
in bed space during this time period still totaled 33,255. By 1986, this shortfall had grown to 50,000.

Voluntary design and operating standards of the ACA/CAC are fast becoming the norm for both major prisons and community based correctional facilities.

The major responsibility for correctional facilities is exercised at the state, county and municipal levels as a result of federal government decentralization. While accommodation standards and operating requirements still vary from state to state, the 1978 voluntary standards of the ACA and its Commission on Accreditation for Corrections (CAC) are increasingly becoming the norm for facilities design and operations throughout the country. Currently, 25% of all correctional facilities either comply with or are being modified to comply with these standards. Further, 80% of all state departments responsible for correctional and youth services are basing their standards on those of the ACA/CAC.

2.7.2 Current Trends

The market for correctional facilities is growing.

Trends towards mandatory sentences, the abolition of parole, the curtailment of other good behaviour privileges, and the increasing obsolescence of older facilities are all combining to provide a critical shortage of space for all elements of the correctional system. This situation will continue for at least the next decade and likely well into the twenty-first century. Already, the U.S. planned prison construction program amounts to \$4 billion of which \$2 billion has been appropriated in California. Other states with ambitious construction programs include New York, Texas and Florida. In the first few months of 1987 alone, Idaho, Iowa, Missouri, Utah and Vermont all announced major new construction programs. Utah's program was part of a master plan to add 4,600 beds to the state system by 1994. The program for Iowa was to permit offenders convicted of motor vehicle violations related to drug or alcohol use to be transferred from the state prison system to a local community correctional facility.

Even with this level of construction activity, it is estimated by the ACA that the national program shortfall is 150 to 200 beds per week. To correct the current space shortfall and