

PROGRAMMING & EDUCATION SPACE AT MCF - RUSH CITY

RUSH CITY, MINNESOTA



NEEDS SUMMARY

The Minnesota Correctional Facility in Rush City was built based on single bunking of cells. Today, the **facility is at twice its capacity and double bunked, creating a critical shortage of available rehabilitative services and programming space.** The lack of space limits the services that can be provided to those who are incarcerated at the prison.

MCF-Rush City was built less than 25 years ago. It is the “newest” prison in the Minnesota DOC and serves as a Level 4, or maximum security, prison. While the prison population across the state may change, **it is important to note that the prison in Rush City will continue to be used for many decades to come. With current space restrictions, the individuals incarcerated there cannot meaningfully engage in needed treatment, education, and other services.**

The state must ensure that the high-risk, high-need individuals incarcerated at MCF-Rush City receive necessary programming. It is critical for reducing recidivism and creating better public safety outcomes. It is also central to reduce the intergenerational impacts of incarceration and help individuals successfully reenter and engage in their communities and with their families. **Of note, the enormous racial disparities in our criminal justice system are prominently clear at the Rush City prison with 55% of its population being Black and 7% American Indian or Alaskan Native**

The shortage of space has led to significant limits on rehabilitative programs, in particular higher education, workforce training, and behavioral health treatment. The facility must currently use the visitation area and corners of common areas for therapy sessions. There is nearly no capacity for higher education programming at all.

This project will expand the availability of services including education, behavioral health therapy, substance use disorder treatment, religious programming, and

SUPPORT TRANSFORMATIONAL EDUCATION & PROGRAMMING



In understanding the Department of Corrections (DOC)'s asset preservation and capital investment project needs, it's important to understand the department's mission: **to transform lives for a safer Minnesota.**

The DOC not only securely houses incarcerated individuals, but it is also responsible for their healthcare, treatment and programming needs, and transitional services upon reentry. To accomplish the central goal of keeping Minnesotans safe, these efforts must be successful because **95% of those who are incarcerated will, one day, be back in their communities.** We must be sure they re-enter with the skills to be successful – for their sake and to help ensure there are no more victims.

Importantly, DOC facilities are the 24/7 work environments for the 4,300 dedicated staff who serve the state each day – often under very challenging circumstances.

Accomplishing our mission and supporting DOC staff is made more difficult when **our facilities, such as Rush City, only have space for a fraction of the services that must be delivered.**

Increased participation by incarcerated persons in effective programs can reduce recidivism. When they do not have access to programs due to capacity and are effectively “warehoused” during their time in prison, it diminishes their chances for success in landing a job and desisting from crime after they get released.

By supporting the MCF-Rush City programming and education space project, Minnesota would be actively working **to lower recidivism, increase community reentry, and create a safer state.**

COSTS

New Space:

28,340 gsf

Remodeled

Space:

16,326 gsf

Total Project

Cost:

\$46,585
million

Rush City Expansion: Impact on Public Safety

Impact of treatment and education on recidivism:

Sex offense treatment has been shown to decrease recidivism rates by 27% for additional sex offenses.

Recidivism rates are typically lowered by 43% for individuals who have participated in DOC's EMPLOY program.

Those who participated in post-secondary education programming while incarcerated were 16% less likely to recidivate.

Nearly 90% of Minnesota's incarcerated population have a substance use disorder (SUD). Programs that target substance use disorders are largely successful in reducing recidivism.

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Idleness in prison increases the risk for frequent and violent misconduct in prison.

1 in 3 incarcerated individuals at Rush City sit idle; one of the highest idle rates across the department.

Individuals at MCF-Rush City are high risk – with serious and often violent underlying crimes – and high need for services to ensure success upon reentry and reduce reoffending. Data clearly shows that programming is essential to reducing recidivism.

OASIS, the sex offense treatment program, is currently being held in a “temporary” mobile trailer. The program only accommodates 70 men, yet there is a **waitlist of at least 200 men who need this treatment at Rush City.**

50% of men at Rush City are estimated to require behavioral health services. Of those who require behavioral health services, typically 75% also have substance use disorders. The prison has only two, small behavioral health office rooms.

205 men incarcerated at Rush City do not have a high school diploma or GED, yet there is consistently a waitlist for this basic, required education due to limited classroom space. Post-secondary education is nearly unavailable at the prison due to a lack of space. **Insufficient space prevents the full potential of federal Pell eligibility for incarcerated individuals at Rush City.** Pell eligibility reopening for incarcerated individuals means the federal government pays for higher education in prison. Post-secondary education is proven to not only reduce reoffending, but for the 75% of incarcerated men who are also parents, has intergenerational impacts on educational attainment.

84% of those incarcerated in Rush City take medication. Most incarcerated individuals with medical needs have never had meaningful healthcare provider contact in the community. There is currently no room for telehealth to be provided to the incarcerated population and the prison clinic is beyond its space capacity for care.