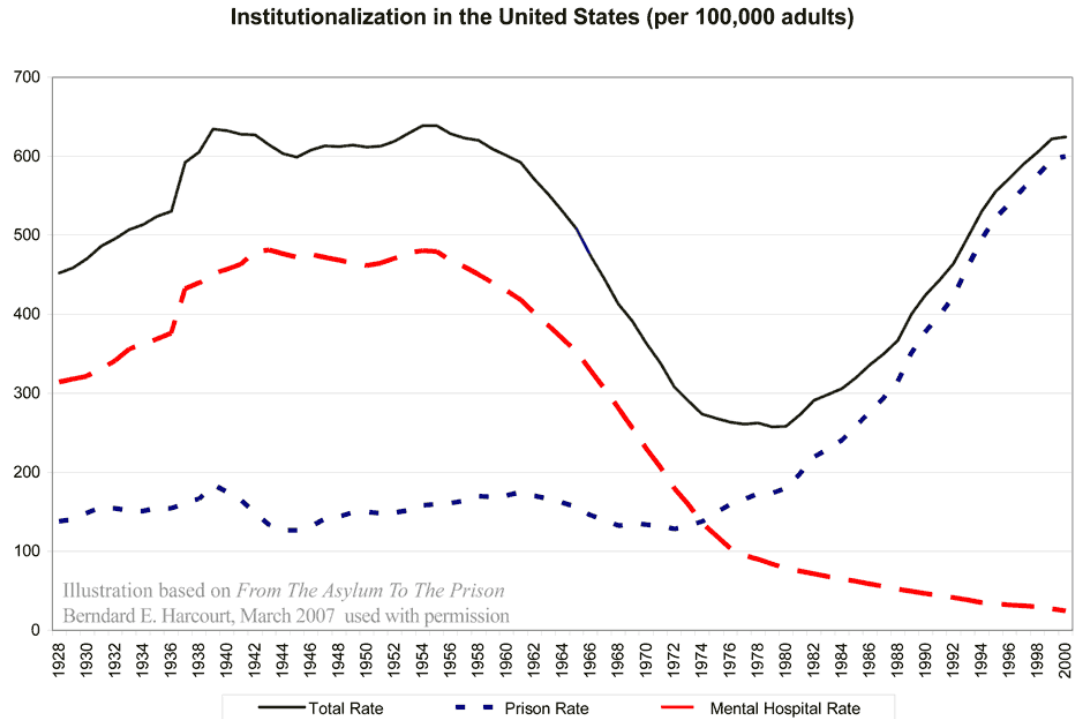
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- Building a constituency.



The Takeaway

- Given the opportunity, the design community can and will respond to the need to be more treatment focused but will need a constituency that includes politicians, managers, officers, and researchers to prepare the brief.
- Silver bullets will be rare, but examples based on a “kit-of-parts” can be informative in inching us towards solutions that are more rehabilitative in concept and delivery.
- Promoting the design of treatment-focused environments will involve a broad team of planners, designers, constructors, and product suppliers.
- This may be the “fourth” generation of correctional management and design.

Steve's slides here



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Rick Raemisch
Executive Director

JUST OPEN THE DOOR...

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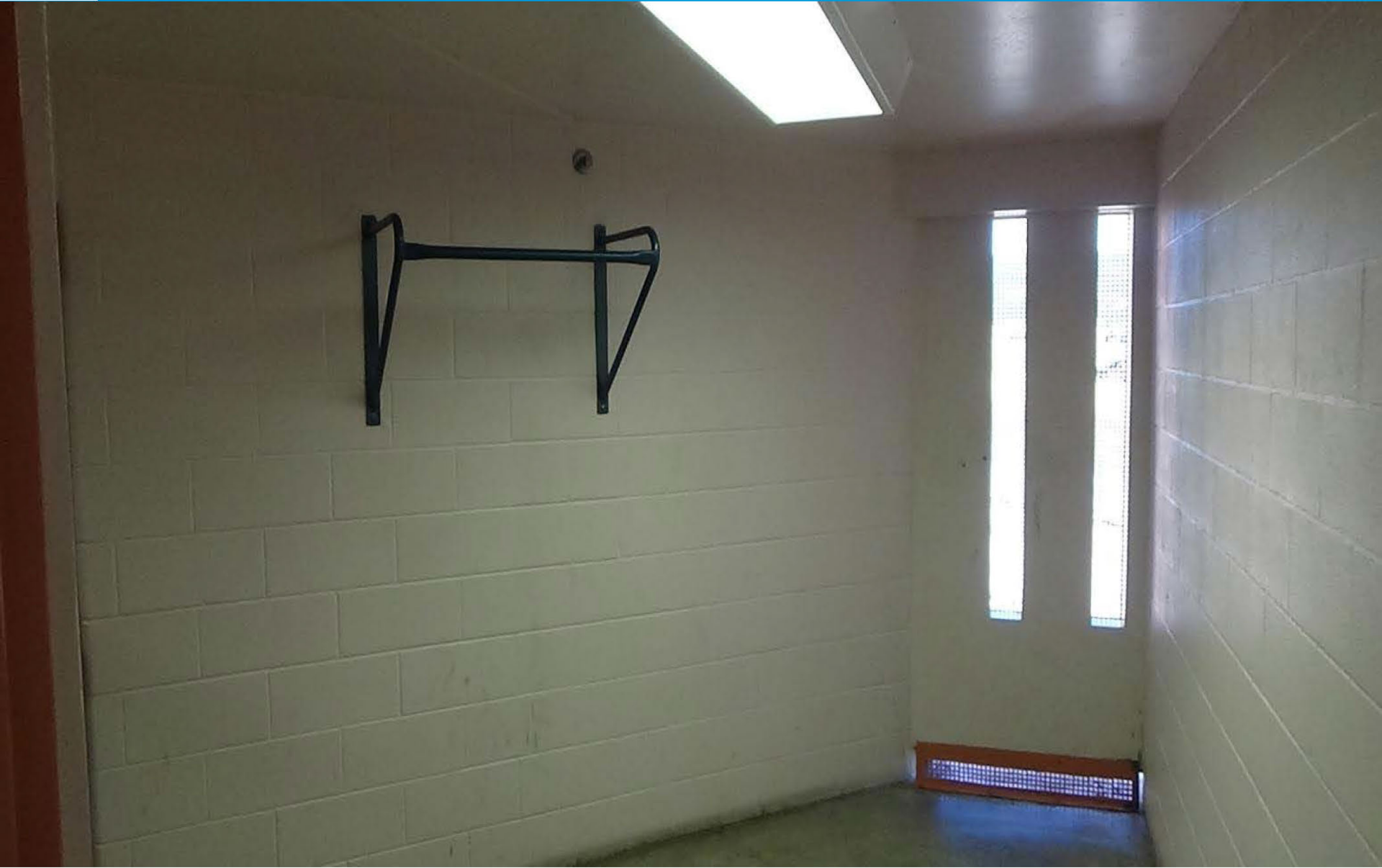
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Residential Treatment Programs



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Residential Treatment Program

Purpose: To provide a treatment program with incentive level systems for offenders with mental illness and/or intellectual and developmental disabilities, and criteria for movement/transition for RTP offenders.

Deter offenders being placed into Restrictive Housing for behaviors that are directly related to their mental illness.



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San Carlos Correctional Facility Residential Treatment Program

Implement
Residential
Treatment Policy

```
graph LR; A[Implement Residential Treatment Policy] --> B[Steady decrease in offender demographics]; B --> C[Special Controls: FY 2014 - 44, FY 2015 - 3, 93% decrease]; D[Forced cell entries decreased by 77% from 2014 to 2015] --> E[Offender on staff assaults have decreased by 46% from 2014 to 2015.];
```

Steady decrease in
offender
demographics

Special Controls:
FY 2014 - 44
FY 2015 - 3
93% decrease

Forced cell entries
decreased by 77%
from 2014 to 2015

Offender on staff
assaults have
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The result of Colorado's Restrictive Housing reforms is an empty maximum security prison.



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