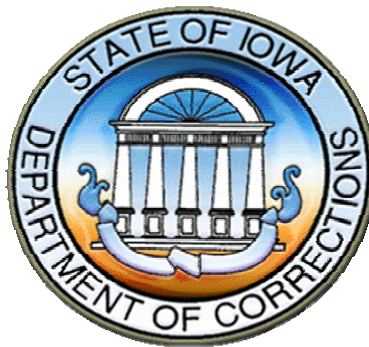

Iowa Department of Corrections

2012 - 2016 STRATEGIC PLAN



January 2012

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Mission of the Iowa Department of Corrections

To advance successful offender reentry to protect the public, employees, and offenders from victimization.

Guiding Principles of the Department of Corrections

- Safety
- Victim Reparations
- Re-entry
- Collaboration
- Evidence Based Practices
- Transparency
- Respect for Others
- Staff Recruitment and Development
- Fiscal Responsibility

Preface to the Strategic Plan

The Department of Corrections (DOC) is responsible for nine prisons housing 8,500 offenders and eight Community-Based Corrections (CBC) Districts that supervise 30,000 offenders on any given day.

Additionally, the DOC is responsible for the Iowa Prison Industry program which is a not for profit business that teaches incarcerated offenders valuable manufacturing job skills.

The Department of Corrections **2012-2016 Strategic Plan** outlines the Department's areas of concentration over the next four years. The DOC will concentrate its efforts on:

- Alignment of District and Institution resources and staff in relation to offender/patient risk and need.
- Diversion and Re-entry programs for offenders and non-offenders.
- Incarceration for only those who need it.
- Focus resources on those individuals most likely to reoffend.
- Evidence-based practices (EBP).
- Effective community supervision.
- Collaboration with government and non-governmental organizations.
- Open new/expanded community-based corrections residential facilities.
- Open two new prisons.
- Housing options for geriatric and seriously mentally ill offenders.
- National partnerships that improve Iowa's corrections system.

Iowa's adult correctional system carries out its legal mandate of protecting the public and promoting offender rehabilitation through a continuum of community and institution evidence-based services and interventions. This continuum has been developed with recognition that the majority of offenders present minimal risk when community supervision strategies, programs, and services are designed to target needs which contribute to criminality. Those offenders who, as determined by the court, do present substantial risk to the community should be incarcerated in order to maintain the safety of the public. Ninety-three percent of incarcerated offenders; however, will return to the community. For those offenders, planning for their reentry must start upon admission to the corrections system and must be supported by targeted programming, release preparation, and transition services. Success in these endeavors significantly reduces the likelihood of future criminal behavior and enables these former offenders to become productive members of the community. Lower recidivism results in less victimization and substantially lower cost to the taxpayer. In 1993 the Department's recidivism rate was 44.7%. Today, the recidivism rate is 31.8%. Our strategic plan is to further reduce the recidivism rate to 25% during the next four years while at the same time reducing the offender populations in both community-based corrections and prison to levels supported by our appropriation.

Department of Corrections' Concentration of Efforts

Alignment of District and Institution resources and staff relation to offender/patient risk and need

1. Develop workload formula that provides for staffing sufficient to the offenders assessed needs and risk level.
2. After completion of new infrastructure, reposition resources and offenders to maximize the Department's ability to reduce recidivism and staff and offender safety.
3. Expand our ability to assess treatment needs and determine offender treatment program effectiveness.
4. Search for better treatment opportunities for the mentally ill offenders.

Diversion and Reentry programs for offenders and non-offenders

1. Continue the work of the recently commissioned ASRT (Advancing Successful Reentry Team).
2. Complete the evaluation of the ACTV (Achieving Change Through Value-Based Behavior).

Incarcerate only those who need it

1. Work with the Council of State Governments and others to develop options to reduce incarceration rates.
2. Support the Iowa Public Safety Advisory Board recommendation to reduce the disparity between crack and powder cocaine penalties.
3. Provide offenders' assessed needs to the court prior to sentencing.

Focus on individuals most likely to reoffend

1. Our treatment and supervision resources should be invested and targeted on moderate and high risk offenders.
2. Increase treatment capacity across the corrections system.

Focus on evidence-based practices

1. Validate Risk and Needs assessment
2. Prioritize supervision and treatment resources for high risk offenders
3. Measure process, practice, outcomes

Resources must be invested in treatment programs that Iowa-based studies show reduce recidivism. Steps must then be taken to monitor the quality and performance of those programs to ensure recidivism reduction outcomes. We have continuous quality improvement tools and processes in place, but recent reductions in supervisory staff have challenged our ability to do this important work.

Expand Effective Community Supervision

1. Reduce CBC caseloads to levels that support increased success rates.
2. Establish population management techniques that enhance the offender's ability to complete treatment successfully.

3. Challenge CBC Directors to develop new programs for seriously mentally ill offenders so they can be diverted from supervision.

Expanding collaboration opportunities with other state agencies

1. Education
 - Expand partnerships with community colleges to provide basic education to all offenders.
 - Provide the opportunity for all offenders to learn to read at a 10th grade level.
 - Expand computer based learning opportunities.
2. Workforce Development (IWD)
 - Expand the number of IWD employees working with offenders during the last 6 months of incarceration.
 - Increase the number of institutional career fairs to 6 per year.
 - Establish IWD satellite kiosk work stations in most CBC locations for offender use.
3. Human Services
 - Actively participate in the states mental health re-design
 - Develop the statewide template for mental health courts
4. Faith-based and community organizations
 - Further increase the opportunities for faith based organization to positively impact offenders in prison and the community

Open completed CBC residential facilities

1. CBC 1 – Waterloo Women's Center for Change – 45 Residential Bed Facility
(Completed May 2011)
2. CBC 3 – Sioux City Residential Facility – 42 Residential Bed Facility
(Substantial completion – March 2012)
3. CBC 6 – Cedar Rapids ANCHOR Center – 26 Mental Health Residential Bed Facility
(Completed 2008)
4. CBC 7 – Davenport 605 Center – 40 Residential Bed Facility
(Completed – September 2010)
5. CBC 8 – Ottumwa Residential Facility – 25 Residential Bed Facility
(Substantial completion – March/April 2012)

Open two new prisons

1. Mitchellville – 888 Bed Women's Facility
(substantial completion – December 2013)
2. Fort Madison – 800 Bed Maximum Security Facility
(substantial completion – December 2012)

Housing options for geriatric and seriously mentally ill offenders

1. Continue partnership with Iowa Veterans Administration Hospital and Clinics to address the needs of geriatric and mentally ill offenders who qualify for veterans benefits.
2. Expand Veterans programming in community-based corrections.
3. Work with Legislative Interim Community on viable options for this group of offenders.

National partnerships that improve Iowa's corrections system

1. Continued association with ASCA (Association of State Correctional Administrators).
2. Working toward passing the PBMS (Performance-Based Measures System) Audit in March 2012.
3. Work with PEW to better understand the costs of Corrections.

Our Success

1. The offender return rate to prison is 31.8%.
2. Women offender reentry has cut recidivism rates by 7.2%.
3. African-American offender reentry has cut rate of return to prison for new conviction by 7.0%.
4. Mental health offender reentry has cut recidivism rates by 16.1% for chronically mentally ill women and 10.7% for chronically mentally ill men.

Offender success is our goal

Recidivism and victimization is reduced

Our communities are safer

Fewer offenders in prison and on supervision in the community

Manage cost of corrections within appropriated resources

Reentry is our process

Begins when first placed under supervision in the community and at admission to prison

Seamless case management process focused on risk reduction

Collaboration with other state agencies, faith-based and community organizations

Divert persons with mental illness and disabilities from corrections

Evidence-based practices are our tools

Research based- risk and needs assessments

Invest treatment and supervision resources on those most likely to reoffend

Manage low risk offenders in the community

Measure performance and outcomes and invest only in what works

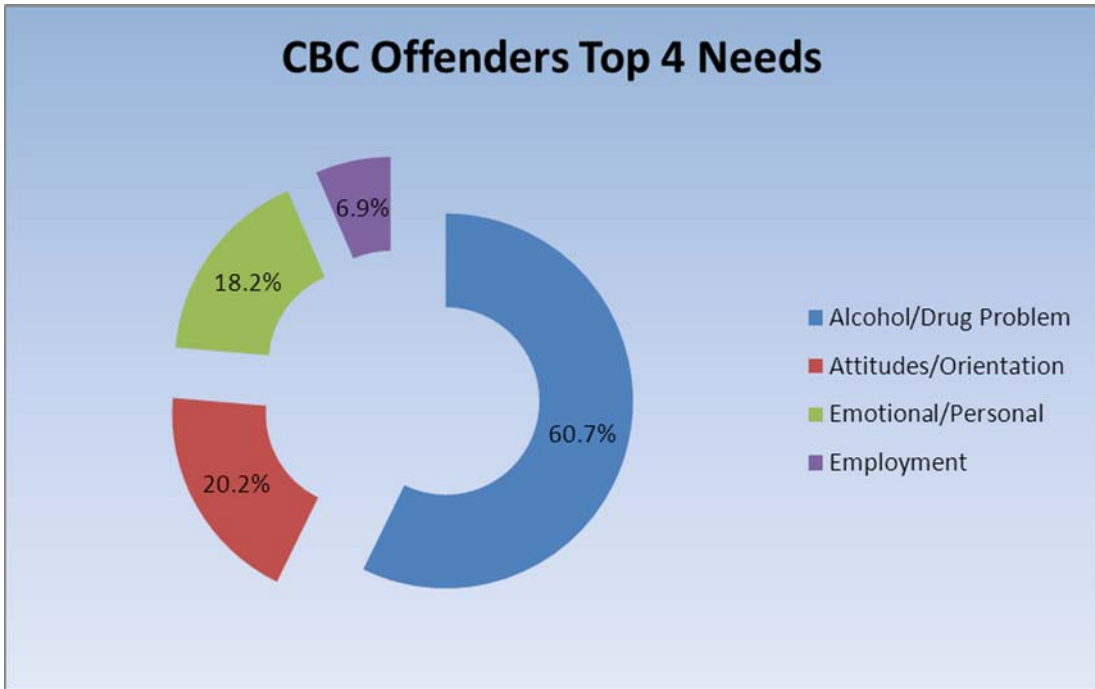
Use data to drive decision making

Staff is our most important asset

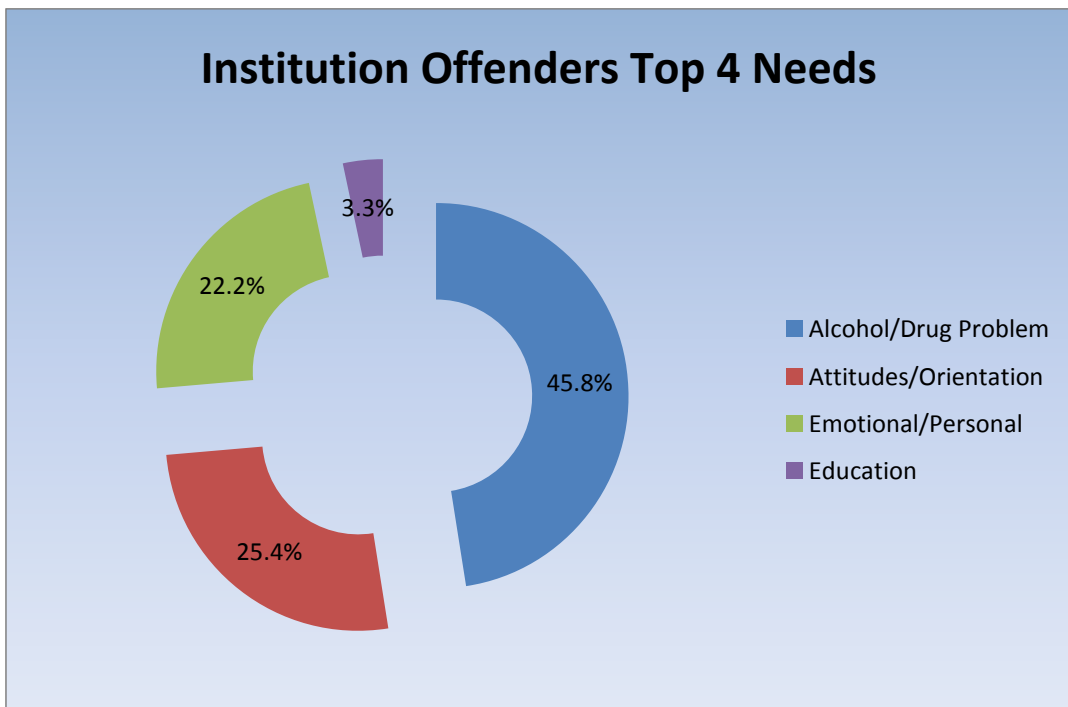
Hire, train and retain the right staff

Manage and engage offenders for positive change

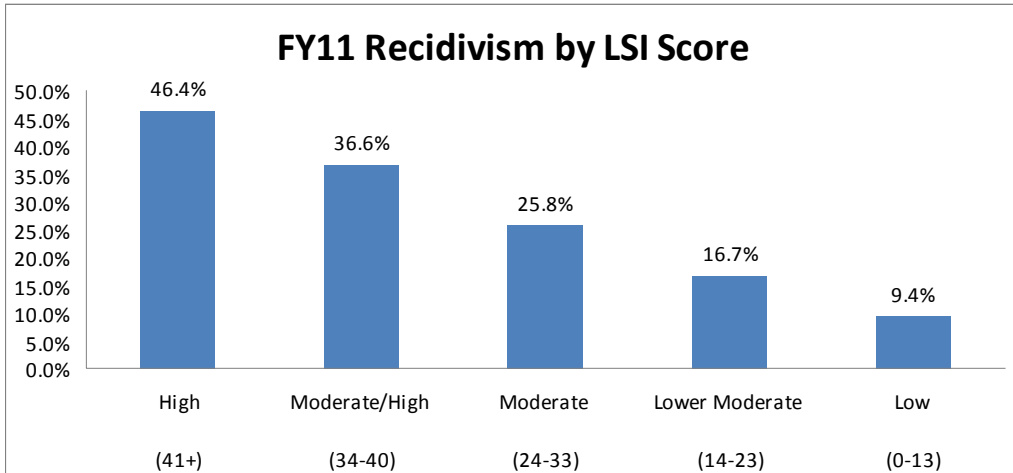
Solve routine and difficult problems daily



FY11 Performance Measures

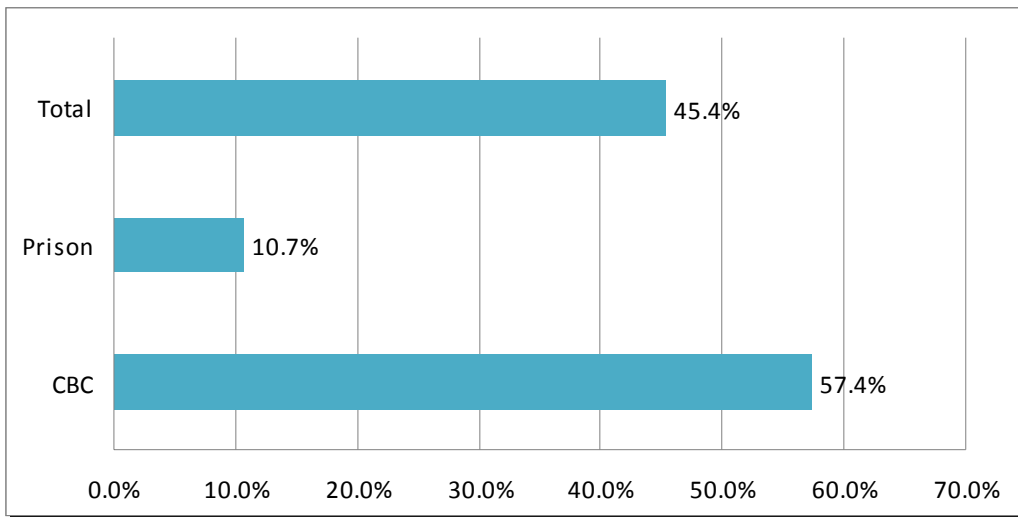


FY11 Performance Measures



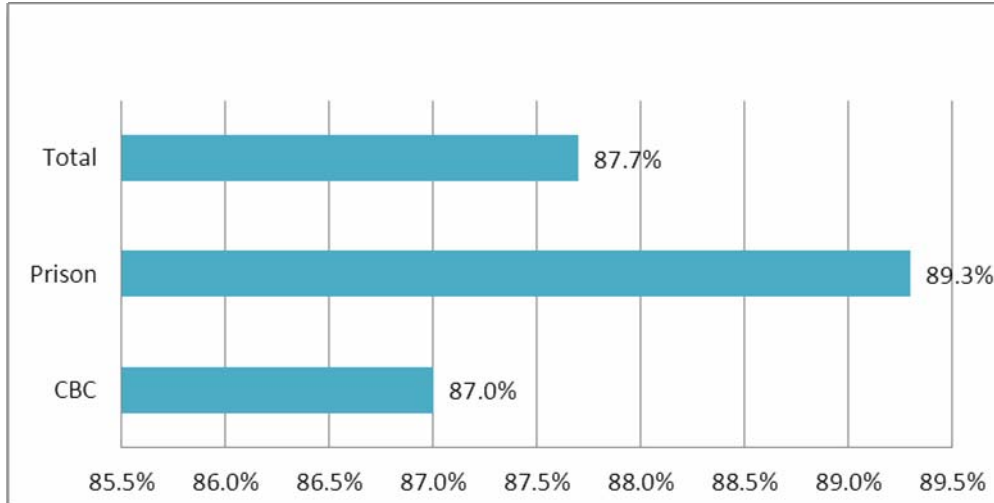
FY11 Performance Measures

Medium to high risk at time of admission whose LSI-R or Iowa Risk is significantly reduced while incarcerated or under CBC Supervision



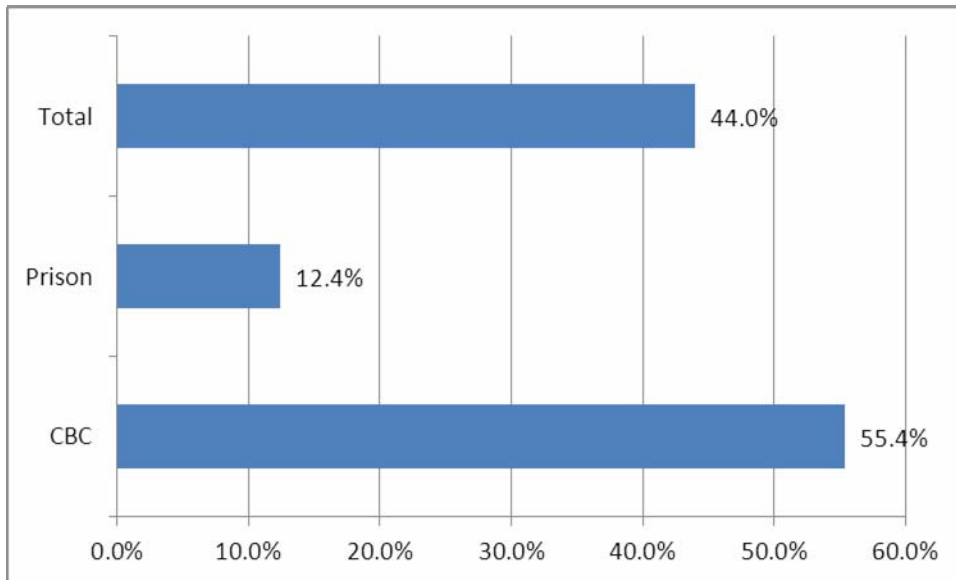
FY11 Performance Measures

Medium to High Risk Offenders whose top 4 needs programming were completed by discharge



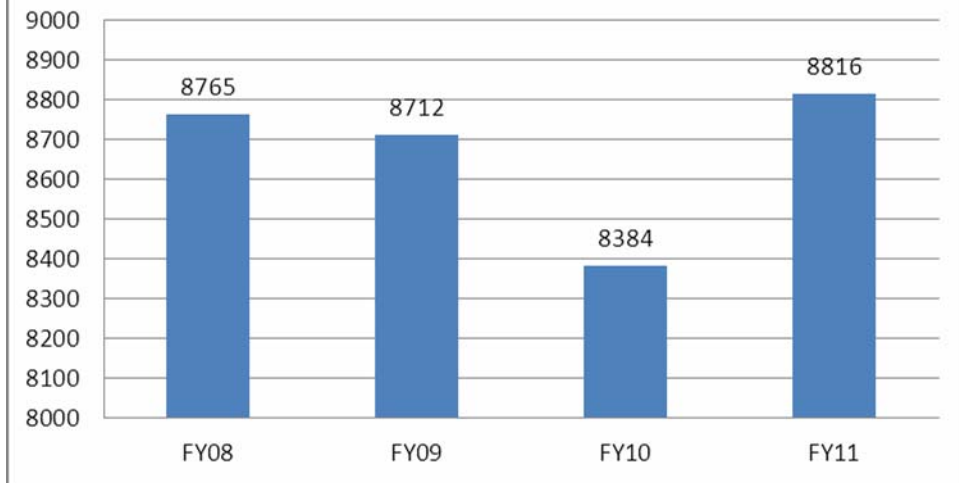
FY11 Performance Measures

Medium to High Risk Offenders with Identified substance abuse needs whose Iowa Risk or LSI-R score is significantly reduced at discharge from the corrections system



FY11 Performance Measures

Average Daily Population



ATG