

# State of Iowa Systematic Study for the State Correctional System

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## **Preface and Acknowledgement**

Durrant, Pulitzer-Bogard & Associates and Criminal Justice Institute are proud to present the State of Iowa Systemic Study of the State Corrections System. This document represents the culmination of 6 months of study and collaborative effort of architects, planners, Department of Corrections, Board of Corrections, State Legislature, department heads, administrators, wardens, and staff. The Team would like to take this opportunity to express our appreciation to those members that had a part in the formulation of this document. Together, we have developed a vision and future development of the State Corrections System.

**IDOC Report  
Systemic Study for the State Correctional System**

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# Chapter I: Introduction and Methodology

## Introduction and Methodology

### A. Overview of Study

Focusing on the tangible elements of the Systemic Study of the Corrections System intentionally took this Team in a clear direction. Our primary concern was on an operations lead evaluation to determine future opportunities for best practices in Treatment, Operations, Classification, and Programs; ultimately leading our evaluations toward the appropriate utilization and application of new and existing infrastructure. By focusing on operations first, an overriding vision for the study is to create a frame for decision makers in the State to define the core principles, direction and vision of the correctional system. Once confirmed, this framework would in turn, maximize opportunities to rehabilitate, reinforce and further reduce recidivism, and place the offender in an appropriate environment to promote a successful outcome.

Overall, we found highly talented and dedicated staff throughout the correctional system which is motivated to make the system work for the right reasons. Across the board, in Community Based Corrections and Institutions, the staff is doing an outstanding job with the resources they have. Clearly, programs and educational opportunities are focused on providing offenders with services to succeed. Special recognition should be given to the Prison Industries program as a successful avenue for growth and positive change. Beyond, we believe this study delivers a focused evaluation of Treatment and Operations and, in many cases, in an environment with limiting and aging infrastructure.

The bedspaces (housing units) were studied for their original intent of design, their existing classifications and functions, the appropriateness of design for their existing functions, and how they might be re-used (by changing function or by modifying structures) to house inmates according to validated classification and programming methods. The majority of bed capacity recommendations contained in this study focus on replacement beds due to infrastructure concerns, given the fact that a significant number of housing units have reached the end of their useful life. In many cases, life safety concerns are being offset with staff intensive solutions. Moving forward, we are looking at recommendations which will improve staff efficiency while enhancing life safety and security.

Within this systemic document, we have evaluated and defined what is working, what we believe needs improvement, and through workshops with Correction participants, have collaboratively set forth recommendations for the future. This document represents an initial step in a process that will require further development to reach the desired outcome. We believe, along with the Department of Corrections, that this is the foundation for future decision making and direction.

## B. Methodology

### 1. Assessing the Infrastructure

As part of the infrastructure assessment each of the nine institutions and twenty three Community-Based Correction Facilities were visited and evaluated under several categories. The categories consisted of physical condition of the structures, life safety concerns, ACA regulations compliance, security, and accessibility for persons with disabilities. For the life safety, the evaluation was performed using the *NFPA 101, Life Safety Code, 2000 Edition*. The evaluation for ACA compliance was based on *Performance-Based Standards for Adult Community Residential Services, Fourth Edition* produced by American Correctional Association. Accessibility of the facilities was evaluated using the information included in the Americans with Disabilities Act.

### 2. Assessing Treatment and Operations of the Institutions

The Team responsibilities included the following tasks:

- Population Projections / Data Verification:
  1. Confirmation of projections methodology prepared by the Division of Criminal and Juvenile Justice Planning
  2. Define required additional data compilation to support the P/BA team's analysis
  3. Confirm populations being served
  4. Analyze the requested additional data provided by IDOC
- Perform a systemic analysis and assessment of the following targeted populations and assess the current demand for treatment services they are receiving and the capacity of IDOC to meet those demands:
  1. Offenders with Mental Illness Treatment Needs
  2. Offenders with Sex Offender Treatment Needs
  3. Offenders with Substance Abuse Treatment Needs
  4. Female Offenders, not included in the above special categories
  5. Medical Treatment for aging offenders with chronic and terminal illnesses.
- Assess the treatment and programs services the targeted populations are currently receiving, and assess the current demand for treatment services they are receiving and the capacity of IDOC to meet those demands with the goal of providing systemic recommendations and developing future program models, including the following areas of analyses:
  1. Staffing as it relates to treatment services and programs
  2. Treatment and programs services and related correctional operations for these targeted populations and whether or not these services are evidence-based
  3. Security and transportation as it relates to treatment services and programs for these targeted populations

- Perform a functional assessment of the operations and staffing at the Iowa State Penitentiary (ISP) in Ft. Madison and provide recommendations as to how future re-use or replacement of ISP may improve and enhance current operations.

### **Task One: Population Projection Report:**

To accomplish the first task, the consultant team reviewed both the methods and results of the most recent ten year prisoner population projection report. These projections are routinely produced by the Division of Criminal and Juvenile Justice Planning which is part of the Iowa Department of Human Rights. Our analysis was based on a review of the most recent projections report dated November 10, 2006 as well as the report that was previously issued in October 2005. In addition to these reports, Dr. James Austin, who conducted the analysis, held several discussions with Paul Stageberg, the primary author of these two state reports to discuss in greater detail the methods used and the key policy assumptions that underpin the estimates. Finally, Lettie Prell, the Director of Research for the Department of Corrections was contacted to get the most recent population trends in terms of admissions, releases and the daily population.

### **Task Two and Three: Treatment and Related Operations**

To accomplish the next two tasks treatment programs in the nine institutions were reviewed through numerous interviews with all levels of IDOC staff including central office; all levels of institutional program, treatment and security staff and review of numerous documents, reports, policies and procedures, and tours of all nine facilities during the months of October and November, 2006.

Treatment in the nine institutions was assessed with a particular focus on key factors directly related to effective treatment in prison systems. A systemic approach was undertaken to assess treatment programs provided to five major treatment populations including substance abusers, sex offenders, offenders with mental illness, and the aging offender with chronic and terminal medical issues. In addition, all treatment programs for female offenders were reviewed with respect to whether or not they were gender specific.

The factors that were addressed include culture related to treatment, assessment for treatment need, continuum of treatment, capacity to provide treatment; gender-specific treatment modalities, access to reentry programs and community-based treatment upon release from prison, capacity to provide management and clinical oversight of treatment programs, and whether or not provided treatment programs were consistent with evidence-based practices. Treatment programs within a prison setting cannot stand on their own. In addition to the obvious treatment-related factors that impact their effectiveness, there are also infrastructure and operational issues that impact the ability to provide treatment programs (staffing, security, space) and the ability to evaluate the outcome of the treatment programs (data collections and analysis provided by

ICON and performance measures). These infrastructure issues were also reviewed and analyzed.

To understand the methodology that was used to assess the treatment programs it is important to understand the terms that are used throughout the treatment sections of this report.

*Culture Related to Treatment:*

Organizational culture related to treatment impacts the effectiveness of treatment programs in a correctional system. That is, whether treatment programs are encouraged and supported by Central Office, institutional management, treatment personnel, correctional officers, and offenders. If treatment programs are undermined by a lack of systemic support, the effectiveness of the treatment can be compromised. If offenders who are involved in treatment programs are labeled, discriminated against or in any other way negatively set apart from other offenders by either staff or other offenders, it will impact the effectiveness of treatment programs within the institutional setting.

*Assessment:*

Timely, appropriate assessment for treatment programs is also a factor that will affect treatment programs. Effective, timely assessment determines the level of treatment need and the type of treatment needed. Assessment of Iowa's treatment programs looked at access to, type of, and timeliness of assessment. In addition, the assessment instruments were reviewed and the assessment processes were evaluated as to whether or not they were consistent with evidence based practices.

Once an offender is assessed and his or her treatment needs are identified, the treatment must be made available. Availability is dependent upon the capacity to provide treatment, the continuum of treatment, and continuity of treatment including access to continued community-based care.

*Treatment Capacity:*

Treatment capacity refers to the "amount" of treatment that can be provided in any defined period of time. Treatment capacity is directly related to treatment slots (which if residential, may be beds), the number of staff available to provide treatment, and sufficient treatment/program space in which to hold treatment programs.

*Continuum of Treatment:*

The continuum of treatment refers to an array of treatment levels varying in intensity that will meet the assessed treatment needs of the offenders. If a continuum of treatment programs does not exist, offenders may be placed in suboptimal treatment programs that will not meet the offender's assessed treatment needs. On the other hand, an offender may be placed in more intensive and expensive treatment program than he or she needs.

*Continuity of Treatment:*

Continuity of treatment means that an offender has access to the full continuum of treatment within the prison system and access to continued care when released into the community. Access to reentry programs, community-based treatment and community supervision with continued treatment and support upon release from prison is important in order to maximize the likelihood that the offender will succeed in the community.

*Gender-Specific Treatment Modalities:*

The significant increase in the female population in prisons has made evident that gender-specific management, programs and treatment are required to maximize women's successful reentry to the community after incarceration. Gender-responsive strategies are grounded in three intersecting perspectives: the pathways in and out of criminality; the importance of connectedness and relationships; and the provision of integrated, gender-sensitive trauma victim, substance abuse, and mental health services. Program and treatment services developed specifically for the woman offender are based on women's competencies and strengths and promote self-reliance. Successful programs are designed to provide support, community linkages and educational/vocational opportunities as well as continuity of treatment from institution into the community.

*Management Capacity:*

Without adequate management and supervision treatment programs may lose focus and direction. Evidence-based treatment programs require both administrative management and clinical oversight to ensure that treatment being provided is consistent with expected practices and the ability to measure outcomes.

*Evidence-Based Practices:*

Evidence-based treatment programs are effective programs that have been proven to have successful outcomes. However, because these programs are research based and proven, it is important when implementing such a program, offenders are assessed and appropriately referred to the treatment programs that research indicates will be the most effective. Without the full capacity to provide such a program including assessment, continuum, continuity, and management and clinical oversight necessary, the program may not be as effective as research would indicate. It is essential that when evidence based programs are implemented, they are evaluated and validated for this particular offender population. Evidence-based programs require ongoing monitoring and evaluation.

**Task Four: Functional Assessment of Iowa State Penitentiary:**

To accomplish the fourth task, the consultant team assessed the operations and staffing of Iowa State Penitentiary (ISP) in Ft. Madison. The team thoroughly toured all facilities at ISP, interviewed staff, attended meetings, and reviewed numerous documents that included policies and procedures, incident reports, safety reports, staff schedules and overtime reports and additional documents related to the provisions of treatment and program services.

**Additional Activities Related to the Study:**

In addition to the activities previously described, the consultant team also participated in:

IDOC workshops held December 10-12 with IDOC Executive Staff, The Board of Corrections and Legislative Staff to present preliminary findings and to establish key priorities on which to build the recommendations from this study.

Attended and presented preliminary findings and progress reports to the Iowa Board of Corrections In November, 2006; December, 2006; and January, 2007.

The consultant team has also presented preliminary findings and recommendations to Legislative Staff, Legislative Committee Members, Advocates and other interested parties, and to the Joint Legislative Committee in January and February, 2007.

**3. Assessing Community Corrections**

The underlying assumption that informed our approach is that corrections is a system and a systemic approach is required (institutional, residential community facilities, field services) in order to make any recommendations regarding institutional or community corrections needs.

We examined the need for offender programs and services versus the resources available - the capacity to meet those needs. The objective being to achieve optimal utilization of resources and good management of those resources. We tried to answer the following questions about Community Corrections:

1. How is this resource currently being used?
2. What is the real demand for these services?
3. How can the system gain maximum benefit from the existing resource?
4. To what degree might it be expanded and in what ways?
5. What will be the impact on demand for institutional beds if CBC capacity is expanded?

**Introduction:**

In November of 2006 three of the Team visited all 23 CBC residential facilities in the eight judicial districts in Iowa (each one assigned several facilities in various geographic regions of the State). We toured the facilities, conducted interviews with staff in each District, interviewed District Directors or Acting Directors and attended one District's board meeting.

We also reviewed DOC and Judicial District reports and analyzed community corrections data from ICON. A list of the reports reviewed can be found in Appendix A.

In order to outline our findings in a way that is easy to follow and to inform the master planning process, we prepared a table of all community residential facilities in Iowa by District. For each facility we answered the following questions using a check mark in the appropriate column:

- Is the facility at or below capacity?
- Is it co-gender?
- Does the physical plant support expansion?
- Is there are adequate community resources to support expansion?
- Is food service provided?
- Is transportation provided?
- Is residential staffing adequate?
- Is in-house programming available?
- Is sex-offender programming available?
- Is substance abuse treatment programming available.

The responses for the two right columns, sex-offender and substance abuse programming, refer to those services being available whether in-house or in the community (see Table 1.C.1 on the following two pages). Brief descriptions of each facility follow the table.

**Table 1.C.1 – Adult Community Corrections Facility Findings**

Adult Community Corrections Facility	Facility At Capacity	Facility Below Capacity	Co-Gender Facility	Physical Plant Supports Expansion	Adequate Community Resources to Support Expansion	In-House Food Services	Facility Provides Transportation	Adequate Residential Staffing	In-House Programs Available	Sex Offender Programs Available	Substance Abuse Programs Available
<b>1<sup>st</sup> Judicial District</b>											
Dubuque Residential Facility	✓		✓	✓	✓	✓		✓	✓	✓	
Waterloo Residential Facility	✓		✓		✓	✓		✓	✓	✓	✓
West Union Residential Facility	✓		✓			✓	✓	✓	✓	✓	✓
<b>2<sup>nd</sup> Judicial District</b>											
Beje Clark Res. Facility (Mason City)		✓	✓	✓	✓	✓	✓	✓		✓	✓
Curt Forbes Residential Facility	✓		✓	✓	✓					✓	
Ft. Dodge Residential Facility	✓									✓	
Marshalltown Residential Facility	✓		✓		✓	✓			✓	✓	✓
<b>3<sup>rd</sup> Judicial District</b>											
Sheldon Res. Treatment Facility	✓			✓							
Sioux City Res. Treatment Facility	✓		✓	✓	✓	✓			✓	✓	
<b>4<sup>th</sup> Judicial District</b>											
Council Bluffs Residential Corr. Facility	✓				✓	✓		✓	✓	✓	
Council Bluffs Women's Residential Facility		✓			✓	✓			✓		

Adult Community Corrections Facility	Facility At Capacity	Facility Below Capacity	Co-Gender Facility	Physical Plant Supports Expansion	Adequate Community Resources to Support Expansion	In-House Food Services	Facility Provides Transportation	Adequate Residential Staffing	In-House Programs Available	Sex Offender Programs Available	Substance Abuse Programs Available
<b>5<sup>th</sup> Judicial District</b>											
Des Moines Women's Res. Corr. Center	✓				✓			✓	✓		✓
Des Moines Work Release Center	✓					✓			✓		
Ft. Des Moines Residential Probation Cntr.	✓					✓			✓	✓	✓
Ft. Des Moines OWI Corr. Center	✓					✓			✓		✓
<b>6<sup>th</sup> Judicial District</b>											
Cedar Rapids - Nelson Res. Center	✓		✓		✓	✓		✓	✓	✓	✓
Cedar Rapids - Hinzman Res. Center	✓		✓		✓	✓		✓	✓	✓	✓
Coralville - Hope House Res. Center	✓			✓	✓	✓	✓	✓	✓	✓	✓
<b>7<sup>th</sup> Judicial District</b>											
Davenport Residential Corrections Facility	✓		✓		✓	✓	✓		✓	✓	✓
Davenport Work Release/OWI Center	✓		✓		✓	✓	✓			✓	✓
<b>8<sup>th</sup> Judicial District</b>											
Burlington Residential Facility						✓				✓	
Ottumwa Residential Facility			✓								

## C. Summary of Treatment and Related Operational Issues

### 1. Substance Abuse Treatment

#### Service Demand:

- IDOC statistics demonstrate that 90% of offenders in Iowa's prison system have current or past problems with alcohol or drugs. Current treatment capacity is 1894 offenders per year, a decrease from the previous years. At the same time, population projections indicate that by 2016, 9,883 offenders will have substance abuse problems.

#### Substance Abuse Assessment:

- Assessment for S/A problems and required level of treatment are not completed by S/A professionals during reception. Substance Abuse Assessment positions at IMCC were eliminated.
- LSI-R assessments are completed at the assigned institution and are focused on matching the offender with treatment that is available at that institution. This practice could be impacting the most cost efficient use of substance abuse treatment resources.

#### Substance Abuse Treatment Continuum/Continuity of Care

- Substance abuse resources that meet the needs of offenders, especially females and special needs offenders may not be available in the community; this may impact the number of incarcerations and rates of recidivism. This bears further study.
- Treatment for co-occurring disorders is not available to all offenders who have mental illness and substance abuse issues; programs that are available are not consistent across the continuum of care.

#### Substance Abuse Treatment Capacity

- There are waiting lists for treatment. Sentences that require mandatory prison based substance abuse treatment prior to release lengthen the time of incarceration and thus impact overcrowding in the institutions. At the same time, seven unfunded FTE positions were cut from licensed treatment programs in CY 2006.
- Some offenders are on wait lists for short term treatment programs that might be better served by CBCs or other community-based programs.

## 2. Mental Health

### Service Demand:

- On 12/21/06 there were 3535 Offenders with mental illness; 40% of the population. Of those who have mental illness, 67.2% (3005) were male and 37.3% (530) were female offenders. Using the 2016 population projections and the current percentage of offenders with mental illness, there will be 3877 males and 664 female offenders incarcerated in IDOC institutions with mental illness.
- During FY 2005, 2,655 offenders (primarily high-risk) under CBC supervision received "documented" mental health intervention on ICON. This does not include "undocumented" community-based mental health care or interventions. This gap in service delivery requires further study.

### Mental Health Assessment Capacity:

- All offenders received at IMCC receive a mental health screening by a psychologist using a Modified Mini Screen, TCU Drug Screen II, and IDOC Mental Health Appraisal.

### Mental Health Treatment Continuum/Continuity of Care Capacity:

- Iowa Code 904.201 allows IMCC licensed psychiatric hospital beds to be used by non-offender patients including civilian transfers, forensic evaluation, and restoration to competency to stand trial, and treatment. Since this law was put into place hospital beds have decreased from 100 to 23; at the same time the offender population requiring psychiatric hospitalization has dramatically increased. These populations should not be mixed.
- Therefore, acute/hospital level of care for male offenders is primarily provided in segregation cells. There are no psychiatric hospital beds for female offenders; females who require single cells are mixed with males in IMCC segregation unit.

### Mental Health Treatment Capacity:

- Culture and definition of "mental illness" is outdated and not consistent with current research and community-based treatment and levels of care. The prevalence of this culture prevents opportunities for offenders with mental illness to move to lesser restrictive housing, to receive lower custody classification, program and treatment access, and reentry programs.
- Some currently designated mental health beds do not meet acceptable design standards for offenders with mental illnesses.

### 3. Systemic Staff Study

#### **Current Staffing Study Impact:**

- In the recent staffing study the lack of common definitions for terms and lack of clarity in the staffing analysis guidelines resulted in variances among the institutions based upon multiple interpretations of survey items. This discretion compromised some of the technical proficiency and consistency required for the analysis.

#### **Classification Study Impact:**

- Preliminary review of the IDOCs classification instrument and its population projections reveal technical errors pertaining to offender risk determinations, housing placements and population scheme for the institutions. Consequently, staffing needs cannot be considered accurate until independent validation and reliability studies of the classification instrument are completed.

#### **Security Staffing:**

- The institutions currently operate as if they are under-resourced from a staffing perspective. Non-security staff routinely perform security functions such as direct supervision of offenders in programs with indirect and proximity supervision provided intermittently by correctional officers. In some facilities, managers are relegated to performing security functions such as searches and offender supervision. Under-resourced institutions cannot fulfill their mandated missions, functions and stated goals.

#### **Program and Treatment Staffing:**

- There are waiting lists for constitutionally and legislatively mandated programs and treatment services; at the same time there is under utilized program and treatment space. A program and treatment staffing analysis for the IDOC system is under discussion. Such a study should address the required complement of all treatment and program positions to meet the demand for services.

#### **Central Office Staffing:**

- Additional central office staff is required to provide the necessary infrastructure to manage, monitor, and measure performance of staff in all areas.

#### 4. Re-entry

##### Service Demands:

- IDOC has implemented a policy to begin Reentry Planning for all offenders upon reception. Therefore, substantial assessment and coordination are required to ensure that offenders are prepared for safe reentry into the community. In addition to the general offender population, reentry that begins vigorously at reception is critical for female offenders and all offenders who have special needs due to mental illness, mental retardation, brain injury, medical disabilities that impact their service needs upon return to the community.

##### Systemic Operational Issues

- Validated and reliable assessments must be used to determine eligibility for reentry programs. Ongoing consultation with mental health and medical staff must be included in the process of determining eligibility for special needs populations to participate in reentry programs when there are identified mental health and/or medical issues.
- Nine institutions operate a group of reentry programs that vary in their efficacy to prepare a limited number of offenders for transition to the community.
- A tiered step down model where offenders are subject to gradual release from maximum to medium to minimum security levels has not been adopted system-wide.
- Most reentry program interventions available to offenders at IDOC institutions emphasize a cognitive behavioral focus consistent with evidence based programs (EBP). There are opportunities to streamline reentry programs to ensure scarce resources are appropriated and applied to EBP programs. This does not minimize the importance of institutions seeking government grants to operate promising programs.
- There are opportunities to expand vocational education and training program as a reentry program at the institutions.

#### 5. Sex Offender Treatment

- 13% or 1115 ( 1097 males, 18 women) of IDOC offender population are serving sentences for a sex offense (as their most serious offense); population forecast for 2016 indicates that 434 additional sex offenders (total of 1608) will require sex offender treatment.
- Current Capacity: Intensive Program 205; Short-term Program: 12-15; Special Needs (geared to DD, BI, and MR) 75; and Pre-SOTP 84.

**Sex Offender Assessment:**

- Sex offender assessments are completed by trained staff using the STATIC-99 and the ISORA-8.

**Sex Offender Treatment Continuum/Continuity Capacity:**

- A full range of treatment programs to meet all sex offenders with special needs does not exist; treatment programs are not available for sex offenders with mental illness; gender-specific sex offender treatment is not available for female offenders.

**Sex Offender Treatment Capacity:**

- Intensive Treatment Programs are 16-18 months long; both the disclosure process and polygraph process bottleneck movement of offenders through the treatment program. There are prison systems that are implementing 12 month intensive treatment programs.
- IDOC is mandated to treatment all sex offenders. Long waits for mandated treatment delay the release of offenders and impacts overcrowding of the institutions.
- Despite recent increases in staffing, the increasing demand for sex offender treatment services will require additional treatment staff to meet both the current and projected demand for services.

**6. Gender Based Female Offender Treatment****Service Demand:**

- Female offenders are expected to exceed capacity by 30.0% by mid-year 2007. Females are expected to exceed current capacity by 72% in 2016.
- Generally female offenders have less education; less work experience and limited marketable skills, more substance abuse, medical and mental health issues and they are single parents who upon release must often assume immediate responsibility for the care of their family. The 2006 IDOC report regarding female offenders indicated that 39.9% were receiving required interventions, 31.3% were on waiting lists and 28.8% more were not receiving required intervention.
- There are currently 275 special needs female offenders.

**Assessment:**

- Classification instrument and practices for female offenders are undergoing study to determine their reliability and validity for the female offender population.

- Assessment instruments used for treatment should be gender-based.

#### **Gender Specific Treatment Continuum/Continuity of Care:**

- Treatment that is provided is not consistently gender-based including mental health, substance abuse and sex offender treatment.
- Medical treatment is sensitive to the gender-specific needs of women.

#### **Gender Based Treatment Capacity**

- Managers at ICIW and MPCF report that the majority of their treatment program is not gender-specific. Female offenders are now located at three separate sites, requiring that special gender specific services be developed in three locations.

### **7. Medical Treatment-Aging Population: Chronic and Terminal**

#### **Service Demand:**

- IDOC statistics demonstrate that in FY 2005, 793 offenders were 51+ years of age (9% of the population); 56.9% of the population (4931) received health care related to one of 7 chronic conditions; 355 were 55-85 years old. Without considering the aging of the general public, 9% (1024 offenders) of the projected 2016 population will be 51 years of age or older. There are currently offenders serving life who will require elder care services.

#### **Medical Treatment Continuum/Continuity of Care:**

- There are a number of institutions with infirmary and hospice care services. Additional institutions have beds that have been designated as Assisted Living Care. IMCC has 178 additional beds opening in 2007 that include an infirmary and assisted living care.
- A system-wide, clearly defined continuum of care has not been established. Criteria for placement into designated beds with defined levels of medical/nursing care need to be developed.

#### **Medical Treatment and Nursing Care Capacity:**

- Currently, none of these designated medical beds are staffed for bedside nursing. A thorough staffing analysis that studies the required level of medical and nursing care as well as the number of beds would help to define current and projected staffing needs.
- There is a cadre of trained offender workers who assist and supplement nursing care of these offenders.

- With a growing older population there will be more chronic and terminal illnesses including dementia that will require assistive devices and a higher level of nursing care.
- Pharmaceutical costs will continue to increase.

## 8. ICON and Measurement Performance

### Systemic Operational Issues

- IDOC Central Office recently hired a Research Director to coordinate research activities system-wide. Currently, its research coordination and collaboration initiative is still in transition. Current performance measurements identified in strategic plans omit some important key performance indicators for the institutions that correlate to security, safety, programmatic and staffing goals and needs.
- Automated trend analysis to support daily decision making by managers remains largely underdeveloped and is not being used for such purpose.
- Institutions lack data mapping capabilities to enable better decision-making and accountability that can result from tracking events, incidents and patterns by location, time, personnel, frequency and duration.
- A bifurcated system (paper and automation) is used to manage many records at 7 of 9 institutions. This practice impacts the use of performance measurements.
- Full implementation of evidence based practices requires the development and continuous monitoring of key performance indicators that result in a broader range of targeted quality improvements.
- ICON reconfigurations and modifications will be needed in conjunction with validation of the system-wide objective classification instrument.
- ICON features such as the Privilege Levels (1-6) has not been activated for staff use at the institutions. This could be an invaluable resource to augment the program placement and case management system.

## 9. Staff Training

### Systemic Operational Issues

- Individual institutions conduct security and non-security training in blocks for all staff regardless of whether that training applies to the employee's job as established by the job descriptions. This approach is not only costly but results in program cancellations and lockdowns for one or more weeks during the year.

- Training for all staff working with special needs populations, particularly mentally ill offenders, is inconsistent with contemporary practices and impact the system culture re: offenders who have mental illnesses.
- No significant level of specialized skills training for staff who work with female offenders was observed in the 2007 IDOC Pre-service and In-service Training Calendar or ICIW and MPCF in-house and Administrative Law Judge training plans.
- There are a number of system-wide initiatives that require system-wide training including evidence-based practices (EBP), ICON, and using performance measures to manage the system.
- The training initiatives need to be developed, be managed, and be consistently implemented across the system. While there are institutional policy differences; the core training message should be consistent.
- Training Coordinator positions in key locations are not full-time, or don't exist.

## 10. IPI and Vocational Programs

### Systemic Operational Issues

- Vocational training programs at IDOC institutions need to be expanded. Where vocational rehabilitation programming exists, the participation and completion rate is of limited value in terms of evaluating program outcomes. This system-wide deficit exacerbates the reality of offender idleness and is contraindicated to EBP initiatives pertaining to reentry programs and professional standards.
- Validated and reliable assessments must be used to determine eligibility for vocational training programs. Consultation with mental health staff must be included in the process of determining eligibility for special needs populations when there are identified mental health issues.
- Institutional work programs (Habitat for Humanity) and some industries are under-resourced for personnel required to perform critical security functions (i.e., personal searches and work site direct supervision).
- At the end of FY 2006, there were 736 offenders employed in IPI. Female offenders and special needs populations represent less than 8% of the total number of IPI participants. Neither ICIW nor MPWU has a program where women can earn prevailing wages through a work camp program.
- IDOC must expand industries program opportunities for eligible female offenders and male and female special needs populations including leveraging more resources from the community by advertising, marketing, responding to federal solicitations and providing incentives to attract potential employers and contractors. IPI programs must be subjected to more rigorous

outcome studies to analyze, costs, benefits and areas for improvements consistent with EBP.

## INFRASTRUCTURE ISSUES:

### 1. Strategies for addressing Prison Bed Re-use: System Wide Review

Iowa is at a crossroads with a number of its older facilities. The infrastructure in many of the housing units and support buildings has reached the end of its useful life. At some locations, adaptive conversion from former mental health institutional uses has not proven conducive with modern correctional and operating philosophies. Further, due to crowding issue within the older housing units, the system is at full capacity. The oldest Maximum Security Units are staff intensive, and major maintenance infrastructure upkeep is cost prohibitive to continued use in its current configuration.

- **Iowa's Offender Custody Distribution** – Currently, the Average Daily Population within the Prison System is operating with 12% in Minimum Custody, 75% in Medium, and 13% in Maximum/Close.
- **National Trends – Objective Prison Classification.** National estimates for Average Daily Population indicate that 80% of Offenders are in General Population with 35-40% in Minimum/Community facilities; 35-45% in Medium; and 10-15% in Maximum/Close. Specialty Populations, Administrative Segregation (5%), Protective Custody (2%), Severe Mental Health and Severe Medical (3%).
- **Moving Iowa toward National Trends** - A collaborative outcome from this study is the establishment of a Custody Level Goal for each classification segment. It should be noted that due to the strong emphasis in Iowa on Community Based Corrections it is anticipated that the need for minimum custody beds within the prison system will not reach national averages.
  - **Minimum Custody Goal** – 20 to 25%
  - **Medium Custody Goal** – 55 to 60%
  - **Maximum/Close Custody Goal** – 15%
- **Design and Operating Capacity** of the current system is at 8,333 beds. Currently there are 8,856 Average Daily Population offenders in the prison system. Therefore, in addition to designing for the projected number of offenders, 10,179 offenders in 2012 and 10,982 offenders in 2016, we also have to expand capacity due to 523-bed impact of overcrowding.

### 2. Iowa Correctional Institution for Women (ICIW): Systemic Women's Issues

A significant focus for this study emerged, whereby as an initial systemic step in the overall plan to 'Build on Basics' correctional programs and initiatives, a pilot plan will be put in place focused on Gender-Specific Issues for Women Offenders. This effort to centralize programs and services will properly overcome

Crowding concerns, as well as, create a springboard to interface with the Community Based Corrections system.

The number of female offenders is expected to exceed capacity by 30.0% by mid-year 2007. By mid-year 2016, the female population is expected to exceed current capacity by 72%.

- We recommend replacement of the older housing unit buildings that are not conducive to sound correctional supervision and programming. Specifically, Building 5 should be removed.

The Mount Pleasant Women's Unit (MPWU), a 100-bed Special Needs Unit for females, remains near its rated capacity. MPWU is located in one wing of a DHS operated mental health facility for males on the Mt. Pleasant Correctional Facility campus. The females must share dining room and gymnasium facilities with the male mental health unit. We recommend relocating this unit to ICIW. Further, the available space at Mount Pleasant will open up space for a Sex Offender Unit.

- Relocate the Reception and Classification processing components for women from IMCC to ICIW. This change will further amplifying the need for immediate planning and design of a comprehensive correctional system and facilities for females. An initial target should focus on a Reception Center to accommodate 60 to 100 offenders, which is sized for long-term growth.
- We recommend a phased approach to growth at ICIW. The first phase sized at 320 beds to offset outdated buildings, relocate MPWU, and accommodate for overcrowding. In addition, Phase 2, at 192-beds should accommodate future growth.
- The Roadmap for the Associated Initiatives in this area is:
  - Year 1 – Update an Institutional Master plan for ICIW and complete programming and design. Update and determine budget for construction. Implement Classification system modifications to determine Custody and Housing Levels.
  - Year 2 - Complete designs services and start construction of new components.
  - Year 3 – Complete construction and relocate Existing Units from Mount Pleasant and Oakdale.
  - Year 4 and beyond – Refine interface with Community Based Corrections Facilities and Operations.

### **3. Iowa State Penitentiary (ISP): Building New, Re-use**

The ISP facility has served the State of Iowa well over its long life and continues to play an important role in the overall effectiveness of the prison system. In order to remain effective, if the facility is to remain operational significant updating is needed. The cell houses, except for the CCU, are no longer conducive to sound correctional supervision and programming. However,

removing the cell house buildings is difficult since the buildings are integral with the perimeter security wall. Two options currently under considerations evaluate the continued use of ISP. Both options focus on the use of special management building components and/or program support services needs on the campus.

- We recommend replacement of the older housing unit buildings by constructing 800 new housing unit beds. The current housing will need to remain in use until new housing units are ready to receive offenders. The preliminary roadmap anticipates occupancy at the end of year 5 of a 5-year plan.
- **Option One** is for a new institution with space for new housing, an associated physical plant, treatment support space, a new industries building, and support services components to be built on a new state owned property in the Fort Madison area.
  - The existing CCU component, John Bennett Correctional Center and the prison farms could remain and receive food service and laundry support from the new institution.
- If ISP is reused, **Option Two** would allow for space for the new housing units to be built inside the perimeter wall. In order to accommodate this option we recommend the demolition of the current Industries Building. The building is old and is requiring considerable amount of capital for maintenance and operations.
  - Since the Industries Building contains the kitchen, a new kitchen will need to be constructed to provide meals for the adaptive re-use housing units and the existing CCU.
- The CCU plays an important part of the Iowa State Penitentiary's long-term objectives. The CCU should be integrated with the custody level determination and mission for the facility, once the classification study is completed.
- Maintenance and improvements to existing building and structures should be allocated to support future use and objectives. Department of Corrections currently has targeted \$26,258,500 in the 5-year major maintenance plan.
- The Roadmap for the Associated Initiatives in this area is:
  - Year 1 –Implement Classification: system modifications and collaboratively determine Custody and Housing Levels by defining a long-term institutional master plan.
  - Year 2-Program, planning and design for adaptive selected re-use option.
  - Year 3 - Complete designs services and implement site improvements and selective demolition, as needed.
  - Year 4 – Start construction of new facilities
  - Year 5 - Complete construction and relocate offenders from current housing. Renovate existing components into new program space.

#### 4. General Infrastructure and Security Improvement Strategies

The correctional system consists of 9 institutions and 23 Community Based Correctional Facilities. With few exceptions, all the institutions and facilities are housing more offenders than what they were designed to accommodate. The overcrowding places hardship on the infrastructure; as well as straining the security staff. In addition, overcrowding affects the ability of an institution or facility to be ACA accredited.

- **Anamosa State Penitentiary (Max. /Med./Min.) –**
  - Most of the cell houses are old are in need of updates and improvements to provide more efficient operation and increase security management.
  - Additional security cameras
  - Most of the housing units are not accessible to person with disabilities.
  
- **Clarinda Correctional Facility (Med. /Min.) –**
  - A relatively new facility requiring continued maintenance.
  - The Lodge (min.) is an older building that is not accessible to person with disabilities.
  - No major physical security issues were observed at the facility.
  
- **Fort Dodge Correctional Facility (Med.)–**
  - One of the newest facilities
  - The Facility has accommodations to provide accessibility for person with disabilities.
  - No major physical security issues were observed at the facility.
  
- **Mount Pleasant Correctional Facility (Med.) –**
  - Originally a mental hospital facility adapted into a correctional facility.
  - Move the female offenders in the MPWU to ICIW.
  - The Facility has accommodations to provide accessibility for person with disabilities.
  - Several of the Guard Towers are in need of repair.
  - Women's Dining Hall is not secure.
  
- **Newton Correctional Facility (Med./Min)–**
  - One of the newest facilities
  - The Facility has accommodations to provide accessibility for person with disabilities.
  - Provide additional cameras
  - We recommend adding Housing Units at this Institution to offset systemic overcrowding concerns.

- **Iowa Medical and Classification Center (Max. /Med.) –**
  - A relatively new facility with an addition currently under construction.
  - We recommend the addition of a housing unit to lessen overcrowding.
  - The Facility has accommodations to provide accessibility for person with disabilities.
  
- **North Central Correctional Facility (Med.) –**
  - A mixture of new and old buildings
  - The Facility has accommodations to provide accessibility for person with disabilities.

## 5. Community-Based Corrections: Dedicated beds for state purposes

The CBC facilities are an integral and critical part of the correctional system. CBC provides an alternative to incarcerating non-violent offenders in the overcrowded institutions. In addition, the facilities provide an avenue for re-entry into society.

- Several CBC Facilities currently house more residents than the intended design capacity. We recommend providing new beds to reduce overcrowding. The Department of Corrections' expansion plan has targeted facilities at Ottumwa, Sioux City and Waterloo for additions.
- Except for Davenport, the current facilities are in relatively good condition. Maintenance and improvements of these facilities should be enhanced.
- We recommend expanding the role of CBCs to support the goals set by DOC.
- CBC programs and treatments should be continuous with the offender's programs and treatments at the institutions.
- To the best extent possible, place offenders in locations that have programs and treatments that fulfill their needs.
- The Roadmap for the Associated Initiatives in this area are:
  - Year 1 – Design new facilities.
  - Year 2 – Construct new facilities.
  - Year 3 and beyond – Continue to evaluate CBC as part of the correctional system.

## CLASSIFICATION SUMMARY REPORT

An assessment of the institutional custody classification system was conducted that considered the following questions:

- Is the external classification system reliable and valid, i.e., does it consistently and accurately assess the risk to the safety and security of the institution posed by the offender population?
- What is the process by which an offender is assigned to a facility and then to a housing unit within the facility?
- Is a gender-specific classification system required to accurately assess the risk and needs of the female offender population?
- Is the classification system appropriate for offenders who require special services or treatment, e.g., mental health, medical/geriatric, sex offender, and/or substance abuse?

In any assessment of a classification system, it is important to recognize the strengths of the system and use them to build a stronger, more objective classification system. The strengths of the system include:

- Classification process has multiple levels of review and input from the various divisions of the facility in the classification decision-making process;
- *Level Systems – The institutional behavioral level systems are a strength as well as a barrier of the classification system; and*
- All DOC staff expressed a strong commitment to an objective classification system.

As anticipated from the Department's request for an assessment of its classification system, several areas of concern were observed and reported by staff. Some of the concerns were associated with the classification risk factors while others stemmed from the classification process. The following concerns observed during the onsite assessment:

- ***Lack of inter-rater reliability when scoring the custody assessment instruments.*** One of the most critical problems observed during the assessment was a lack of consistency across the case managers as to the criteria for scoring the objective risk factors.
- ***Low predictive validity associated with the external classification system.*** Because a pre-requisite for predictive validity is reliability, it is very unlikely that the current external classification system provides an accurate assessment of the risks to the safety and security of the facility or safety of the offenders and staff.<sup>1</sup>

<sup>1</sup> Austin, J. and P. Hardyman (2003). "Objective Prison Classification A Guide For Correctional Agencies." Washington, DC: National Institute of Corrections.

- **Current external classification process may over-classify the women offenders.** Staff comments that have worked with both male and female offenders as well as those who have only worked with the women suggested that the custody assessment do not accurately evaluate of the women's threat to the safety and security of the facility and that the system appears to over-estimate the risks posed by the women.
- **The classification process is labor intensive and time-consuming.**
- **The predictive validity of the system may be limited due to missing or poorly defined risk factors.** Review of the custody assessment instruments suggested that several of the risk factors are vulnerable to the subjective interpretation and discretion of the individuals who score and/or review the custody assessments. In addition, the instruments do not include risk factors that have been found to be reliable predictors of institutional adjustment among offenders in other correctional systems.
- **Instrumentation.** In addition to updating the custody assessment instrument to reflect current standards regarding static and dynamic risk factors, the Department should develop separate instruments for the initial and reclassification processes. This would reduce the impact of static criminal history, offense, and sentence-related risk factors that hinder an offender's progress through the system.
- **Overrides of the Scored Custody Level.** Any statistical assessment of the validity of the system should include detailed analyses of the overrides rates, reasons, and impact on the validity of the system. An additional concern regarding overrides was the lack of specificity of the discretionary override reasons and mandatory custody restrictions within the classification policies and manual.

Based on these observations and findings, recommended are the following strategies for addressing the classification-related issues and concerns.

### 1. **Short-Term Strategies for Addressing Classification-Related Issues and Concerns**

Resolution of the classification issues faced by the Department requires more comprehensive assessment and modifications than any short-term strategies might offer. However, there are a couple of immediate steps that the Department could pursue to improve the reliability and validity of its classification system.

- **Streamline and standardize the classification process.** The current classification system is cumbersome and facility-specific rather than a departmental, comprehensive system.
- **Provide formal training on the classification system.** A comprehensive training should be provided as soon as possible. An undated classification

manual that specifies the operational definitions for each of the risks, custody override criteria, and classification procedures should be distributed to each staff member. This training should include reliability testing with actual DOC offenders to ensure that the rules and procedures are understood and applied correctly. Classification-related training should also be incorporated in the curriculum for all new employees. As needed, in-service classes should be provided to clarify questions or to modify the policies and procedures.

- **Develop and Implement Ongoing Auditing and Monitoring Process.** Policies and procedures for ongoing audits and monitoring of the classification system are needed to ensure that the system is implemented and conducted consistently across all DOC facilities. Equally important is the development of automated management reports and agency performance measures related to the classification system.

## **2. Long-Term Strategies for Addressing Classification-Related Issues and Concerns**

The issues and problems posed by the classification system have evolved over time. Consequently, their resolution and the development of a valid and reliable classification system will not occur through any one or all of the short-term strategies identified. Therefore, in addition to recommending short-term strategies, the following long-term strategies for strengthening and refining the classification policy and procedures are recommended:

- **Revise and Update the external classification system.** Because many of the concerns and barriers observed during this assessment were applicable to both the men and women offenders, a study to assess the validity of the classification system for the Department's offender populations is strongly recommended. The study should include separate samples/files for the male and female offenders to explore the question as to whether a gender-specific system is needed.
- **Assess the Department's internal classification goals and objectives and develop a formal system that will provide reliable and useful information for managing and placing offenders within a facility.** Because intra-facility management of female and special need populations (sexual predators, sexually vulnerable, mental health, geriatric, administrative segregation, etc.) pose different sets of questions and problems from than those presented by general population offenders, specialized systems for these populations may need to be developed. Thus, the Department must specify its internal classification goals for the general population as well as these special populations. Development of an internal classification system would require a validation study that includes each of these populations to ensure that the system provides an accurate assessment of their personality and behavioral patterns related to housing, program, and/or work assignments.

# **Chapter II: Review of the Iowa Department of Corrections Prison Population Forecast**

## Review of the Iowa Department of Corrections Prison Population Forecast

### A Introduction

The consultant team was asked by the State of Iowa to review both the methods and results of the most recent ten year offender population projection report. These projections are routinely produced by the Division of Criminal and Juvenile Justice Planning which is part of the Iowa Department of Human Rights. Our analysis is based on a review of the most recent projections report dated November 10, 2006 as well as the report that was previously issued in October 2005. In addition to these reports, Dr. James Austin who conducted the analysis, held several discussions with Paul Stageberg, the primary author of these two state reports, to discuss in greater detail the methods used and the key policy assumptions that underpin the estimates. Finally, Lettie Prell, the Director of Research for the Department of Corrections was contacted to gather the most recent population trends in terms of admissions, releases and the daily population.

### B Review of the Projection Methodology

The estimates are based on a what can be referred to as a micro-simulation model that attempts to mimic the flow of admissions and releases into those discrete component that drive the population. In particular, the model separately estimates the future size of the current prison population over time as well as the new admissions that will be enter prison over the next ten years. These estimates are further disaggregated by major offense groups which have a differential impact on the estimates.

Rather than being able to simulate the actually lengths of stay (LOS) based on sentence length, good time rates, and parole grant rates, each discrete subgroup is assigned an expected LOS based on the observed LOS from prisoners who have existed the prison system. This feature is somewhat problematic as the released population's LOS necessarily reflects past rather than current sentencing, parole releases and other correctional practices that may be impacted admissions and LOS. However, if such policies are relatively stable the LOS for the release cohort will be adequate for the estimates.

Other areas that are possible limitations in the model are as follows:

- Relies upon average (mean) LOS rather than a distribution curve. This will produce a slight over-projection for the first two years but no error in the long-term estimate.
- Is not able to model changes in parole grant rates which applies to most prisoners. This is important as the reports clearly show that fluctuations in parole grant rates have occurred over time as the Board is used to moderate any unexpected increases in the population.

- The admissions are based on an ARIMA linear regression model which relies upon historical trends. This is noteworthy in that the number of charges being filed in Iowa's courts have been declining which is somewhat consistent with the lack of growth in new commitments since FY 2000. However, the largest growth has been in "readmissions" which are the parole violators.
- Admissions do not look at changes in demographics, reported crime or arrests. All of these factors are either stable or declining.
- Female estimates are made by taking a trend line of the female growth pattern and subtracting that number from the total count to arrive at a male population estimate rather than having a separate model for the females.
- The model does not estimate or incorporate the parole population. A truly comprehensive projection model would include the flow of parole admissions and releases since such a significant portion of the prison admission stream are parole violators (both technical and new sentenced).

Despite these limitations the system is well constructed and should be capable of producing relatively accurate short term (the next 2-3 years) estimates. The projection reports themselves are very impressive and clearly articulate the most recent trends, the key policy assumptions and suggestions where the forecasts could even be altered if policy makers are so inclined. Finally, the model's data and estimates are updated on an annual basis. This frequency of updating the model ensures that the short-term estimates remain accurate.

### **C Most Important Trends**

The 2006 report show that the prison population will grow by almost 3,000 prisoners over the next ten years from 8,658 to 11,383 by June 2016. The major reasons for the constant growth are as follows:

- An increase in offender average length of stay for some classes of offenders;
- A long-term increase in prison admissions;
- Continuing high levels of admissions of drug offenders;
- An increase in community-based offender populations;
- Housing federal prisoners/detainees;
- The long-term effect of abolishing or restricting parole for certain crimes
- The impact of statutory changes pertaining to sex offenders.
- Continued increases in housing of Class A felons.

**D Accuracy of the Current Estimates***Short-term Estimates*

The most recent estimates for the state are summarized in Tables 1-3. For each table the end of January 2007 populations are shown. In terms of the overall forecast, the projection is tracking and is well within the level of accuracy one would expect. It is noteworthy, that the female population continues to grow at a faster rate than estimated.

**Table II-1:  
Historical and Projected Offender Populations**

<b>Table 1. Mid-Year Offender Populations and Capacities: Total</b>					
<b>Year</b>	<b>Total Offenders June 30th</b>	<b>Increase (Decrease)</b>	<b>% Change</b>	<b>Total Prison Capacity</b>	<b>Population as % of Capacity</b>
1996	6,176	484	8.5%	4,201	147.0%
1997	6,636	460	7.4%	4,951	134.0%
1998	7,431	795	12.0%	5,701	130.3%
1999	7,230	(201)	-2.7%	5,801	124.6%
2000	7,635	405	5.6%	6,772	112.7%
2001	8,083	448	5.9%	6,772	119.4%
2002	8,141	58	0.7%	6,772	120.2%
2003	8,361	220	2.7%	6,972	119.9%
2004	8,607	246	2.9%	6,989	123.2%
2005	8,577	(30)	-0.3%	7,238	118.5%
2006	8,658	81	0.9%	7,240	119.6%
<b>Forecast:</b>					
<b>Actual Jan</b>	<b>8,877</b>				
2007	9,056	88	4.6%	7,434	122.0%
2008	9,507	451	5.0%	7,434	127.9%
2009	9,811	304	3.2%	7,434	132.0%
2010	9,984	173	1.8%	7,434	134.3%
2011	10,157	173	1.7%	7,434	136.6%
2012	10,338	181	1.8%	7,434	139.1%
2013	10,556	218	2.1%	7,434	142.0%
2014	10,824	268	2.5%	7,434	145.6%
2015	11,096	272	2.5%	7,434	149.3%
2016	11,383	287	2.6%	7,434	153.1%

Note: Populations exclude sex offender civil commitment unit.

Source: E-1 Reports and ICON, Iowa Department of Corrections; forecast by CJJP

**Table II-2:  
Historical and Projected Offender Populations: Females**

<b>Table 2. Mid-Year Offender Populations and Capacities: Females</b>					
<b>Year</b>	<b># Women June 30th</b>	<b>Increase (Decrease)</b>	<b>% Change</b>	<b>Capacity for Women</b>	<b>Population as% of Capacity</b>
1996	447	52	13.2%	260	171.9%
1997	521	74	16.6%	260	200.4%
1998	616	95	18.2%	260	236.9%
1999	541	(75)	-12.2%	460	117.6%
2000	604	63	11.6%	573	105.4%
2001	641	37	6.1%	573	111.9%
2002	670	29	4.5%	573	116.9%
2003	704	34	5.1%	573	122.9%
2004	723	19	2.7%	573	126.2%
2005	754	31	4.3%	573	131.6%
2006	718	(36)	-4.8%	573	125.3%
<b>Forecast:</b>					
<b>Jan Actual</b>	<b>773</b>				
2007	745	27	3.8%	573	130.0%
2008	772	27	3.6%	573	134.7%
2009	799	27	3.5%	573	139.4%
2010	826	27	3.4%	573	144.2%
2011	853	27	3.3%	573	148.9%
2012	880	27	3.2%	573	153.6%
2013	907	27	3.1%	573	158.3%
2014	934	27	3.0%	573	163.0%
2015	961	27	2.9%	573	167.7%
2016	988	27	2.8%	573	172.4%

Note: Mid-year 1999 population and capacity do not include Iowa offenders temporarily housed out-of-state

and the beds utilized in the prison out of state.

Source: E-1 Reports and ICON; forecast by CJJP

**Table II-3:  
Historical and Projected Offender Populations: Males**

<b>Table 3. Mid-Year Offender Populations and Capacities: Males</b>					
<b>Year</b>	<b># Men June 30th</b>	<b>Increase (Decrease)</b>	<b>% Change</b>	<b>Capacity For Men</b>	<b>Population as % of Capacity</b>
1996	5,729	432	8.2%	3,941	145.4%
1997	6,115	386	6.7%	4,691	130.4%
1998	6,815	700	11.4%	5,441	125.3%
1999	6,689	(126)	-1.8%	5,341	125.2%
2000	7,031	342	5.1%	6,199	113.4%
2001	7,442	411	5.8%	6,199	120.1%
2002	7,471	29	0.4%	6,199	120.5%
2003	7,657	186	2.5%	6,399	119.7%
2004	7,884	227	3.0%	6,416	122.9%
2005	7,823	(61)	-0.8%	6,665	117.4%
2006	7,940	117	1.5%	6,667	119.1%
<b>Forecast:</b>					
<b>Actual Jan</b>	<b>8,104</b>				
2007	8,311	371	4.7%	6,851	121.3%
2008	8,735	424	5.1%	6,861	127.3%
2009	9,012	277	3.2%	6,861	131.4%
2010	9,158	146	1.6%	6,861	133.5%
2011	9,304	146	1.6%	6,861	135.6%
2012	9,458	154	1.7%	6,861	137.9%
2013	9,649	191	2.0%	6,861	140.6%
2014	9,890	241	2.5%	6,861	144.1%
2015	10,135	245	2.5%	6,861	147.7%
2016	10,395	260	2.6%	6,861	151.5%

Note: Populations exclude sex offender civil commitment unit.

Source: E-1 Reports and ICON; forecast by CJJP

While the underestimation of growth for the female offender population is not significant at this point, it further solidifies the need to develop a separate model for women who may and probably do have unique sentencing attributes.

### *Long-term Estimates*

The long-term forecast numbers are heavily driven by the new admissions estimates. As noted earlier in the report, the admission numbers are based on historical trends using a separate ARIMA regression model. Such linear regression models are typically inaccurate as they do not account for other factors that drive new court commitments. In particular the demographic estimate for the so called at risk population (mostly males age 15-39), arrest, and court disposition trends. For Iowa, both the at-risk population and court processing trends are at least suggestive of a possible stabilization in new court admissions. For example the state demographer has estimated only a 2.9% increase in the entire resident population between 2000 and 2010. For the key at risk age categories, there is an estimated *reduction* of approximately 30,000 residents. So there are not demographic trends that support a growing admission stream.

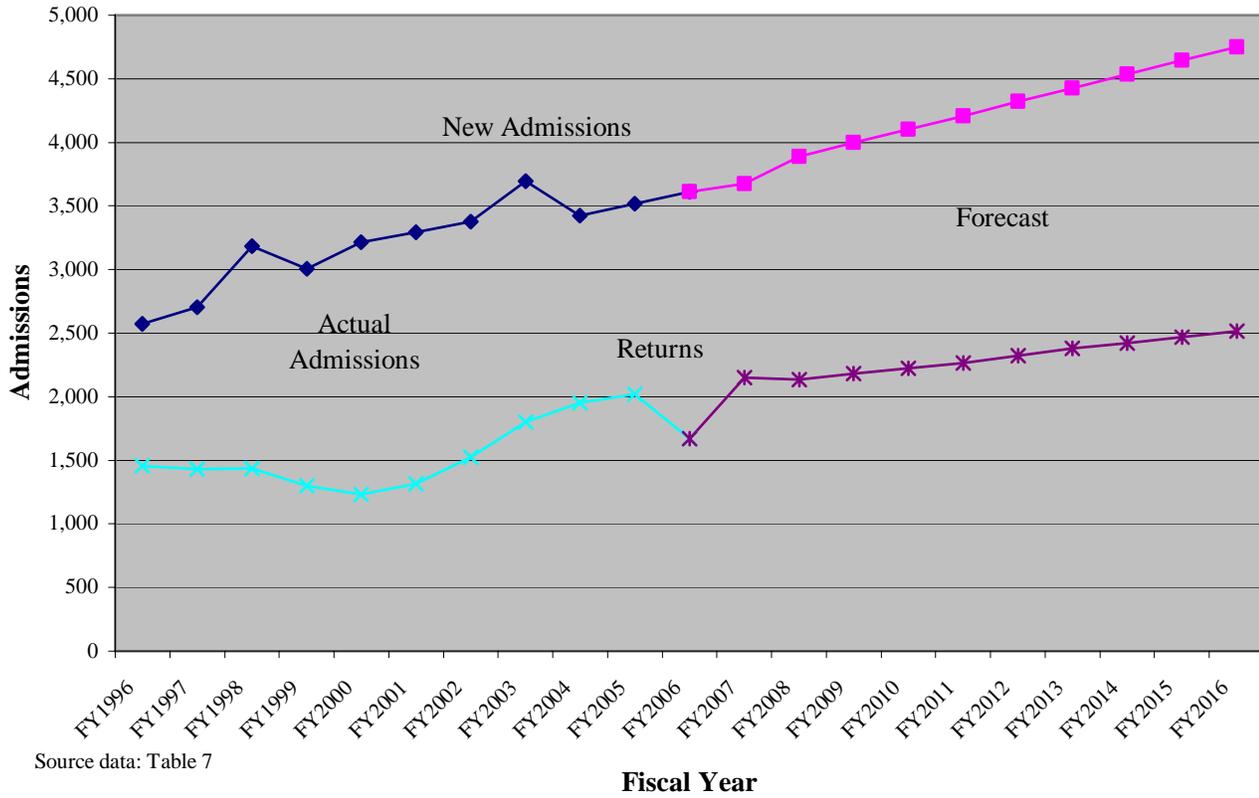
Similarly, there has been no increase in the number of charges being filed in Iowa's District Courts. This trend alone would suggest a leveling off in new admissions but such stabilization has yet to materialize. This may be due to the hidden influence of the probation population generating a large number of probation violators.

## **E Summary**

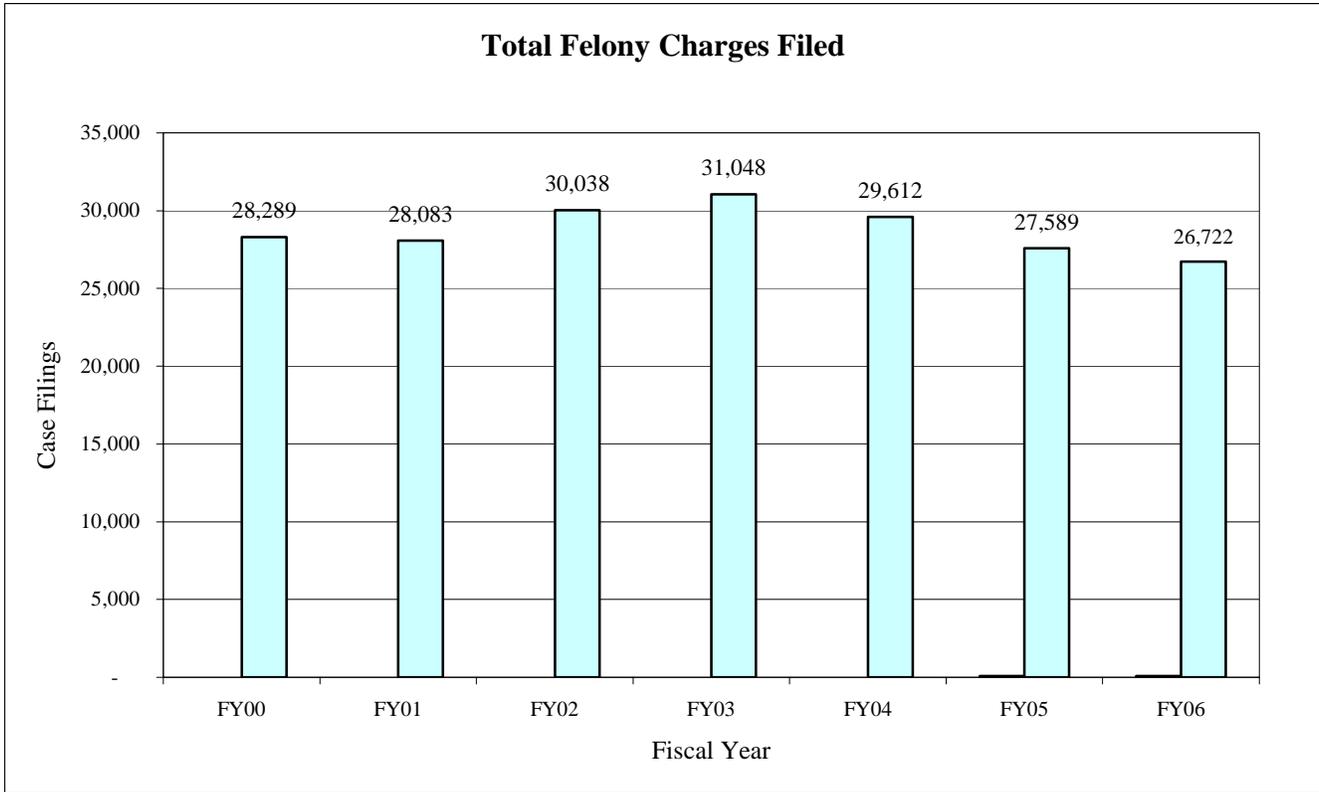
1. The short-term (next 2-3 years) estimates are accurate and are tracking.
2. The long-term estimates may be too high as they are driven by a strong new admission assumption that exceeds the demographic trends for the state and criminal court filings trends.
3. It is recommended that in the future the admissions assumption use a logistic regression model and factor in demographic, adult arrest and criminal court filing trends.
4. It is also recommended that a separate model be developed for the women who relies exclusively on the female data.
5. Finally, the model should be adjusted to disaggregate the ten year forecasts by custody level.

To accommodate these recommendations on the modeling system, it will likely be necessary to hire a full time programmer and technician. This would be a very worthwhile investment to help the state determine the likely effects of current sentencing and correctional practices and more importantly, what options will reduce the size of the current estimates.

**Table II-4:  
Prison Admissions: Actual & Forecast**



**Table II-5:**



## **Chapter III: Treatment Capacity Findings and Analysis**

## Treatment Capacity Findings and Analysis

### A. Introduction

The treatment programs in the nine institutions were reviewed through numerous interviews with all levels of IDOC staff including central office; all levels of institutional program, treatment and security staff and review of numerous documents, reports, policies and procedures, and tours of all nine facilities during the months of October and November, 2006.

Treatment in the nine institutions was assessed with a particular focus on key factors directly related to effective treatment in prison systems. A systemic approach was undertaken to assess treatment programs provided to five major treatment populations including substance abusers, sex offenders, offenders with mental illness, and the aging offender with chronic and terminal medical issues. In addition, all treatment programs for female offenders were reviewed with respect to whether or not they were gender specific. In addition, Reentry Programs and Iowa Prison Industries were assessed with particular attention to opportunities for the five treatment populations.

The factors that were addressed include culture related to treatment, assessment for treatment need, continuum of treatment, capacity to provide treatment, gender-specific treatment modalities, access to reentry programs and community-based treatment upon release from prison, capacity to provide management and clinical oversight of treatment programs, and whether or not provided treatment programs were consistent with evidence-based practices.

The following chapter is organized to provide information as follows:

Section A	Substance Abuse Treatment
Section B	Mental Health Treatment
Section C	Sex Offender Treatment
Section D	Medical Treatment for the Aging Population
Section E	Gender Responsive Treatment for Female Offenders
Section F	Reentry Program
Section G	Iowa Prison Industries

## B. Substance Abuse Treatment

### 1. Current System

The Iowa Department of Corrections institution-based substance abuse programs provide services to offenders in need of treatment for alcohol and/or drug abuse and addictions. There are currently sixteen (16) licensed substance abuse treatment programs within the IDOC nine institutions. In total these programs have the capacity to treat up to 1,894 offenders.<sup>2</sup>

The most intensive treatment programs of the 16 offered are the four licensed substance abuse residential/inpatient programs provided in four institutions: Clarinda Correctional Facility (CCF), Ft. Dodge Correctional Facility (FDCF), Anamosa State Prison (ASP), and Iowa Correctional Institution for Women (ICIW). These programs are six months in duration. The inpatient programs have 311 treatment slots with the capacity to treat 681 offenders per year. The curriculum varies with each program depending upon the targeted treatment population; however, every program addresses substance abuse issues and criminal conduct. The ICIW curriculum also uses the “Helping Women Recover” and “Mind Over Mood.”<sup>3</sup> Both of these curricula are gender-responsive components of the ICIW substance abuse programs.

The Newton Correctional Facility (NCF) has the only licensed intensive outpatient program. This program has 40 treatment slots with an annual capacity of 120 offenders. This program is four months long, addressing substance abuse with “Changes That Heal” and “Freedom from Addiction” curricula.<sup>4</sup> This program has been seen as controversial related to whether or not it is a faith-based program. There has been unresolved court involvement about whether there is adherence to court rulings pertaining to separation of church and state.<sup>5</sup>

The remaining eleven (11) licensed outpatient substance abuse programs are located in seven institutions. These programs vary in approaches and targeted populations. Combined, these programs have 415 treatment slots with a total annual capacity of serving 1213 offenders.<sup>6</sup>

In addition to the licensed substance abuse programs, there are 17 unlicensed programs available throughout the institutional system. These include substance abuse education, relapse prevention, criminal conduct, dual diagnosis, violators program, and after (residential) care. Closures by these programs increased in one year by 356 offenders to a total of 1939<sup>7</sup>. Closures are the number of offenders who were in treatment and had their case closed during that year.

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<sup>2</sup> IDOC Report to BOC, “Substance Abuse”, March 2006.

<sup>3</sup> IDOC Licensed Substance Abuse Programs, 10/06

<sup>4</sup> IDOC Licensed Substance Abuse Programs, 10/06

<sup>5</sup> Americans United for Separation, et al v. Prison Fellowship Ministries, et al 4:03-cv-90074; 4:403-cv-90447; 4:03-cv-90101

<sup>6</sup> IDOC Licensed Substance Abuse Programs, 10/06

<sup>7</sup> IDOC Licensed Substance Abuse Programs, 10/06

The IDOC substance abuse programs are hampered by the lack of a thorough substance abuse assessment upon reception to the Iowa Medical and Classification Center (IMCC). Since reception assessment is not available, substance abuse assessments are completed at the institutional level. This results in the offender being placed into the substance abuse program that exists in the institution that will work for that offender, but not necessarily a program that best fits the offender's treatment needs. This is problematic because research indicates that assessment is an important first step in substance abuse treatment and it is essential to tailor substance abuse services to fit the individual needs of the offender population.<sup>8</sup>

According to the National Institute of Corrections (NIC), appropriate treatment reduces recidivism by thirty percent (30%). IDOC is currently undergoing a redesign of its assessment processes to focus on the correct identification of need, providing appropriate treatments and interventions for offenders' top priority treatment and programmatic needs using the Level of Service Inventory-Revised (LSI-R) and measuring outcomes to determine which treatments and interventions work best. The corrections redesign is focusing assessment and resources on offenders deemed to be at higher risk to reoffend than others. Because treating lower risk offenders can actually contribute to their failure, lower risk offenders do not receive treatment.<sup>9</sup> This approach is consistent with evidence-based practices for correctional substance abuse treatment.<sup>10</sup>

## 2. Data

In order to assess the capacity of IDOC to provide substance abuse treatment it is important to understand the demand for treatment services. Based on the June 30, 2005 institutional population, IDOC identified that 90% (7,561) of the 8,401 non-Federal prisoners have current or past problems with alcohol or drugs; with nearly 60% (4,499) having current or past problems with both alcohol and drugs.<sup>11</sup> Using Iowa CJJJ Population Projections, by 2016, there will be a total of 10,042 projected non-federal offenders with current or past drug and/or alcohol problems in the IDOC institutions.<sup>12</sup>

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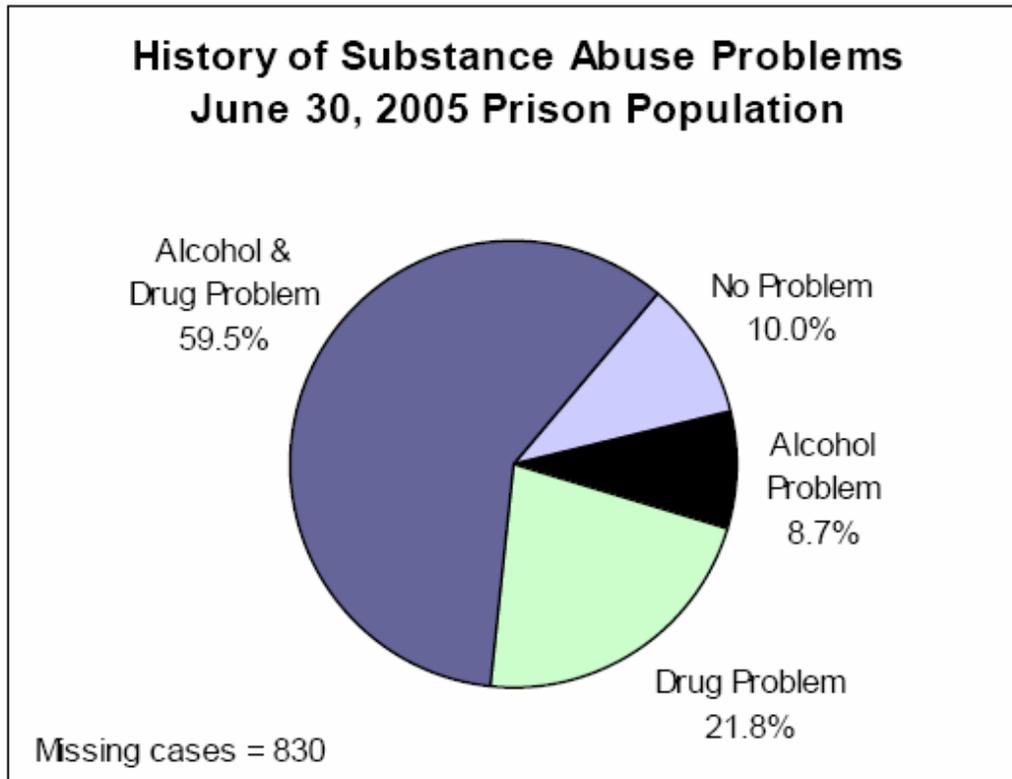
<sup>8</sup> NIDA, Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research Based Guide, July 2006.

<sup>9</sup> IDOC Report to BOC, "Substance Abuse", March 2006.

<sup>10</sup> Steve Amos, Marna Miller, and Elizabeth Drake. (2006). *Evidence-Based Corrections Programs: What Works and What Does Not*. Olympia: Washington States Institute for Public Policy.

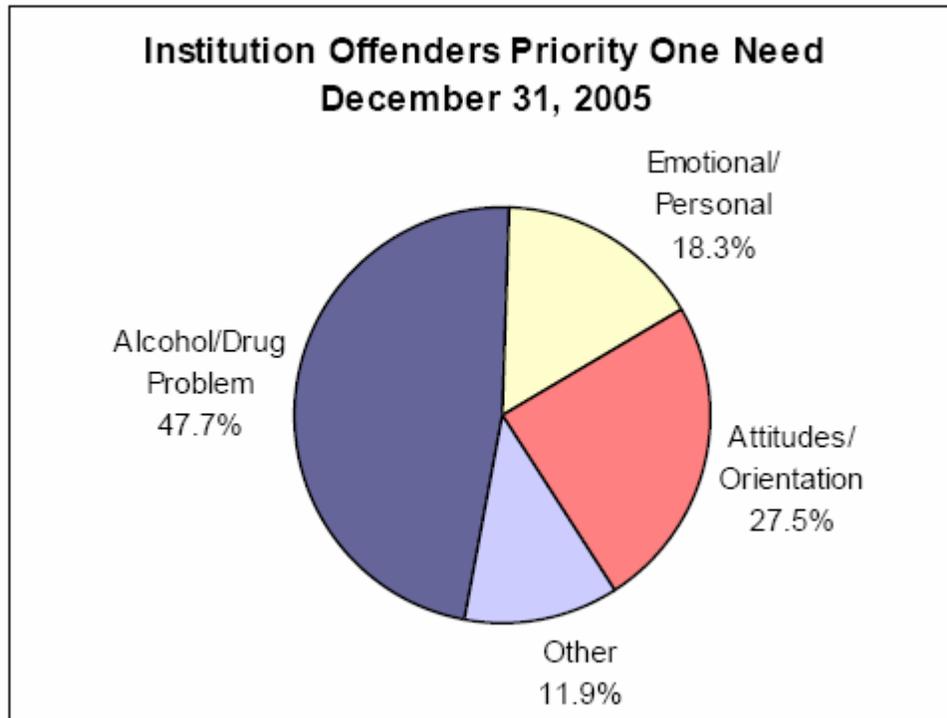
<sup>11</sup> IDOC Report to BOC, "Substance Abuse", March 2006 based on 6/30/05 population.

<sup>12</sup> Iowa CJJJ Iowa Prison Population Forecast FY2006-2016, Draft Report, November 2006.

**Figure III-A-1: IDOC Offenders with History of Substance Abuse Problems**

Source: IDOC BOC Report "Substance Abuse"

As can be seen from the data, the current demand for substance abuse services is very high and will continue to grow. As demonstrated in the Figure III-A-2 below, substance abuse is the number one identified treatment need for 47.7% of offenders in prison based on their LSI-R assessment. The Department of Corrections is using the LSI-R to assess all offenders when received at the institutions. It is anticipated that by doing so, the number of offenders who require substance abuse treatment will substantially increase.

**Figure III-A-2: Institution Offenders Priority One Treatment Need**

Source: IDOC BOC Report "Substance Abuse"

The lack of available treatment for substance abusers has clearly been identified by IDOC.<sup>13</sup> The 2005 treatment capacity was 1,915 offenders per year.<sup>14</sup> Despite a growing population, the current treatment capacity was decreased by 21 treatment slots during 2006.<sup>15</sup>

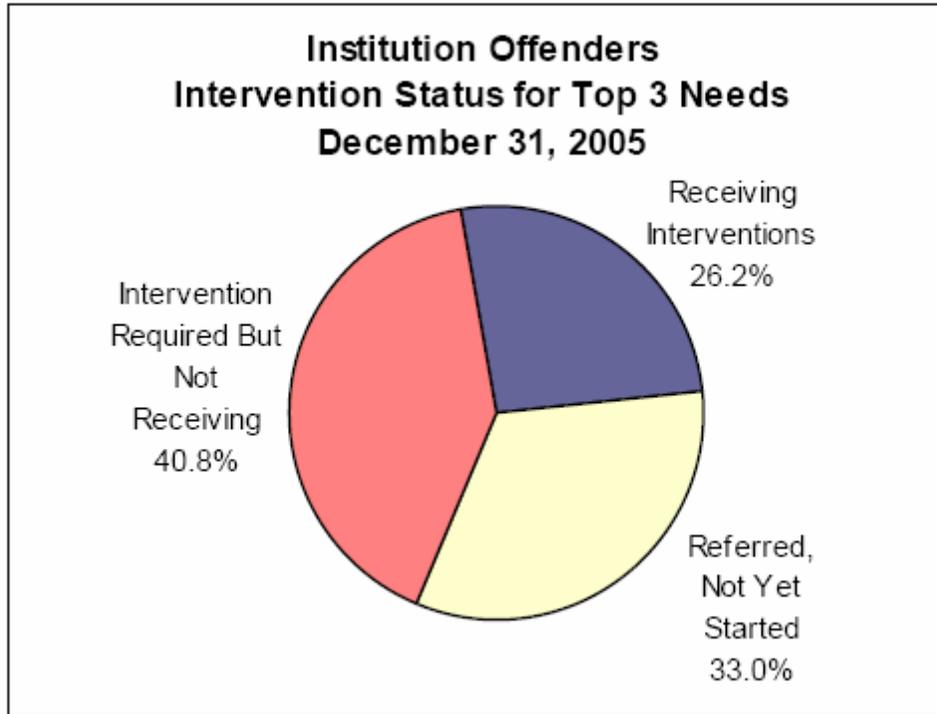
As demonstrated in Figure III-A-3, on December 31, 2005, 73.8% of institution offenders referred for treatment were waiting for substance abuse treatment interventions. On February 9, 2007, 927 offenders were on waiting lists for substance abuse treatment: 109 females, 818 males.<sup>16</sup>

<sup>13</sup> IDOC Report to BOC, "Substance Abuse."

<sup>14</sup> IDOC Report to BOC, "Substance Abuse".

<sup>15</sup> IDOC Licensed S/A Programs 10/06 Report; IDOC Other Prison-Based Substance Abuse Programs 10/06

<sup>16</sup> E-mail received from Lettie Prell, IDOC Director of Research, Dated 2/9/2007.

**Figure III-A-3: Institution Offenders Intervention for Top 3 Needs**

Source: IDOC BOC Report "Substance Abuse"

During FY 2006, IDOC licensed substance abuse programs (intensive outpatient, inpatient) successfully closed 1,552 cases. During that same time period, non-licensed substance abuse program (substance abuse education, relapse prevention) closed 1,939 cases in during Calendar Year 2006.<sup>17</sup>

### 3. Observations

Observations are based on the consultant team's institutional tours, interviews with staff and review of documents. IDOC has a number of licensed<sup>18</sup> substance abuse programs to provide its most intensive treatment. Intensive treatment includes four inpatient programs (3 male, 1 female), one intensive outpatient program, and 11 "regular" outpatient programs (10 male, 1 female). In addition, IDOC provides substance abuse education, relapse prevention and AA/NA programs for offenders.

Unfortunately, offenders do not receive an initial substance abuse assessment by a substance abuse professional upon reception at IMCC. This change occurred five years ago as a result of budgetary constraints; these were previously contracted positions filled by a community-based substance abuse agency.

<sup>17</sup> IDOC Statewide Prison Intervention Program Closures by Institution and Location, 07/01/2005-6/30/2006

<sup>18</sup> Licensed by Iowa Department of Public Health

The following chart describes the highlights of what is working and what is problematic across the IDOC system related to substance abuse treatment.

<b>What's Working</b>	<b>What's Not Working</b>	<b>EBP Related Comments</b>
<p><b>Assessment:</b></p> <p>The LSI-R used to determine treatment needs.</p> <p>Assessments for treatment are completed at the assigned facility.</p>	<p>It is unclear whether custody classification and treatment need determinations work in concert with each other.</p> <p>Assessments for Substance Abuse Treatment are not completed by a substance abuse (S/A) professional at IMCC reception.</p> <p>Assessments are completed at the facility level and the Individual Treatment Plan (ITP) is based on the S/A programs that are available in that facility.</p> <p>Seven unfunded contract assessment positions were eliminated by budget constraints.</p>	<p>The LSI-R and Custody Classification instruments measure two different issues; there will always be some disconnect between the two. The selection of an appropriate S/A Assessment instrument should be driven by EBP.</p>
<p><b>Continuum of Care:</b></p> <p>The available substance abuse treatment continuum of care includes both licensed and non-licensed programs.</p> <p>Levels of substance abuse treatment include Relapse Prevention, Education, Intermediate Care and Residential Care.</p>	<p>There is controversy about the intensive outpatient program that is supported by a faith-based organization.</p>	<p>Much of the content used in the IDOC substance abuse programs are EBP based.</p> <p>A consistent substance abuse approach should be used across the continuum of care from institutions to CBCs.</p>

What's Working	What's Not Working	EBP Related Comments
<p>Co-occurring Disorder Treatment is available at some facilities</p>	<p>Co-occurring Disorders treatment is not available to all offenders with serious mental illness who would benefit from it.</p>	<p>SAMHSA EBP Model: Co-occurring Disorders: Integrated Dual Diagnosis Treatment<sup>19</sup> should be considered for future development of programming for this population.</p>
<p><b>Capacity to Provide Treatment:</b></p> <p>Programs have been and are continuing to be adjusted to increase capacity as the demand for S/A treatment grows.</p>	<p>The capacity to provide substance abuse treatment is limited. Partly in due to decreases in staff positions and treatment slots during Calendar Year 2006.</p>	
<p><b>Continuity of Care:</b></p> <p>There is a well-defined and organized system of community-based treatment centers (CBCs) that also provide substance abuse treatment.</p>	<p>Sentences that require mandatory institution-based substance abuse treatment prior to the offenders' release to the community lengthens the time spent incarcerated and contributes to overcrowding in the facilities.</p>	<p>EBP is demonstrating that Drug Treatment in prison (TC or OP) decreases recidivism 5.7%; treatment in the community reduces recidivism by 9.3%.<sup>20</sup></p>

**4. Systemic Challenges and Opportunities**

Based on the observations noted above, IDOC has a number of systemic challenges and opportunities available to consider when developing additional substance abuse treatment capacity. These are preliminary recommendations that were made by the consultant team to the Department of Corrections during the December 2006 workshop with the Durrant study group. These preliminary recommendations were also presented to the Board of Corrections.

<sup>19</sup> SAMHSA EBP Recovery Model: <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp>

<sup>20</sup> Steve Amos, Marna Miller, and Elizabeth Drake. (2006) *Evidence-Based Adult Corrections Programs: What Works and What Does Not*. Olympia: Washington State Institute for Public Policy.

Challenges	Opportunities
<p><b>Assessment:</b></p> <p>The need for substance abuse treatment should be assessed during the IMCC reception process; facility placement should be based on integrated custody level and treatment needs.</p>	<p>The Substance Abuse Assessment positions that were previously staffed at IMCC reception should once again be filled.</p> <p>Once the number of offenders who fall within each custody classification has been clarified, IDOC should use the LSI-Rs of offenders in each classification to determine level of treatment needs. The levels of treatment required for each custody classification should be cross-matched against the current distribution of substance abuse services to determine if the treatment program distribution needs to be adjusted.</p>
<p><b>Continuum of Treatment:</b></p> <p>Current Co-occurring treatment capacity does not meet the demand.</p> <p>Current Co-occurring treatment does not use the integrated recovery model.</p> <p>The faith-based Inner Change program at Newton that was ruled unconstitutional (separation of church and state)</p>	<p>All offenders with co-occurring treatment needs (MH + SA) should have access to treatment.</p> <p>IDOC should explore and develop programming that is consistent with EBP Recovery Models.</p> <p>There is no current credible research to demonstrate that institutional faith-based programs (i.e., Inner Change) reduce recidivism among its completers.<sup>21 22</sup></p>
<p><b>Capacity to Provide Service:</b></p> <p>The current Substance Abuse program capacity does not meet the demand for substance abuse treatment services.</p>	<p>A thorough Substance Abuse treatment needs assessment upon reception would allow IDOC to determine the “real” demand for each level of substance abuse services: Relapse Prevention, Education, Outpatient, and Residential services. Development of any expanded capacity should be driven by data collected from initial</p>

<sup>21</sup> Americans United For Separation of Church and State v. Prison Fellowship Ministries , 4:03cv-90074; 4:03cv-90447; 4:03cv-90101

<sup>22</sup> Washington Post, “Charles Colson’s Complaint: Opponents of faith-based prison programs are enabling terrorists...”, 01/06/2007

Challenges	Opportunities
	<p>assessment that identifies demand for levels of treatment services.</p> <p>IDOC should explore whether additional short term and relapse prevention programming would require additional staffing.</p> <p>IDOC should explore whether some mandated Substance Abuse treatment, especially short-term, for both males and females could be better provided in CBC settings, thus reducing demand for services.</p>
<p><b>Continuity of Treatment</b></p> <p>The continuity of Care from prison to CBCs is not consistent</p>	<p>Develop EBP services that are consistent between institutions and CBCs.</p> <p>Increase access to community-based treatment both to prevent incarceration and to maximize successful return to the community.</p>

Iowa has a well-organized system of community-based treatment centers that also offers a full range of substance abuse treatment services. For substance abuse to be fully effective, the continuum of substance abuse services in both the institutions and the CBCs should use consistent treatment approaches. Questions remain regarding whether there is consistency in the substance abuse treatment program approaches provided in the institutions and the community-based corrections (CBCs) services.

The short-term and long-term recommendations for IDOC Substance Abuse Programs are discussed in Chapter V.

**C. Mental Health Treatment**

**1. Current Mental Health Treatment**

The Iowa Department of Corrections is faced with the serious challenge that every year there are increasing numbers of offenders with mental illness being incarcerated. Unfortunately this is consistent with what is occurring across the United States. At the national level, many factors have converged to create the current situation of increasing numbers of offenders who have mental illnesses being incarcerated in prisons<sup>23</sup>.

<sup>23</sup> The American Psychiatric Association. (2004). Mental Illness and the Criminal Justice System: Redirecting Resources Toward Treatment, Not Containment. A Resource Document.

- Medications have been developed that can effectively treat psychiatric illnesses in the community have led to fewer and shorter hospitalizations and more people with mental illnesses living in the community.
- Legal safeguards have been put into place that have increased due process safeguards for people with mental illness and made involuntary commitments more difficult to accomplish than in the past.
- As a consequence of these first two factors, there has been mass migration of people with mental illness out of psychiatric hospitals and into the community; and a closure of well over 400,000 psychiatric beds during the last forty years.
- The vision of the Community Mental Health Centers Act forty years ago was never adequately funded. People who have mental illnesses have difficulty accessing treatment, medications, housing, employments and training in the basic skills of living.
- Federal and state governments have adopted more punitive policies that have resulted in many people who have mental illnesses and co-occurring substance abuse disorders.
- As a result, there has been a “transinstitutionalization” of people with mental illness—out of psychiatric hospitals and into jails and prisons.

Through the course of the project, the project team toured prisons, met with numerous IDOC staff, attended numerous meetings and IDOC workshops, and reviewed documents related to mental health treatment. This resulted in the identification of a number of observations and challenges. The observations have been grouped into issues related to IDOC belief system about mental illness, mental health treatment assessment, continuum of care, capacity to provide treatment, continuity of care with community-based services, capacity to provide clinical and administrative management of mental health services.

It should be noted that many of the observations, identified challenges, and recommendations in this report are consistent with two previous consultant’s recommendations: Thomas White, Ph.D. in 2005 and Mary West, M.D., in 2001.

Just over a year ago, the Department hired a new Mental Health Director who was challenged with a mental health system that was fragmented and inconsistent in its treatment approaches and security practices toward offenders with mental illnesses. The prison culture toward offenders with mental illness was, and to a large degree still is, one of containment. The approach toward management of offenders with mental illness is to address and modify “behavior” through discipline, restriction, and isolation. This is not to suggest that offenders with mental illness can never be held accountable for their behavior; however, “goal driven behavior” must be differentiated from behavior that is symptomatic of the mental illness and should be treated. In addition, isolation in prison settings can aggravate the mental illnesses that have led to the behavior.

The overall goal of the Director of Mental Health is to develop a prison mental health service system that parallels the community in terms of a continuum of care. Such a program would have continuity of care that contains a continuum of services that treats the acuity levels and severity of symptoms for all offenders. Clear criteria should be available that guides where a particular offender should be placed based on clinical assessment. There should be a formalized acute unit as part of the continuum for both male and female offenders. Mental health treatment programming appropriate to each level of the continuum should also be available to both male and female offenders.

Presently, Mental Health Assessments are performed during the reception process of an offender at the Iowa Medical and Classification Center (IMCC). The current assessment process includes a Modified Mini Screen, TCU Drug Screen II, and an IDOC Mental Health Appraisal. The average number of offenders received at IMCC per week is 125 to 150. All offenders undergo a complete mental health assessment by the sole psychologist working on reception assessments at this institution. Instruments that are used to complete this assessment are consistent with evidence based practices.

Upon entry to IMCC, if an offender is found to be in acute stress there is an immediate “walk to” psychiatric assessment. The psychiatrist will most often clarify diagnoses, evaluate the need for medication, and determine if there is a need for any special protective management due to risk to self or others or acute psychiatric symptoms.

Offenders with mental illnesses are located throughout the prison system. Institutional placement is determined by an objective classification process that includes clinical input when needed. Unfortunately, clinical input is not always requested or when requested, may not be available. Therefore offenders with mental illnesses may be inappropriately classified. In most cases, when mental illness is identified, there is an override of the classification. With the high numbers of offenders with mental illness, this results in numerous overrides.

Unfortunately appropriate placement within the prison system to an institution or special needs unit (SNU) has been difficult because there were no clear criteria that defined which offenders were best served by each institution or SNU. Currently transfers between institutions that are necessary due to increased acuity of symptoms that cannot be managed by the current housing placement are managed by the Director of Mental Health.

The continuum of mental health services provides very limited access to acute care for offenders in need of hospital level care. Acute level of care requires regular psychiatric assessment and care by mental health professionals. Therefore, it is optimum that a psychiatrist be available on a near daily basis to offenders in need of acute care.

In 1969, the Iowa Medical and Classification Center (IMCC) was designated as the state forensic hospital and legislation was enacted “permitting” transfers to IMCC from state hospitals, jails and community. At that time, there were 100 licensed psychiatric hospital beds at IMCC. Over time, budget constraints have decreased the 100 beds to twenty-three beds. These 23 beds are located within one unit and are generally filled with “male non-offenders.” As a result there is rarely access to a hospital bed for male offenders who require it. There are no designated psychiatric hospital beds for females. A female

who requires intensive treatment will be placed either in the “acute” segregation area of Iowa Correctional Institution for Women (ICIW) or in the women’s reception unit at IMCC. If she becomes so acute to require segregation while at IMCC, she will be placed in an administrative segregation unit with male offenders, supervised by male officers, and “watched” by male offender “watchers.” Since many female offenders have trauma histories that include abuse by males, housing options at IMCC may precipitate symptoms of secondary to a post traumatic stress disorder (PTSD).

An offender manifesting acute symptoms most often needs acute care. Acute care is consistent with twenty-four hour psychiatric treatment services generally provided in a hospital setting. IDOC offenders who have mental illnesses rarely have access to this level of care.

There are limited partial hospitalization beds for females at ICIW and males at the clinical care unit (CCU) at Iowa State Penitentiary (ISP). “Partial” hospitalization is a term commonly used in the community to suggest that the “patient” is stepping down from requiring twenty-four hour psychiatric care to requiring less intensive than twenty-four hour, yet daily care by mental health professionals in order to continue progress in treatment toward stabilization. The location and restrictive environments of current partial hospitalization beds are not optimum for a mental health population. However, changes in treatment approaches and procedures can improve the environment’s amenability to treatment.

Intensive outpatient treatment is being provided in special needs units (SNUs) in many locations in the system. There are inconsistencies in treatment approaches across the system’s SNUs; however this is not necessarily a negative observation. Currently there are no clear criteria that define which offenders are best served in each special needs unit based upon the unit staff’s ability to manage particular behavior and symptoms and the level and type of treatment services that are available. As these definitions and criteria are established, the development and use of special needs units can be maximized to serve a continuum of special treatment needs.

Special needs units require a full complement of mental health professionals to meet the special treatment needs of offenders who are placed there. While acute and partial hospitalization populations are dynamic and ever-changing, the special needs unit populations are less so. Some offenders, especially those with subacute, yet chronic symptoms of mental illness are fragile and too vulnerable to be housed in general population—they will often serve their sentence in a special needs unit. A continuum of special needs units gives flexibility for care and a range of services for those offenders who require special mental health housing.

Outpatient treatment is available throughout the system. The outpatient population is generally treated by mental health professionals assigned to the institution. Psychiatric medication may be managed by an on-site psychiatrist, telemedicine or a combination of both. Most offenders who fall within the outpatient population will have limited contact with mental health professionals but will be involved in correctional counseling and a number of educational and supportive treatment programs available within the institution.

Capacity to provide treatment also includes having sufficient mental health professionals to do so. There has been a chronic shortage of psychiatrists due to difficulty recruiting psychiatrists to work in Iowa. For the most part, the department's mental health professionals have been limited to psychiatrist and psychologist positions. It should be noted that most of the psychologist positions are filled by unlicensed bachelors or masters level staff. There is only one doctoral level psychologist on staff. There are few social work positions and few psychiatric nursing positions within the mental health service personnel roster.

Change results in discomfort. The changes that the mental health services staff are undergoing across the system have evoked discomfort and anxiety among staff. This is to be expected. When mental health professionals have worked for a number of years with one set of treatment approaches and values it can be confusing and frustrating to be forced to change. IDOC should see this as an opportunity to hire mental health professional with contemporary treatment training and fresh enthusiasm for treating offenders who have mental illnesses.

The Mental Health Director is managing the entire system. In order to be sure that effective mental health services are being provided, additional management resources will be needed over time. It is especially important to have the capacity to manage quality assurance functions such as peer review and outcome evaluation.

The Iowa Department of Corrections is well-poised to develop a best practice model for prison and community-based corrections mental health services. It will take time. Even more important, it will require that there is a system-wide plan that lays out the development of mental health services including a full continuum of care, continuity of care, well-trained mental health professionals, and the ability to manage and measure the effectiveness of the mental health services that are provided. In order to develop this level of service, a plan for funding additional services and personnel will be required.

## 2. Data

The following data was collected on 12/31/06 population data and presents a snapshot of the offender population in the Iowa Department of Corrections with mental illness. Unlike other segments of the offender population, the ICON system does not presently track data on the mentally ill offender to the degree necessary to properly develop management reports.

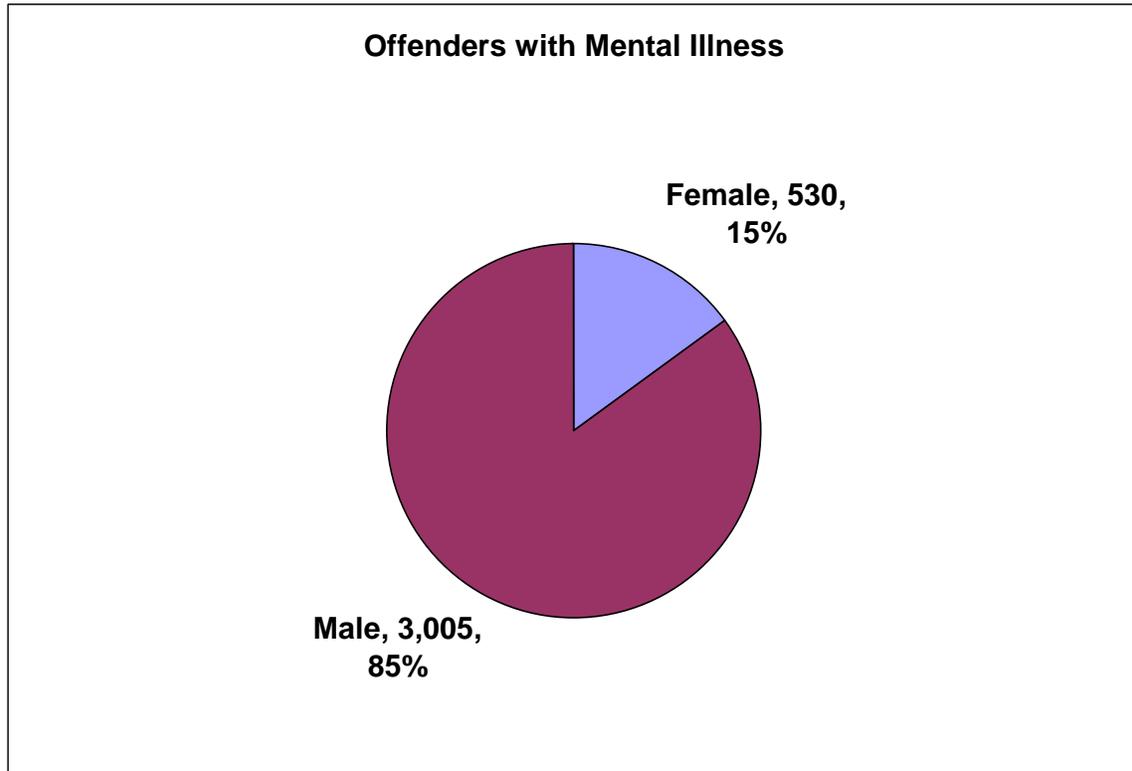
On 12/21/06 there were 3535 offenders with mental illness; 40% of the population. Of those who have mental illness, 67.2% (530) were male and 37.3% (3005) were female offenders. This is an overall increase of nine percent of offenders with mental illness since 6/30/05. This increase in numbers is due, in part, by more both earlier and more accurate identification of offenders who have mental illnesses.<sup>24</sup>

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<sup>24</sup> Updated Mental Health Data 12/30/06 , IDOC (Received by e-mail 3/19/07)

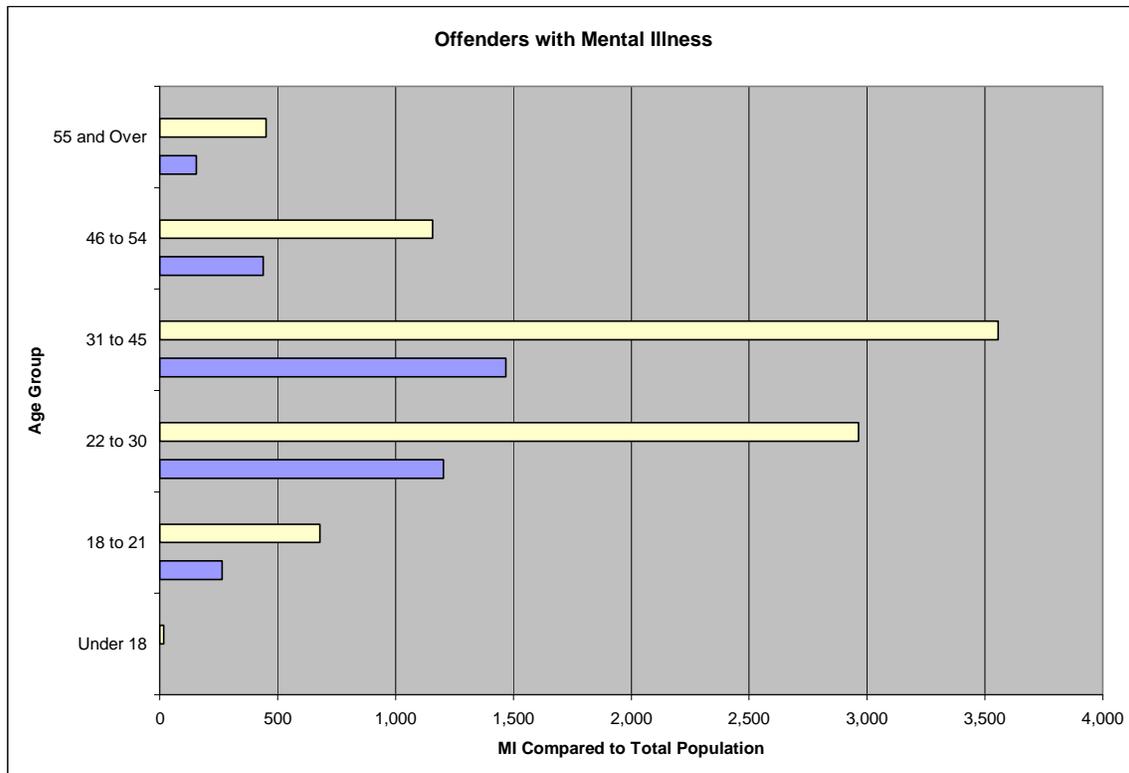
Using the 2016 population projections and the current percentage of offenders with mental illness, there will be 3877 males and 664 female offenders incarcerated in IDOC institutions with mental illness.<sup>25</sup> The age range of offenders with mental illness is consistent with the age spread of the total population of offenders in the institutions.

**Figure III-B-1: IDOC Institution Offenders with Mental Illness**



Source: IDOC based on population 12/31/06

<sup>25</sup> Iowa CJP Iowa Prison Population Forecast FY 2006-2016, Draft Report, November 2006.

**Figure III-B-2: Offenders with Mental Illness by Age**

Source: IDOC based on population 12/31/06

Offenders with mental illnesses were 27% of all prison releases in FY2003, but comprised 39% of those who returned to prison within three years.<sup>26</sup>

### Mental Illness Diagnoses for Offenders in Institutions

Figure III-B-3 demonstrates the array of psychiatric diagnoses of the offenders who are in the IDOC institutions. Many of the offenders carry more than one psychiatric diagnosis. Figures III-B-4 and III-B-5 demonstrate the array of psychiatric diagnoses by gender. Major Depression, substance abuse and anxiety disorders are the most prevalent diagnoses for both female and male offenders. In addition, both the prevalence of Bipolar Disorder and Schizophrenia are consistent across gender. Post traumatic stress disorders (PTSD) are more prevalent for females than for males. These findings are consistent with psychiatric diagnoses in prison populations.<sup>27</sup>

<sup>26</sup> IDOC Chart of the Week, November 20, 2006: Recidivism Return to Prison within 3 Years by Mentally Ill or Not

<sup>27</sup> Effective Prison Mental Health Services: Guidelines to Expand and Improve Treatment", 2004 Edition, NIC.

**Figure III-B-3: Mental Illness Diagnoses for Offenders in Institutions**

<b>Mental Illness Diagnoses by Category</b>			
<b>Prison Population on December 31, 2006</b>			
<b>Mental Illness Category</b>	<b>N Offenders</b>	<b>% of MI</b>	<b>% of Pop</b>
Depression & major depressive disorders	1,747	49.4%	19.8%
Substance use disorders	1,263	35.7%	14.3%
Anxiety, general anxiety & panic disorders	1,016	28.7%	11.5%
Personality disorders	658	18.6%	7.4%
Psychosis/Psychotic disorders	524	14.8%	5.9%
Bipolar disorders	507	14.3%	5.7%
Dysthymia/Neurotic depression	363	10.3%	4.1%
Schizophrenia	266	7.5%	3.0%
Impulse control disorders	182	5.1%	2.1%
Post traumatic stress disorder (PTSD)	165	4.7%	1.9%
Other adjustment disorders (not PTSD)	149	4.2%	1.7%
Sleep, movement & eating disorders	87	2.5%	1.0%
Civil commitment	31	0.9%	0.4%
Dementia/organic disorders	21	0.6%	0.2%
Sexual disorders/paraphelias	11	0.3%	0.1%
A given offender is counted only once per category, but may be counted in more than one category.			

Source: IDOC population 12/31/06

**Figure III-B-4 Mental Illness Diagnoses for Female Offenders**

<b>FOR FEMALES</b>			
<b>Prison Population on December 31, 2006</b>			
<b>Mental Illness Category</b>	<b>N Offenders</b>	<b>% of MI</b>	<b>% of Pop</b>
Depression & major depressive disorders	309	58.3%	39.2%
Substance use disorders	200	37.7%	25.3%
Anxiety, general anxiety & panic disorders	138	26.0%	17.5%
Personality disorders	138	26.0%	17.5%
Psychosis/Psychotic disorders	83	15.7%	10.5%
Bipolar disorders	73	13.8%	9.3%
Post traumatic stress disorder (PTSD)	60	11.3%	7.6%
Dysthymia/Neurotic depression	54	10.2%	6.8%
Schizophrenia	39	7.4%	4.9%
Sleep, movement & eating disorders	21	4.0%	2.7%
Other adjustment disorders (not PTSD)	16	3.0%	2.0%
Impulse control disorders	10	1.9%	1.3%
Dementia/organic disorders	1	0.2%	0.1%
Civil commitment	0	0.0%	0.0%
Sexual disorders/paraphelias	0	0.0%	0.0%
A given offender is counted only once per category, but may be counted in more than one category.			

Source: IDOC population 12/31/06

**Figure III-B-5: Mental Illness Diagnoses for Male Offenders**

<b>FOR MALES</b>			
<b>Prison Population on December 31, 2006</b>			
<b>Mental Illness Category</b>	<b>N Offenders</b>	<b>% of MI</b>	<b>% of Pop</b>
Depression & major depressive disorders	1,438	47.9%	17.9%
Substance use disorders	1,063	35.4%	13.2%
Anxiety, general anxiety & panic disorders	878	29.2%	10.9%
Personality disorders	520	17.3%	6.5%
Psychosis/Psychotic disorders	441	14.7%	5.5%
Bipolar disorders	434	14.4%	5.4%
Dysthymia/Neurotic depression	309	10.3%	3.8%
Schizophrenia	227	7.6%	2.8%
Impulse control disorders	172	5.7%	2.1%
Other adjustment disorders (not PTSD)	133	4.4%	1.7%
Post traumatic stress disorder (PTSD)	105	3.5%	1.3%
Sleep, movement & eating disorders	66	2.2%	0.8%
Civil commitment	31	1.0%	0.4%
Dementia/organic disorders	20	0.7%	0.2%
Sexual disorders/paraphelias	11	0.4%	0.1%
A given offender is counted only once per category, but may be counted in more than one category.			

Source: IDOC population 12/31/06

Mental health services are provided across the IDOC institutions; however, there is a lack of acute hospital and partial hospitalization beds throughout the system for both male and female offenders. The special needs units range in the levels of care provided from partial hospitalization through intensive outpatient and in a few cases general outpatient care. In addition, there are no special services or units developed for the aging population with dementia.

Figures III-B-6 and III-B-7 show the distribution of offenders with mental illnesses and their housing placement within the institutions. The numbers below demonstrate that the national trend toward “transinstitutionalization has occurred in Iowa. While state hospital census has significantly decreased, forty percent (40%) of the offenders in the correctional institutions have mental illnesses; twenty-nine percent (29%) of the IDOC population have persistent mental illnesses. Persistent mental illnesses are serious mental illnesses that require life-long treatment and other therapeutic interventions. It is especially interesting to note the high percentage of offenders with serious, persistent mental illness that are placed in the highest custody institutions, such as the Iowa State Penitentiary (ISP) and Anamosa State Penitentiary (ASP). One might wonder why people with serious and persistent mental illnesses are incarcerated under the highest security custody in Iowa’s prisons. Have they all committed serious, violent crimes against people? Or, have they been placed in this setting secondary to behavior that has occurred while imprisoned that is also symptomatic of their mental illnesses?

**Figure III-B-6: IDOC Offenders with Persistent Mental Illnesses**

<b>Institution/Subunits</b>	<b>Total Offenders</b>
Anamosa State Prison (ASP)	301
ASP: 299	
LUH: 2	
Clarinda Correctional Facility (CCF)	400
CCF: 353	
CCFL 47	
Fort Dodge Correctional Facility (FDFC)	236
Iowa Correctional Institute for Women (ICIW)	330
Iowa Medical and Classification Center (IMCC)	202
IMCC 183	
Oakdale 19	
Iowa State Penitentiary (ISP)	332
ISP 130	
Clinical Care Unit (CCU) 150	
JBU 34	
Farm 1 9	
Farm 3 9	
Mt. Pleasant Correctional Facility (MPCF)	310
MPCF 240	
MPWU 70	
North Central Correctional Facility (NCCF)	106
Newton Correctional Facility (NCF)	298
NCF 222	
CRF 76	
<i>Statewide:</i>	2,515

**Figure III-B-7: Total IDOC Offenders with Mental Illnesses**

<b>Institution/Subunits</b>	<b>Total Offenders</b>
Anamosa State Prison (ASP)	455
ASP: 451	
LUH: 4	
Clarinda Correctional Facility (CCF)	520
CCF: 463	
CCFL 57	
Fort Dodge Correctional Facility (FDFC)	373
Iowa Correctional Institute for Women (ICIW)	422
Iowa Medical and Classification Center (IMCC)	267
IMCC 247	
Oakdale 20	
Iowa State Penitentiary (ISP)	464
ISP 202	
Clinical Care Unit (CCU) 175	
JBU 50	
Farm 1 17	
Farm 3 20	
Mt. Pleasant Correctional Facility (MPCF)	439
MPCF 357	
MPWU 82	
North Central Correctional Facility (NCCF)	164
Newton Correctional Facility (NCF)	431
NCF 321	
CRF 110	
<i>Statewide:</i>	3,535

### 3. Observations

The growing numbers of offenders who have mental illnesses require that effective identification, treatment and stabilization services are provided within the prison setting. These are not elective health care services; they are constitutionally mandated and must be provided to offenders who have mental illnesses.<sup>28</sup> The chart below is a synthesis of what is working well and what needs attention in the IDOC system of care for offenders

<sup>28</sup> Bowring v. Godwin, 551 F.2d 44, 47-48 (4<sup>th</sup> Cir. 1977)

with mental illnesses; comments about best practices based on the research are also included.

What's Working	What's Not Working	EBP Related Comments
<p><b>Culture and Definition of Mental Illness:</b></p> <p>Mental Health Director developing new policies, procedures and practices within IDOC with Models consistent with EBP.</p>	<p>Definition of Mental Illness is confused with behavior problems. People with MI are assumed to be "unpredictable, violent, and dangerous" consistent with behavioral approach to mental illness instead of biologically based illness. Little difference recognized between "mad and bad". May well be the result of long-term organizational culture re: offenders who have mental illnesses.</p>	<p>The Recovery Model<sup>29</sup> is the community-based EBP model. At least 3 of the programs can be used in prison settings. The IDOC is not using any of these programs at the present time. Correctional mental health practices should be consistent with well-research community-based models; current IDOC practices are not consistent with EBP.</p> <p>There have been new developments in corrections to include the Recovery Model that is EBP consistent.<sup>30</sup></p>
<p><b>Assessment:</b></p> <p>Tools used during the mental health Reception Assessment at IMCC are:</p> <ul style="list-style-type: none"> <li>• Modified Mini Screen</li> <li>• TCU Drug Screen II</li> <li>• IDOC Mental Health Appraisal</li> </ul>	<p>1 FTE psychologist does all reception assessments: Average 125 per week.</p> <p>Not all received offenders requiring psychiatric assessment receive one before move to another facility. Too few mental health professionals and psychiatrists.</p>	<p>It is difficult to establish caseload standards in corrections for both psychologists and psychiatrists.</p>

<sup>29</sup> SAMHSA <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits.about.asp>

<sup>30</sup> Mueser et al. "Illness Management and Recovery". The National GAINS Center, May 2006.

What's Working	What's Not Working	EBP Related Comments
<p><b>Continuum of Mental Health Care:</b></p> <p>Continuum of care being developed including additional MH beds at IMCC.</p>	<p>Criteria are unclear re: who goes into what type of mental health bed and/or facility; this may, in part, be related to design issues with currently designated mental health beds.</p> <p>Acute Care: Primarily provided in segregation cells in various locations throughout the facilities. In some locations, psychiatric direct care (on location) is less than optimal.</p> <p>IMCC hospital beds used by civilian patients.</p>	<p>Administrative Segregation can have substantial psychological consequences for offenders with serious mental illness. Isolation can increase symptoms and limit access to privileges, programs, work release assignments, and early parole.<sup>31</sup></p> <p>Acute treatment is best provided in a hospital or partial hospital setting with daily contact with a psychiatrist.</p>
<p>West Unit is a licensed hospital with 23 acute psychiatric beds.</p>	<p>The psychiatric beds are filled with “civilian” patients transferred from state hospital (due to behavior); NGRJ patients; jail transfers; and pre-trial offenders waiting for forensic evaluations and for treatment to restore competency to stand trial.</p> <p>No psychiatric nursing scheduled for licensed hospital beds (West Unit) on night shift. Medical nurse makes rounds or responds as needed.</p>	<p>The nursing staffing does not meet either ACA or NCMMH standard for staffing hospitals.</p> <p>Hospital units should be staffed with nursing (preferably with psychiatric experience) 24/7. The West Unit is not staffed with nursing 24/7. Since the West Unit is the primary forensic hospital for the state of Iowa, staffing should be</p>

<sup>31</sup>"Effective Prison Mental Health Services: Guidelines to Expand and Improve Treatment", 2004 Edition, NIC.

What's Working	What's Not Working	EBP Related Comments
	<p>East Unit (used as hospital step-down for prisoners) down-sizing (during site visit) due to staff shortages. This unit is ideal for partial hospitalization since it is located with daily access to an on-site psychiatrist.</p>	<p>commensurate with the correction staffing should meet the security requirements and professional mental health staff should at a minimum be on par with Iowa state mental health hospital staffing.</p> <p>Offenders with acute symptoms of mental illness should have access to psychiatric hospitalization and the full range of psychiatric services provided in a hospital.</p>
<p>Additional mental health beds are proposed in the new facility at IMCC.</p>	<p>The new physical environment for the proposed mental health beds at IMCC includes a mezzanine level that is 17' 4" above the floor that is open to the floor with only horizontal bars—this design is not consistent with the safety measures that should be considered by people with acute (or even subacute) mental illnesses. The counselor offices and program space are on the 2<sup>nd</sup> floor which will require officers to take offenders outside the unit up an elevator to meet with the counselors. There are poor lines of visibility from lower level into the cells, program space, and counselor offices on the upper levels.</p>	<p>Best practices dictate that special precautions must be taken in designing and constructing an inpatient unit for mentally ill offenders.</p>

<b>What's Working</b>	<b>What's Not Working</b>	<b>EBP Related Comments</b>
<p>There are professional mental health staff that identify the offenders who are in need of hospital level services.</p>	<p>Too few beds for offenders with acute mental illness; therefore treatment for acute illness is often provided in segregation cells.</p>	<p>Segregation cells can exacerbate acute symptoms of psychosis and depression.</p> <p>Segregation should be used only when other options have been exhausted; not as a primary mode of treating acute mental illness.</p>
<p>The civil commitment process is used for non-compliant, acutely symptomatic offenders.</p>	<p>Historically, the practice of involuntarily medicating civilly committed patients/offenders was common. Until recently (implemented during the time period of this study) there was no separate objective review for need for involuntary meds. An involuntary medication now requires a separate judicial review with the rare exception of time-limited use during extreme emergencies.</p>	<p>Most states require a separate objective review for involuntary meds. Recent Iowa Attorney General's Office decision is that involuntary medication requires a separate judicial review.</p>
<p>There is limited use of restraints throughout the IDOC system; use requires psychiatrist order</p>	<p>There are inconsistent practices across facilities.</p>	<p>The use of restraints for symptoms of acute mental illness is discouraged; alternatives are encouraged. Use of any restraints (on offenders with mental illness) should require written incident report and a clinical management review on a quarterly basis.</p>

What's Working	What's Not Working	EBP Related Comments
<p>There are no appropriate female acute beds.</p>	<p>Females at IMCC who require single cells due to acute symptoms of mental illness are mixed with males in segregation with supervision by male officers.</p>	<p>Segregation in this environment can exacerbate acute symptoms of psychosis, depression, and symptoms secondary to trauma and may cause symptoms associated with post traumatic stress disorder (PTSD).</p>
<p>ICIW has the ability to provide partial hospitalization for women;</p>	<p>While ICIWS does not provide an environment conducive to good mental health, the treatment is provided in a supportive environment. ICIW, to a large degree, is women focused.</p>	
<p>Mt. Pleasant SNU for Women is sensitive to needs of women offenders.</p> <p>The facility is using some EBP based-Programs such as : "Seeking Safety"; STEPS; "Solutions for Wellness</p> <p>There is a DHS psychiatrist for women at Mt. Pleasant</p>	<p>Male supervision of female offenders is common; the post located for residential supervision is in front of the shower area.</p>	<p>Not Gender specific; not EBP for women in corrections; IDOC needs to establish baseline and collect and analyze outcome data for EBP programs.</p> <p>Vulnerable female offenders should not be supervised by males whose post is located in front of the showers and personal hygiene area of the unit.</p>

What's Working	What's Not Working	EBP Related Comments
<p>SSIP: When offenders are removed from SSIP status they should be given property and access to movement to programs, etc. in gradual defined steps. They should not be given full property and full movement immediately. Some IDOC facilities, such as Clarinda uses steps.</p>	<p>SSIP always occurs in A/S; when removed from SSIP status, in many facilities, the offender is immediately moved to full property and movement status.</p>	<p>EBP: Should be limited to those who are actively suicidal: best-practices encourage the use alternatives such as supervised dorms when offenders are depressed and suicidal but do not have active plans. Segregation, especially prolonged segregation, can intensify depression and suicide.<sup>32</sup></p>
<p>Use of SNUs for offenders with symptoms and who cannot function in general population.</p>	<p>Offenders placed on MHO status are always placed in A/S reducing supervision and interaction; increases isolation and can increase symptoms; use of MHO is driven by disciplinary infractions in many cases instead of understanding of mental illness.</p> <p>Some offenders with “mental illness” are never given the opportunity to progress in their custody status and may be released directly from partial hospitalization or SNU housing.</p>	<p>The American Disabilities Act has been interpreted to mean that in correctional facilities, special units for people with disabilities must have clear criteria for admission and release; the disability can not be used to prevent access to prison programs or release programs.<sup>33</sup></p>

<sup>32</sup> Hayes, L. (1995). Prison Suicide: An Overview and Guide to Prevention. National Institute of Corrections.

<sup>33</sup> Rubin, Paul. N. and Susan W. McCampbell, (1995) "The American with Disabilities Act and Criminal Justice: Mental Disabilities and Corrections." National Institute of Justice.

What's Working	What's Not Working	EBP Related Comments
	<p>CCU seen as and described as "the end of the line" within the system perhaps due to its location at ISP; this thinking may also prevent opportunities for move to general population, decreased custody classification; programming, and reentry.</p>	
<p>Outpatient Mental Health Services are available throughout the system.</p> <p>Offenders with mental illness are mainstreamed into general population if able to function without undue risk to/from others.</p>	<p>Many mental health outpatient offenders are managed by psychiatrists with telemedicine.</p> <p>Limited mental health treatment is available to outpatient offenders; due to staffing levels the focus is on medication and crisis intervention.</p>	<p>Mainstreaming offenders into general population is consistent with best practices.</p>
<p>Use of telemedicine to provide access to psychiatry.</p>	<p>Difficult recruiting psychiatrists.</p> <p>A high percentage of psychologists' time is used to assist with telemedicine; little use of psychiatric nurses to assist with telemedicine.</p>	<p>Use of telemedicine is consistent with EBP</p>
<p>The appropriate use of all community-based psychiatric medication prescriptions is consistent with community-based psychiatry</p>	<p>Increasing costs of psychiatric medication has resulted in decreased treatment (and other) personnel.</p>	<p>Practice is consistent with EBP</p>

<b>What's Working</b>	<b>What's Not Working</b>	<b>EBP Related Comments</b>
<p><b>Continuity of Mental Health Care:</b></p> <p>Reentry plans are developed at admission for all offenders.</p>	<p>Reentry programs that meet specific needs of the MI population are limited.</p> <p>Offenders with mental illness are not consistently stepped down toward release. They may be released into the community with less than well grounded plans for community treatment and follow-up; there is often poor response to providing treatment in the community to offenders still considered part of the DOC system (those under community-based supervision).</p> <p>Access to medication in the community is problematic for many offenders the community often excludes offenders from services and particularly assistance with paying for psychiatric medications is the individual is still under IDOC CBC supervision.</p>	<p>Data on Reentry for the MI offender population is still limited.</p> <p>Recovery Modules useful for this population including Assertive Community Treatment, Family Psychoeducation, and Supported Employment, do not exist.<sup>34</sup></p>
<p><b>Professional Mental Health Staff:</b></p> <p>Mental Health Director is providing needed system-wide clinical and administrative management.</p>	<p>Mental Health Director is single-handedly managing the entire system. Need to develop additional management resources including regional directors, training and quality</p>	<p>There are no developed staff/offender ratios for mental health treatment in corrections. However, there are court decisions that</p>

<sup>34</sup>SAMHSA <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits.about.asp>

What's Working	What's Not Working	EBP Related Comments
<p>Staff focused and dedicated to "doing the right thing."</p>	<p>assurance personnel (to manage peer review and outcome evaluation).</p> <p>Staffing levels appear to be low for the number of MH offender/clients.</p> <p>There are ongoing recruitment and retention problems for psychiatrist positions.</p> <p>The full complement of MH disciplines not available; there are very few social workers and psychiatric nurses.</p> <p>Changes in mental health policies, procedures and practices are impacting medical nursing staffing and responsibilities.</p>	<p>mandate sufficient numbers of mental health professionals to provide care".<sup>35</sup></p> <p>Iowa needs to adhere to these precedent setting court decisions</p> <p>APA<sup>36</sup>: 1 Psychiatrist per 150 patients who are prescribed psychotropic meds. There have been ongoing recruitment problems and difficulty hiring psychiatrists for the IDOC system. At the time of this report there are 4.0 FTE staff psychiatrist positions, with an additional 37 part time psychiatrist hours (equal to .93 FTE); this is a ratio of 1 psychiatrist to 717 patients. The number of filled psychiatrist hours is an ever changing dynamic situation.</p> <p>System-wide clinical and management of all nursing personnel would provide better information about system-wide issues. Increased levels of psychiatric nursing personnel may decrease the impact of mental health policies on medical nursing duties.</p>

<sup>35</sup> Ruiz v. Estelle 503 F.Supp. 1295 (1980)

<sup>36</sup> American Psychiatric Association (2000). "Psychiatric Services in Jails and Prison", 2<sup>nd</sup> Ed.

#### 4. Systemic Challenges and Opportunities

Based on the observations noted above, IDOC has a number of systemic challenges and opportunities available to consider in developing additional capacity to provide a consistent continuum of care to offenders requiring mental health care. These are the preliminary recommendations made to IDOC during an IDOC-Durrant workshop in December, 2006.

Challenges	Opportunities
<p>The IDOC institutions' Culture re: Mental Illness is largely outdated.</p> <p>EBP Models are strength-based and teach/model self-care and shared self-responsibility for managing illness and recovery.</p>	<p>Pre-service and annual training for all staff (security, program, education, medical, mental health) in biology of mental illness, and contemporary community and correctional mental health practices.</p> <p>Integrate offender behavior management approaches that are effective with offenders who have mental illnesses into the newly developed training for officers.</p> <p>Develop relationships with academic institutions to provide student training opportunities to build future workforce</p>
<p>Some treatment approaches are not consistent with community-based practices or EBP.</p>	<p>Change treatment programming for offenders with mental illness from disciplinary/accountable/behavior modification model to self-care and self-responsibility Recovery Model<sup>37</sup></p>
<p>Psychiatric resources are stretched very thin; use of telemedicine impacts psychology staffing.</p>	<p>Pursue an active, nation-wide recruitment of psychiatrists.</p> <p>Consider use of mid-level, psychiatrically trained PA and NP position to extend psychiatric resources</p> <p>Use psychiatric nursing positions to assist with telemedicine (among other duties) to free psychologists to provide more treatment.</p> <p>Add social work positions to increase treatment opportunities and planning for release to the community.</p>

<sup>37</sup> SAMHSA <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits.about.asp>

Challenges	Opportunities
<p>Prison MH hospital beds are limited; a number of them are filled with civilians from state hospitals and pre-sentenced offenders from jails. This is an unusual practice not found in many other states; in fact, in other states the norm is to send prisoners to State MH hospitals.</p>	<p>Explore ways to decrease the use of prison beds for unsentenced and uncharged patients. This may require additional training for state hospital employees.</p> <p>Consider changing practices and using the full intent of the legislation that “permits” but does not mandate the transfers of civilian and other patients into IMCC psychiatric hospital beds.<sup>38</sup></p> <p>IDOC to take the lead to demonstrate how reduced funding for MH and other human services has only shifted costs to the criminal justice system.<sup>39</sup></p>
<p>There is no special process for involuntary treatment for the imprisoned population. Involuntary treatment of offenders who are refusing treatment yet posing a danger to self or others requires a civil commitment. Because psychiatric hospitalization (West Unit at IMCC) is an expectation of civil commitment, only one Iowa county (Johnson County) is willing to civilly commit IDOC offenders.</p>	<p>Offenders who require civil commitment must have access to psychiatric hospital beds. While beds exist on West Unit there is little access to them for offenders. This is due to the high use of these hospital beds for people outside the IDOC system. It is also due to the inability to mix IDOC offender populations with some populations that used these hospital beds.</p> <p>IDOC needs to explore either expansion of the licensed hospital beds at IMCC or decrease the use of these beds for people outside the IDOC system.</p>
<p>Involuntary medication requires additional judicial review.</p>	<p>The clarification of requirement to involuntarily medicate “patients” in the IMCC psychiatric hospital requires change of practice, policy and procedures, and training of staff.</p>
<p>Increasing costs of psychiatric medication.</p>	<p>Psychiatric medication is consistent with community practices and EBP. Costs, however, may be reduced through a predetermined and clinically agreed upon formulary and peer review.</p> <p>Explore whether the economy of scale of a centralized pharmacy would reduce costs.</p>

<sup>38</sup>Iowa Code Section 904.201 <http://www.legis.state.ia.us/IACODE/2003/904/201.html>

<sup>39</sup> American Psychiatric Association, "Mental Illness and the Criminal Justice System: Redirecting Resources Toward Treatment, Not Containment", May 2004.

Challenges	Opportunities
<p>Providing acute or ongoing care of offenders with mental illness in segregation cells (other than when offender is violent or out of control) is not optimum.</p> <p>IMCC and Mt. Pleasant beds were previously used for psychiatric hospitalization. Many of the Clarinda staff have experience working in psychiatric settings. It is standard practice for hospitalized people with mental illness to be housed in less restrictive settings than single cells.</p> <p>There are 23 unlicensed male acute care beds (East Unit). There are also 23 licensed male acute care beds (West Unit); however these beds are essentially reserved for civilian patients. There are no acute care beds for female prisoners. The number of acute care beds is insufficient to meet the needs of both male and female prisoners with acute psychiatric illnesses.</p>	<p>Develop a sufficient number of both male and female acute beds to meet the growing demands of the mental health population. Due to the level of care required including attendant staffing resources including an on-site psychiatrist may be more cost effective to provide all acute services in one location (or 2 for gender separation).</p> <p>Explore the use of alternatives including crisis intervention, use of incentives for behavior control, and step movement into lesser restrictive housing. Approaches to be individualized to meet the offender's cognitive abilities. Develop treatment programs that teach and encourage the use of self-care, self-responsibility and illness management that is consistent with the Recovery Model.</p> <p>Analyze the types and number of housing needed to meet custody and mental health treatment needs. Consider re-visioning/re-purposing current use of beds to meet the identified needs.</p>
<p>The IDOC Suicide Prevention Plan includes the segregation of all offenders who have suicidal ideation.</p>	<p>Modify current Policies and Procedures. Develop well-documented alternatives to provide mental health care to all but the most actively (and out of control) offenders who are suicidal.</p> <p>Placement with other offenders under increased observation/visibility by officers has been proven to reduce suicidal ideation.<sup>40</sup> Offenders who are grouped together for suicide prevention observation have fewer opportunities to self harm than when housed individually in segregation. In addition, increased</p>

<sup>40</sup> Hayes, L. (1995). Prison Suicide: An Overview and Guide to Prevention. National Institute of Corrections.

Challenges	Opportunities
	interaction will often decrease depression and improve stability. IDOC should explore opportunities to decrease the use of segregation for SSIP while maintaining a safe environment for offenders who are suicidal or self-injurious.
Although the IDOC SOP is clear about use of restraints; the practice is inconsistent across facilities.	Updated training for all security and clinical staff about EBP use of restraints for psychiatrically-impaired offenders is needed.
Very limited use of psychiatric nursing and psychiatric social workers. Psychiatric nursing has experience in institutional setting, less restrictive intervention, crisis defusion. Psychiatric social workers have experience spanning boundaries between institution and community, treatment and release planning.	Determine the feasibility of adding psychiatric nursing and social work staff to the mental health team. The Multidisciplinary approach and expanded resources would improve the access to treatment for the offenders with mental illnesses.
Develop cost-effective and treatment effective staff to offenders (with MI) ratios.	A complete staffing analysis for treatment staff, counselors and other program staff is required.
Limited opportunities for step-down and reentry programming upon release.	<p>Prisons to work with CBCs to develop appropriate continuum of care from prison to release; develop these continuums in partnerships with appropriate community-based mental health and other treatment providers.</p> <p>Explore the use of Recovery Models for reentry services for offenders with mental illnesses to provide continuity of care from prison to community.</p>

The short-term and long-term recommendations for IDOC for mental health treatment are discussed in Chapter VI.

## D. Sex Offender Treatment

### 1. Current System

Effective sex offender treatment is dependent upon an individualized assessment<sup>41</sup> that determines the offender's risk of reoffending, amenability to treatment, and the level of sex offender treatment that will be most effective for each offender. Recognizing that the assessment instruments being used must be validated for Iowa offenders, progress is being made in the proposed validation of the Static-99 and the ISORA-8 assessment tools.<sup>42</sup>

There is a continuum of sex offender treatment<sup>43</sup> available within the Iowa Department of Corrections (IDOC) institutions that offers intensive sex offender treatment (SOTP), short term sex offender treatment (for those offenders who do not have sentences long enough to permit the longer intensive treatment program), special needs sex offender treatment, and a program designed to engage resistant offenders into sex offender treatment (Pre-SOTP). All current sex offender treatment for male offenders is located at the Mt. Pleasant Correctional Facility and for females at the Mt. Pleasant Women's Unit. While there has been discussion about developing additional special needs sex offender treatment at the Clinical Care Unit (CCU) located at Ft. Madison, this is pending further discussion.

The intensive sex offender treatment program provides sex offenders with an opportunity to learn appropriate and responsible social and sexual behavior to substitute for inappropriate and irresponsible behaviors, which lead to the offense. The ultimate goal of sex offender treatment is to reduce reoffending and recidivism with new sex offenses. The 16-18 month program assists offenders to accept responsibility, increase recognition, institute change, and manage sexual deviant thoughts, attitudes, and behavior. The intensive program is confrontational and stressful for the offenders, yet consistent with evidence-based programs (EBP) in its approach. Therefore the intensive sex offender treatment program (SOTP) is not the most effective approach with offenders who are vulnerable to mental status decompensation (those offenders with mental retardation, mental illness, brain injury and other developmental disabilities) due to the stress of such a confrontational program.

There is also an aftercare program which provides offenders with an opportunity to utilize the tools learned throughout the intensive sex offender treatment programs (SOTP) as they ready themselves for re-entry into their communities.

Therefore, IDOC has developed a Special Needs SOTP program for offenders who have developmental disabilities, reading and comprehension difficulties, or offenders who need to learn at their own pace. The program includes materials and groups designed to provide programming to an offender population with special learning conditions.

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<sup>41</sup> Center for Sex Offender Management (CSOM), (November, 2006). Understanding Treatment for Adults and Juveniles Who Have Committed Sex Offenses. U.S. Department of Justice.

<sup>42</sup> Iowa Sex Offender Treatment and Supervision Task Force: Report to the Iowa General Assembly. January 15, 2007.

<sup>43</sup> MPCF Sex Offender Treatment Program, PPT Presentation provided by Treatment Director, Gail Huckins.

While all sex offenders do not have mental illness, some do. Currently there is limited opportunity for sex offenders who have either mental illness with continued symptomatic behaviors or whose custody risk requires special needs housing. Due to the fragility of these individuals' mental status, a specialized treatment program for sex offenders with chronic mental illness needs to be developed. This program should be delivered by trained mental health professionals who have additional training in providing sex offender treatment.

The sixteen (16) bed Short-Term Sex Offender Treatment Program provides treatment to sex offenders who do not have enough sentenced time to complete the standard intensive treatment program. In this program, offenders are introduced to the major components of sex offender treatment related to sexual deviances in an effort to raise awareness and to provide tools for learning appropriate and responsible behaviors. These offenders are usually referred for follow-up treatment in the community.

The Pre-SOTP program provides an opportunity for sex offender treatment staff to evaluate an offender's willingness and readiness to address sex offenses and work within the guidelines set for programming. The "ACT" Unit was developed for offenders who fail to accept responsibility for their offenses, refuse treatment, and/or are removed from treatment for failure to fully participate in programming. Offenders placed in this program do not receive "earned good time", as stipulated by Iowa Code Section 903A.2(1)(a). These offenders are provided with an opportunity to make progress on predetermined goals and objectives in an effort to work towards reentry into the standard SOTP. This program is IDOCs creative response to engaging resistant sex offenders into legislated mandatory treatment.<sup>44</sup>

There have been a number of legislative changes that affect the growth of sex offenders in Iowa's prisons and that also impact the capacity to provide mandatory sex offender treatment<sup>45</sup>:

- The Violent Crime Initiative (Iowa Code §902.12) effective July 1, 1996 abolished parole and most of the earned time for Sexual Abuse 2<sup>nd</sup> degree (as well as several other offenders). Changes to the law have since been enacted to permit parole considerations after 70% of the maximum terms are served, but the first of these offenders will not be eligible for parole until 2015.
- A Sexually Violent Predator Law (Iowa Code Chapter 901A) was also made effective July 1, 1996, increased maximum penalties for certain repeat sex offenders and also abolished parole and most of the earned time for these offenders.
- Legislative changes effective July 1, 2005 created a new Class A felony, which provided for loss of earned time for refusing sex offender treatment, enhanced

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<sup>44</sup> IDOC, One Iowa Case Makes a Difference: Engaging Resistive Sex Offenders into Treatment. (2006). Unpublished paper received from Jeannette Bucklew, Deputy Director of Offender Services.

<sup>45</sup> Iowa Department of Corrections, Sex Offenders: Report to the Board of Corrections, (April, 2006).

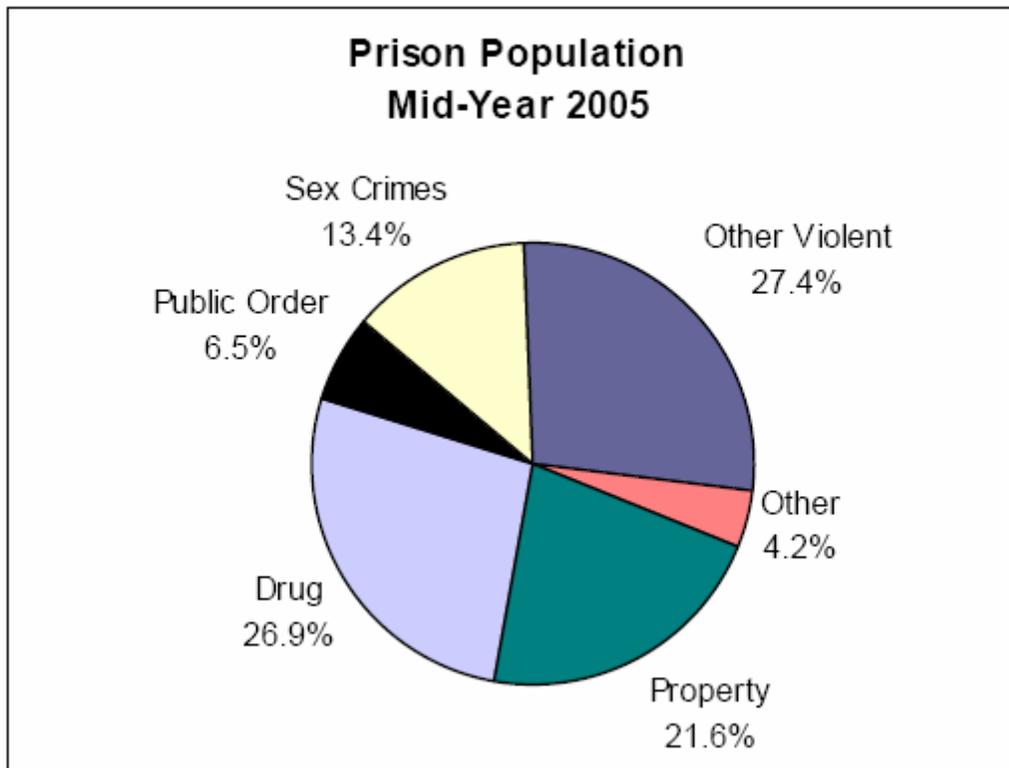
certain provisions related to lascivious acts with a child, and created an additional special sentence of parole.

The challenge for Iowa's prisons is to determine how to provide the most effective sex offender treatment that maximizes public safety while utilizing cost effective and efficient evidence-based driven treatment programs.

## 2. Data

The most recent data available for this population is based on the June 30, 2005 population. Figure II-C-1 demonstrates the type of offenses committed by those offenders who are involved in sex offender treatment.

**Figure III-C-1: Prison Population Offenses**



Source: IDOC BOC Report: Sex Offenders, April 2006

In mid year 2005, 13% or 1,115 (1,097 males, 18 women) of IDOCs offender population were serving sentences for a sex offense (as their most serious offense).<sup>46</sup> Based on the Iowa Division of Criminal and Juvenile Justice Planning's (CJJP) population forecast for year 2016, and assuming the percentage of offenders sentenced for sex offenses conservatively remains constant, there will be an additional 434 sex offenders requiring treatment within the IDOC institutions offenders (Total 1,608)<sup>47</sup>.

<sup>46</sup> IDOC Report to BOC, "Sex Offenders", April 2006.

<sup>47</sup> IOWA CJJP, Iowa Prison Population Forecast FY 2006-2016, Draft Report, November 2006.

While there has been relative stability in Iowa's prison population serving time for a sex offense over the last twenty years, this population is expected to change in the coming years due to passage of legislation that increases time served in prison for certain sex offenders, and lengthens the period of community-based supervision. Therefore the projected number of sex offenders by Year 2016 is likely a low projection.<sup>48</sup>

**Figure III-C-2: IDOC Sex Offender Treatment Capacity**

<b>Sex Offender Treatment Capacity</b>	
<b>Program</b>	<b>Treatment Slots</b>
<b>Intensive Program</b>	<b>154</b>
<b>Short Term Program</b>	<b>16</b>
<b>Special Needs</b>	<b>62</b>
<b>Pre-SOTP</b>	<b>84</b>
<b>Total</b>	<b>316</b>

As demonstrated by Figure III-C-2, there are 316 treatment slots for sex offenders. On February 9, 2007 there were 594 male offenders on the sex offender program waiting list<sup>49</sup>. With the long term intensive sex offender program taking 16-18 months to complete treatment, it is clear that the treatment capacity is insufficient to meet the demand for services. It should also be noted that on February 9, 2007, there was one female on the sex offender program waiting list.<sup>50</sup>

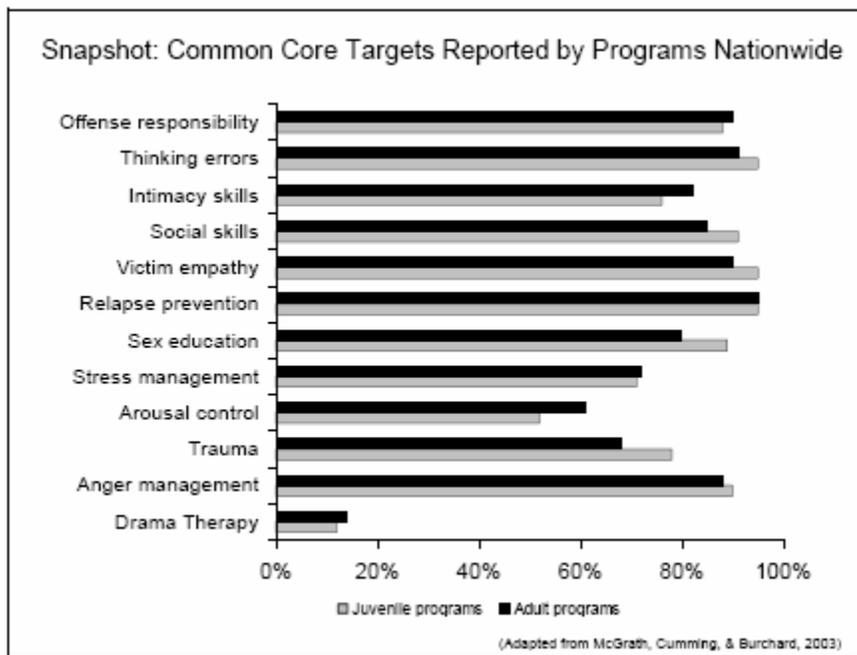
There continues to be controversy about what constitutes an effective treatment program for sex offenders. Recently, the Department of Justice's Center for Sex Offender Management (CSOM) identified those core treatment components of sex offender treatment programs that have thus far been proven to be effective in addressing selected core treatment targets<sup>51</sup>. The IDOC sex offender treatment programs include most of these core treatment components.

<sup>48</sup> IDOC Report to BOC, "Sex Offenders", April 2006.

<sup>49</sup> E-Mail received from Lettie Prell, Director of Research, February 9, 2007

<sup>50</sup> E-mail received from Lettie Prell, Director of Research, February 9, 2007.

<sup>51</sup> CSOM, (November, 2006) Understanding Treatment for Adults and Juveniles Who Have Committed Sex Offenses. U.S. Department of Justice.

**Figure III-C-3: Common Core Treatment Targets**

Source: CSOM, November 2006

Recent research has also indicated that despite the characteristics of the offender, early evidence is demonstrating that offenders who have been involved in treatment, whether or not they are resistive to the treatment, show better outcomes including reduced levels of recidivism.

It is worth noting that a recent California study used by some to argue that treatment is not effective actually provides some evidence of the differential impact of treatment on different types of offenders.<sup>52</sup> The findings that sex offenders who met goals of treatment had reduced levels of recidivism than those that did not. Similarly, those higher risk sex offenders who evidence more progress in treatment also had lower rates of recidivism than high risk offenders who made less progress in treatment. According to a recent Center for Sex Offender Management (CSOM) publication<sup>53</sup>, these findings are consistent with other research that reveals better outcomes when offenders are matched differentially to services based on identified levels of risk and needs.<sup>54</sup> As noted by Marques, the best available evidence suggests that sex offender interventions hold promise for adults who have committed sex offenses. Those conclusions do not negate

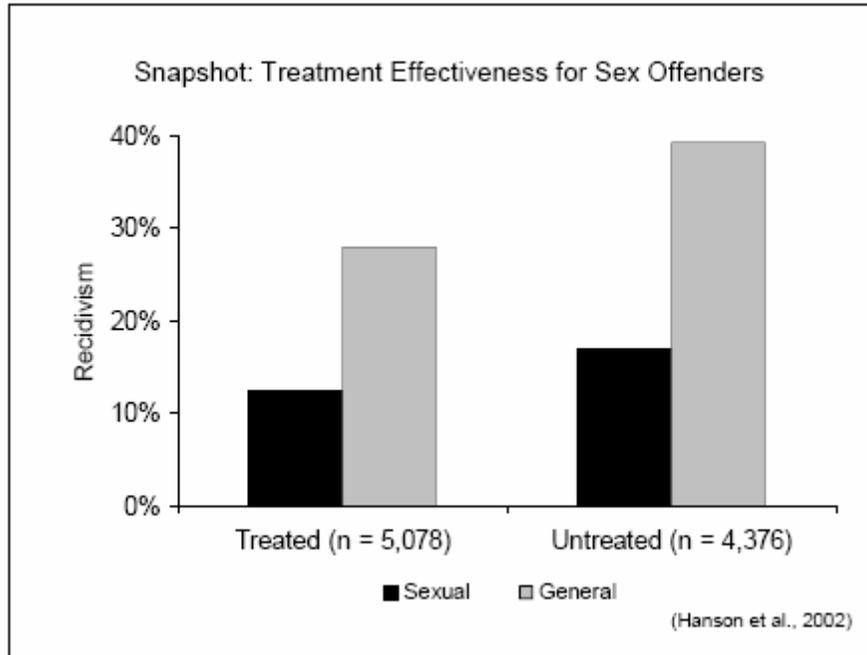
<sup>52</sup> Marques, J.K., Wiederanders, M., Day, D.M. Nelson, C. & van Ommeren, A. (2005). Effects of a relapse prevention program on sexual recidivism: Final results from California's Sex Offender Treatment and Evaluation Project (SOTEP). *Sexual Abuse: A Journal of Research and Treatment*, 17, 79-107.

<sup>53</sup> CSOM, (November, 2006) *Understanding Treatment for Adults and Juveniles Who Have Committed Sex Offenses*. U.S. Department of Justice.

<sup>54</sup> Andrews, D.A. & Bonta, J. (2003). *The psychology of criminal conduct* (3<sup>rd</sup> ed). Cincinnati, OH. Anderson

the need for further high quality research that measures the effectiveness of sex offender treatment programs.

**Figure III-C-4: Treatment Effectiveness for Sex Offenders**



Source: COSM, November 2006

### 3. Observations

Sex offender treatment is generally believed to be effective if the appropriately assessed individuals are placed into an EBP driven sex offender program that will meet the individual's treatment needs. Mandatory institution-based sex offender treatment programs raise a number of challenges for the Iowa Department of Corrections. The IDOCs Sex Offender Program has been in existence for a number of years. The chart below is a synthesis of what is working well, what needs attention, and comments about best practices based on the research.

What's Working	What's Not Working	EBP Related Comments
<p><b>Assessment for Treatment:</b></p> <p>The Assessment tools used to determine the appropriateness for Sex Offender Treatment and the level of treatment that is need by IDOC are the:</p> <ul style="list-style-type: none"> <li>• STATIC-99</li> <li>• ISORA-8</li> </ul>		<p>Use of actuarially-driven risk assessment instruments is consistent with EBP<sup>55</sup>.</p>
<p><b>Continuum of Treatment:</b></p> <p>Intensive Sex Offender Treatment Program: Sex Offender Treatment is a cognitive-behavioral model that addresses thoughts, behavior, and offender accountability.</p> <p>The curricula used by IDOC are from the Safer Foundation.</p>	<p>The Intensive Sex Offender Treatment Program is 16-18 months long; the disclosure process which typically occurs toward the end of the treatment program is taking 8-9 weeks per client.</p> <p>Both the disclosure process and the polygraph process become a bottleneck in the process of discharging and admitting offenders into Sex Offender Treatment programs.</p> <p>The Sex Offender Treatment groups are limited to only 12-15 offenders. Smaller groups are considered more effective for the treatment process.</p>	<p>EBP demonstrates that Sex Offender Treatment in prison with aftercare in the community reduces recidivism by 7.0%.</p> <p>Most effective EBP program duration is usually within a 2-3 year range although shorter programs have been implemented and outcome studies are underway.<sup>56</sup></p>

<sup>55</sup> Austin, J., Peyton, J. and Johnson, K. (2003). Reliability and validity study of the Static-99/RRASOR sex offender risk assessment. The Institute on Crime, Justice and Corrections, George Washington University.

<sup>56</sup> Washington State Institute for Public Policy, (2006). "Sex Offender Sentencing in Washington State: Who Participates in the Prison Treatment Program?"

What's Working	What's Not Working	EBP Related Comments
	<p>The long waits that occur for offenders waiting for mandated treatment delays release; some offenders "max out" due to delays in accessing treatment. This delay in treatment impacts overcrowding of the institutions.</p>	
<p><b>Continuum of Treatment:</b></p> <p>Short Term Treatment Program</p> <p>For those offenders who do not have long enough sentences (or in the event that they have been waiting for treatment) to complete the longer program.</p> <p>Pre-SOTP: "ACT" Group to allow an engagement process to take place for offenders in pre-contemplative stage Treatment for Special Needs Offenders</p>	<p>The name "ACT" is demeaning; there is a plan for the name to be changed by participants.</p>	<p>The EBP is not well-developed; the Treatment Director of this program plans to follow the recidivism rate of these offenders.</p> <p>Pre-treatment engagement toward treatment for resistant offenders mandated to treatment is consistent with EBP for some offenders. However, EBP also consistently states that treatment is not effective for violent predatory offenders.</p>
<p><b>Continuum of Treatment:</b></p> <p>There is treatment for many Special Needs Offenders: DD, MR, BI; educational/comprehension problems.</p>	<p>The full range of treatment programs to meet all sex offenders with special needs does not exist.</p>	<p>The curriculum used for special needs is based on EBP for Special Needs Offenders<sup>57</sup></p>

<sup>57</sup> Lindsay, W.R. (December, 2005). "Model Underpinning Treatment for Sex Offenders with Mild Intellectual Disability: Current Theories of Sex Offending." *Mental Retardation*: 43(6) 428-441.

What's Working	What's Not Working	EBP Related Comments
	<p>There is no treatment program geared toward sex offenders who also have serious mental illness.</p> <p>IDOC uses one curriculum that is geared more toward children; this is demeaning and should be replaced with appropriate curriculum that has been designed for offenders who also have mental retardation and/or severe brain injury.</p>	
<p><b>Continuum of Treatment:</b></p> <p>Sex offender treatment for women is provided at Mt. Pleasant</p>	<p>EBP validated Gender-specific sex offender treatment is not available for women offenders</p>	<p>Sex offender treatment for women is loosely based on EBP; it is not consistent with EBP programming. No outcome studies in progress.</p>
<p><b>Capacity to Provide Treatment:</b></p> <p>Staff are dedicated to working with the sex offender population.</p>	<p>There are too few Sex Offender treatment program staff to meet both current and projected demands for treatment services.</p> <p>There were 2 open positions at the time of the site visit to Mt. Pleasant Correctional Facility.</p>	

What's Working	What's Not Working	EBP Related Comments
<p>IDOC uses polygraph exams to determine early progress in treatment (approximately four months in to treatment) and effectiveness of treatment (before release from treatment).</p>		<p>Although the use of polygraphs continues to be controversial<sup>58</sup> it is consistent with current EBP<sup>59</sup>.</p>

**4. Systemic Challenges and Opportunities**

Based on the observations noted above, IDOC has a number of systemic challenges and opportunities available to consider in developing additional capacity to provide sex offender treatment to the offender population. These preliminary recommendations were presented to IDOC during the IDOC-Durrant workshop in December, 2006. These preliminary recommendations were also presented to the Board of Corrections in December, 2006.

Challenges	Opportunities
<p><b>Capacity to Provide Treatment:</b> The Intensive SOTP program does not meet the demand for treatment. This results in extended waits for treatment and overcrowding within the prisons. In 2005, only 68 offenders completed the intensive program.</p>	<p>IDOC needs to develop a plan to meet the growing need for sex offender treatment. The Sex Offender Treatment Needs Assessment plus the Custody classification should drive the development of treatment services.</p> <p>The system-wide classification validation study may inform this effort. Once the Classification process has been updated, the data derived from the combination of the sex offender treatment assessment and the distribution of custody classification should drive the development of additional sex offender treatment programs. The distribution of the varying levels of sex offender treatment programs should be data driven.</p>

<sup>58</sup> Goodnough, Abby and Davey, Monica. (March 6, 2007) "For Sex Offenders, a Dispute Over Therapy's Benefits, The New York Times. Retrieved on March 5, 2007 from <http://www.nytimes.com/2007/03/06/us/06civil.html>.

<sup>59</sup> English, K. et al. (2000). The Value of Polygraph Testing in Sex Offender Management. Research Report Submitted to the National Institute of Justice by the Colorado Department of Public Safety.

Challenges	Opportunities
<p><b>Capacity to Provide Treatment:</b></p> <p>The Intensive SOTP is 16-18 months in duration with a bottleneck that occurs during the final phases of treatment.</p> <p>It is imperative that based on the growing number of sex offenders sanctioned with mandatory treatment before release, the IDOC must either increase resources or shorten treatment duration.</p>	<p>Some correctional systems have decreased institutional sex offender treatment program duration to 12 months. EBP outcome evaluations of this approach are underway.<sup>60</sup></p> <p><sup>61</sup> Based on the success rate in these outcome evaluations, IDOC should explore reducing the length of sex offender treatment programs as an option to increase capacity.</p>
<p><b>Capacity to Provide Treatment:</b></p> <p>There are a limited number of sex offender treatment staff positions to provide SOTP</p>	<p>A complete treatment staffing analysis should be completed to determine numbers of staff required to meet the demand for sex offender treatment; funding and to hire additional staff.</p>
<p><b>Continuum of Treatment:</b></p> <p>Treatment for Special Needs Offenders</p>	<p>Eliminate the curricula currently being used that is geared to children.</p>
<p><b>Continuum of Treatment:</b></p> <p>Treatment for sex offenders who also have mental illnesses is limited. The existing "dorm style living" (previously used for psychiatric patients) prevents the transfer of some to Mt. Pleasant for treatment.</p>	<p>Consider whether or not it is the "dorm style living" that prevents transfer of some special needs offenders to Mt. Pleasant. If there are functional behavior concerns, programmatic concerns, or security concerns, develop additional sex offender treatment programs for offenders with special needs to be offered in SNU housing.</p> <p>Develop a sex offender treatment program for those who have mental illness and who are also sex offenders.</p>

<sup>60</sup> Washington State Institute for Public Policy, "Sex Offender Sentencing in Washington State: Who Participates in the Prison Treatment Program?" June 2006.

<sup>61</sup> Aos et al. (2006) "Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates" Olympia: Washington State Institute for Public Policy.

Challenges	Opportunities
	Identify an EBP program that targets the interaction of illness management and sex offending behaviors and implement.

The short-term and long-term recommendations for IDOC Sex Offender Treatment are discussed in Chapter VI.

## E. Medical Treatment for the Aging Population

### 1. Current System

The Department of Corrections has a unique relationship with the University of Iowa Hospital and Clinics that would be envied by most correctional departments in the United States. This is especially enviable because offenders are constitutionally mandated to receive essential healthcare during incarceration.<sup>62</sup> Most<sup>63</sup> hospitalizations and specialty care, except psychiatry, are provided to the offenders by the University in Iowa City. The University bears the costs of University provided IDOC healthcare statewide from indigent care funds.

In addition, normal day to day healthcare at the institutional level is provided by medical staff including physicians, physician extenders, and nursing staff hired by IDOC. Beyond the University level of medical care, the Department is poised to open a new 178 bed facility at Iowa Medical and Classification Center (IMCC) in IMCC that will add additional medical and mental health beds. Therefore, as the quality of medical care being provided to offenders within the IDOC system is at such a high level, this report addresses only those issues related to medical treatment for the Aging Population.

The aging of the incarcerated offenders is due in part to the baby-boom demographics that are impacting the general population and is compounded by the following policy trends in the criminal justice system: “three strikes” felony sentencing policies; harsher mandatory sentencing for drug convictions; and lengthy mandatory sentences for sex offenders and persons convicted of violent crimes.<sup>64</sup>

The definition of what constitutes an “elder” offender is unclear; however, 50 is the age that an offender is generally considered to be an elder within a prison setting. Incarcerated offenders have generally aged physically ten years beyond their chronological age. This advanced aging is due to a number of factors including lifestyle, addictions, poor health care prior to incarceration, and stressors inherent to both their

<sup>62</sup> Estelle v. Gamble 429 U. S. 97 (1976)

<sup>63</sup> Emergency hospitalizations may be in facilities near the institutions until stabilization; if continued hospitalization is required offenders may be transferred to the University Hospital.

<sup>64</sup> Anno, B.J. et al (2004) Correctional Health Care: Addressing the Needs of Elderly, Chronically Ill, and Terminally Ill [Offenders](#). National Institute of Corrections.

lifestyle and incarceration.<sup>65</sup> Therefore, the offenders who participate in risky behaviors are diagnosed with chronic health care needs earlier; and as the offender population ages, there will be an increasing number of offenders who require ongoing medical treatment. A 2004 report to the Iowa legislature stated, “Medical costs are the second largest operational expenditure, after personnel, in the Iowa Prison System and medical costs are the fastest growing component of all operating costs.”<sup>66</sup>

Iowa, like most other state departments of corrections, is faced with health care issues of aging offenders. Multiple studies have illustrated the mismatch between current prison operations and anticipated changes required to meet the needs of the aging offenders. One of the key issues in all health care is the higher cost of health care for those with high medical care use. Prisoner health care use mimics society in that older offenders account for higher health care use and resulting higher health care costs.<sup>67 68</sup> Despite the fact that any hospitalizations or specialty care will be provided by University Health Services, these individuals will also require palliative care, assisted living, and ongoing health care in their respective “home” institutions. As the offender population continues to age in Iowa, the higher health care use will require an increase in healthcare personnel to provide appropriate care to an aging population. It may also require additional designated beds for this population. While numbers can be forecasted (see data below), health care use and costs will be needed to be continually monitored.

Currently, medical care provided by physicians and nurses is available in all nine institutional settings. The institutions are not equal in the level of care that they can provide to aging offenders with chronic and terminal illnesses. The aging offenders may require assistance with activities of daily living, bedside nursing, and higher medical personnel to offender ratios. Currently, none of the institutions are staffed to this level of care; although there is a plan to do so at the Iowa Medical and Classification Center (IMCC). In fact, currently the number of FTE-filled nurse positions ranges between 12-14 per institution to provide care 24 hours per day, 7 days per week. Since it generally takes a minimum of 6 FTE positions to fill one 24 shift, it follows that when there are only 12-14 nurse positions per institution very creative nursing staffing patterns are required to provide even minimal coverage.

In addition to physician and nurse care in the facilities, there is a well-established offender-aid “hospice care” program that assists not only to care for those offenders who are terminal, but also offenders who require assistance with daily care.

A rising healthcare cost for all of the institutions has been pharmaceuticals. The provision of pharmacy services is not consistent across the IDOC system. Five facilities

<sup>65</sup> Anno, B. Jaye (2001) Correctional Health Care: Guidelines for the Management of an Adequate Delivery System. National Institute of Corrections.

<sup>66</sup> Iowa Legislative Services Agency Fiscal Services (2004). Medical Costs of the State Prison System. Retrieved on March 10, 2007 from <http://staffweb.legis.state.ia.us.lfb.ireview/ireview.htm>.

<sup>67</sup> Schreiber, C. (1999) Behind Bars: Aging prison population challenges correctional health systems. Nurseweek. Retrieved on 2/18/2004 from <http://www.nurseweek.com/features/99-7/prison.html>

<sup>68</sup> Anno, B.J. et al (2004) Correctional Health Care: Addressing the Needs of Elderly, Chronically Ill, and Terminally Ill [Offenders](#). National Institute of Corrections.

have pharmacies on-site: Fort Dodge Correctional Facility Center (DFDC), Newton Correctional Facility Center (NCFC), Iowa Medical and Classification Center (IMCC), Clarinda Correctional Facility (CCF), and Mt. Pleasant Correctional Facility (MPCF). Anamosa State Prison (ASP), Iowa State Prison (ISP), Iowa Correctional Institution for Women (ICIW), and the North Central Correctional Facility (NCCF) contract with Diamond, a pharmaceutical vendor. Despite the Department's well-developed data system (ICON), using a number of different pharmaceutical vendors makes it difficult to track specifically which pharmaceuticals are increasing the costs in each institution. The Department has undertaken an internal study to determine if it would be both more efficient and cost effective to centralize pharmacy services for all of the institutions.

## 2. Data

While data is sparse regarding this population, the following charts and numbers clarify some of the issues that have been raised.

In 2005, there were 793 incarcerated offenders that were 51 years of age or older (9% of the population).<sup>69</sup> By February 9, 2007 this number rose to 811.<sup>70</sup> Without considering the aging of the general public, and assuming conservatively that the current 9% proportion remains static, we would project that 1,024 offenders of the projected 11,383 IDOC population in 2016 will be 51 years of age or older, which is a 26% increase over today's figures.<sup>71</sup>

**Figure III-D-1: Typology of Aging Offenders in Iowa's Institutions**

Typology of Elderly Offenders in Iowa's Institutions			
First Time Offenders	Recidivists	Long Term Servers	Total
271	190	350	811

Source: E-Mail from Lettie Prell, IDOC, 2/09/2007

A number of experts have substantiated a typology of elderly offenders first established by Delores Craig-Moreland and William McLaurine into three distinct groups<sup>72</sup>: First time Offenders who committed their crime after age 50, Recidivists, and Long-Term Servers.

First-time offenders who have committed their crime after the age of 50 have committed crimes that are likely to be serious. Due to their first incarceration at an advanced age, they are likely to experience stress that will contribute to health conditions and exacerbate existing stress-related health problems. They tend to be high users of health

<sup>69</sup> Ringgenberg, W. "Chronic Health Conditions in Iowa's Prisons: Iowa Prisoner Population's Health Care Usage and Chronic Disease", February 13, 2006 for IDOC.

<sup>70</sup> E-mail received from Lettie Prell, Director of Research, IDOC, February 9, 2007.

<sup>71</sup> Iowa CJJJ, Iowa Prison Population Forecast FY 2006-2016, Draft Report, November 2006.

<sup>72</sup> Neeley, Corrine L. et al (1997). Addressing the Needs of Elderly Offenders. *Corrections Today* 59(5) 120-123.

services. In February 2007, Iowa's prisons were holding 271 offenders, age 51 or older, who meet this description.

Recidivists, offenders who have been incarcerated two or more times in their life, often have a number of chronic health issues related to substance abuse, including asthma, heart disease, circulatory problems and kidney or liver problems. Iowa institutions are currently housing 190 offenders, age 51 or older, who meet this description.

Long-term servers are offenders who have received long sentences, have aged within the prison setting and have or may develop chronic health conditions related to their age and lifestyles. In Iowa, this group numbers 350 offenders, age 51 or older who meet this description. There are 70 women who are either lifers or long-termers and women generally are high users of healthcare services. There are additional offenders serving life sentences who do not yet fit this aging criteria profile, but who will, of course, age in prison.

**Figure III-D-2: Distribution of Infirmary and Assisted Living Beds**

Medical Bed Capacity in Iowa's Prisons				
Institution	Infirmary Bed	Assisted Living		Total
Anamosa State Prison (ASP)	6	8		14
Clarinda Correctional Facility (CCF)	0	0		0
Ft. Dodge Correctional Facility (FDCF)	0	0		0
Iowa Correctional Institute for Women (ICIW)	0	0		0
Iowa Medical and Classification Center (IMCC)	24*	2/32*		2 Now/ 56 new in FY2008
Iowa State Penitentiary (ISP)	8	0		8
Mt. Pleasant Correctional Facility (MPCF)	0	4		4
Newton Correctional Facility (NCF)	0	0		0
North Central Correctional Facility (NCCF)	0	0		0
<b>All Institutions</b>	<b>38</b>	<b>44</b>		<b>82</b>
*New Beds at IMCC to be opened in FY2008				

Source: E-Mails Received from IDOC (Prell, Brandt, O'Brien) 3/19/07

As demonstrated in Figure III-D-2, when new beds are opened at IMCC in FY 2008, there will be 38 infirmary beds and 44 assisted living beds in the institutions. There are no designated "prisoner" beds at the University Hospital. When offenders are hospitalized they require one-to-one supervision by a correctional officer.

IDOC should have approximately 1.0 -1.5% (74 to 112) of beds for infirmary/skilled nursing beds. If the assisted living beds will be staffed for skilled nursing the state will meet these suggested criteria. If the assisted living beds are not considered “skilled beds,” IDOC will be significantly below the numbers skilled beds recommended.

This number may not meet the projected population need. However, it is important to remember that even the aging population’s medical bed needs are dynamic. While some may be long term, many will require special medical beds for only during periods of more acute illnesses. Many chronic medical conditions can be managed on an outpatient basis.

**3. Observations**

As has been stated, healthcare in prisons is one of the most pressing challenges that must be met by the state of Iowa. There are a number of challenges that are being met; there are also issues that currently impact providing medical care within the prisons that will only be further exacerbated by the growing number of aging offenders with healthcare problems. The chart below is a synthesis of what is working well, what needs attention, and comments about best practices based on the research.

What is Working	What’s Not Working	EBP Related Comments
<p><b>Nurse Staffing:</b></p> <p>Creative scheduling of registered nurses (RNs) in order to provide 24/7 staffing in the institutions.</p>	<p>R.N. Staffing: facilities have 12-14 FTE RNs to staff 24/7; this puts an overtime burden on both the staff and the institution in order to meet minimal nurse staffing.</p> <p>Current staffing is below acceptable minimum staffing standards. Current staffing results in zero nursing coverage in occupied medical housing units when either medical emergency or non-emergency responses are required in other locations of an institution.</p> <p>In some cases, one nurse is covering more than one institutional building that</p>	<p>The health care industry standard is that it takes a minimum of 5.0 FTE positions to fill one shift twenty-four hours shift, seven days a week (24/7).</p> <p>Nursing is a unique discipline from medicine and requires nursing management oversight to ensure that nursing standards are met.</p>

What is Working	What's Not Working	EBP Related Comments
	<p>houses offenders during the night shift.<sup>73</sup></p> <p>There is minimal use of Licensed Practical Nurses (LPNs) that may extend nursing services.</p> <p>Nurse Administrator position is unfilled and leaves a nursing discipline gap in system clinical and administrative management of nursing services and monitoring of standards of nursing care.</p>	
<p><b>Community-Level Care:</b></p> <p>IDOCs relationship with University of Iowa Hospital and Clinics is optimum and provides offenders with constitutionally mandated continuum of health care services.</p> <p>There is proposed use of some number of beds at IMCC for those who require frequent visits to UIHC in order to decrease the amount of transportation between a number of institutions and UIHC.</p>	<p>Using University of Iowa health care for hospitalizations and specialty clinics involves a high percentage of transportation. When additional beds open at IMCC, the transportation costs should decrease.</p>	<p>Prisoners receive community-level health care which is the standard of care that is mandated.</p>

<sup>73</sup> Health Services Data Reports: 7/01/04-6/30/05 and 07/01/05-6/30/06; site visits, interviews with staff, and review of staffing patterns.

What is Working	What's Not Working	EBP Related Comments
<p><b>Capacity to Provide Medical Treatment:</b></p> <p>Medical and nursing care is available at all facilities.</p>	<p>There are currently a limited number of infirmary beds; the capacity will increase by 24 beds when the new facility at IMCC opens.</p> <p>Not staffed for bedside nursing; ADL care is given by trained offender workers.</p> <p>Offenders requiring care, esp. post UIHC are not consistently returned to the institutions that can best provide the level of required nursing care.</p> <p>With a growing older population there will be more chronic illnesses, terminal illnesses; and assistive devices. Over time, this is likely to require more intensive nurse: prisoner ratios.</p>	<p>The use of trained offender workers is acceptable if there is sufficient nursing coverage to supervise the offender workers. The offender workers can not have access to health care records of any offenders.</p>
<p>IDOC has a well-developed Hospice and assisted care offender worker training program.</p>	<p>There are a limited number of "Assisted living beds"</p> <p>These beds are not staffed for bedside nursing.</p>	<p>The use of trained offender workers is acceptable if there is sufficient nursing coverage to supervise the offender workers. The offender workers can not have access to health care records of any offenders.</p>
<p>There is a significant expansion of medical and other special needs beds at the new IMCC facility.</p>	<p>Recruitment is expected to be problematic in filling the additional 74 nursing positions.</p>	<p>Best practices demonstrates that a successful transition to expanded or new facilities is most likely to occur when there is careful planning,</p>

<b>What is Working</b>	<b>What's Not Working</b>	<b>EBP Related Comments</b>
<p>The transition into a new building that greatly expands the capacity of providing medical and mental health care to offenders will inherently involve additional training for all staff who are involved.</p>	<p>The IMCC Training Coordinator position is only part-time; opening a new facility that requires numerous new staff will also require a significant increase in training for staff.</p>	<p>staff training, review and update of all policies and procedures, and a transition team to manage the opening of the new/expanded facility.</p>
<p><b>Pharmacy:</b></p> <p>Pharmacy relationships are established; IDOC based pharmacies in some institutions provide easy and quick access to medications when required for acute illnesses.</p>	<p>IDOC has relationships with several different pharmacies and/or pharmaceutical vendors.</p> <p>Using a number of pharmaceutical vendors results in it being difficult to track expenditures by type of meds across the IDOC system.</p> <p>Medications may be more expensive across the system than necessary.</p> <p>Pharmaceutical costs will continue to increase.</p>	
<p>Medications are distributed by nursing staff.</p>	<p>Many facilities report "long pill lines" that require security and nursing time.</p> <p>Some institutions require offenders to go outside to stand in line for medications or to reach medication distribution lines; thus discouraging compliance during bad weather.</p>	<p>Medication distribution is consistent with best practices; however, there may be adjustments that would encourage increased compliance with prescribed medications.</p>

**4. Systemic Challenges and Opportunities**

Based on the observations noted above, IDOC has a number of systemic challenges and opportunities available to consider when developing additional capacity to provide medical treatment to the aging population. These preliminary recommendations were presented to IDOC during Durrant-IDOC workshops in December, 2006. The preliminary recommendations were also presented to the Board of Corrections in December 2006.

<b>Challenges</b>	<b>Opportunities</b>
<p><b>Nursing Staffing:</b></p> <p>There is minimal nursing staff coverage in all facilities</p> <p>Eliminate the practice of zero nursing coverage in occupied medical housing units during medical emergency and non-emergency responses required in other locations of an institution.</p> <p>Whatever the scenario, security staff supervision cannot substitute for when nursing is necessary.</p>	<p>Considering completing a detailed staffing analysis to determine the workload driven required staffing patterns and FTE positions per facility; consider the growing population of aging offenders.</p> <p>Plan a system-wide approach to recruit nurses (when positions are in place); consider the feasibility of using LPNs to extend nursing services.</p> <p>Study how phlebotomists, clerical, and other ancillary positions would increase nursing time at reduced costs.</p> <p>Prioritize filling Nurse Administrator position for the system.</p>
<p><b>Capacity to Provide Medical Treatment to Aging Population:</b></p> <p>There is a growing aging population with chronic illnesses and need for assisted living beds.</p>	<p>IDOC should develop a long-range plan to staff appropriately to meet the growing need for nursing services for the aging offender population.</p> <p>Expand trained offender workers' program to assist with hospice and assisted living programs.</p> <p>Monitor demand for services and population profiles to manage the changing and growing medical care needs of the aging population</p>
<p><b>Pharmaceuticals:</b></p> <p>Increasing pharmaceutical costs for aging populations.</p>	<p>Study the advantages and disadvantages of using centralized pharmacy.</p>

Challenges	Opportunities
<p><b>Medication Distribution:</b></p> <p>The method of distributing medications is time consuming and may not encourage compliance with prescriptions particularly by special needs and aging/infirm offenders.</p>	<p>Encourage both medical and psychiatric prescribers to use medications whenever possible (if cost effective) to increase compliance and decrease security and nursing time involved in passing medications.</p> <p>Use KOP (keep on person) medications for those offenders who are close to release (minimum out, reentry etc.) including those with psychiatric disorders.</p>

The short-term and long-term recommendations about medical treatment for the aging population are discussed in Chapter VI.

**F. Gender Responsive Treatment for Female Offenders**

**1. Current System**

Female offenders are housed at three (3) Iowa state correctional facilities:

*Iowa Medical and Classification Center (IMCC)* in Oakdale, where male and female offenders undergo classification in the reception unit to determine appropriate treatment and institutional placement. Females are housed in the general population pending transfer and in segregation for psychiatric treatment.

*Mount Pleasant Correctional Facility Women’s Unit (MPWU)* where there is a 100 bed special needs unit located in one side of a mental health facility for males on the Mt. Pleasant Correctional Facility complex. The remainder of the MPCF complex is a separate nine hundred and twenty (920) bed facility for male sexual offenders.

MPWU houses females with physical disabilities, mental health issues, mental retardation, brain injury, personality disorders, sex offenders and the elderly in four (4) person rooms. Women of all custody levels reside here and on the day of the consultant’s visit forty-four (44) were Minimum Custody, thirty-eight (38) were Medium Custody and five (5) were Maximum Custody.

These MPWU females must be escorted at least three (3) times per day through a portion of the male mental health facility to access the dining room and gymnasium.

*Iowa Correctional Institution for Women (ICIW).* Women were relocated from Rockwell City in 1982 to this facility that was built in the 1800s as a juvenile home and industrial school for females. In 1982 the design capacity was one hundred and twenty-three (123) offenders. In 1992, construction included a dining hall/kitchen, the central control center, a perimeter security fence with lighting, a fifty (50) bed living unit inside the perimeter and a sixty (60) bed living unit outside of the secured perimeter. In 1993 the

Health Service/Laundry building was built. In 2000, construction of a 184 bed building and 48 high security cells was completed.

Since then, beds have been added to rooms in several units to accommodate continued growth; noting in April 2006, the ICIW population reached its all time high of 687 female offenders<sup>74</sup>. During the consultant's visit the population was five hundred and seventy-eight (578).

ICIW houses females with a myriad of program treatment needs to include an average two hundred and seventy-five (275) offenders who have special medical needs, mental retardation, social challenges or mental illness and those in long term administrative segregation and disciplinary detention. Custody classifications range from maximum to minimum. The facility is classified as Medium custody. Sentences range from short time to thirty-two (32) lifers and forty (40) females sentenced to more than fifty (50) years.

### *Crowding*

In 1999, the female population in Iowa had grown to the point that a conditions of confinement lawsuit was filed on behalf of women offenders. A settlement agreement was reached to provide 100 special needs beds for female offenders at the Mount Pleasant Correctional Facility and to increase the design capacity to 465 at the Iowa Correctional Institution for Women (ICIW).

## **2. Data**

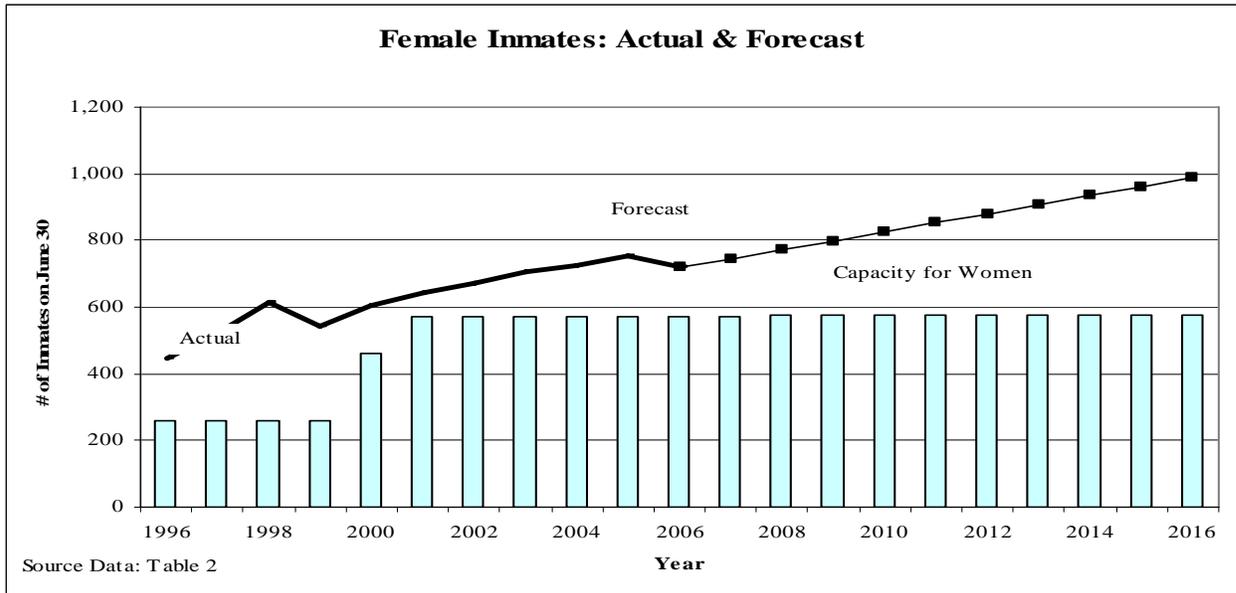
The female offender population of 718 on June 30, 2006 is projected to reach 988 offenders by mid-year 2016. This would represent a thirty-eight per cent (38%) increase over the ten-year period<sup>75</sup>.

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<sup>74</sup> ICIW Staffing Analysis FY 2006

<sup>75</sup> Iowa Prison Population Forecast, Division of Criminal and Juvenile Justice Planning, November 2006

**Figure III-E-1: Actual and Forecasted Female Offender Population**

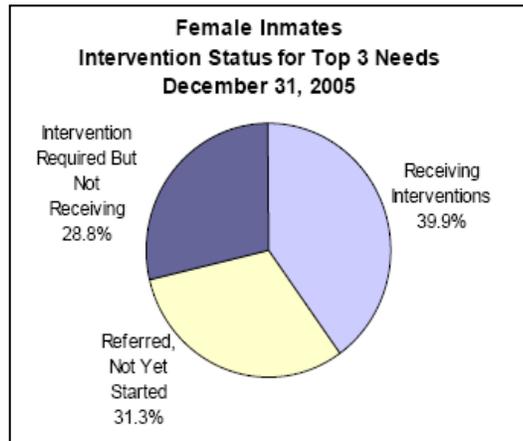
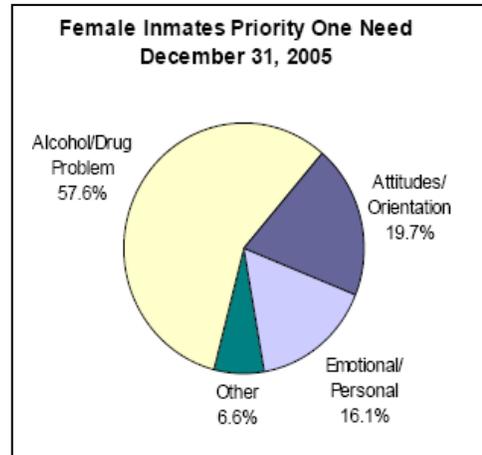
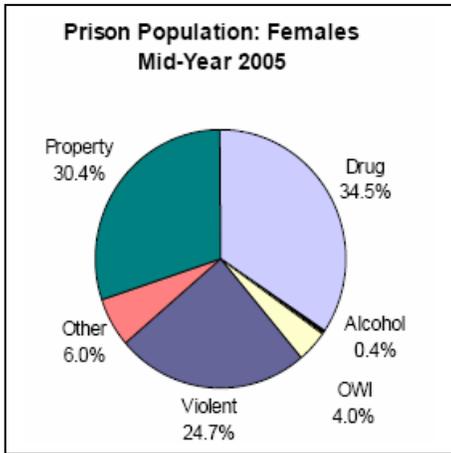


Consistent with national corrections statistics, IDOC reports the higher percentage of its female offenders in both community-based corrections and prisons are drug offenders.

On December 31, 2005, 73.8% of all offenders referred for substance abuse treatment were on a waiting list. On February 9, 2007, one hundred and nine (109) females are on Substance Abuse Treatment waiting list in IDOC.<sup>76</sup>

<sup>76</sup> IDOC Director of Research in an e-mail dated 2/20/07 subject: ICIW CustodyClass6eNov2006

The lack of adequate programs has had an adverse effect on prison crowding. However, specific data was not available to review the total number of offenders affected by an inability to participate in adequate treatment programs. Equally significant, specific data was not available to review the length of periods of continued confinement that are attributed to parole denials resulting solely from an offender's inability to enroll in required treatment.



### 3. Observations

Observations are based on institutional tours, interviews with executive, managerial and line staff as well as a review of numerous documents and statistical reports.

*MPWU* housed ninety (96) women during the consultant's site visit; having consistently operated at near capacity.

*ICIW* has a current rated capacity of four hundred and forty-three (443). *ICIW* currently operates at 125% of its rated capacity<sup>77</sup> in a facility where more than 50% of the population live in units that were built in the early 1900s.

An average 380 general population offenders live in four (4) to eight (8) person rooms where 98% of them are located on the second floor. Program space and staff offices occupy the first floor. There is one (1) officer to provide supervision and security in each general population unit. During staffing shortages, one (1) officer must simultaneously supervise two (2) units. Special Management units are staffed at higher levels. During the consultant's visit the housing units were configured as follows:

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<sup>77</sup> Iowa Department of Corrections *2006-2007 Strategic Plan* December 2005

Unit	Offender Type	Capacity	Description	Staffing
1	Gen Pop	86	2 story dorm, 29 rooms upstairs 1 <sup>st</sup> flr. PAWS program, Staff Offices	1 Officer
2	Gen Pop	46	2 story dorm, 13 rooms upstairs 1 <sup>st</sup> flr. – Staff Offices	1 Officer*
3	Gen Pop	90	2 story dorm, 20 rooms upstairs 1 <sup>st</sup> flr. – WHISKERS, Staff offices	1 Officer
4	Gen Pop	70	2 story dorm, 20 rooms upstairs 1 <sup>st</sup> flr – hospice and library	1 Officer
5	Gen Pop	40	2 story (former segregation) 15 rooms 1 <sup>st</sup> flr. – Offices & Orientation room	1 Officer
6A	Special Needs (SN)	50 usu. >66	2 story (former segregation) 29 rooms located on both floors, Staff offices	1 Officer
6B	Spec needs, Segregation, Federal & county Detainees Medical mental health	48 usu. >61	2 tiered, 4 pods, controlled movement Pod A 8 rooms per tier (detainees, segregation) Pod B 4 rooms per tier (spec needs) Pod C 4 rooms per tier (Acute SN) Pod D 8 rooms per tier (segregation & Disciplinary)	3 officers on #2 and #3  2 officers on #1 shift
7	Outside Gen Pop	>30	Outside of the perimeter. Dorm style for violators, controlled movement	1 officer
8	Minimum live-out	30 usually 60	Outside of the perimeter. Dorm style, unsupervised, searched when enter/exit secure perimeter, Staff Offices	1 officer

The ICIW Staffing Analysis for FY 2006 reports there are plans for construction of an additional housing unit (Building 10). ICIW has requested replacement of the older housing unit buildings that are not conducive to sound correctional supervision and programming. ICIW also notes that much of the physical plant capacity does not support technology that IDOC has implemented.

*Security/Custody Controls.* ICIW houses women of all custody levels and treatment needs. It appropriately has orientation, detention, administrative, maximum-security, medium-security, minimum-security, prerelease, special needs and intensive treatment housing.

### Programs

ICIW offers programming such as offender mentors, hospice, PAWS, WHISKERS to increase self-esteem and instill responsibility. MPWU has excellent community involvement to strengthen programs and release preparation opportunities.

It would appear that such programs have reduced idleness and do have benefit. However, in the absence of evidence-based criteria, it is not possible to evaluate program effectiveness. Staff report modules are undergoing evaluation to determine if they meet or can be revised to meet evidence-based practices.

### What's Working

*Substance Abuse.* The therapeutic community (TC) inpatient STAR program at ICIW has greater potential for reducing recidivism. Treatment staff strongly recommends that the inpatient program be expanded as it is more effective than the outpatient education/awareness program currently provided to offenders serving shorter terms.

<b>3-Year Prison Return Rates: STAR Program Results</b>			
<b>STAR Closure Type</b>	<b>Total Exits</b>	<b>Returned</b>	<b>Recidivism Rate</b>
Successful STAR Completion	28	6	21%
Administrative STAR Completion	3	2	67%
Unsuccessful STAR Completion	4	0	0%
No STAR Program	537	170	32%
No STAR Program AND Documented Drug Problem	364	125	34%
<b>Total</b>	<b>572</b>	<b>178</b>	<b>31%</b>

Chart describes female offenders released from prison in FY2003.

Each offender was tracked for three years.

Source: ICON (Iowa Corrections Offender Network)

### ICON

The IDOC research department is quite advanced and ICON is an excellent platform to further build on for the evidence-based practices data management.

### Accreditation

During the consultant's visit, ICIW reported the intent to pursue American Correctional Association (ACA) accreditation in December 2007 and has applied for a pre-accreditation assessment. In spite of the challenges of crowding, understaffing and an ancient physical plant, staff express a commitment to achieving the goals of accreditation. This process will entail the institution taking proactive steps to identify and address administration and operational shortfalls, establish measurable criteria necessary to evaluate and upgrade the quality of programs and services, improve conditions of confinement and increase systems of accountability in support of offenders, staff and the public.

### *Evidence-Based Practices*

A significant number of staff have received training regarding evidence based practices. At the time of the visit, work was underway to evaluate current programs and determine appropriate EBP measures.

### **What's Not Working**

#### *Staffing Issues*

ICIW reported a shortage of 19.27 Correctional Officers<sup>78</sup>. Managers advise that shortages have significantly hampered supervision, operations, communications and programs. A few examples are:

#### *Operations*

Staff reported recreation yard supervision is limited because it is staffed at 50% of the correctional staffing complement. Most major incidents reportedly happen on the yard.

There is no correctional supervision for culinary workers. Correctional supervision is only provided when meals are being served.

Program staff report they must routinely assist in personal searches of offenders (particularly minimum-outs) because there is an insufficient number of female officers available to perform same-gender searches.

Staff responded to questions submitted to the Resident Council that staffing shortages has adversely affected their ability to provide some programs and activities in the following manner:

- Monthly clothing exchanges were behind schedule
- The large recreation yard's availability is limited
- Female offenders cannot use a TV rental program because there are not enough staff to process.

#### *Cross-Gender supervision*

To further illustrate the impact of staff shortages, ICIW and the MPWU are more than 50% staffed by males who are assigned to posts, including living areas that requires supervision of female offenders. Because cross-gender searches of female offenders by male staff are not permitted except in an emergency, operational efficiency at these facilities are adversely affected. Female staff are temporarily pulled from their posts in male units to search and escort female offenders. At both facilities, program staff and managers routinely conduct searches when there are insufficient numbers of female officers to meet these security mandates.

Citing Title VII, that prohibits sexual discrimination in employment, IDOC has made little progress in assigning more female correctional staff to the female facilities/housing units.

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<sup>78</sup> ICIW Staffing Analysis – FY 2006

ICIW has several BFOQ positions<sup>79</sup> approved in 2007. The Board of Corrections stated it will further evaluate this issue.

As the female population continues to rise and if there continues to be insufficient numbers of female staff to supervise women in the housing units, there is the increased potential for offender privacy rights litigation.

### **Gender-Responsive Employee Training**

No significant level of specialized skills training for staff who work with female offenders was observed in the 2007 IDOC Pre-service and In-service Training Calendar or ICIW and MPCF in-house and Administrative Law Judge training plans. New Staff receive cross-gender supervision, sexual misconduct, and professional boundaries training.

ICIW offers a ninety (90) minute in-house Working with Female Offenders training<sup>80</sup>.

### **Gender-Responsive Policy**

IDOC has not yet implemented inclusive considerations for the different needs of female offenders in its policy development.

For example, while statistics support that female offenders commit less violent offenses and are less violent while in custody, the IDOC custody assessment tool is predicated upon an offender's current and past violent offenses and institutional behavior and escape history. It is therefore probable that many female offenders may be classified at a higher level than is appropriate.

Another example is that IDOC disciplinary policy currently does not apply discipline in a manner that may consider the differences in female and male behavior and their different responses to incarceration. A number of studies show female offenders commit more disciplinary offenses than males during the first year of incarceration, although these offenses are far less serious. The higher number of disciplinary reports may reflect less tolerance of female misbehavior on the part of correctional staff<sup>81</sup>. Research has indicated that women in prison often receive penalties for minor types of behavior that in a male facility would only warrant informal discipline or, based upon behavioral norms would not be thought of as significant enough to warrant discipline. It would appear that staff may tend to bell curve penalties for minor offenses.

To support this premise, the 2006 IDOC Annual Performance Report statistics show that in FY '05 there were no (0) female offender assaults on staff. However, female offenders lost 19% of the total 200,534 days of earned time that offenders forfeited for disciplinary

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<sup>79</sup> *Tharp v Iowa DOC*, 68 F.3d 223 (8<sup>th</sup> Cir. 1995) cert. denied 517 US 1135 (1996). Employer may without violating Title VII, adopt a reasonable gender based job assignment policy that is favorable to women employees if it imposes only minimal restrictions on male employees. *Robino v Iranon*, 145 F3d. 1109 (9<sup>th</sup> Cir. 1998) held that gender was a BFOQ to accommodate the privacy interest of female offenders.

<sup>80</sup> IDOC Training Report for FY '06, 7/22/05

<sup>81</sup> Lindquist, C. 1980 Prison discipline and the female offender. *Journal of Offender Counseling, Services and Rehabilitation*. 4:305-318

reasons during the period 7/1/04 and 6/30/06. 83% of the offenses for which females lost this earned time were for *Class C* (moderate) offenses. Class C penalties encompass the spectrum of the maximum penalty (loss of earned time) to the minimum penalties (written reprimand or temporary loss of a privilege). IDOC classifies offenses as Class A through D with Class A being the most serious. These penalties may prolong women's incarceration or put them in solitary confinement more frequently<sup>82</sup>.

Moreover, special needs offenders at MPWU averaged a loss of twelve (12) days of earned time while ICIW females averaged a loss of eight (8) days. Ninety-four percent (94%) of the cited offenses at MPWU were for Class C violations. American Correctional Association (ACA) Standards<sup>83</sup> and general correctional practices recommend consultation between the facility, program administrator and responsible clinicians prior to taking action in disciplinary measures against special needs offenders.

Policy evaluation should include other practical considerations supported in studies about the different needs of female offenders. Such issues may include but are not limited to gender-appropriate clothing, feminine and cultural hair care differences, other amenities to help women keep clean, health and improve their self-image, and more expansive communications venues.

### **Women's Services and Programs**

Both MPWU and ICIW offer educational and a wide variety of treatment programs to include substance abuse, life skills, religious and self development.

Managers at ICIW and MPCF report that the majority of their treatment program is not gender-specific. As noted earlier, EBP criteria have not been established and there is no documented evidence of program effectiveness.

One major challenge IDOC reported was that women serving shorter sentences are not referred to some of the programs they could seriously benefit from due to the length of time required to complete them in comparison with their length of stay. On the other hand, some women are detained longer than expected in order to complete substance abuse treatment programs.

*Custody Classification.* The tool being used is geared to more aggressive males and does not reflect the criminal pathways and subsequent levels of supervision needed for female offenders. ASCA reported on March 11, 2007 that seven (7) states and the Bureau of Prisons uses a separate instrument specifically designed to classify female offenders, three (3) states use modified salient factors, two (2) states are implementing and one (1) state reverted to using a tool for both genders.

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<sup>82</sup> US Department of Justice, National Institute of Corrections Research, *Practice and Guiding Principles for Women Offenders Gender-Responsive Strategies*, July 2003 and Raeder, M (1993). Gender issues in the federal sentencing guidelines. *Journal of Criminal Justice* 8(3), 20-25

<sup>83</sup> Standards for Adult Correctional Institutions, 4<sup>th</sup> Edition Standard 4-4399 *Special Needs*.

*Work Programs.* IPI traditional prison industries at ICIW employs fifty (50) females where they earn up to \$2.80 per day constructing chairs, upholstering modular systems, printing, archiving records on compact disks, data entry and picture frame assembly. ICIW had one private sector industries for women (running boards) and one farm labor industry (row crops) that was recently phased out as work slowed.

*Prisons Industries Enhancement Certification Program (PIECP).* Based upon the dim results of recent community-based work programs for females, IDOC must seek alternative measures to meet this critical need. One such program that has proven successful in several states is the PIECP that engages offenders in private sector jobs. Research has indicated that offenders who worked in industry partnerships with open-market jobs via PIECP were significantly more successful in obtaining and retaining post-release employment and in reducing recidivism than either offenders working in traditional industries or involved in other work opportunities. On average, PIECP participants earned higher wages as well.<sup>84</sup>

MPWU does not have a program where women can earn prevailing wages through a private sector industries or work camp program. Both facilities offer institutional jobs including housecleaning and grounds-keeping which do not promote or provide marketable skills.

#### *Re-Entry Program*

ACA reports that the nation spends approximately \$50 billion annually on corrections but the funding is primarily used for staffing, construction and health care. Prison treatment makes up 1%-5% of state prison budgets.<sup>85</sup> ICIW projected 15% is used for programs but admits staff overtime costs is seriously eating into the treatment budget.

Research indicates female offenders have less education, less work experience and limited marketable skills, more substance abuse and mental health issues and they are low-income single parents who upon release must often assume immediate responsibility for the care of their family. As offender needs are increasing and in-prison programs have decreased, community release programs, employment opportunities, housing and social/family child services have decreased.<sup>86</sup>

Re-entry planning that vigorously begins from the point of incarceration is critical for female offenders. The Re-entry program for correctional programs does not appear to be as clearly defined as it is for CBC. An evaluation of the effectiveness of reentry programs at ICIW has not been completed due to staffing transitions. During the past 90 days, a Re-entry Program Coordinator was hired.

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<sup>84</sup> Smith, Cindy, Bechtel, Jennifer and Patrick, Angie. Correctional Industries Preparing Inmates for Reentry: Recidivism and Postrelease Employment.

<sup>85</sup> ACA Reentry Today: Programs, Problems and Solutions. 2006

<sup>86</sup> NIC, Research, Practice, and Guiding Principles for Women Offenders, Chapter One, p 3

What Works	What's Not Working	EBP Comments
	<p><i>Crowding</i> Avg. 125% past year Effect of % denied Parole pending Substance Abuse (SA)<sup>87</sup> Effect on crowding by having Violator Program using prison resources vs. CBC Effect of long waiting list to receive short term outpatient SA vs. increasing inpatient or typing to CBC programs</p>	
<p><i>Physical Plant</i> The TC and Special Management buildings are adequate</p>	<p><i>Physical Plant</i> ICIW Units 1-5 must be rebuilt</p>	
<p><i>Staffing</i> Only CO staffing for 46 bed TC Inpatient module appears close to adequate</p> <p>TC aftercare, Outpatient and Pre-Treatment units in Bldg. have limited # of correctional counselors so CO's are dually responsible for majority of security and program supervision</p>	<p><i>Staffing</i> There is overall understaffing for rest of ICIW</p> <p>In Units 1-5 only 1 CO assigned to each 2 story bldg. In 1-2 units the officer is routinely pulled and 1 CO supervises 2 units. This results in inadequate supervision<sup>88</sup></p> <p>The 4 person complement for yard officers at ICIW has been cut by 50%; most assaults have occurred in the</p>	

<sup>87</sup> ICON FY 2005: 1,191 offenders denied parole or work release for average of 245.46 days for programming but not able to break out specific reasons.

<sup>88</sup> Per staff and ICIW Staffing Analysis Report 10/06 1 CO often has to supervise 2 adjoining units

What Works	What's Not Working	EBP Comments
	<p>yard</p> <p>The dining hall is only staffed by CO's during meal time<sup>89</sup>; Although the kitchen has a knifeless system this remains an area for potentially serious incidents.</p>	
	<p>When minimum-outs return to the facility, there are long waits at ICIW due to insufficient female staff to perform searches. Program staff routinely gets bogged down conducting these searches which takes away from performing their primary responsibilities.</p>	
	<p>At MPCF, receiving and discharge processing/search delays occur because a female CO must often be deployed from the male sex offender program to conduct searches and escorts for females.</p>	
	<p>ICIW has 1 Unit Manager for approximately 332 general population offenders Staff reported there is an Asst Unit Manager vacancy.</p>	
<p><i>Staffing for Cross Gender Supervision</i></p> <p>It appears that education on the prevention of sexual abuse, assault and misconduct is adequate. However, instructions on how to report incidents are not</p>	<p><i>Staffing for Cross Gender Supervision</i></p> <p>Male staff should not be assigned to supervise female living units. A significant number of female offenders have histories of physical/emotional/psychological abuse and have identified special needs,</p>	

<sup>89</sup> There are 5 Food Service Coordinators and 1 Food Service Director to supervise offenders and meal preparation.

What Works	What's Not Working	EBP Comments
consistently posted by facility and by housing units.	<p>The lack of privacy is not conducive to treatment.</p> <p><i>It also presents situations for privacy litigation.</i></p>	
<p><i>Gender-response training</i>                      Training does not equip staff to effectively work with female offenders.</p>		
<p><i>Security/Custody Controls</i>                      Facility has intake, special needs, detention and administrative segregation, multi security level housing and intensive treatment housing units.</p>	<p><i>Classification</i>                      Using the same assessment criteria as used for more aggressive males and does not reflect the criminal pathways and subsequent levels of supervision needed for female offenders</p>	
<p><i>Treatment Programs</i>                      Therapeutic Community</p> <p>IDOC is evaluating current programs to determine those that can meet or be upgraded to meet EBP</p>	<p><i>Treatment Programs</i>                      Outpatient Substance Abuse (SA)</p> <p>4 month program –waiting list resulting in significant number of Parole release set-offs which adversely affects crowding;                      Lacks critically needed aftercare skill building component because many women readily get paroled when complete program<sup>90</sup></p>	<p>The program is not EBP</p>
	<p>The Reentry program is not well defined and closely linked to CBC and/or community resources</p>	<p>EBP appears to be tied to the CBC Reentry Program and not necessarily to prison Reentry programs</p>

<sup>90</sup> % of this group had received Parole Set off pending Outpatient SA

What Works	What's Not Working	EBP Comments
	Prison Re-entry (KEYS) is limited to offenders in Polk County	
	Where appropriate, most programs do not contain gender-responsive modules	Programs are not EBP
Skill opportunities in building trades, printing, document imaging	Programs are not tied to viable private sector jobs There are no work camps for women to earn private sector wages IPI wages do not mirror private sector 2-3 women work at Camp Dodge but at menial tasks	Programs are not EBP

#### 4. Systemic Challenges and Opportunities

##### Challenges

*Staffing.* While developing a more gender-responsive program, specialized treatment programs administered by a sufficient number of trained professionals and staff supervision levels appropriate to each population must be considered.

There is a critical need for more female correctional officers and that number must correspondingly increase as the female offender population grows. Further, a sufficient number of BFOQ positions must be designated for female incumbents and there must be intensive recruitment of female correctional employees.

Most correctional interventions recommend focusing resources on higher-risk offenders where specific criminogenic needs and their relative impact on recidivism are weighted. Most studies have been about the more aggressive behavior and related risks of male offenders. However, it is equally important to establish an appropriate set of criteria to identify what constitutes female high-risk offenders. The percentage of female-headed households in and of itself determines the higher-risk and impact on future generations.

*Programs.* Data from female focus groups indicate that the following needs, if unmet, put women at risk for criminal justice involvement: housing, physical and psychological safety, education, job training and opportunities, community-based substance abuse treatment, economic support, positive role models, and a community response to violence against women. These are all critical components of a gender-responsive prevention program.<sup>91</sup>

<sup>91</sup> Bloom, Barbara Owen, Barbara, and Covington, Stephanie. US Dept. of Justice, National Institute of Corrections, Research, Practice and Guiding Principles for Women Offenders, Gender-Responsive Strategies, July 2003

## Opportunities

The following preliminary recommendations were made for female offender programs to IDOC during a Durrant-IDOC workshop in December, 2006. These preliminary recommendations were also presented to the Board of Corrections.

<b>Challenges – Short Term Issues</b>	<b>Opportunities</b>
<b>Iowa Correctional Institution for Women (ICIW)</b>	
Work details--Minimum/Short term	As much as possible place women nearing release into IPI so they can earn more money.
<b>Mount Pleasant Women's Unit (MPWU)</b>	
Address male CO assignment to posts in female living area	Assign CO of same gender.
<b>General Issue For All Facilities</b>	
Offender Grievances Data	Consider capturing data in ICON consistent with ACA performance based standards.

<b>Challenges – Long Term Issues</b>	<b>Opportunities</b>
Overcrowding	IDOC/Parole Board collaboration for increased substance abuse programs in CBC as a condition of Parole vs. extended confinement.
Increase % of Female CO's	Create incentives to attract more female CO's/major recruitment program at area colleges.

<b>Challenges – Long Term Issues</b>	<b>Opportunities</b>
Re-entry Program	Develop an EBP Re-entry program.
Staffing Analysis	Validate staffing analysis and budget to fill correctional officer vacancies commensurate to population.
Work details--Minimum/Short term	Develop a plan for a work camp program in conjunction with government and private industry in the Des Moines area.
Gender-responsive Training for Staff	Tie training to EBP, use NIC or similar training re: working with female offenders.
Gender-responsive Offender Programs	Complete EBP initiatives that have already been started via Central Office.

Gender-responsive Offender Programs	Train staff and implement.
Female Risk Assessment	Consider supplementing current custody classification to more accurately determine appropriate custody for female offenders.

Short-term and long-term recommendations for female programs and services are discussed in Chapter VI.

## G. Reentry Programs

### 1. Current System

#### The Prisoner Reentry Initiative: National Perspective

Reentry involves the use of programs targeted at promoting the effective reintegration of offenders back to communities upon release from prison. Reentry programming, which often involves a comprehensive case management approach, is intended to assist offenders in acquiring the life skills needed to succeed in the community and become law-abiding citizens. A variety of programs are used to assist offenders in the reentry process, including prerelease programs, drug rehabilitation and vocational training, and work programs.

Recently, a more focused approach to reentry has emerged in the form of reentry courts. Reentry courts offer the opportunity for more extensive management and treatment of offenders beginning at the sentencing phase. Reentry courts seek to promote offender accountability while providing treatment and services during the reentry process.

The Prisoner Reentry Initiative, supported by the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP) and its federal partners: the U.S. Departments of Education, Health and Human Services, Housing and Urban Development, and Labor, is a comprehensive effort that addresses both juvenile and adult populations who are serious, high-risk offenders. It promotes the development, implementation, enhancement, and evaluation of reentry strategies that will ensure the safety of the community and the reduction of serious, violent crime. This is accomplished by preparing targeted offenders to successfully return to their communities after having served a significant period of secure confinement in a secure correctional institution.<sup>92</sup>

#### Reentry Definition Overview

The Prisoner Reentry Initiative envisions the development of model reentry programs that begin in correctional institutions and continue throughout an offender's transition to and stabilization in the community. These programs provide for individual reentry plans that address issues confronting offenders as they return to the community. The initiative encompasses three phases and is implemented through appropriate programs:

<sup>92</sup> Bureau of Justice Assistance, Reentry Programs. Retrieved from: <http://www.ojp.usdoj.gov/BJA/grant/reentry.html>, on March 24, 2007.

- **Phase 1-Protect and Prepare:** Institution-Based Programs. These programs are designed to prepare offenders to reenter society. Services provided in this phase include education, mental health and substance abuse treatment, job training, mentoring, and full diagnostic and risk assessment.
- **Phase 2-Control and Restore:** Community-Based Transition Programs. These programs work with offenders prior to and immediately following their release from correctional institutions. Services provided in this phase include, as appropriate, education, monitoring, mentoring, life-skills training, assessment, job-skills development, and mental health and substance abuse treatment.
- **Phase 3-Sustain and Support:** Community-Based Long-Term Support Programs. These programs connect individuals who have left the supervision of the justice system with a network of social services agencies and community-based organizations to provide ongoing services and mentoring relationships.

### Iowa Department of Corrections Reentry Efforts

This section of the report addresses reentry efforts at the institutional level within the Iowa Department of Corrections.

The IDOC has recently adopted an initiative to begin Reentry Case Planning for all offenders upon commitment to an IDOC institution. The Level of Service Inventory Revised (LSI-R) is administered on all offenders to determine their three primary treatment needs. Once priority treatment needs are identified, plans are developed that outline the programs and services that the offender will optimally complete before release to the community. IDOC offers a variety of treatment programs and services described earlier in this report. In addition to treatment, there are additional programs that address educational needs.

Special needs offenders are especially vulnerable to recidivism without appropriate support in the community. Ongoing consultation with mental health staff must be included in the process of determining eligibility for special needs populations to participate in reentry programs when there are identified mental health, mental retardation and other development delay issues, brain injury, dementia and chronic medical problems.

IDOCs nine institutions operate a group of reentry programs that vary in their efficacy to prepare a limited number of offenders for transition to the community and impact recidivism indicative of evidence based practice. While institutions are attempting to move toward evidence based practice in their provision of programs and delivery of services, in most cases the infrastructure has not been fully developed and these programs are under-resourced. The most significant deficit is in the area of outcome studies, which is the cornerstone of evidence-based programs that have been proven to be effective.<sup>93 94 95</sup>

<sup>93</sup> FY 2008 Budget Request

<sup>94</sup> Washington State Institute for Public Policy, Evidence-Based Adult Corrections Programs: What Works and What Does Not

<sup>95</sup> Washington State Institute for Public Policy, Evidence-Based Public Policy Options To Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates

## 2. Data

Since the Reentry Initiative is currently under development there is little data available to demonstrate the effectiveness of these programs. The STAR program, a substance abuse therapeutic community treatment program for incarcerated females, has some preliminary data available that demonstrates the effectiveness of this reentry program for women offenders. The collection and analysis of programs data helped to substantiate the effectiveness of the STAR program and has provided data upon which to base justifications for expansion.

Figure III-F-1 demonstrates that the recidivism rate is 21% for those offenders who have successfully completed the STAR program compared to a recidivism rate of 32% for those offenders who were not in the STAR program and 34% for those offenders who were not in the STAR program and who had a documented drug problem. There was a 67% recidivism rate for offenders who had an Administrative STAR Completion. Administrative closures occur for one of the following reasons: case manager discretion, court discretion, referral to an alternative intervention, or transfer to a different location. The specific reasons for the four administrative closures are unknown.

**Figure III-F-1: STAR Program Results**

<b>3-Year Prison Return Rates: STAR Program Results</b>			
<b>STAR Closure Type</b>	<b>Total Exits</b>	<b>Returned</b>	<b>Recidivism Rate</b>
Successful STAR Completion	28	6	21%
Administrative STAR Completion	3	2	67%
Unsuccessful STAR Completion	4	0	0%
No STAR Program	537	170	32%
No STAR Program AND Documented Drug Problem	364	125	34%
<b>Total</b>	<b>572</b>	<b>178</b>	<b>31%</b>

Chart describes female offenders released from prison in FY2003.

Each offender was tracked for three years.

Source: ICON (Iowa Corrections Offender Network)

## 3. Observations

Most reentry program interventions available to offenders at IDOC institutions emphasize a cognitive behavioral focus consistent with EBP. Faith based initiative programs have been implemented although there is no current data that indicates whether or not these programs impact recidivism. Victim impact awareness programming, essential to Iowa's restorative justice model, is offered but is not evidence based. Animal care and training programs are not EBP but are deemed invaluable components of the reentry process and involve partnerships with community stakeholder organizations. Even at the institutions offering the most reentry programs, facility specific procedures have not been completed. There are opportunities to expand vocational education and training programs as reentry programs at the institutions. A tiered step down model to lesser custody classification where offenders are subject to gradual release has not been adopted system-wide.

There are opportunities to streamline reentry programs to ensure scarce resources are appropriated and applied to evidence-based programs by measuring the outcomes of programs that are in place.<sup>96 97 98</sup> The table below demonstrates and highlights what is working and what is not working in the IDOC reentry initiative. Given that the IDOC Reentry Initiative is in the development stages, these comments are meant for consideration by the Department during the development and implementation of their Reentry Initiative.

What's Working	What's Not Working	EBP Related Comments
<p>Reentry case planning for offenders is initiated upon admission. This is a relatively new initiative for IDOC and entails changes in policies and procedures relating to accessing treatment services.</p>	<p>Caseloads are high (in some facilities as high as 125 offenders per correctional counselor), which may include general population offenders with significant mental health issues.</p> <p>Limited reentry planning available at most facilities for offenders with mental illness, medically infirmed and other special needs.</p>	<p>EBP principles are being incorporated in reentry planning and program curricula to respond to what has been proven to be most effective with the offender population returning to the community.</p>
<p>The LSI-R is used to assess priority service and treatment needs that would maximize success upon release to the community.</p>		<p>A reliable assessment tool is being used to determine eligibility for reentry programs.</p>
<p>All 9 institutions operate a group of reentry programs that vary in their efficacy to prepare a limited number of offenders for transition to the community and</p>	<p>Some programs are listed as treatment programs yet do not meet the criteria for treatment and are not licensed.</p>	<p>Currently, state licensure is not indicative that a program meets all criteria for evidence based practice.<sup>99 100</sup></p> <p>Only limited outcome studies have been incorporated in the</p>

<sup>96</sup> FY 2006-2007 Strategic Plan

<sup>97</sup> Washington State Institute for Public Policy, Evidence-Based Adult Corrections Programs: What Works and What Does Not

<sup>98</sup> FY 2006 Institutional Annual Reports

<sup>99</sup> Washington State Institute for Public Policy, Evidence-Based Public Policy Options To Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates

<sup>100</sup> Site Visit Observations and Interviews October-December 2006

What's Working	What's Not Working	EBP Related Comments
<p>impact recidivism indicative of evidence based practice.</p>		<p>reentry programs even where EBP has been implemented.</p>
<p>Female Population:</p>	<p>The Reentry program is not well defined and closely linked to CBC and/or community resources.</p> <p>Prison Re-entry (KEYS) is limited to offenders in Polk County.</p>	<p>EBP appears to be tied to the CBC Reentry Program and not necessarily to prison Reentry programs.</p> <p>The STAR program is undergoing an outcome recidivism study; it is not a full program outcome evaluation.</p>
<p>Sex Offender Population</p>	<p>There is no Reentry Program for sex offenders. There is limited access to CBCs upon release from prison. This population is less likely to reoffend if placed into specific Reentry programming for Sex offenders. Unfortunately, it is difficult to place sex offenders into the community due to concerns about public safety, 2000 foot laws, and communities/counties that have passed laws excluding sex offenders from residing in their communities.</p>	
<p>Mental Health: There is one CBC that has a well-developed program for offenders with mental illness.</p>	<p>Reentry Planning and Specific Reentry Program opportunities are very limited for this population.</p> <p>Offenders who have mental illnesses are released into the community directly from prison environments without appropriate community supports in place.</p>	<p>Offenders with mental illnesses require community support in place to maximize successful reentry into the community. There are limited federal funding opportunities to develop Reentry programs specifically for offenders who have mental illnesses.</p>

What's Working	What's Not Working	EBP Related Comments
There are IDOC facilities that have adopted and implemented "step-down" release to the community as a practice.	The adoption of step-down release into the community is not a system-wide practice.	Incarcerated offenders, especially those who have served long sentences are much more likely to have successfully returned to the community with appropriate supervision, support, treatment, programs, and vocational and/or educational opportunities in place before release.

**4. Systemic Challenges and Opportunities**

Based on the observations noted above, IDOC has a number of systemic challenges and opportunities available to consider when developing their programs and services for incarcerated offenders' reentry to the community. These preliminary recommendations were presented to IDOC during Durrant-IDOC workshops in December, 2006. The preliminary recommendations were also presented to the Board of Corrections in December 2006.

Challenges	Opportunities
<p><b>Reentry Programs</b> While reentry program initiatives are being implemented by all facilities, substantial coordination is needed to ensure offenders are prepared for a safe reentry into the community. IDOC does not use a tiered or step down approach to re-entry. Consequently, it is difficult to measure recidivism when reentry programs differ from facility to facility and are impacted by resources available at the institution.</p>	<p>IDOC recently hired a reentry services coordinator who is expected to integrate the systems reentry programs (prisons and CBCs.) There is great potential to ensure that each facility's reentry programs match the security levels and programmatic opportunities of the facility.</p> <p>Consistent with EBP implementation, IDOC should consider opportunities to implement gradual releases whereby eligible offenders move from maximum to medium to minimum security facilities as they complete levels and reentry programming at their current location.</p> <p>The step-down movement toward release approach combines the application of EBP motivational techniques with more intensive supervision of each offender's progress through reentry case plans as they prepare for parole board hearings. It also promotes greater offender accountability and self-management while alerting staff to apply resources in support of dynamic needs.</p>

Challenges	Opportunities
	<p>Gradual release may involve the need to completely rethink and restructure some components of the reentry model to create more flexible options for the diverse offender populations.</p> <p>A new proposed and validated objective classification instrument used by trained staff will significantly mitigate risk management issues associated with this paradigm shift aimed at impacting recidivism for targeted populations. An integrated and tiered approach to reentry programming is the key to what will build continuity between the institutions and CBC centers.</p>

The short-term and long-term recommendations about IDOC Reentry Programs are discussed in Chapter VI.

## H. Iowa Prison Industries (IPI) Vocational and Educational Programs

### 1. Current IDOC Prison Industries

IDOC does not provide traditional vocational training. While offenders are able to obtain limited on-the-job skills from work squads, vocational training within IDOC is primarily tied to skills obtained while working in Iowa Prison Industries (IPI).

IPI is a self-perpetuating program that currently operates plants or farms at seven of Iowa’s nine prisons<sup>101</sup>. As a business, IPI reports it:

- Does not receive funds from the state;
- Is a revenue generator for the state via its sales of competitively priced products and services to state agencies and local governments;
- Is accountable to an advisory board comprised of diverse professionals;
- Is a tax-free benefit to taxpayers because it is self-funding;
- Is a benefit to its customers by providing a reliable workforce at reasonable pay rates;
- Is an invaluable resource to correctional institutions by reducing operating costs and offender idleness and by providing motivational incentives for offenders; and
- Is an integral part of Iowa’s restorative justice model.<sup>102</sup>

<sup>101</sup> The exceptions are the Iowa Medical and Classification Center at Oakdale and the Mount Pleasant Correctional Facility where sexual offenders and the special needs unit for women are confined.

<sup>102</sup> Iowa Prison Industries 2005-2006 Annual Report

Established and regulated according to applicable Iowa codes (904.801-904.809) and by design, IPI provides opportunities for public and private sector collaboration in IDOCs efforts to address the work empowerment needs of offenders prior to release and upon transitioning back to the community. By focusing on each participant's development of marketable soft and hard skills, key aspects of IPIs traditional and private sector offender labor programs provide or impart structure, work ethic, pro-social interpersonal skills, hands-on teaching, teamwork, and a sense of accountability. In total for FY 2006, IPI was responsible for creating 1,203 offender jobs, including traditional industries (351), private sector partnership (760) and farms (92). It also created 87 civilian jobs. The combined sales revenue for all IPI products and services totaled an estimated \$22,437,681.<sup>103</sup>

Traditional IPI industries plants are located at five (5) of the seven (7) IDOC prisons that utilize IPI. The total numbers of offender participants are noted in parentheses: Anamosa (158), Fort Madison (79), Mitchellville (42), Newton (42), and Rockwell City (30). Traditional prison industries products are sold to universities, schools, libraries, and other state and local government agencies.

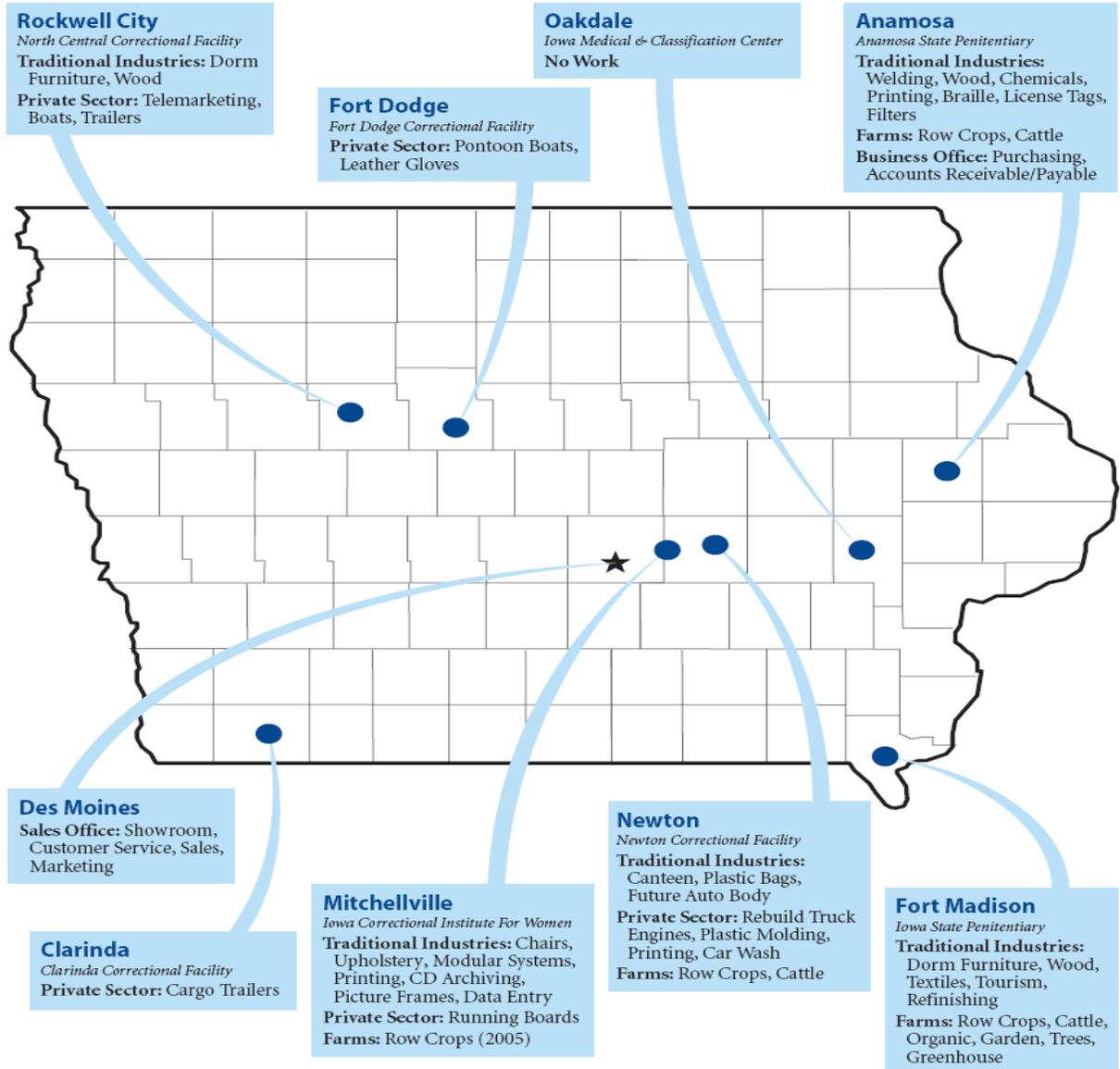
IPI prison farms operate under a farm/business model in the following locations: Ft. Madison, Anamosa, Mitchellville and Newton. All sales of crops and livestock from IPI farms occur on the open market. Income generated from sales is used to sustain traditional farms while pursuing alternatives such as organic farming.<sup>104</sup> IPI farms reportedly provided 276,555 offender contact hours during calendar year 2006.

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<sup>103</sup> Iowa Prison Industries 2005-2006 Annual Report

<sup>104</sup> Iowa Prison Industries 2005-2006 Annual Report

# Iowa Prison Industries Locations



## 2. Data

Iowa's private sector prison industries are primarily in service and manufacturing. By current estimates, private sector industries partnerships (whereby offenders are employed by and receive skill training from private companies at prevailing wages accounts for sixty percent (60%) of the offender prison jobs; up from five percent (5%) in 1997.)<sup>105</sup>

The primary drawback for private sector industries is that it is strongly dependant upon the economy and industrial trends in the community. The Iowa Prison Industries Report of 2005-2006 indicates a significant number of companies that closed or laid off IDOC workers. ICIW was recently adversely affected by this type of downsizing and to the point that ICIW no longer has any private sector employment for women confined in IDOC.

However, this particular employment option is the most popular choice among participating offenders and private sector employers in part because of key statutory requirements, namely: (1) participants earn prevailing wages of \$5.80 to \$11.00; (2) they receive a mandatory job offer by the private company upon release from prison; (3) all participant supervision is provided by the private company; (4) 80% of each participant's wages are committed to the following financial obligations as applicable, back taxes, family/child support, restitution, victims compensation, and contributions to the General Fund that benefits all Iowa offenders; (5) IPI/DOC program administration involves a dual partnership that occurs under the auspice of the federal government.<sup>106</sup>

## 3. Observations

IPI took part in a national study to determine if participation in prison work and industries is successful. The study measured recidivism and post release employment of prisoners released between January 1996 and June 2001 after working in traditional prison industry, private sector operated prison industry and traditional work programs in prison systems in five (5) states.<sup>107</sup> Research analysis provided promising evidence that private sector industries result in more marketable, trained and experienced workers upon release with lower recidivism by comparison to their counterparts who only participated in traditional industries and other institutional work activities. While the study was not without its detractors due to a preference by some states and their corrections administrations toward traditional prison industries and institutional work, the baseline this research establishes encourages private sector partnerships to increase public safety and offender transition and accountability goals.

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<sup>105</sup> Iowa Prison Industries 2005-2006 Annual Report

<sup>106</sup> Iowa Prison Industries 2005-2006 Annual Report

<sup>107</sup> 2006 Final Report: Correctional Industries Preparing Inmates for Re-entry: Recidivism & Post-Release Employment

Research findings were as follows:

*Finding #1:* Private sector prison workers were significantly more likely to get jobs following release. 80% of private sector prison workers obtained employment within the first quarter upon release, compared to 60% of the other groups. 11% of private sector prison workers did not have reported earnings on follow-up, compared with 21% and 27% of the other groups.

*Finding #2:* Private sector prison workers were significantly more likely to be continuously employed following release. 49.2% of private sector prison workers were employed for one year or more continuously, compared to 43.9% and 45.6% of the other groups.

*Finding #3:* Private sector prison workers retained employment significantly longer than the comparison groups, based on survival analysis of the employment data described above.

*Finding #4:* Private sector prison workers earn more wages and higher wages. Mean wages for private sector prison workers over 6.6 quarters were \$4,381 to \$5,620 higher than the comparison groups.

*Finding #5:* Private sector prison workers were significantly more likely to stay out of prison, compared to offenders who were not involved in prison industries while incarcerated. 95.5% of private sector prison workers, and 95.6% of the traditional prison industries comparison group remained out of prison during the follow-up period, compared to 91.2% of the comparison group who had other institutional job assignments.

*Finding #6:* Regarding other measures of recidivism – arrest and conviction – there were no significant differences among the groups.

This evidence encourages the continuation of current evidence based practice, and provides strong support for expanding private sector industries. Coupled with Iowa's statutory requirements for participants and employers in private sector industries, the study's findings demonstrate the program's effectiveness in aiding offenders during community reentry.<sup>108</sup>

Designing and implementing an effective system-wide strategy that ties reentry programming needs and the IPI program is a critical challenge for IDOC. The current program needs assessment does not emphasize viable work as a critical reentry treatment priority, thus falling short of realizing the potential for IPI.

IDOC must expand industries program for eligible female offenders and special needs populations including leveraging more resources from the community by advertising, marketing, responding to federal solicitations and providing incentives to attract potential employers and contractors.

While education was not the focus of this study, basic reading and mathematical skills are also fundamental to successful work and reintegration into the community. IDOC

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<sup>108</sup> Iowa Prison Industries 2005-2006 Annual Report

offers Adult Basic Education (ABE) and General Education Development (GED) opportunities to the offender population. Offenders in need of basic education skills should be encouraged to use these opportunities to improve reading, math and other educational skills in addition to IPI and other vocational opportunities.

There is an absence of system-wide evidence based vocational training programs at IDOC institutions. This results in increased offender idleness and is contraindicated to EBP initiatives pertaining to reentry programs. Offenders should be placed in appropriate phases of the reentry program that specifically meets the individual’s needs as he or she progresses through the period of confinement. For example, offenders who are within ten (10) years of release might be placed in vocational training and when within five (5) years of release be placed in IPI. During the last two (2) years of release planning they could be integrated into a PIECP program. Another approach could be to designate facilities by security custody levels and vocational, IPI and PIECP programs could be respectively concentrated at maximum, medium and minimum facilities. Based upon the more promising performance outcomes IDOC may elect to seek ways to increase industries private sector employment, and provide short-term vocational training such as employment readiness program to simply enhance the offender’s success in IPI and PIECP programs.

Validated and reliable needs assessments must be used to determine an offender’s eligibility for vocational training and programs must be tied to required evidence-based performance measures. It is equally important that consultation with mental health staff be included in the process of determining eligibility for special needs populations when there are identified mental health issues.

<b>What’s Working</b>	<b>What’s Not Working</b>	<b>EBP Comments</b>
IPI and particularly, private sector industries programs are favorable to reentry programming initiative for select number of offenders. Research indicates PIECP is the more effective industries program.	Female offenders have no industrial jobs that are tied to the private sector and reportedly earn no more than \$2.80 hourly  Special needs offenders have no IPI opportunities.	The IPI program is evidence-based
	From a security standpoint, there are several areas of concern:	
	Security staffing at IPI buildings should be evaluated when conducting the facility staffing analysis. This is particularly important in areas where raw materials and machinery create an easy environment for manufacturing sharp objects. It is difficult to conduct searches after work while also monitoring	

What's Working	What's Not Working	EBP Comments
	offenders waiting to be strip searched in an area that provides very limited space for this activity.	
	Metal detectors are not used for screening in this area due to the high concentration of raw metal in the building. This increases the incentive to make and hide weapons.	

#### 4. Systemic Challenges and Opportunities

Based on the observations noted above, IDOC has a number of systemic challenges and opportunities available to consider when developing additional IPI opportunities. These are preliminary recommendations that were made by the consultant team to the Department of Corrections during the December 2006 workshop with the Durrant study group. These preliminary recommendations were also presented to the Board of Corrections.

Challenges	Opportunities
It was reported many of the institutions and other state agencies are not purchasing products from Iowa Prison Industries. This would purportedly increase profits for IPI and also provide opportunities to expand the offender labor pool.	It is recommended that the Legislature stress enforcement of 904.808 State Purchasing Requirements
IPI expansion	Iowa Code 904.809 might be modified to allow private sector employment <i>subcontracting</i> . IPI reported that such modifications could result in an increase of 25%-30% more offenders working and consequently 25%-30 more for funds that satisfy offender industries worker obligations (child support, restitution, general fund support).
Ensuring reentry initiatives are tiered to meet offender's program, custody and release preparedness needs at the appropriate time during their incarceration.	Consider re-strategizing facilities by security, custody and programming

The short-term and long-term recommendations for Iowa Prison Industries (IPI) are discussed in Chapter VI.

## **Chapter IV: Classification: Findings and Analysis**

## Classification: Findings and Analysis

An assessment of the institutional custody classification system was conducted that considered the following questions:

- Is the external classification system reliable and valid, i.e., does it consistently and accurately assess the risk to the safety and security of the institution posed by the offender population?
- What is the process by which an offender is assigned to a facility and then to a housing unit within the facility?
- Is a gender-specific classification system required to accurately assess the risk and needs of the female offender population?
- Is the classification system appropriate for offenders who require special services or treatment, e.g., mental health, medical/geriatric, sex offender, and/or substance abuse?

To address these questions, the key components of this assessment included a process evaluation with onsite reviews of the initial and re-assessment of the classification processes for male and female general population offenders as well as the special populations to determine if the systems reflect current and best practices in objective prison classification. This summary documents the process evaluation conducted November 27 – December 1, 2006 and outlines preliminary observations regarding the integrity of Department's classification system.

### A. Onsite Assessment Activities

The process evaluation included onsite meetings with DOC administrative and correctional facility staff. Prior to the onsite meetings, the team participated in a telephone conference call regarding their observations of the classification system during their tours of various DOC correctional facilities and several telephone conversations with DOC staff to identify the appropriate facilities and plan for the on-site visits; request documentation of DOC classification policies and procedures, manual, instruments, and to review the data required for the statistical validation. Prior to the on-site visits, several documents were reviewed:

- IA Department of Corrections Report to the Board of Corrections: Population Growth;
- IA Department of Corrections Report to the Board of Corrections: Women Offenders;
- IA Department of Corrections Report to the Board of Corrections: Mental Health;
- IA Department of Corrections Inmate Classification Criteria: Classification Manual (January 1996);
- IA Department of Corrections Annual Performance Report: Fiscal Year 2005;
- IA Department of Corrections 2005 Strategic Plan (December 2004);
- IA Department of Corrections Policy and Procedures: "Mental Health Observation & Crisis Intervention, Policy # HSP-626;
- IA Department of Corrections Custody Classification Score Sheet;
- IA Department of Corrections Policy and Procedures: "Offender Classification," Policy # IS-CL-02;

- IA Department of Corrections Policy and Procedures: “Re-entry Case Management,” Policy # IS-CL-03;
- IA Department of Corrections Policy and Procedures: “Administrative Segregation,” Policy # IO-SM-02;
- IA Department of Corrections Policy and Procedures: “Security Threat Groups,” Policy # IO-SC-13;
- IA Department of Corrections Policy and Procedures: “Unit Management,” Policy # IS-CL-01;
- IA Department of Corrections Policy and Procedures: “Keep Separates,” Policy # IS-CL-04;
- IA Department of Corrections Policy and Procedures: “Victim Notification,” Policy # IS-CL-06; and
- IA Department of Corrections Policy and Procedures, Newton Correctional Facility: “Level System, Medium Security,” Policy # IS-CL-02.

The primary onsite assessment activities included:

Meeting with DOC Classification Staff. Interviewed were Jeanette Bucklew, Deputy Director/Offender Services and Chris Meek, Classification Manager regarding the history of the classification system, the classification process, their issues and concerns regarding the system, override rates, and the current and future bed space by custody level and gender and special needs.

Meeting with DOC Director of Research. The team met with Lettie Prell to discuss the data required for the statistical validation of the classification system. This meeting included a conference call with Shane Every of ATG to review the detailed data request and clarify the initial and custody re-assessment samples and various classification-related data elements and dates.

Iowa Medical and Classification Center (IMCC). IMCC is the intake and classification center for all male and female offenders. The team met with James Felker, Classification Manager and Jerry Bartruff, Treatment Director, to learn about the intake and initial classification processes for the male and female offenders and to explore their questions or issues regarding the reliability and validity of the classification system. During a focus group with the case managers responsible for completing the initial classification assessments (custody classification instruments, reception reports, and long-term facility recommendations), we explored their questions or issues regarding the reliability and validity of the classification system from the line-level prospective. Solicited were the case managers’ perceptions as to the ability of the classification system to accurately assess the risks posed by the females, i.e., does the Department need to develop and implement a gender-specific classification system?

The site visit also included observation of the initial classification processes – scoring the instrument, interviewing offenders, generating the reception report, checking criminal history records and warrants, and recommending placement in a long-term facility. The team also met with Lowell Brandt, IMCC Warden, to explore his concerns and ideas about the classification processes.

*The consensus of IMCC administrative and line staff was that the current system provides accurate and reliable assessments of the risks posed by the male and female offender populations and that a gender-specific classification system was not needed. IMCC staff expressed concerns regarding the lack of classification-related training for new case management staff as well as in-service training current staff. Although two validation studies have been conducted, the system's reliability has never been assessed.<sup>109</sup>*

Mount Pleasant Correctional Facility (MPCF). MPCF is a treatment facility for male offenders who need sex offender and/or substance abuse treatment. The Mt. Pleasant Women's Unit is 90-bed unit for women with dual treatment needs substance abuse treatment and mental health services. Within the Women's Unit, observed were re-classification hearings. The primary focus of these hearings was the women's treatment progress and status within the Unit's behavior level system. At the MPCF, reclassification hearings, the male offenders were observed. These hearings focused on eligibility for minimum/medium-out status, work assignments, and the initial classification interview with the offender on his arrival at that facility. Following the classification hearings, the staff's perceptions of the classification system, the role of the behavior level system, and standards for minimum/medium-out status and work assignments were discussed.

*The MPCF staff indicated that they do not utilize a level system, but are currently considering developing of one. The consensus of MPCF administrative and line staff was that the custody classification system should be clarified or refined to give better direction for in/out placements, however the system provides accurate and reliable assessments of the risks posed by the male offenders. Among the staff who works with the female offenders, there was some concern that the current system did not accurately reflect the risk and needs of the female offenders. These concerns are currently addressed through the Unit's level system.*

Newton Correctional Facility (NCF). NCF was selected as the site for learning about the male reclassification process. It is a medium custody facility that serves several male populations. Its programs include substance abuse, education, parole violator program, and community release program. During a focus group with the Associate Warden of Treatment, Larry Lipscomb and the case managers we discussed the reliability and validity of the classification system from the line-level perspective; workload issues that impact the classification process; the available and quality of the information required for the classification system; and any recommended changes to the system. Solicited were the case managers' perceptions as to the ability of the classification system to accurately assess the risks posed by the offenders. The site visit also included opportunities for observing reclassification hearings, scoring of the instrument, offender interviews, and updates of the treatment plan.

The Team explored with Deputy Warden Jill Dursky and Unit Manager Katrina Carter-Larson their experiences with the classification system for the male versus female offenders. Because these individuals had previously worked with the women at the Iowa

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<sup>109</sup> Mary J. Mande of MJM Consulting Services completed the most recent validation study in June of 1996, "Validation of the Iowa Inmate Custody Classification Scale."

Correctional Institution for Women (ICIW), they provided an opportunity to compare the relative strengths and weaknesses of the reclassification system for women. As Deputy Warden Dursky is responsible for reviewing all offender generated appeals of the classification system, we also discussed the classification appeal process, issues, and the consistency of custody assessments and decisions across the respective NCF housing units and inter-facility transfers. The team also met with Warden Terry Mapes to discuss his role in the classification system, perceptions regarding the reliability and validity of the classification system, and any classification-related issues associated with the transfer of offenders NCF, and the movement of offenders to its community release center (CRC).

*Observations and concerns regarding the classification system expressed by NCF administrative and line staff included:*

- *Workload – Current classification process requires too many assessments and hearings. The irony of this observation is neither an interview with the offender nor a hearing is required for the annual custody review. Currently, the annual custody review is solely a review of the documents within the Department’s information system. If the case manager determines that an inter-facility transfer is appropriate, a classification hearing is held to review the transfer request, not the custody assessment. Absent a transfer request, neither the facility administrative staff nor the central office classification staff examines the annual custody review.*
- *Reliability – The custody assessment instrument includes three or four risk factors that are subject to the staff interpretation and manipulation. These include: #3 Record of Violence; # 7 Time Remaining; #10 Behavior and Age; and #11 Institutional/Facility Adjustment.*
- *Static Risk Factors – Seven (7) of the 12 risk factors are static criminal history factors that for most offenders do not change during the entire period of incarceration. Thus, many offenders cannot progress to minimum or medium custody without a discretionary override of the scored custody level. The scoring is also such that a few offenders cannot regress to Maximum custody based on their scored custody level, regardless of the number disciplinary reports earned during a review period.*
- *Offenders are placed in the appropriate custody level and correctional facility despite the classification system. Staff observed that the institutional level system provides better mechanisms for rewarding and controlling offender behavior than the classification system.*

NCF Community Release Center (CRC). The NCF includes a community release center as well as the long-term general population facility. At the CRC, observed were classification hearings to consider offenders’ eligibility for working out-side the Center and plans for treatment and work at the CRC. These hearings posed a unique opportunity to focus on the minimum custody population and the system’s ability to identify and place appropriate offenders within a non-secure setting in accordance with their risk and proximity to release.

NCF-CRC staff observed:

- *The classification system identified offenders appropriate for the CRC, i.e., low risk and/or those nearing release.*
- *The classification process allowed staff in long-term facilities to reduce their workload by timing transfers according to when a parole report, sex offender assessment, and/or LSI-R update is due.*
- *The reliability of the classification system is highly questionable because there are 3 or 4 risk factors on the custody assessment instrument that are subject to the interpretation and manipulation of the staff. These include: #3 Record of Violence; # 7 Time Remaining; #10 Behavior and Age; and #11 Institutional/Facility Adjustment.*
- *The classification system is out-dated and should be updated to reflect the current offender populations served by the Department.*

Iowa Correctional Institution for Women (ICIW). As ICIW is the primary facility for the female offenders, a site visit was critical for learning about the classification processes for the women. The site visit included observation of various types of classification hearings in the general population, therapeutic, and disciplinary/ administration segregation units. During a focus group with the case managers discussed were the reliability and validity of the classification system for the female offenders; workload issues that impact the classification process; staff training and certification problems, inadequacy of programming for the women, availability and quality of the information required for the classification system; and recommended changes to the system. Solicited were the case managers' perceptions as to the ability of the classification system to accurately assess the gender-specific risks and needs posed by the women. The site visit also included interviews with Warden Diann Wilder-Tomlinson, Treatment Director Robin Bagley, and Director of Security, Paul Rode.

## **B. Classification Assessment Preliminary Findings**

Review of the DOC policies, reports and classification-related documents, meetings with staff, and the tours of the facilities indicated clearly that the classification system has both strengths as well as barriers. Summarized in this section the observations and findings as to the strengths and barriers of the system.

### **1. Strengths of the Classification System**

In any assessment of a classification system, it is important to recognize the strengths of the system and use them to build a stronger, more objective classification system. The strengths of the system include:

**Classification Process has multiple levels of review and input from the various divisions of the facility in the classification decision-making process.** Input, for example, is sought from security, mental health services, housing, job supervisors, education, etc. Because the classification decision impacts virtually every aspect of the offender's management, input from staff that view or work with the offender from different perspectives is critical for an accurate assessment of the risks posed by the offender. However, there appeared to be some potential for streamlining the number of classification hearings and process to relieve workload on case management and facility administration.

**Level Systems – The institutional level systems are a strength as well as a barrier of the classification system.** The behavior level systems provide offenders direct on-going feedback regarding their behavior and progress within the institution. This was particularly important at the Women's Unit at MPC, given the women's dual mental health and substance abuse treatment. The level systems have strong face validity among both the security and case management staff of the respective facilities. However, because each facility, often each unit, has its own flavor of a level system, there are many disparities. The level systems, rather than the classification system, direct unit placement. Some behaviors, for example, that should be addressed via the objective external classification system are managed subjectively through the facility's level system. The Department should consider development of an objective internal classification system that would replace the facility-based level systems.

It was unclear, however, if the same internal classification system would be useful for managing the male and female offenders for several reasons. First, all of the female offenders live in the same facility. The facility is very limited in its ability to separate the women according to the external custody level or any internal level system. The Department will also need to explore their internal classification goals and objectives for the male and females and for the special populations (e.g., mental health) prior to implementing a formal internal classification system to ensure that the selected system(s) provides reliable and useful information for managing the various offender populations.

**All DOC staff expressed a strong commitment to an objective classification system.** Although some of the staff had concerns about the current classification process, the executive, security, and case management strongly endorsed the concept and principles of objective classification. For most staff, the instruments had face validity, i.e., they felt that the instruments helped them to differentiate among the offenders and to measure their readiness for minimum custody and working outside the facility. However, the staff that worked with the women offenders expressed less confidence in the classification instruments and process than those who worked with the male offenders. Some expressed the need for a separate gender-specific classification system.

## 2. Barriers of the Classification System

As anticipated from the Department's request for an assessment of its classification system, several areas of concern were observed and reported by staff. Some of the concerns were associated with the classification risk factors while others stemmed from the classification process. The following concerns observed during the onsite assessment:

- ***Lack of inter-rater reliability when scoring the custody assessment instruments.*** One of the most critical problems observed during the assessment was a lack of consistency across the case managers as to the criteria for scoring the objective risk factors. When asked the criteria for scoring for the custody risk factors, each of the case managers used slightly different operational definitions. Risk factors that appeared to be scored inconsistently were: #3 *Record of Violence*; # 7 *Time Remaining*; #10 *Behavior and Age*; and #11 *Institutional/Facility Adjustment*.

A formal assessment of the reliability of the classification system has never been conducted. In addition, formal training on classification system is no longer included in the new case manager-training program nor are case managers provided in-service training to refresh their skills and to ask questions. Most staff reported learning the system via OJT from their supervisor. This makes for facility-based classification processes rather than a centralized classification system.

- ***Low predictive validity associated with the external classification system.*** Because a pre-requisite for predictive validity is reliability, it is very unlikely that the current external classification system provides an accurate assessment of the risks to the safety and security of the facility or safety of the offenders and staff.<sup>110</sup> A formal statistical validation study that includes samples of initial classification and custody re-assessments for male and female offenders should be conducted to determine the statistical validity of the classification system.
- ***Current external classification process may over-classify the women offenders.*** Staff comments that have worked with both male and female offenders as well as those who have only worked with the women suggested that the custody assessment do not accurately evaluate of the women's threat to the safety and security of the facility and that the system appears to over-estimate the risks posed by the women. Because ICIW is a multi-level facility that does not provide for adequate separation of the female offenders by custody, the external classification system contributes little to the management of female offenders. These issues will be more fully addressed during the site visit to ICIW.

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<sup>110</sup> Austin, J. and P. Hardyman (2003). "Objective Prison Classification A Guide For Correctional Agencies." Washington, DC: National Institute of Corrections.

- ***The classification process is labor intensive and time-consuming.*** One of the most unusual elements to the external classification system is the multitude of reasons for which classification hearings are held. These include: job assignments, development and updates to treatment plans, level system reviews, eligibility for work outside the security perimeter, inter- and intra-facility transfer, etc. On the other hand, the case managers reported that neither an interview with the offender nor a hearing is required for the annual custody review. This is solely a review of the documents within the Department's information systems, unless the case manager requests a transfer of the offender to another facility. Neither the facility administrative staff nor the CO classification staff reviews the annual custody review. This was quite unusual because the purpose of annual custody review is to assess the risks to institutional safety posed by the offender and to advance or regress his/her progress through the system according to his/her behaviors. In contrast, most state correctional agencies as well as the federal correctional system require this to be a face-to-face hearing with the offender and a multi-disciplinary team includes treatment, case management, and security staff.<sup>111</sup>
  
- ***The predictive validity of the system may be limited due to missing or poorly defined risk factors.*** Review of the custody assessment instruments suggested that several of the risk factors are vulnerable to the subjective interpretation and discretion of the individuals who score and/or review the custody assessments, for example:
  - #1 Offense Severity. Development of an offense severity index would ensure consistency across case managers for rating the harm posed by the offense. Currently the assessment is dependent on the available of the police reports or offender's description of the offense.
  - #2, 6, and 7 score the offender's sentence and time to serve within the Department. Time to serve and sentence have repeated been shown to be very poor predictors of institutional adjustment. Thus, the predictive power of 3 of the 12 risk factors is questionable.
  - # 9 Discipline Reports – All disciplinary reports, regardless of their severity are only score for six months; thus depending on when the case manager scores the case relatively recent reports may not be counted. By timing the assessment, the custody level may be manipulated.
  - #11 Institutional/Facility Adjustment – This risk factor is based on undocumented reports from unit and work supervisors.

In addition, the instruments do not include risk factors that have been found to be reliable predictors of institutional adjustment among offenders in other correctional systems. These include current age, severity of the offender's criminal history, and type of disciplinary reports.

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<sup>111</sup> Ibid, Austin and Hardyman, 2003, pp. 4.

- **Instrumentation.** In addition to updating the custody assessment instrument to reflect current standards regarding static and dynamic risk factors, the Department should develop separate instruments for the initial and reclassification processes. This would reduce the impact of static criminal history, offense, and sentence-related risk factors that hinder an offender's progress through the system. More objective dynamic, behavior-based items that reflect recent adjustment and program participation would hold the offenders accountable for their custody classification. As appropriate for the offender populations, gender-specific custody items that reflect the different risks posed by the male and female offenders may need to be developed. Development of gender-specific instruments for the women should be tailored to the risks posed by the women and the classification goals and objectives of ICIW.
- **Overrides of the Scored Custody Level.** The staff had very mixed assessments of the frequency at which the scored custody level (based on total points) was overridden or modified. Some staff reported rarely, if ever, overriding the scored custody level while others reported it is a frequent event. This disparity appeared to be a function of the facility's classification process and the staff's opinion as to what constituted an override. Case manager also indicated that due to the subjective nature of some of the risk factors, the total score could be manipulated to place the offender in the desired custody. It was also observed that in a caseload of 85 offenders – 42 scored as minimum and 7 scored as maximum – all were considered medium custody. Any statistical assessment of the validity of the system should include detailed analyses of the overrides rates, reasons, and impact on the validity of the system.

An additional concern regarding overrides was the lack of specificity of the discretionary override reasons and mandatory custody restrictions within the classification policies and manual. The classification manual should provide detailed instructions for when an override is appropriate, the operational definitions for the reasons, and approval procedures. The mandatory custody restrictors are not clearly outlined in either the manual or the classification policy.

The Department's offender disciplinary policy defines major disciplinary infractions and actions, but minor infractions are institution specific. Many behaviors that are important for managing offender behavior are left to the discretion of the facility and are not systematically considered by the classification system. These behaviors can be very important for determining an offender's amenability for minimum custody or working outside the fence, particularly if infractions are reduced from major to minor infractions. Also, missing from disciplinary policy were separate infractions for sexual predatory behaviors and other forms of sexual harassment, thus compliance with federal PREA (Prison Rape Elimination Act) standards will require reviewing all assault and sexual misconduct infraction descriptions.

## **Chapter V: Facilities and Operations: Findings and Analysis**

## Facilities and Operations: Findings and Analysis

### A. Institutions

#### 1. Infrastructure

Each of the nine institutions were visited and evaluated under several categories. The categories consisted of physical condition of the structures, life safety concerns, ACA regulations compliance, security, and accessibility for persons with disabilities. Following are the general findings; the complete analysis of each of the institutions is included in the Appendix C at the back of this report.

- Except for Fort Dodge Correctional Facility, Newton Correctional Facility and portions of Iowa Medical and Classification Center, which are newer facilities, the buildings within the institutions, are of significant age and are in need of considerable maintenance and repair. This is especially true with the buildings and structures at the Iowa State Penitentiary (ISP) and Anamosa State Penitentiary (ASP).
- Each institution had some type of life safety concern or violation. Most were minor infractions and could be corrected, or are being supplemented by additional staff to aid in making the facilities as safe as possible. However, both ISP and ASP had serious concerns that greatly affect the egress of the occupants. This occurs in the older housing units where only one means of egress is provided for the upper floors.
- Due to the number of offenders being housed within the housing units, most of them do not comply with ACA infrastructure regulations.
- In some of the housing units, the layout is not conducive to modern correctional practices or causes inefficiencies in staffing. As a result the safety of the offenders and the officers is disconcerting. This mostly occurs in the older facilities like ISP, ASP and ICIW. At ICIW, in four of the housing units, the correctional officer's station was on a separate floor than the sleeping rooms of the offenders.
- Most of the institutions have facilities that accommodate the needs of persons with disabilities. However, in some cases the accommodations are limited. At ICIW, the only accommodations available for persons with disabilities are in the Substance Abuse Treatment Housing Unit.

#### 2. Operations

The IDOC Strategic Plan for 2007 – 2008<sup>112</sup> has identified two key strategic goals:

Controlling prison population growth and impact recidivism through the provisions of evidence based programs, interventions, case planning and offender reentry.

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<sup>112</sup> Iowa Department of Corrections, 2007-2008 Strategic Plan, December 2006.

Providing adequate human and financial resources and processes to maintain the infrastructure and delivery of services. Reinvention of operations through the utilization of best practices to manage resources in the most cost effective and productive manner.

The seven treatment areas assessed in Chapter III are fundamental to the Department moving toward these key strategic goals. As described in the Strategic Plan, in FY 2007, the Department:

“intends to continue system wide implementation of the Offender Re-Entry Case Plan that uses validated assessment instruments to assess risk and criminogenic needs and, upon entry into the system, structure a plan and timeline for the programs and interventions appropriate for each offender. The Department’s correctional resources can then be deployed in the most efficient and effective manner. Community resources can be linked to the offender’s release in a manner that improves the offender’s chance of successful reentry into the community. Special focus can be given to those offenders who present special challenges (see Chapter III) due to aging, medical needs, substance abuse, mental health needs, or high-risk behaviors such as sex offenses.”<sup>113</sup>

IDOC has adopted the Integrated Evidence Based Model of Corrections practice that was developed by the National Institute of Corrections (NIC).<sup>114</sup> It demonstrates that implementing evidence based policies and practices (EBPP) requires not only a knowledge of the research, but also a willingness to change the way that correctional organizations do business, both inside their own agencies and in conjunction with other governmental agencies, external stakeholders, non-profit service providers and the community.

Evidence based practices has been most studied in community based corrections programs. These studies have determined what treatment and intervention programs have been most successful with the community based offender populations. Only recently have studies of institutionally based programs been undertaken.<sup>115 116</sup> This is an important step. For EBPP to be truly effective, it is imperative that evidence based practices, programs, treatment and interventions be consistent across the continuum of corrections whether provided in institutions or in the community.

Research has demonstrated that the proper implementation of EBPP can lead to a dramatic prevention of crime in our communities and a dramatic reduction in the recidivism rates of offenders, both adults and juvenile. NIC has shown that while correctional agencies now have the knowledge to change criminal behavior, they often lack the public will and commitment to transform this knowledge into policy and practice.

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<sup>113</sup> Ibid

<sup>114</sup> Clawson et al. (2005) Implementing Evidence Based Practices in Corrections. National Institute of Corrections.

<sup>115</sup> Aos, S., Phipps, R., Lieb, R. (2006). Evidence-Based Adult Corrections Programs: What Works and What Does Not. Olympia: Washington Institute for Public Policy.

<sup>116</sup> Aos, S., Miller, M., and Drake, E. (2006). Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates. Olympia: Washington State Institute for Public Policy.

IDOC is adhering to the NIC integrated model that insists that systematic change can only be fully implemented or sustained when practitioners focus not only upon evidence based principles themselves, but also upon organizational development and collaboration.

Indeed, the biggest challenge in adopting EBPP in the fight against crime is not the identification of best practices. It is rather a political and a practical struggle, one that requires leadership among governmental executives and legislators as well as administrators who run our correctional agencies. Politically speaking, EBPP means the adoption of scientifically derived public policy rather than one based on ideology or partisan preference. Practically speaking, it means restructuring the way in which IDOC does business in its institutions and, in probation and parole, so that organizational structures and cultures enable rather than hinder the implementation of programs and services that are known to work in reducing criminal behavior. It also can have real implications for judicial and prosecutorial practice.<sup>117</sup>

The evidence of the research over the last two decades is clear and compelling about which interventions result in reduced recidivism. Evidence based practice is a trend throughout human services that emphasizes outcomes. Interventions within corrections are considered effective when they reduce offender risk and subsequent recidivism and therefore make a positive long term contribution to public safety.

In order to provide the most appropriate evidence based interventions for each offender, IDOC must have in place sufficient resources to provide safe, effective supervision and treatment; training for all IDOC staff in contemporary evidence based correctional approaches; and the ability to monitor performance measurements and complete outcome evaluations to measure the effectiveness of treatment and program interventions.

This chapter will begin by discussing IDOCs systemic staffing study, staff training, and the ICON system's ability to monitor performance measurements and treatment program outcome evaluations.

### **Bedspace Utilization**

The bedspace was inventoried and studied onsite in Iowa's nine correctional facilities:

- Iowa Medical and Classification Center
- Iowa State Penitentiary
- Anamosa State Penitentiary
- Mt. Pleasant Correctional Facility
- Newton Correctional Facility
- Iowa Correctional Institute for Women
- Clarinda Correctional Facility
- Fort Dodge Correctional Facility
- North Central Correctional Facility

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<sup>117</sup> Iowa Department of Corrections, (2006), EPB Overview, 8 hour training curriculum "Introduction to EBP."

Inventories dealt with numbers of beds, rated and operational capacities, design types, housing assignment criteria, classification mixing in units, flexibility for other uses, maintenance status, as well as notes taken about concerns and issues.

Findings are as follows.

**A dual system of assigning offenders to housing units currently exists. Assignment is made by:**

- The inmate's classification scores to custody levels; and by
- Seniority and institutional behavior levels.

The level system for the most part outweighs the offender's custody classification score in decisions about assignments. For housing purposes, it appears that high risk (maximum custody) and "minimum live-out" (risk of escape) classifications are strictly observed because of probable consequences of high profile incidents; however, medium custody and minimum custody separations are not observed as diligently.

**As might be expected offenders in different custody levels are mixed together within special treatment and services housing units. Examples include:**

- Special treatment programs such as Sex Offender, Substance Abuse, Violence;
- Special needs such as mental health, developmental disabilities; and
- Medical needs such as geriatric, chronically ill etc.

There may be more risk than is currently apparent in mixing across custody levels for these purposes, especially when mixing maximum and minimum custody offenders.

**Some mixing among custody level that is not recommended (especially in reception for women at IMCC) occurs due to the lack of enough discreet housing units for offenders in the following categories:**

- Unclassified;
- Classified maximum;
- Classified medium;
- Classified minimum;
- Special needs;
- Mental health;
- Special management; and
- Medical patients (including pregnant women)

It is also questionable to house IDOC Mental Health patients/offenders with civil commitments at IMCC.

**The management of female offenders with regard to housing is disjointed and inefficient.**

- General Population housing units are poorly configured, inefficient, crowded and pose security risks.
- Reception for women is located at IMCC, over a hundred miles from the major women's center (ICIW) where women's services are available except for pregnancy and birth care.
- The women's Special Needs Unit at Mt. Pleasant is located and configured poorly for its function.

**In minimum security facilities, some housing units are crowded while in other minimum security facilities, some housing units are sparsely occupied.**

This phenomenon suggests that there are criteria used for placing offenders at facilities other than the custody level of the inmates and/or that a surplus of minimum security beds exists in the system.

**Some facilities were not designed for the populations they are currently housing.**

- Mt. Pleasant was a mental health hospital. It is now serving a different type of mental health patient as well as a sex offender population.
- ICIW was a training school for youths and is not suitable for the current population. The housing is dysfunctional.

**Some facilities' housing is antiquated and thereby dysfunctional for their current populations. Examples of this dysfunction may be found at the:**

- Anamosa State Penitentiary; and at the
- Iowa State Penitentiary

**Systemic Staffing Study**

**Current Staffing:**

During FY07, IDOC began an internal institution-wide staffing analysis addressing security positions alone. They are currently involved in validating the study that was completed. There is also a plan to conduct an additional staffing analysis that addresses treatment and programming personnel during Fiscal Year 2008.

The impact of the security staffing analysis on the delivery of programs and services is substantial. Programs and treatment cannot effectively operate in a correctional setting without the support, assistance and availability of security staff. Sufficient security staff are necessary to virtually every aspect of programming and treatment, from allowing these staff into the institution, to facilitating their movement throughout the facility, to delivering the offenders to the service and getting them back to their housing area, to providing proper supervision based on the offender's classification, and to creating a sense of safety for both program/treatment staff and the offenders participating in and accessing services.

In fact, it is axiomatic that viable treatment and programs can only occur in an environment in which offenders feel safe. Offenders cannot learn when they are fearful that they will be attacked during or after the class. Offenders cannot focus on their treatment plans when they are fearful, or arming themselves for defensive reasons. Certainly, treatment and programming is compromised when offenders are focused on survival, negative behavior, or allegiance to security threat groups rather than self improvement and progress toward societal positive goals.

And, a safe, secure, and positive environment can only be achieved when there are sufficient numbers of properly trained and motivated security staff necessary to perform all the functions necessary based on policy, procedures, post orders and standards. As such, this section discusses the security staffing analysis and provides some systemic observations concerning security staffing, all with an eye to enhancing treatment and programmatic efforts within the IDOC. Some of these observations relate directly to treatment and programs, others only indirectly. But again, all security positions and functions are critical to the creation of a positive milieu in which effective treatment and programming can occur.

#### **IDOC Internal Staffing Study Issues:**

*The following is the consultant team's assessment of the recent staffing study based on meetings with management staff. It should be noted that because the IDOC integrated internal staffing study has not been validated and is not considered complete, the results are not public and were not available to the consultants. Individual institution staffing study results were available and reviewed.*

A lack of common definitions for terms and insufficient clarity in the staffing analysis guidelines resulted in variances among the institutions because of multiple interpretations of survey items. This discretion compromised some of the technical proficiency and consistency required for the analysis to be as successful as it might have been.

Individual interpretations of the staffing analysis process and presentation of the information varied from institution to institution (even in cases where the security level designation for the institutions was the same). Beyond the semantics, institutional documentation and staff confirm that a staffing analysis is not simply viewed as the process of evaluating staffing needs using a formulaic approach and methodology. Instead, the process was perceived as some as a product, terminal goal or solution to staffing shortages.<sup>118 119</sup>

The staffing analysis may not account for additional staffing needs for security programs and practices such as standard area and personal searches, particularly for recreation areas, minimum out workers returning to the facility and cross gender supervision requirements.

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<sup>118</sup> Review of available staffing analyses submitted by IDOC institutions

<sup>119</sup> American Correctional Association ACI, 4<sup>th</sup> Edition, 4-4050, 4-4051, 4-4052, 4-4048, 4-4053, 4-4055, 4-4057, 4-4040, 4-4177, 4-4181

IDOCs internal analyses do not reflect the pattern of management decisions to create pull posts and shut down posts, irrespective of whether such decisions may be contraindicated by policies, procedures or professional standards. The analyses were not intended to address the true costs, benefits or impact of such practices.<sup>120</sup>  
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### Data:

The budget submitted for FY2008 request funding for 3206.52 FTE positions at the institutions and 51.18 Central Office positions. For a total of 3257.7 requested positions. This number does not include community-based corrections.

Data regarding correctional officer vacancies remains unclear. Personnel positions have been impacted by increasing fixed costs such as fuel, food, and pharmaceuticals. Positions have not been filled in order to balance the appropriated budget. The liberal use of staff outside their functional position descriptions for correctional officer related duties is creative, but can compromise both safety and security.

As mentioned before, the overtime and sick leave usage issues affect the CO staffing need. IDOCs Strategic Plan<sup>122</sup> indicates a plan to explore these contract issues during 2007.

Accurate data about the staffing needs in the institutions cannot be determined without the completion and validation of the staffing study. Any changes in the classification instrument are likely to change the results of the staffing study. Consequently, staffing needs cannot be considered accurate until independent validation and reliability studies of the classification instrument are completed.

### Systemic Observations

*The following systemic observations are related to security staffing throughout the institutions that house the male offenders. Observations related to the Mt. Pleasant Women's Unit and the Iowa Correctional Institution for Women are listed separately.*

Shift relief factors appear to be significantly high for a number of reasons, including insufficient management controls related to sick leave usage, military leave, collective bargaining agreement requirements.<sup>123</sup> The impact of this is that there frequently will not be sufficient staff to cover all posts or to ensure adequate supervision and myriad security functions.

The institutions currently operate as if they are under-resourced from a staffing perspective. Non-security staff routinely perform security functions such as direct

<sup>120</sup> Review of available staffing analyses submitted by institutions

<sup>121</sup> IDOC 2006, 2008 Budget Data

<sup>122</sup> Iowa Department of Corrections 2007-2008 Strategic Plan, December 2006.

<sup>123</sup> Iowa Department of Administrative Services Job Classification, DAS Job Classification Guidelines, DAS Types of Leave

supervision of offenders in programs, with indirect and proximity supervision provided intermittently by activity officers.<sup>124</sup> In some facilities, managers are relegated to performing security functions such as searches and offender supervision. Under-resourced institutions cannot fulfill their mandated missions, functions and stated goals.<sup>125 126</sup>

Without Central Office performance measurements related to reporting lockdowns (planned and unplanned) and program cancellations that are caused by insufficient staffing, the magnitude and scope of some of the other concerns are not fully appreciated.

Preliminary review of the IDOCs classification instrument reveal technical errors pertaining to offender risk determinations, housing placements and population distribution scheme for the institutions. Consequently, staffing needs cannot be considered accurate until independent validation and reliability studies of the classification instrument are completed.

### Observation of Staffing Issues in the Women's Facilities

The ICIW Staffing Analysis, completed in 2007, reports there are plans for construction of an additional housing unit (Building 10). ICIW has requested replacement of the older housing unit buildings that are not conducive to sound correctional supervision and programming. ICIW also notes that much of the physical plant capacity does not support technology that IDOC has implemented.

ICIW reported a shortage of 19 correctional employees.<sup>127</sup> Managers advise that shortages have significantly hampered supervision, operations, communications and programs. A few examples are:

- Staff reported recreation yard supervision is limited because it is staffed at 50% of the correctional staffing complement. Most major incidents reportedly happen on the yard.
- There is no correctional supervision for culinary workers. Correctional supervision is only provided when meals are being served.
- Program staff report they must routinely assist in personal searches of offenders (particularly minimum-outs) because there is an insufficient number of female officers available to perform same-gender searches.

<sup>124</sup> Depending on policy, the institution and security classification of [offenders](#), this may or may not be acceptable practice.

<sup>125</sup> Collective Bargaining Agreement between State of Iowa and American Federation of State, County and Municipal Employees, Council 61 AFL-CIO; CBA between State of Iowa and UE Local 893 Iowa United Professionals

<sup>126</sup> FY2006-2007 Iowa Department of Corrections Strategic Plan

<sup>127</sup> ICIW Staffing Analysis – CY 2006

- Staff responded to questions submitted to the Resident Council that staffing shortages have adversely affected their ability to provide some programs and activities in the following manner:
- Monthly clothing exchanges were behind schedule
- The large recreation yard's availability is limited
- Female offenders cannot use a TV rental program because there are not enough staff to manage the program.

To further illustrate the impact of staff shortages, ICIW and the MPWU are more than 50% staffed by males who are assigned to posts, including living areas that require supervision of female offenders. Because cross-gender searches of female offenders by male staff are not permitted except in an emergency, operational efficiency at these facilities are adversely affected. Female staff are temporarily pulled from their posts in male units to search and escort female offenders. At both facilities, program staff and managers routinely conduct searches when there are insufficient numbers of female officers to meet these security mandates.

Citing Title VII, that prohibits sexual discrimination in employment, IDOC has made little progress in assigning more female correctional staff to the female facilities/housing units. The Iowa Correctional Institution for Women (ICIW) has several bona fide occupational qualification (BFOQ) positions<sup>128</sup> but the Women's Unit located at the Mt. Pleasant Correctional Facility (MPCF) has none. The Board of Corrections stated it will further evaluate this issue.

As the female population continues to rise and if there continues to be insufficient numbers of female staff to supervise women in the housing units, there is the increased potential for offender privacy rights litigation.

The following charts describe the highlights of what is working and what is problematic across the IDOC system related to staffing

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<sup>128</sup> *Tharp v Iowa DOC*, 68 F.3d 223 (8<sup>th</sup> Cir. 1995) cert. denied 517 US 1135 (1996). Employer may without violating Title VII, adopt a reasonable gender based job assignment policy that is favorable to women employees if it imposes only minimal restrictions on male employees. *Robino v Iranon*, 145 F3d. 1109 (9<sup>th</sup> Cir. 1998) held that gender was a BFOQ to accommodate the privacy interest of female offenders.

<b>Security Staffing Issues</b>	
<b>What's Working</b>	<b>What's Not Working</b>
<p><b>Activity Officers:</b> Facilities use activity officers to support the need for escorts and area supervision for recreation. This is the most versatile security position in the staffing of each facility in the wake of appropriated budget shortfalls</p>	<p>There are an insufficient number of activity officers to provide supervision of indoor and outdoor recreation, dining hall, program buildings.</p> <p>The activity officer patrols too large of an area to be effective at providing adequate offender supervision.</p> <p>Activity officers are being used to perform security functions including use of force to break up offender fights</p>
<p><b>Segregation Units:</b> There are designated units for administrative and disciplinary segregation. These units have separate sets of privileges and access to programs and services.</p>	<p>To maximize staffing, disciplinary detention units are shut down to combine them with administrative segregation. The net effect is that the units are operated based on those offenders posing the most serious security risks (disciplinary detention). In these cases, few privilege distinctions exist between disciplinary segregation and categories of administrative segregation; decreasing the access to programs and services for these units.</p>
<p><b>Central Control:</b> Central Control is the post responsible for visitor control, camera monitor surveillance, vehicle and pedestrian movement, emergency equipment, master keys, radio base station, telephones and is generally operated by highly competent staff capable of effectively multitasking during periods of high volume activity.</p>	<p>Institutions are not maintaining staffing levels at the Central Control post sufficient to provide coverage for relief, sick call-in, and efficient movement of program and treatment staff into and throughout facilities.</p>
<p><b>Bidding for Shifts, Post and Days Off:</b> Staff can bid for posts, shifts, days off</p>	<p>When management seeks to make decisions to enhance operations when the staff who bid the post were not the best choice for the particular post.</p>

<b>Security Staffing Issues</b>	
<b>What's Working</b>	<b>What's Not Working</b>
	Bidding for posts, shifts, days off varies significantly from institution to institution and this impacts management's flexibility to assign security staff in a manner that is most indicative of institutional needs.
<p><b>Roll Call Briefings/Overlapping Shifts:</b> Communicating information between shifts and providing some training is accomplished via Roll Call briefings.</p> <p>Rollover sheets as handouts are not interactive but staff are held accountable for the information on the sheets.</p>	<p>Eliminating Roll Call as a means of controlling overtime and not providing either intranet or some other effective means of communicating between and among shifts impacts effective communication and training. There are also negative impacts on communication about treatment and programming.</p> <p>Posted clipboards cannot be read by the entire shift at one time. While staff are held accountable, this may mean very little without signing acknowledgment that they have reviewed the information.</p>
<p><b>Staffing at ICIW</b> The ICIW Staffing Analysis for FY 2006 reports there are plans for construction of an additional housing unit (Building 10).</p>	ICIW management reports a shortage of 19 correctional positions which have significantly hampered supervision, operations, communications, and programming.
<p><b>Cross-Gender Supervision</b> Both ICIW and Mt. Pleasant Women's Unit (MPWU) have a complement of both male and female officers.</p>	Both ICIW and MPWU are more than 50% staffed by males who are assigned posts including living areas. Cross-gender supervision on some posts compromises security particularly related to searches, escorts, and supervisions of showers, etc.

The following table outlines the treatment and programming staff issues that were previously discussed in Chapter III. This table is an abbreviated listing of the staffing issues that currently negatively impact the capacity to provide treatment services, and is included here as a companion to the security staffing issues described above. The "what's working" descriptions are not shown here as they were described earlier in Chapter III. In general, the ability to provide programs and services are compromised by an insufficient number of security officers as well as by insufficient numbers of program and treatment staff.

<b>Treatment and Program Staff</b>
<b>What's Not Working</b>
<p><b>Substance Abuse:</b> Substance abuse assessments are not completed during the reception process at IMCC; seven unfunded contract assessment positions were eliminated by budget constraints.</p> <p>The capacity to provide substance abuse treatment is limited to the number of staff available to provide the service; there were decreases in staff positions during 2006.</p>
<p><b>Mental Health Treatment:</b> 1 FTE psychologist completes all reception mental health assessments which average 125 per week.</p> <p>There are too few psychiatrists at IMCC to be able to evaluate all referred offenders; offenders may not receive the psychiatric assessment until they have been placed in another institution.</p> <p>Psychiatric nurses, social workers, psychiatrists and other professional mental health staff should be increased for the licensed hospital, partial hospitalization and special needs units to meet the demand for intensive mental health services.</p>
<p><b>Sex Offender Treatment:</b> The capacity to provide legislatively mandated sex offender treatment is limited to the number of staff available to provide the service; there are too few sex offender treatment program staff to meet both the current and projected demands for treatment services.</p>
<p><b>Medical Treatment for Aging Population:</b> Current R.N. positions at most facilities have been decreased thus putting an overtime burden on both the staff and the institution to be able to meet required minimal nursing coverage.</p> <p>Nursing is involved in many administrative and scheduling tasks that could be provided by clerical staff, unit coordinators and other paraprofessionals thus increasing the number of hours available to provide nursing care.</p> <p>There is limited use of License Practical Nurses, phlebotomists, etc. that may extend nursing services hours available to offenders.</p>

<b>Treatment and Program Staff</b>
<b>What's Not Working</b>
<p><b>Gender-Responsive Treatment and Programming:</b>                      The high level of male supervision within the women's units is counter to a gender responsive environment. A balance between normalization and gender-responsiveness needs to be achieved by determining the appropriate genders that should provide supervision on which posts within the women's units.</p>
<p><b>Iowa Prison Industries (IPI):</b>                      There is a need for additional security positions at IPI buildings especially where the trailers are manufactured. It is difficult to conduct searches after work and to monitor offenders waiting to be strip-searched in an area that provides very limited space for this activity.</p>

The following table outlines the IDOC Central Office staffing issues that are impacted by the population growth, new initiatives, and implementation of evidence-based programs and treatment services throughout the institutions. Without sufficient central office staff positions to support the evidence-based reentry initiatives and treatment services, it will be difficult for IDOC to measure success or progress in meeting those needs of the offenders—which ultimately means progress toward public safety.

This table is an abbreviated listing of central staffing issues that currently negatively impact the capacity to provide treatment services, and is included here as a companion to both the security and treatment and program staffing issues described above. The “what's working” descriptions are not shown here as they were described earlier in Chapter III and/or Chapter V. In general, the ability to provide programs and services are compromised by an insufficient number of security officers as well as by insufficient numbers of program and treatment staff.

<b>Central Office Staffing</b>
<b>What's Not Working</b>
<p><b>Treatment Management Capacity:</b>                      The Mental Health Director is single handedly managing the entire system. There is a need for additional management personnel.</p> <p>The unfilled Nurse Administrator position leaves a gap in systemic clinical and administrative management of nursing services.</p>

<b>Central Office Staffing</b>
<b>What's Not Working</b>
<p><b>Training Capacity:</b>                      The IMCC Training Coordinator position is only part-time. Opening a new 178 bed facility will require training of all new staff and updating all current staff.</p> <p>The ability to provide both centralized and institution specific training is imperative. Training will not be effectively provided, managed, and monitored if there are an insufficient number of staff available to so.</p>
<p><b>ICON and Performance Measures Capacity:</b>                      As IDOC moves further into developing and evaluating evidence-based programs and treatment services, there will be a commensurate demand for research and quality assurance staff to perform these functions</p> <p>As IDOC further develops its performance measurement strategies there will be a commensurate demand for management assistance from central office with expertise in managing corrections by performance measurement objectives.</p> <p>Treatment services should institute quality assurance and peer reviews. These activities can be staff intensive and may require assistance from central office staff.</p>

**Systemic Challenges and Opportunities**

Based on the observations noted above, IDOC has a number of systemic challenges and opportunities available to consider in developing a system-wide strategic plan to address staffing issues. These are the preliminary recommendations made by the consultant team to the Department of Corrections during the December 2006 workshop with the Durrant study group. These preliminary recommendations were also presented to the Board of Corrections.

<b>Challenges</b>	<b>Opportunities</b>
<p><b>Correctional Counselor Caseloads:</b></p> <p>Correctional Counselor caseloads are high and may include a mix of offenders with special needs who require additional attention and services. Minimum staffing at correctional counselor position means counselors must assume larger caseload coverage during vacations, FMLA, military leave, CERT exercises, etc. Some counselors do not strive to motivate/coach offenders to meet requirements of established reentry case plan. Over time,</p>	<p>The Department can initiate a system-wide review of correctional counselor caseloads; establish performance criteria; hire additional counselors to meet demands based offender-specific needs. IDOC should place greater emphasis on quality contact, especially for special needs populations.</p> <p>There is an opportunity to review</p>

<b>Challenges</b>	<b>Opportunities</b>
<p>this practice stabilizes the counselor’s caseload but may work against management goals for reentry case planning, staff performance expectations and division of work among the counselors.</p>	<p>and establish performance expectations that create incentives to eliminate ‘creaming’ by correctional counselors that merely stabilize their caseloads.</p> <p>IDOC correctional counselor supervisors should consistently monitor successful reentry case planning and attainment of goals.</p>
<p><b>IDOC Personnel Funding/Staffing:</b></p> <p>Each fiscal year, institutions face unexpected personnel reductions due to budget cutbacks and/or are notified that positions are appropriated but no funding exists to hire security or non-security positions. Delays in hiring for supervisory and management vacancies in key areas impact operations. Compounding this quandary, staff report they are using funding allocated for personnel to comply with unfunded legislative mandates that are non-personnel related issues.</p>	<p>Develop accepted work-load drivers that are consistent with legislative mandates, unit management, union contract and safety and security goals for staff-offender ratios that result in staffing plans that will be accepted by both the Executive and legislative branches of government to ensure necessary institutional staffing levels (particularly security staffing and nurses) are maintained and consistently funded.</p> <p>Establish or enforce position controls to preclude practice of using personnel budget for non-personnel issues unless this flexibility is desired and/or policy driven.</p>
<p><b>Security Staffing and Offender Supervision:</b></p> <p>Minimum staffing practices result in counts that are time and labor intensive at some facilities. These delayed counts routinely serve to interrupt program and treatment activities, delay volunteer and treatment personnel access to the facilities, etc. Offenders are left unsupervised in some living units while efforts to accurately conduct and verify count are underway.</p>	<p>As physical plant issues are addressed at each facility and IDOC develops a staffing plan that reflects mission critical needs, many of the described challenges will be overcome.</p> <p>Productive labor-management discussions are essential to improving performance regarding</p>

Challenges	Opportunities
<p>Medication dispensing lines require security staff supervision at the dispensary point. This routinely leaves large groups of offenders unsupervised in waiting lines.</p> <p>Staff cluster during outdoor recreation and do not patrol areas of large recreation yards.</p> <p>Staff is not required to check the recreation areas for contraband before and after flexible recreation periods. Routine searches would be time and labor intensive for large recreation areas. Some institutions are more vulnerable to the introduction of dangerous contraband because of their proximity to residential areas.</p> <p>Routinely, teachers, activity specialists, volunteers <u>or</u> program leaders are the only security available in program buildings and classrooms at some facilities.</p>	<p>the provision of adequate offender supervision that defines and enhances security and safety consistent with the stated mission of each institution.</p> <p>Consider using available technologies such as bar-coded identification cards that incorporates geo-position software to create a more accountable workforce in terms of offender supervision.</p> <p>Establish and hold institutions accountable for maintaining established ratio of appropriately qualified staff- to- offender ratios for mass movements and free range activities.</p>
<p><b>Volunteers:</b></p> <p>The use of volunteers varies from facility to facility. Volunteers are used more at medium and minimum security facilities. This valuable resource is underused at the maximum security men's facilities. The limited involvement of volunteers exacerbates idleness and is an insular approach that is contrary to the mission and goals of the IDOC.</p>	<p>Volunteers represent invaluable community resources and are essential to the overall strategy to expand reentry programs and reduce idleness for offenders.</p> <p>Fears concerning security compromises must be overcome where they exist. Volunteer coordinators are used throughout the country and should be an integral part of programming at the institutions. The structured use of volunteers can and perhaps should include the development of a volunteer manual and volunteer</p>

Challenges	Opportunities
	<p>recognition programs.</p> <p>The strategy to increase the recruitment and use of volunteers must involve the union as a valued stakeholder and collaborator for success of this initiative.</p>
<p><b>Female Correctional Officers:</b> There is a critical need for more female correctional officers and that number must correspondingly increase as the female offender population grows. Further, a sufficient number of BFOQ positions must be designated for female incumbents and there must be intensive recruitment of female correctional employees.</p>	<p>Create incentives to attract more female correctional officers.</p> <p>Develop a major recruitment program at area colleges.</p>
<p><b>Mental Health Treatment Staff:</b> There are growing numbers of offenders (40%) with mental illness in the institutions; 29% of these offenders have persistent serious mental illnesses. Treatment for these offenders is constitutionally mandated.</p>	<p>IDOC has the opportunity to build collaborative stakeholder support with courts, other state agencies, community-based agencies and organizations to address the state-wide lack of mental health resources at the community level in order to decrease the move toward using “prison” for mental health treatment.</p> <p>Build training opportunities to develop future staff pool.</p> <p>Develop on-going communication with legislators and courts about the pressing mental health treatment staffing issues in the institutions.</p>
<p><b>Substance Abuse Treatment Staff:</b> Mandated treatment prior to release has resulted in an increasing demand for substance abuse treatment that is not commensurate with the current level of staffing.</p>	<p>Determine whether some mandated treatment could be better provided at the community level with targeted appropriations for offenders in the community.</p>

Challenges	Opportunities
<p><b>Sex Offender Treatment Staff:</b> Increasing demand for sex offender treatment as a result of legislated mandatory treatment prior to release created long waiting list. There are insufficient treatment slot to meet the demand. This is, in part, due to an insufficient number of treatment staff to meet the demand.</p>	<p>Increased service demands resulting from legislated mandatory treatment must be addressed with additional sex offender treatment staff.</p>
<p><b>Medical Treatment for Aging Offenders:</b> Currently staffing is already severely stretched to meet current demands for medical treatment. An aging population will further stress the ability to provide medical treatment to the aging population.</p>	<p>Current minimal staffing requirements should be met. Ongoing monitoring of increased service demands should drive the development of additional positions as the service requirements demonstrate.</p>
<p><b>Central Office Staff:</b> The growing population and the number of contemporary initiatives adopted by IDOC place increasing demands on management staff in Central Office.</p>	<p>Study the impact of these initiatives on Central office staff and develop justification of additional staff to meet these demands.</p>

The short-term and long-term recommendations to IDOC regarding staffing are discussed in Chapter V, Operations.

**Staff Training**

**Current Systemic Training:**

The Iowa Corrections Training Center is accredited by the American Correctional Association. The Center has developed an extensive and comprehensive array of training programs to meet the pre-service and continuing education needs of all IDOC staff during 2007 and future years.

Pre-service programs have been developed to meet the training needs of all new corrections employees for orientation or pre-service development, current employee mandatory training and elective course, instructor certification opportunities, leadership development, and specialty and team training. The diverse and plentiful training opportunities offered by the center are impressive.<sup>129</sup>

<sup>129</sup> Iowa Corrections Training Center. FY 2007 Correctional Professional Development Training Catalogue.

Equally notable, is the development of an array of training programs available to corrections staff at all levels to assist IDOC in implementing its Integrated Evidence Based Model of Corrections. Without training to support and sustain staff understanding and implementation of evidence based practices, this initiative would surely fall short of its goal.

The consultant team reviewed a number of training program curricula that are particularly related to the capacity to provide treatment in the IDOC institutions.

#### **Evidence Based Practices:**

Two evidence based practices (EBP) curricula, a 4-hour and an 8-hour program developed for the IDOC staff, were reviewed. These programs provide an extensive overview of EBP; the importance of measurable outcomes in correctional practices; the expected impact of EBP programs and services upon recidivism in Iowa; and the expected interpersonal communication style changes that corrections officers, treatment staff, management staff and Central Office staff will undergo.<sup>130 131</sup> Both curricula are thorough and well-documented. Exercises and discussions are engaging and interactive and should hold staff attention, an essential requirement for training to be successful.

By November, 2006 sufficient train-the-trainer programs had been scheduled to meet the training requirements for all IDOC staff.

#### **Motivational Interviewing:**

Motivation interviewing techniques are discussed in the EBP curricula. Additional Motivational Interviewing training opportunities are available for staff. Motivational interviewing is particularly important for all staff who interact with offenders. It is aimed at reducing the offenders' ambivalence and enhancing their motivation to change by using the offenders' strengths, motivations and goals and engaging them in their own reentry plan.<sup>132</sup>

Motivational interviewing has a long history of effectiveness with substance abusers; it has recently been found to be successful as well with others in need of treatment services and interventions.

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<sup>130</sup> Introduction to Evidence Based Practices (November, 2006). EBP Overview-Four-Hour Curricula, Instructors Guide. IDOC

<sup>131</sup> Introduction to Evidence Based Practices (November, 2006) EBP Overview-Eight Hour Curricula, Instructors Guide, IDOC.

<sup>132</sup> Miller and Rollnick (1991) Motivational Interviewing, Guilford Press.

### **Advancing Skill Sets & Interactions of the Security Support Staff (ASSiSST):**

IDOC intends to have all correctional officers attend the ASSiSST training. This curriculum focuses on the vital role that non-clinical staff can play in helping clients to manage their own behavior and in creating an environment conducive to behavioral change. This new training, program is also consistent with the evidence based practice initiative that IDOC has undertaken.

The ASSiSST training seeks to enhance the knowledge and skills of security and support staff within correctional programs. This training is designed to give officers the ability to interact with offenders in such a ways as to reduce defensiveness and challenge anti-social thinking without being confrontational. It is based on social learning and involves role playing and practice. This program should give officer strategies that will increase effective communication with all offenders including those with special needs such as mental illness, mental retardation and other development disabilities, and brain injuries.<sup>133</sup>

### **Mental Health Training:**

Two curricula, Mental Health Refresher<sup>134</sup> and Mental Health In-service<sup>135</sup> were reviewed and found adequate but out of date with contemporary views of correctional mental health practice. The 8-hour “Managing the Mentally Ill Offender and Behavior Disorders” was actually more engaging and interactive than the 4-hour curriculum and is more likely to meet the needs of officers. The 4-hour program, while very informative is more heavily focused on diagnostic issues than on managing the offender’s behavior. A committee of IDOC staff, with assistance from the Mental Health Director, is currently developing new mental health curricula that will meet the needs of staff to provide contemporary, evidence based communication and management strategies when interacting with special needs offenders.

### **Security Related Training:**

Although recognizing that all security training pertains to all offenders including those with treatment needs the consultant team did not review all training curricula. Offenders must be supervised by trained staff, utilizing “best” correctional practices. It was assumed that security staff will continue to be trained about evidence-based correctional practices.

The consultants also selected those training issues most likely to be problematic in managing offenders with special needs safely and securely. Some of the curricula reviewed are site-specific; these are indicated in the list below. These included:

<sup>133</sup> Anderson, K. and Sperber, K.G. (date unknown) ASSiSST: Advancing Skills Sets & Interactions of the Security and Support Team.

<sup>134</sup> IDOC Professional Development. (December 2004). Mental Health Refresher: 4 Hour Curriculum

<sup>135</sup> IDOC Professional Development (April 2004). Managing the Mentally Ill Offender and Behavior Disorders: 8 Hours Curriculum.

- CERT and Hostage Negotiation Team Lesson Plan (from Iowa State Penitentiary)
- Riot and Crowd Control Lesson Plan (From Ft. Dodge Correctional Facility)
- Transportation of Offenders (From Newton Correctional Facility)
- Escorts and Transportation of Offenders (From Clarinda Correctional Facility)
- Oleoresin Capsicum Certification (Training Center Pre-Service)
- Restraint Bed/Restraint of Self Injurious Inmates (Training Center In-service)

A review of these curricula found them to be consistent with current correctional practice.

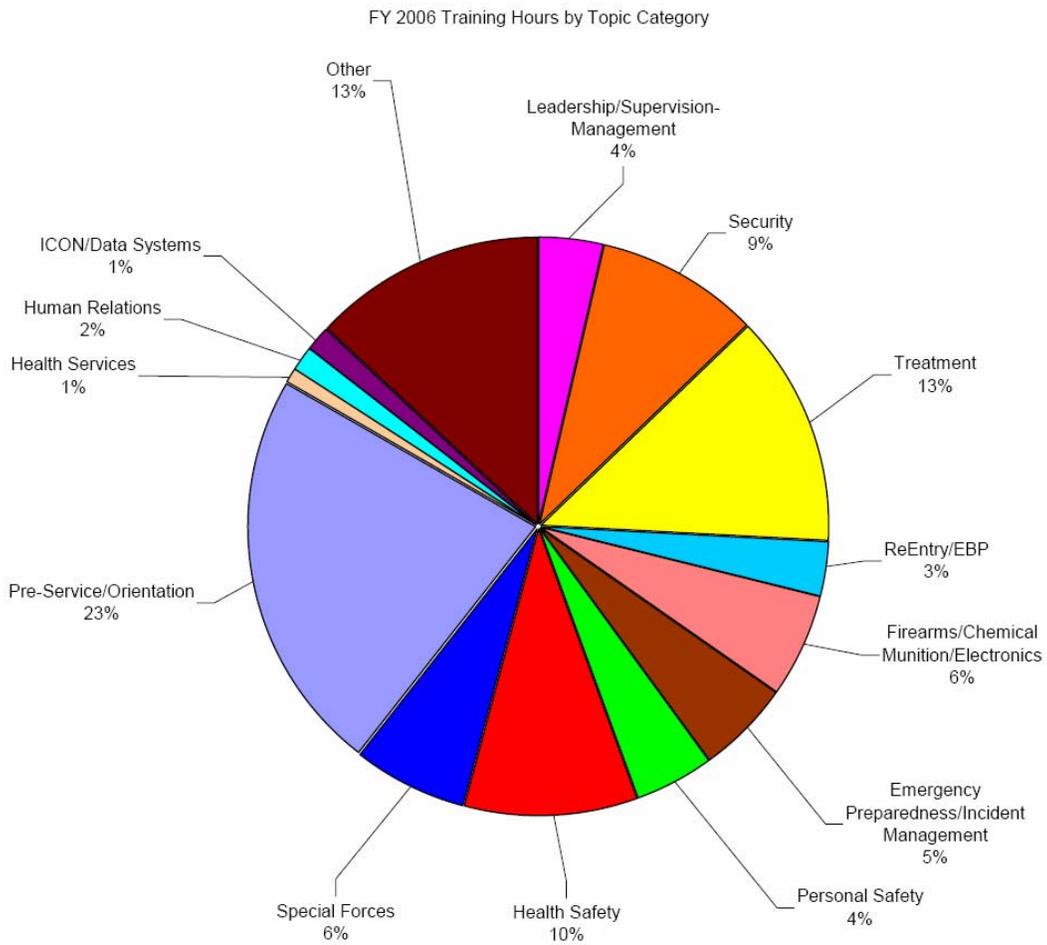
### **Data**

In FY 2006, 885 staff participated in over 7900 hours of training in topics such as case management, motivational interviewing, reentry and the principles of evidence-based correctional programming in order to develop the competencies needed to implement the necessary changes in supervision and intervention strategies.<sup>136</sup> In addition, as Figure V-1.2-1 demonstrates numerous other courses were attended by correctional staff during 2006.

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<sup>136</sup> IOWA DOC Annual Performance Report, FY 2006

**Figure V-1.2-1: FY 2006 Training Hours by Topic**



Source: IDOC FY 2006 Training Data

**Systemic Observations**

The following chart describes the highlights of what is working and what is problematic across the IDOC system related to training that is the foundation of IDOCs capacity to provide effective treatment.

What's Working	What's Not Working
<p><b>IDOC Training Opportunities:</b>                      Training is provided to IDOC staff during pre-service training and on an annual basis.</p> <p>A review of security training curricula that relates to safe and security of special populations was found to be consistent with current correctional practices.</p>	
<p>Both centralized and institution specific training is provided to IDOC staff.</p>	<p>Individual institutions conduct security and non-security training in blocks for all staff regardless of whether that training applies the employee's job as established by the job descriptions. This approach is not only costly but results in program cancellations and lockdowns for one or more weeks during the year.</p>
<p><b>Training that Supports the Evidence Based Approach:</b>                      Consistent with evidence based models of correctional practice, IDOC has implemented a number of training opportunities for all staff:</p> <p>Evidence Based Practices/Policies/Program: There is both a 4 hour and an 8 hour curricula.</p> <p>Motivational Interviewing is a technique to be used by the correctional officer to move the offender through what is known as the Cycle or Stages of Behavioral Change.</p>	

<p>Advancing Skills Sets and Interactions of the Security and Support Team (ASSiSST) is a cognitive behavior approach to managing offender behavior that enhances effective and motivational communication skills. This training also addresses the human element of both correctional officers and offenders.</p>	
<p><b>Training About Mental Illness and Other Special Needs:</b> A Training Committee is working with the Mental Health Director to develop updated training specific “Understanding and Managing Offenders with Mental Illnesses” that will be consistent with evidence based practices.</p>	<p>Training for staff working with special needs population, particularly mentally ill offenders is insufficient with their functional roles and does not meet EBP requirements.<sup>137 138</sup></p> <p>Despite the high number of offenders who have mental illnesses, the current training in outmoded and does not effectively train security staff how to manage these offenders with special needs.</p>
<p><b>Training Staff:</b> Some institutions have designated Training Coordinators</p>	<p>Not all institutions have full-time Training Coordinators; as a result not all training requirements are met on a timely basis.</p> <p>Most notably, IMCC, poised to open a new 178 be facility, has only a part time designated Training Coordinator despite the substantial training that will be required by both new staff and experienced staff in order to open the new facility.</p>
<p><b>ICON Training:</b> ICON Training is provided to all relevant IDOC staff.</p>	<p>There is bifurcated data collection in some institutions due to discomfort and unfamiliarity (despite training) with the ICON system which indicates further need for training.</p>

<sup>137</sup> GAINS Serious Violent Reentry Initiative Projects for Inmates With Serious Mental Illness, July 2006

<sup>138</sup> FY 2007-2008 Iowa Department of Corrections Strategic Plan

<p><b>Gender Responsive Training:</b>                  New Staff at Iowa Institution for Women (ICIW) receive cross-gender supervision, sexual misconduct, professional boundary training.</p> <p>ICIW offers a ninety (90) minute in-house Working with Female Offenders training<sup>139</sup>.</p>	<p>No significant level of specialized skills training for staff who work with female offenders was observed in the 2007 IDOC Pre-service and In-service Training Calendar or ICIW and MPCF in-house and Administrative Law Judge training plans.</p>
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**Systemic Challenges and Opportunities**

Based on the observations noted above, IDOC has a number of systemic challenges and opportunities available to consider in providing training to IDOC staff. These are preliminary recommendations that were made by the consultant team to the Department of Corrections during the December 2006 workshop with the Durrant study group. These preliminary recommendations were also presented to the Board of Corrections.

Challenges	Opportunities
<p><b>Systemic Training Opportunities:</b>                  Training either requires overtime or temporarily closing programs to be able to meet mandatory requirements.</p>	<p>There is an opportunity to explore additional methods to provide training such as computer or web-based for those mandatory training requirements that are refreshers and/or do not requires hands-on demonstration of efficiency. Comprehension can be tested on-line. In addition, access to on-line modules allows remedial training and just-in-time refreshers as needed.</p> <p>Blended training is another opportunity to off-set the cost of providing some levels of training. Blended training provides the didactic portions of training either by computer or on-line and requires staff to be prepared for in-class discussions and activities.</p>

<sup>139</sup> IDOC Training Report for FY '06, 7/22/05

<p><b>Training Related to Offenders with Mental Illnesses:</b> The IDOC institutions' Culture re: Mental Illness is largely outdated.</p> <p>Involuntary psychiatric medication requires additional judicial review.</p>	<p>Pre-service and annual training should be provided for all staff (security, program, education, medical, mental health) in biology of mental illness, and contemporary community and correctional mental health practices.</p> <p>Integrate offender behavior management approaches that are effective with offenders who have mental illnesses into the newly developed training for officers.</p> <p>The requirement for judicial review to involuntarily medicate "patients" in the IMCC psychiatric hospital requires a change of practice, policy and procedures, and therefore training for staff.</p>
<p><b>Gender Responsive Training:</b> Current Training does not equip staff to effectively work with female offenders.</p>	<p>Provide gender-responsive and specific training to staff to be more effective in working with women offenders.</p> <p>Provide gender-responsive training opportunities for treatment and program staff to be able to provide gender-responsive treatment and programming for women offenders.</p>
<p><b>Information Technology (IT) Training:</b> IT proficiency of staff is disparate among the institutions. Management has not addressed resistance to IT effectively and as a result, manual and automated records are maintained and controls must be established to protect and enhance data available and integrity within the automated systems.</p>	<p>Provide additional ICON training to staff to help prepare them for a data-driven organization that evaluates effectiveness based on performance measurements.</p> <p>In some cases this may require basic keyboard training for some officers.</p>

Specific short-term and long-term recommendations related to IDOC training are discussed in Chapter VI.

### 3. ICON and Performance Measures

#### Current System

ICON, a reliable and accurate system wide offender data system is critical to the management of and delivery of services to offenders on a daily basis. The ICON system is the “brain” of the correctional system. ICON provides the foundation for daily decision-making, oversight management, resource allocation, performance measurements and record keeping. The ICON system captures the offender identification, sentence, housing, behavior, risk and need assessment, criminogenic needs, intervention status, and tracks the progress of the Reentry Case Plan.<sup>140</sup>

The data collected by the ICON system forms the basis for research into the effectiveness of intervention, supervision practices, and other best practices with the correctional system. ICON is a key factor in IDOCs ability to implement and monitor the effectiveness of system-wide evidence based correctional policies and practices.

As such, ICON is available twenty-four hours each day for use by staff for daily management, decision-making, and performance improvement. It has recently been linked with the Criminal Justice System Data Warehouse to expand recidivism and other court related outcome research. ICON will provide an invaluable tool for evidence based treatment services and program evaluations in directing IDOCs resources to those practices that demonstrate effective results.

The Department is in the midst of transforming its focus and culture to those operational and correctional practices demonstrated by research, data, or results to be the most effective practices in each area of the organization. The IDOC focus on what is known to work will direct limited resources to those practices that produce the best results. The state-wide deployment of best practices has been accomplished through a number of strategies including the communication of the leadership agenda, the Department’s Strategic Plan, Performance “Score Card”, Offender information system (ICON), the management information system, and employee performance accountability.<sup>141</sup>

The Department of Corrections (IDOC) revised its performance measures in FY06 in order to measure outcomes of strategic leadership initiatives.

The Department of Corrections is to be commended for initiating system-wide planning, data collection and evaluation, and data-driven decision making toward implementing an Integrated Evidence Based Correctional Practice system. It is apparent to the consultants, that while the Department continues development of this system, it has required a serious commitment toward developing a comprehensive national model for corrections.

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<sup>140</sup> Iowa Department of Corrections, Annual Performance Report, Fiscal Year 2006.

<sup>141</sup> Ibid

## Observations

The following observations are made with the consultants' recognition that both ICON and the Performance Measures continue to be updated, reconfigured and further developed to meet the needs of IDOC.

- Staff at IDOC institutions need additional training on ICON and other data systems to improve the quality of data entry and to perform routine duties and tasks more efficiently. Currently, a bifurcated approach (paper and automation) limits opportunities for more proactive decision-making and impedes the integrity of data exchanges between the institutions and the judicial district CBCs (for which the Department has some oversight responsibilities).<sup>142</sup>
- Current performance measurements identified in strategic plans omit some important key performance indicators for the institutions that correlate to security, safety, programmatic and staffing goals and needs (e.g., fire and evacuation drills, program cancellations, lockdowns, searches of outdoor recreational areas, alarm activation and clearance of electronic detection systems, maintenance work order response efficiency, hazardous materials control, inmate movement control, response time to medical emergencies, security rounds/ checks that are missed or delayed). Full implementation of evidence based practices requires the development and continuous monitoring of key performance indicators that result in a broader range of targeted quality improvements.<sup>143</sup>
- Outcome studies necessary to evaluate program efficacy for evidence based practice goal of tracking patterns of non-recidivism among program completers are affected by unbudgeted cost. By some estimates, costs for an internal recidivism study for one EBP program at a CBC is \$20,000. Cost for an external evaluation of an EBP program to determine whether it reduces recidivism can range from \$80,000-\$100,000. Cost of a valid and reliable outcome study that is well-defined in its purpose varies depending on a number of complex factors (including but not limited to methodology, population size and predetermined characteristics of participants and completers, time ranges under review, categories of recidivism, etc.).<sup>144 145</sup>
- It is recommended that collaborative partnerships with Regent and non-Regent academic institutions are developed to expand available resources for conducting research related to validating evidence based correctional programs.

<sup>142</sup> ACA ACI 4<sup>th</sup> Edition, 4-4106

<sup>143</sup> American Correctional Association ACI, 4<sup>th</sup> Edition, 4-4105, 4-4106, 4-4107, 4-4108, 4-4110, 4-4100, 4-4101, 4-4102

<sup>144</sup> IDOC 2006, 2008 Budget Data

<sup>145</sup> IDOC 2006 Year End Report

## Data

Measuring performance measures for selected treatment interventions is underway. As demonstrated by the Figure V-1.3-1 baseline data is being collected for three key treatment components: substance abuse, mental health, and reentry. Four other components have established baselines: Vocational Training/Work, Education, Batters Program, and Sex Offender Treatment.

**Figure V-1.3-1: 2006 Performance Measures for Selected Interventions<sup>146</sup>**

<b>Service, Product or Activity: Risk Reduction</b>		
<b>Performance Measure</b>	<b>Performance Measure</b>	<b>Performance Actual</b>
<b>1.% of offender case/ release plans completed</b>	<b>Baseline</b>	<b>0</b>
<b>2. % Successful intervention</b>		
<b>Vocational Training/ Work</b>	<b>32%</b>	<b>84%</b>
<b>Substance Abuse Treatment</b>	<b>Baseline</b>	<b>83%</b>
<b>Education</b>	<b>15%</b>	<b>77%</b>
<b>Special Needs/ Mental Health</b>	<b>Baseline</b>	<b>34%</b>
<b>Batters program</b>	<b>64%</b>	<b>82%</b>
<b>Sex Offender Treatment</b>	<b>77%</b>	<b>60</b>
<b>Re-entry</b>	<b>Baseline</b>	<b>77%</b>

Source: IDOC Annual Performance Report, FY 2006

## Systemic Observations

The following chart describes the highlights of what is working and what is problematic across the IDOC system related to performance measures and the ICON system.

<sup>146</sup> Iowa Department of Corrections, Annual Performance Report, Fiscal Year 2006

What's Working	What's Not Working
<p>ICON has been implemented system-wide and is available 24/7.</p>	<p>ICON is not yet completely developed nor used to its fullest extent.</p> <p>Automated trend analysis to support daily decision-making by managers remains largely underdeveloped and the system is not being used for such purposes.</p> <p>Institutions lack data mapping capabilities to enable better decision-making and accountability that could results from tracking events, incidents and patterns by location, time, personnel, frequency and duration.</p> <p>ICON reconfigurations and modifications will be needed in conjunction with validation of the system-wide objective classification instrument.</p> <p>ICON features such as the Privilege Levels (1-6) have not been activated for staff use at the institutions. This could be an invaluable resource to augment the program placement and case management system.</p>
<p>Performance Measures have been in development and implementation modes to support the evaluation of IDOC practices.</p>	<p>Current performance measures omit some important key performance indicators for the institutions that correlate to security, safety, programmatic and staffing goals and needs.</p> <p>A bifurcated system (paper and automation) is used to manage many records at 7 of the 9 institutions. This practice impacts the use of performance measures.</p> <p>Full implementation of evidence based practices will require the development and continuous monitoring of for key performance indicators that result in a broader range of targeted quality improvements.</p>

**Systemic Challenges and Opportunities**

Based on the observations noted above, IDOC has a number of systemic challenges and opportunities available to consider when developing additional substance abuse treatment capacity. These are preliminary recommendations that were made by the consultant team to the Department of Corrections during the December 2006 workshop with the Durrant study group. These preliminary recommendations were also presented to the Board of Corrections.

Challenges	Opportunities
<p><b>Performance Measures and Key Indicators:</b></p> <p>IDOC must continue to develop and improve systems that measure its performance. Building accountability, integrity and transparency in the operation of its institutions is vital to its mission and goals for evidence-based practice.</p> <p>As new technologies are introduced in support of daily operations, they must be integrated into an effective system of outcome measurement.</p> <p>IDOC must encourage and enlist each institution in efforts to identify and monitor key performance indicators that are quantifiable, definable and which meaningfully reflect goals it has for that particular institution.</p> <p>Key performance indicators for individual employees should tie their jobs to the institution’s mission and goals. For example, is it realistic for a Warden from a maximum security prison to be required to achieve the release and reentry goals imposed upon the Warden of a minimum security prison in order to receive a merit increase?</p>	<p>By monitoring and evaluating process and change occurring within its institutions, the Department will be able to influence and provide them with more real time feedback on the quality of their performances.</p> <p>Identifying and procuring available technologies that will support IDOC efforts to create more accountable systems at the institutions mean the patterns and trends of incidents and operations can be analyzed systemically.</p> <p>Data warehousing will be invaluable once it is completely phased in. The opportunity to map data by events and incidents (i.e., location, time, people involved, actions taken, frequency and duration of occurrence) means scarce resources can be properly allocated and operations can be transformed.</p> <p>Update the key performance indicators for each institution with the assistance of management at the respective facility.</p> <p>Review and revise the performance appraisal system for institutional administrators, security and non-security positions to reflect key elements that are tied to realistic outcome measures.</p>

Challenges	Opportunities
<p><b>ICON:</b></p> <p>ICON is an invaluable resource and use of the system is currently available to all staff at each of the facilities. It is not being used consistently in some cases due to staff software program training needs.</p> <p>Staff are permitted to avoid using ICON or to create redundancies with hard copies that must later be transcribed. Staff resistance to using ICON for its intended purpose creates operational inefficiencies. Equally important, if the information is expected to become part of data that can be mined at a future point, staff resistance in practice compromises the availability and integrity of data.</p> <p>ICON modifications are needed to create a bifurcation that allows staff at the institutions to create codes associated inmate privileges on each decentralized level systems. Until ICON features such as centralized Privilege Levels (1-6) are defined and the institutions receive guidelines from Central Office classification pertaining to these system-wide levels, some of the full potential of this management tool will remain unrealized or may interfere with efforts by the institutions to create equitable reward systems by using codes to distinguish inmates by level (e.g. Honors level inmates).</p> <p>ICON does not track inmate grievances across the system.</p> <p>ICON reports depend on data entry which continues to vary from institution to institution.</p>	<p>IDOC can realize the full potential of its capital investment in ICON by completing phased staff training for staff at each institution in ad hoc reporting and other area, as well as upgrading the system's features to track additional information related to dynamic risk factors and needs, inmate incidents, privileges and security levels.</p> <p>ICON should also be evaluated to determine if modifications can be made to this system that would enable staff to track non-inmate specific data.</p> <p>Modify ICON to track inmate grievances system-wide.</p>

<b>Challenges</b>	<b>Opportunities</b>
<p>A separate secure ICON database is used to capture offender’s medical history, treatment and services.</p>	<p>The current medical area of ICON was designed for Medical Treatment not Mental Health Treatment. To accurately capture mental health treatment, additional ICON capacities need to be developed by IDOC and ATG. This currently under development.</p>
<p><b>Research Coordination and Collaboration:</b></p> <p>Centralized research coordination and collaboration are not sufficiently cohesive within the IDOC at levels that can support and sustain EBP initiatives within the institutions.</p>	<p>The IDOC must continue initiatives to build and strengthen capacity in this area. Legislative action to appropriate funds that now allows the IDOC to hire a central research coordinator and a qualified research position for each institution is essential to the viability of evidence-based practices within the Department.</p> <p>Reorganization may need to occur to ensure the research positions are empowered to provide the leadership with facts essential to budget preparation, grant application, results on program efficacy, etc.</p>

The short-term and long-term recommendations for ICON and performance measurements related to IDOCs capacity to provide treatment are discussed in Chapter VI.

**Iowa State Penitentiary**

**1. Current ISP Status**

IDOC has placed much focus on the Iowa State Penitentiary (ISP) to include but not limited to, the physical plant issues of an aging facility and its effect on inmate security. Security concerns heightened after two (2) inmates escaped on November 14, 2005. The consultant team has evaluated the physical plant along with recent improvement to assist in determining if the upgrades will permit IDOC to continue to house maximum-security inmates safely in ISP, or whether a new maximum-security facility will be built and the appropriate category of inmates—if any—that could be safely housed at ISP. To assist in this decision, this section provides some observations that impact inmate security and operations inside the penitentiary walls.

## 2. Data

Fort Madison is a correctional complex that houses approximately 1,000 offenders. The Iowa State Penitentiary in Fort Madison was established in 1839. IDOC condemned the four-tiered South Wall section in 1986 and some of the buildings are on the state's historic register. Various buildings have been added over the years including:

- Clinical Care Unit (CCU) for special needs inmates
- John Bennett Medium Security Modular Unit located outside of the ISP perimeter
- Industries that is located outside of the perimeter
- Farms 1 and 3 which are off-site minimum-security work farms.

Inmates are housed in the respective facilities as follows<sup>147</sup>:

Facility	Count	Capacity
Iowa State Penitentiary (ISP)	573	549
John Bennett Unit (JBU)	132	152
Clinical Care Unit (CCU)	152	200
Farm 1	65	80
Farm 3	75	100

On October 2, 2006 offenders were classified and housed as follows:

Facility	Maximum	Medium	Medium Outs	Minimum	Minimum-Live Out	Minimum-Secured
ISP	533	36			4	
JBU	0	132	1	7	6	12
CCU	72	73	7			
Farm 1					65	
Farm 3				1	74	

ISP is the IDOC Maximum Security portion of the Fort Madison complex facility where general population inmates serving life or very lengthy sentences and inmates in administrative segregation are housed.

## 3. Observations

*Population Capacity.* ISP is operating within its rated housing capacity of 549 inmates and in conformance with federal court mandated capacity limits.

### *Unit Management*

ISP's leadership has expressed a commitment to implementing unit management. Unit Management is a system that subdivides an institution into smaller more manageable units. Under unit management, a smaller number of inmates are housed in the same unit for a major portion of their confinement. They are assigned based upon the

<sup>147</sup> IDOC Research, Custody Classification Report as of October 2, 2006

inmate's need for control, security and programs offered. These inmates work in a close relationship with a regularly assigned correctional and program team who have a higher level of direct decision-making authority for the inmates assigned within the broad rules and policies of the agency and facility<sup>148</sup>.

However, ISP housing units are not conducive to a unit management operation or philosophy. Cells are stacked in linear tiers rather than in a podular fashion. Linear styled units operate in an indirect and intermittent supervision manner resulting in the reality or at least perception that custody, control and security checks take precedence over quality staff-inmate interactions<sup>149</sup>.

### *Administrative Segregation*

Special Management housing at ISP is appropriate for inmates who require segregation for administrative, special needs and disciplinary detention. However, the poor sight lines and poor lighting in the segregated housing is inappropriate for managing this type of population. Coupled with understaffing, such conditions increase security risks for inmates and staff.

Administrative segregation at ISP includes inmates in the following special management categories:

<b>Level</b>	<b>Category</b>
AS1	Medical
AS2	Prevention of Injury to Self
AS3	Involuntary Protective Custody
AS4	Voluntary Protective Custody
AS5	Preservation of Order and Tranquility
AS6	Investigative Segregation
AS7	Pending Criminal Prosecution
AS8	Intractable – serious histories of violence
AS9	Disruptive Offenders

### *Programs*

General population inmates have work assignments to include food services, maintenance services, building trades and wood-working through the Habitat for Humanity and Iowa Prison Industries. Some inmates in administrative segregation are assigned to keep the housing unit clean.

Based upon security status, inmates participate in programs such as individual and group counseling, in cell programming, psychological services and personal development programs such as Colors; Breaking Barriers; Cultural Diversity; CALM;

<sup>148</sup> American Correctional Association (ACA) 4<sup>th</sup> Edition Standards for Adult Correctional Facilities.

<sup>149</sup> American Correctional Association (ACA) 4<sup>th</sup> Edition Standards for Adult Correctional Facilities Standard 4-4126, 4-4127 and 4-4177.

Criminal Thinking-Commitment to Change; Finances; Security Threat Group; Awareness Education and Victim Impact Orientation.

ISP has a significant amount of unused program space. Staff reported that in the absence of a Program Director there had been little effort to increase the number of program opportunities.

Program opportunities were significantly limited for administrative segregation and the special needs inmates. Offenders with mental illness and other special treatment needs are frequently isolated and may be restricted from centralized and decentralized programs and services. In CCU, the treatment room is upstairs thereby being inaccessible to those who are not mobile or who must use devices to assist them with movement.<sup>150</sup>

Work in industries decreased by 15% to 20% when the old industrial building was closed after the escape in 2005, thereby increasing idleness among general population inmates.

*Honors – Lifers.* There are over two-hundred (200) lifers at ISP. During the visit forty-four (44) were in the Honors program with 16 on the waiting list. Consultants are advised that the program has since been discontinued because several inmates tested positive for narcotics (cocaine) use.

#### *Physical Plant Security*

Over \$20 million has been budgeted for physical plant improvements. After the escape, IDOC took following operational and physical plant improvement security measures.

- Installing an additional perimeter security fence;
- Installing electrical and electronics upgrades;
- Installing additional security cameras;
- Installing sliding door security gates and concrete beds/tables in cell block 220.
- Increasing the number of towers to be manned at various times of the day
- Adding a correctional officer to the Prison Industries Building when inmates are present
- Providing re-training to the workforce on security procedures and protocols
- Adopting more frequent shakedowns and searches of all places and people in the penitentiary
- Adding external lighting
- Requesting technical assistance from the National Institute of Corrections.

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<sup>150</sup> ACA 4<sup>th</sup> Edition Standards for Adult Correctional Institutions 4-4277

*National Institute of Corrections Security Audit of ISP*

Since the consultants' visit in October 2006, the National Institute of Corrections (NIC) provided IDOC with technical assistance through a security audit of ISP. In the January 2007 report, NIC recommended improvements to the perimeter razor wire and fencing, facility lighting, installing additional security cameras, electronic search and metal detection systems and more tightly controlled inmate movement.

IDOC also recommended significant security improvements in the *Iowa State Penitentiary Security Self-Audit* as follows:

IDOC conducted its own security self-audit in January 2007 and made recommendations to:

- add razor wire rolls to the perimeter interior wall
- attach no climb wire mesh to interior fencing
- conduct daily fence inspections
- install high mast lighting
- increase perimeter post inspections.

*Other Security-Related Observations*

As a result of the consultant team's visits the following security concerns are also raised.

*Drug Testing and Personal Searches*

ISP continues to use ION drug testing for visitors. This program is hampered by a lack of financial resources. A recent rash of positive drug test results for a group of inmates in the Lifers Honors Unit raised concerns regarding controls to ensure drugs are not introduced into the facility.

Random drug tests for employees is not in effect which increases the opportunity for its introduction into the facility as well.

*Razors.*

Inmates order razors from the canteen. They are restricted from possessing more than eleven (11) razors and disposal is based on an honor system. There is a lack of staff supervision for the disposal of disposable razor blades. Razorblades can be fused on the end of toothbrushes and used as weapons or they can be used for creating tattoos. Razorblades can be easily moved and hidden in common areas to avoid detection during cell searches.

The following table summarizes what the consultant team found to be working or not at ISP and also whether there is a related impact on EBP.

<b>ISP</b>	<b>What's Working</b>	<b>What's Not Working</b>
<b>Population Capacity</b>	ISP is within its rated capacity.	
<b>Unit Management</b>	Many components of unit management have been implemented at ISP, including for the segregation units.	Physical plant limitations and insufficient staffing impede special needs populations and staff from experiencing the total package of benefits derived from unit management.
<b>Administrative Segregation and Disciplinary Detention</b>	<p>Special management housing is established for inmates requiring administrative segregation and disciplinary segregation for various reasons.</p> <p>Implemented Level 8 group programs in 219 for intractable behavior problems.</p>	<p>There are very poor lighting and sight lines in Administrative Segregation and Disciplinary Segregation housing.</p> <p>Additional security, treatment and program staffing are needed for these units. Budget constraints are one reason these units are understaffed.</p>
<b>Programs</b>	Programs are not linked to performance measures and outcomes to determine their usefulness other than to reduce inmate idleness	<p>Program opportunities are limited in comparison to other facilities.</p> <p>Current programs are not evidence based.</p>
<b>Drug Testing and Personal Searches of Staff</b>	Staff undergoing the hiring process submit to pre-employment screening for controlled substances and a background investigation.	The administrative process established for addressing issues of staff drug use or suspicions of staff involvement in secreting drugs into the facility is extremely cumbersome.

<p><b>Drug Testing and Personal Searches of Visitors</b></p>	<p>Non-intrusive searches of visitors and their property entering facility.</p> <p>Prohibitions against cell phones admission.</p> <p>Random non-intrusive ION drug testing swipe.</p>	<p>No searches of staff or their personal property; no drug testing of staff beyond pre-employment.</p>
<p><b>Razors</b></p>	<p>Inmates can order razors from canteen to maintain personal grooming standards.</p> <p>Quantity limits have been established.</p>	<p>Contraband Control-Razor distribution is an unaccountable process in general population and as such poses a safety hazard to staff and other inmates.</p> <p>Inmates are restricted to the maximum limit of 11 razors.</p> <p>However accountability for the disposal of used razorblades is based on an honor system and does not occur under staff supervision for sharps control.</p>

#### 4. Challenges and Opportunities

*Unit Management.* Unit Management has not been fully implemented at ISP due to physical plant and staffing constraints. Unit management without administrative support and adequate security staffing results in unit managers and other team members performing significant duties and responsibilities that are inconsistent with their positions.

##### *Programs*

Selection and implementation of appropriate evidence-based programs and activities will help to reduce the negative effects of confinement, decrease idleness and provide inmates with opportunities to improve their behavior and increase their chances for successful community reintegration.

*Security*

IDOC has made progress in implemented needed security enhancements. Completion of recommendations will further assist in providing a safer environment at ISP.

<b><i>Challenges</i></b>	<b><i>Opportunities</i></b>
<p><b>Unit Management</b></p> <p>Due to budget constraints, unit management has not been fully implemented.</p>	<p>Implement Unit Management where there is a need to enhance communication, direct supervision, improve accountability for contact time between staff and identified special needs populations.</p> <p>Use unit management to enhance opportunities for efficient team reviews of the adjustment and progress of mentally ill offenders.</p> <p>Hire administrative support and sufficient security staff to enable unit managers to address broader issues and goals.</p>
<p><b>Programs</b></p> <p>Programs are limited</p> <p>Programs are not EBP</p>	<p>As IDOC establishes EBP programs, more of them could be implemented at ISP.</p> <p>There is sufficient physical plant program space.</p> <p>There may be opportunities to allow special needs to participate in programs outside of the housing unit.</p>
<p><b>Security Enhancements</b></p> <p>Physical plant improvements</p>	<p>Continue to implement security upgrades</p>

The short-term and long-term recommendations for ISP are discussed in Chapter VI.

## B. Community Based Corrections

### 1. Infrastructure

Each of the twenty-three CBC facilities were visited and evaluated under several categories. The categories consisted of physical condition of the structures, life safety violations, ACA physical and plant standards regulations compliance, security, and accessibility for persons with disabilities. Following are the general findings; the complete analysis of each of the facilities is included in the Appendix D at the back of this report.

- Most of the facilities have been in use for 15 to 20 years. As a result, the HVAC systems are in need of replacement, toilet/shower facilities are in need of remodeling and the floors and walls are in need of new finishes.
- Under the life safety codes which the facilities were originally constructed, the building was not required to be equipped with an automatic fire sprinkler system. However, if the facility were constructed under the State's current code the building would be required to have a fire sprinkler system.
- Most of the facilities are not ACA compliant due to the number of offenders being housed. The exception is the Men's Fort Des Moines Facility.
- Most of the facilities have good lines of sight from the control center to most parts of the facility. The exception was the facility in Davenport, which utilized cameras to monitor offenders and activities.
- Accommodation for person with disabilities is limited in most of the facilities. The exception would be the newer facilities like the Women's CBC in Council Bluffs. In a number of the facilities, the only accommodations are located in the women's wing, which creates difficulties housing male offenders requiring these accommodations.

### 2. Operations

*This section of the report presents the initial findings with regard to the current status of the programs, services, and operations of the 23 community-based correctional centers under the jurisdiction of each of the eight judicial districts. These findings will be supplemented with additional data as part of the work proposed in Phase 2 of the Iowa Department of Corrections Master Plan.<sup>151</sup> Similarly, the conclusions drawn and recommendations made in this report are preliminary, and will be reexamined and modified based on analysis of still to be acquired data and information.*

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<sup>151</sup> The Legislature is currently considering a request from the Department of Corrections for funding Phase 2 work.

- **Overview of CBC History and Programming**

Community Community-Based Corrections (CBC) is an alternative to incarcerating a person convicted of criminal offenses. The person, who is on pre-trial release, probation, or parole, resides in the community under the supervision of the CBC District and participates in treatment programs.

Each CBC District Department is a separate agency under the direction of a board of directors and is administered by a director employed by the board. Each CBC board sets policy, approves budget requests for submission to the Board of Corrections, and oversees program operations. In addition, each CBC District Department has one or more advisory boards.

The DOC has regulatory responsibilities for CBC programs, including statewide planning, budget oversight, establishment of program guidelines, and development of performance measures.

During the 1983 Session, SF 464 (Department of Corrections Act) created the present correctional system. All non-institutional adult offender supervision (pre-trial release, probation, parole, and work release) was assigned to the eight district departments, with oversight provided by the Department of Corrections (DOC). The General Assembly appropriates funds to the DOC and allocates those funds to each CBC District Department.<sup>152</sup>

Community-Based Corrections supervision ranges from unsupervised probation, where the offender reports to the court rather than a CBC District Department, to intensive supervision, where several types of contacts are made weekly with the offender by CBC District Department staff.

Chapter 901B, Code of Iowa Code of Iowa, provides a corrections continuum. The Chapter permits CBC District Departments to move the supervision level along the continuum, from monitored supervision level along the continuum, from monitored sanctions, such as low sanctions, such as low-risk diversion programs, to short risk diversion programs, to short-term term incarceration such as residential facilities. Chapter 907, Code of Iowa Code of Iowa, permits CBC District Departments to discharge probation clients if certain conditions are met.<sup>153</sup>

Programming provided varies by district. Some programs are only available in certain counties. Programs available for CBC residents include:

- Probation and Parole Probation and Parole: Uses community supervision as an alternative to incarceration.

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<sup>152</sup> Iowa Community-Based Corrections Presentation, Fiscal Services Division, Holly M. Lyons, Division Director 2006.

<sup>153</sup> Ibid.

- Treatment Alternatives to Street Crime (TASC) Program: TASC provides coordination between the criminal justice system and the substance abuse treatment system. This Program was funded statewide in FY 1989. The Third, Fifth, and Eighth CBC District Departments eliminated the Program in FY 2003 due to budget reductions.
- Residential Supervision: Provides a highly structured environment in which the client lives in a CBC facility and receives specialized programming.
- Intensive Supervision: Monitors high-risk offenders six times more frequently than regular probation supervision.
- Day Programming: Teaches a variety of life skills through an intensive treatment-oriented program that structures the client's activities throughout the day.
- Drug Court Drug Court: A project that blends punishment, treatment, and rehabilitation under the authority of the court. This Program is available in the Second, Third, Fourth, Fifth, and Seventh CBC District Departments.
- Youthful Offender Program: Targets 16 to 21 year-olds who have been tried and found guilty for the first time as an adult for a felony or aggravated misdemeanor. The program provides substance abuse treatment, and teaches a variety of life skills. This Program is available in the First, Fourth, Fifth, Sixth, Sixth, and Eighth CBC District Departments.
- Domestic Abuse Batterer's Program Domestic Abuse Batterer's Program: Uses group counseling and education for men and women who abuse partners.
- Sex Offender Program: Provides treatment through group counseling and education combined with intensive supervision to offenders who commit sex crimes.
- Community Work Crew Program: Operates as a restorative justice program in the Fourth and Fifth CBC District Departments and in cooperation with the Correctional Release Center (for men) at Newton to perform work projects that benefit local governments and nonprofit organizations. This Program has been substantially reduced due to budget constraints.
- Violator Program: Provides an option for offenders who are failing on probation, parole, or work release. Judges may sentence offenders to this intensive, highly intensive, highly structured, substance abuse/cognitive program with structured, substance abuse/cognitive program with community aftercare operated at the Correctional Release Center at Newton, the Fort Dodge Correctional Facility, and at the Iowa Correctional Institution for Women for up to six months.

- Low Risk Probation: Utilizes a fast-track system that removes the majority of low of low-risk offenders from mainstream probation workloads and assigns them to “banked” caseloads.
- Community Service Sentencing: Requires the offender to perform a specified number of hours of community service as an alternative to incarceration or a fine.
- Operating While Intoxicated (OWI): In 1987, the General Assembly In 1987, the General Assembly passed SF 469, which established the OWI Treatment Program in the residential facilities which serves as an alternative to prison incarceration.
- Pre-Sentence Investigations: Aids the court in determining appropriate sentences and alternatives.
- Pre Pre-trial services: An alternative to the traditional bail bond system where the clients are released from jail pending trial under the supervision of the CBC which monitors the clients' whereabouts and ensures their court appearance.<sup>154</sup>

## Facility Descriptions By Judicial District:

### District 1

#### Dubuque Residential Facility

Dubuque Residential Facility has a current designed capacity of 72 but has 80 beds (72 male, 8 female on the day of the visit) however they usually have about 86 residents at a time. The facility was built in an industrial section of town in 1984 with a capacity for 30 males and 6 females. It was expanded in 2001 with the addition of 36 more beds. A residential manager and twelve (12) residential officers staff the facility. Its location downtown near a bus stop makes it convenient for residents traveling to and from work. There were 84 on the waiting list prior to the construction of the 2001 expansion, twenty-two (22) of which were revoked while on parole waiting for a residential bed.

None on the waiting list have been revoked since the addition was built. The facility is generally good for programming; however, residents eat in shifts due to the small dining room. The outdated control room is being remodeled to accommodate the use of computers. The facility needs additional capacity for female offenders since women are often on the waiting list for several months (they have a need for approximately 16 to 20). Capacity maybe increased by remodeling the female TV lounge into a dorm would add four (4) female beds however this would impact programs. Also, this would require two (2) additional residential officers. Cognitive, batterers education, OWI and victim impact programming are provided by staff and sex offender

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<sup>154</sup> Iowa Community-Based Corrections Presentation, Fiscal Services Division, Holly M. Lyons, Division Director 2006.

programming is provided in town. The average length of stay is between 3 and 4 months.

#### Waterloo Work Release/Residential Treatment Facilities

The Waterloo Work Release Facility is co-located with the Residential treatment Facility and the First District Headquarters in downtown Waterloo in a commercial and industrial area. The old section of the multi-story building was designed for 64 male residents; however, with construction of an addition in 1991 and doubling and tripling rooms, the facilities now accommodate 150 male and female residents and another 80 to 100 who come here for day reporting. The adjacent probation residential treatment facility and the work release facility function as one entity (sharing one manager and other staff). There are two (2) separate control rooms (one for the original facility and one for the addition) which require additional staff. The Mental Health wing has doors to resident's rooms with windows to allow for easy observation. The gym was converted to a training room. Residents from the old section and the addition use it for visitation. Food service is provided by the residential treatment facility and residents eat in four shifts due to the small dining room. There is no waiting area for residents waiting to see the psychologist. There is a variety of programming available to residents including a dual-diagnosis program for mentally ill inmates.

Substance abuse programming positions were cut in 2002 and community-based providers now provide programming. The work release center provides community treatment and coordination and job development for the residents of both facilities. There are 38 males and 4 females on the waiting list and they have an average wait of 3 to 5 months (25 of those were in prison waiting for work release). If there was a way to expand capacity, more state work release offenders would be served therefore reducing bed days in prison facilities. Additional beds are also needed for short-term sanctions to help those struggling on the street and to prevent them from going back into prison facilities. There is also a need for more mentoring, volunteer and support services to enhance chances of success. Due to the poor layout of the facility there are many needs, including additional staff restrooms, larger lobbies, a medical waiting area, and larger group rooms, to enable more efficient programming and staff meetings for all staff. Management believes that if additional staff training and resident programming was possible that parole outcomes would greatly improve.

#### West Union Residential Facility

The West Union Facility is a 48-bed co-gender residential facility on the outskirts of town. The one-story building was built in 1992 for 32 males in a residential area of town. An addition, built in 2000, added ten (10) female beds increased the total capacity to 48 beds. It is staffed by one (1) residential manager, one (1) residential supervisor and ten (10) residential officers. A facility van transports residents to farms for work. Retired citizens also provide transportation for residents since there is no public

transportation. The average length of stay is 3 to 4 months. OWI counseling and intensive outpatient substance abuse treatments are provided by NE Iowa Behavioral Services. Cognitive restructuring, anger management, batterers education and sex offender programming are also provided. Since the facility is located in a very rural area with limited employment opportunities there is no need to expand this facility further. There is a need for educational programming, which was eliminated in the 2002 budget cuts.

## District 2

### Beje Clark Residential Center

The Beje Clark Residential Center (BCRC) in Mason City is a co-gender minimum security facility built in 1992 with a capacity of 40 beds (32 male and 8 female). The current designed capacity is 51 however it can hold up to 57 residents. There were 54 residents on the day of the visit (45 male, 9 female). The average length of stay is between 3 and 4 months. There are 11 residential officers and a facility director. In 2002 there was a reduction in residential officers and staffing remains below 2002 levels. Staff provide transportation only for those under house arrest, and those without funds for public transportation. Most residents obtain rides from family and friends or have their own vehicles or bicycles. In-house programming includes AA services and sex offender treatment, the latter is provided by a part-time staff psychologist. All other programming is provided in the community (Prairie Ridge provides substance abuse programming in the community). The facility director believes there is a need for additional residential space and there are sufficient jobs in the community. There is also plenty of land to support expansion. Two hot meals are served every day and there is a need for enlarged and improved kitchen facilities, additional food storage capacity, additional parking space. There are three washers and dryers that are believed to be “at their limits.”

### Curt Forbes Residential Facility - Ames

The Curt Forbes Residential Facility (CFRF) located in Ames was built in 1989 with a designed capacity was 30, but almost immediately went to 36 beds. It now has 45 beds: 41 designated for males and four for females. The physical structure and number of residents combine to make it difficult to maintain appropriate gender separations. Approximately 25 offenders are on a list waiting to come to CFRF, although about six of them are being provided services on a day reporting basis. It takes approximately three months of wait time before an offender can enter the facility. The average resident spends four months at the facility.

Day programs (run by the District in the District Office) include sex offender programming and substance abuse, while medical and mental health services are sought in the community. Residential clients must secure employment on their own, although currently the job market is such that they are able to gain employment relatively easily. The facility serves a two

county area. Its residents are either federal prisoners returning to the community, Iowa Probationers, state offenders convicted of Operating While Intoxicated (OWI) or state inmates on Work Release status. A different set of policies and rules guide staff in the management of each set of residents.

Full-time staff include a Resident Manager, three Case Managers / PO / Halfway House Counselors, and seven Residential officers. Part-time staff consist of four Residential Officers (30 hours/week/RO), one Maintenance Person (10 hours/week), and one Secretary. Because CFRF does not serve or prepare meals, residents eat in the community, or purchase small amounts of food that are stored in the facility's refrigerator, and may be warmed/cooked in an on-site microwave.

#### Fort Dodge Residential Facility

The Fort Dodge Residential Facility (FDRF) is building a new facility.

#### Marshalltown Residential Facility

The Marshalltown Residential Facility (MRF) was built in 1996 with a designed capacity was 40. It is located on three acres on the outskirts of Marshalltown, and currently has 56 beds (46 designated for males and ten for females). The physical structure and number of residents combine to make it difficult to maintain appropriate gender separations. Approximately 33 offenders are on a list waiting to come to MRF. It takes approximately two months of wait time before an offender can enter the facility, with the average resident spending three months at the facility. Sex offenders tend to stay longer. OWIs in the SSC program participate in groups that are co-facilitated, while all other groups are led by a single staff member. Substance abuse programs are delivered by a local not-for-profit agency, while mental health services are delivered by the county in Marshalltown, if they are paid for by the facility or by the resident up-front.

MRF serves a number of counties, including several outside the 2<sup>nd</sup> District. Because there is a much longer waiting list to get into CBCs in Des Moines, MRF sometimes takes offenders who are going to be released to the Des Moines area. It also takes Native Americans from outside the 2<sup>nd</sup> District's boundary. The Marshalltown Residential Facility does not contract for federal prisoners, but does have residents in the other major categories - Iowa Probationers, state offenders convicted of OWI or state offenders on Work Release status. A different set of policies and rules guide staff in the management of each set of residents.

Full-time staff include a Resident Manager, eleven Residential Officers, one CT Coordinator, one Food Service worker, and one Secretary. Part-time staff consist of one Maintenance Person (10 hours/week), and two Food Service workers. The CBC serves and prepares meals, and the residents eat together in the multipurpose room, which serves as the dining area.

### District 3

#### Sheldon Residential Facility

The Sheldon Residential Facility (SRF), built in 1992, was designed for 12 male and 12 female residents. The designed capacity has been modified to serve 30 male residents and has approximately 90 admissions per year. Female residents are now housed in Sioux City. For almost an entire calendar year, SRF was not able to fill all their beds.

When construction closes down for the winter season, offenders find it much more difficult to find employment. A major issue at SRF is related to the lack of funding for mental health services. As a result, often offenders cannot afford to be compliant with their medication schedules. The facility does not have on-site food service available. To meet these needs, residents are given a voucher for a hot meal but are required to walk several blocks to obtain that one hot meal. Residents can bring back food and prepare it, however, they do not have storage made available. SRFs biggest deficiency is the lack of transportation to work and programs. Some of the programs are over fifteen miles away from the SRF. The facility has eight full-time staff and one part-time staff member responsible for covering open posts on different shifts and floats to the Sioux City Facility. SRF does not have a Residential Supervisor, so the Facility Manager also acts in this capacity. In terms of in-house programming, SRF provides anger management, victim empathy and relapse prevention programs. SRF does not have sex offender programs as a result of an agreement between the IDOC and the community that prohibits sex offenders to be housed in the Sheldon Residential Facility.

#### Sioux City Residential Facility

The Sioux City Residential Facility (SCRF) was built in 1992. It is a co-gender facility with an initial design capacity for 48 male and 2 female residents. It has since been expanded to accommodate 49 male and 8 female residents and has a two-month waiting list for males and a six-month waiting list for females. One of the most substantial needs at SCRF is related to the lack of female beds. The physical structure was initially built with the capability of adding a third level. SCRF also owns an adjacent property that could be built upon if expansion was needed. The facility does not have the internal resources to expand their bed capacity, as they feel they would need more staff resources to operate effectively. However, SCRF staff believe there are enough community resources and infrastructure to support an expansion. The facility has on-site food service, and provides both bag lunches during the day and one hot meal in the evening. SCRF has eight Residential Officers with one part-time staff member who acts a relief officer between the Sioux City Facility and the facility in Sheldon. The programming offered at SCRF is contracted to an outside entity, with treatment programs such as anger management, addiction services, and educational programs supplied through these channels. The educational programs are offered by the local community college. Sex Offender programming is also available at SCRF.

One of the program's biggest deficiencies is the lack of adequate transitional housing. As a result, offenders are occasionally placed at a gospel mission upon discharge. Facility leadership would like to add female beds at SCRF because females are currently located within four rooms in a mixed-gender wing that houses both men and women. There is one bathroom with a single toilet and shower for the women to share.

#### **District 4**

##### Council Bluffs Residential Correctional Facility

The Council Bluffs Residential Correctional Facility (CBRF) is a 71-bed, single-gender (male) facility. At the time of the site visit, the facility was at capacity, with a waiting list of approximately 15 to 20. Although there are adequate community resources, based on the facility's location, expansion of the physical plant is not conducive. The Council Bluffs Residential Facility contracts food services, with one hot meal and one bagged lunch provided daily. A significant issue at CBRF is related to offenders' transportation needs. Currently, offenders do not have an organized means of transportation in order to get to their job assignment. Many seek out rides on their own or ride a bicycle. With respect to staffing, CBRF has eleven Residential Officers assigned, however they often have only one Residential Officer on duty at a given time. Community providers deliver much of the facility's programming, although some programs (such as the Sex Offender programming) are offered in-house. There are approximately fifteen sex offenders in the program. A community provider offers substance abuse programs.

##### Council Bluffs Women's Residential Facility

The Council Bluffs Women's Residential Facility (CBWRF) is a single-gender (female) facility with a rated capacity of 26 residents. At the time of the site visit, however, there were only ten residents in the program with four offenders on day-reporting status. CBWRF has adequate community resources for expansion, however the facility currently has empty beds with no waiting list. While other programs are in need of female beds, they have had difficulty filling vacant female beds based on their geographic location. The Council Bluffs Women's Residential Facility contracts food services and one hot meal is provided daily. Residents are also provided cold, bag meals to take to their job assignments. A significant issue at CBWRF is related to transportation needs. Residents have to go to work and to programs by either seeking rides or riding bicycles. With respect to staffing, the facility has nine Residential Officers assigned, but often they only have one Residential Officer on duty. In some instances, the sole Officer on duty has been a male Officer, which presents supervision challenges and an increased potential for acts of and accusations related to sexual misconduct. Community providers deliver much of the programming offered, with some gender-specific programming (Moving On, Winners Circle and Cognitive Restructuring) are

offered in-house and substance abuse programs being are offered by the CBC.

## **District 5**

### Des Moines Women's Residential Corrections Center

The Des Moines Women's Residential Corrections Center (DMCC-W) was built in 1993. It now has 52 beds, 48 for residents and four for children of residents. Approximately 50 offenders are on a list waiting to come to DMCC-W. It takes approximately two to three months of wait time before an offender can enter DMCC-W, with the average resident spending four months at the facility. Its residents include federal prisoners returning to the community, Iowa Probationers, state offenders convicted of Operating While Intoxicated (OWI) or state inmates on Work Release status.

Up until 2004, the District contracted with a private provider for the operation of DMCC-W. Since then, the District has run it with its own staff. Programs are delivered both at the in and out of the facility, including AA, mental health, and domestic violence programs. A licensed substance abuse counselor provides OWI services and programs.

Full-time staff at the facility include a Resident Manager, a Resident Supervisor, three Case Managers/PO/Halfway House Counselors, and nine Residential Officers. Part-time staff consists of two Residential Officers one Maintenance Person (10 hours/week), and one Secretary.

### Fort Des Moines Work Release Center

The Fort Des Moines Work Release Center (DM-WRC) resides in a horse stable building situated on what was a military base. It is co-located with the Men's Residential Probation Center and was opened in 1987. It currently is a 100-bed program for males. Residents also include federal prisoners who are provided re-entry services, under contract with DM-WRC. They are housed in a separate area within the facility, but are not segregated from the other residents. Residents eat their meals in a central dining area that is located in the middle of the Work Release / Probation building.

### Fort Des Moines Men's Residential Probation Center

The Fort Des Moines Residential Probation Center (FDM-PROB) resides in a horse stable building situated on what was a military base. It is co-located with the Work Release facility. When it was opened as a CBC in 1999 it had 80 male beds. It currently is a 100-bed program for male probationers, with the average resident spending about 10 weeks at the facility. Residents eat their meals in a central dining area that is located in the middle of the Work Release / Probation Center building.

### Fort Des Moines OWI Correctional Center

The Fort Des Moines OWI Correctional Center (FDM-OWI) resides in a barrack building situated on what was a military base. When it was opened as an OWI program it had 40 beds. It currently is a 67-bed program for males, adjacent to the Work Release and Probation units. Approximately ten offenders are on a list waiting to come to the OWI program. It takes approximately three months of wait time before an offender can enter the facility, and the average resident spends four months at FDM-OWI. The program is a state licensed (by the Department of Health) residential and aftercare program. It delivers several relapse programs including criminal thinking and addiction. Resident can be there for up to nine months. Approximately 50 men participate in a 29-week aftercare program, and return to FDM-OWI once per week. Residents eat their meals in the dining area that is located within the Work Release / Residential Probation Center.

### **District 6**

#### Larry A. Nelson Residential Center – Cedar Rapids

The Larry A. Nelson Residential Center (NRC) provides services for male work releasees who are returning from a State institution as ordered by the Board of Parole, male OWIs and short term placements of Parolees. The Nelson Center is on the campus at the Sixth District Headquarters in Cedar Rapids adjacent to the Hinzman Center. It provides services to male and female offenders as a condition of probation, work release and for OWI. Most offenders sent to the Nelson Center have been in the institution for 1 to 2 years. The facility, which was built in 1992 opened with a designed capacity of 52 males and 8 females. In 2000 the facility capacity was expanded to 92 male residents comprised of bedrooms consisting of 1 – 10 beds. There is a short waiting list for the Nelson Center since the average length of stay (8-12 months) was recently shortened.

In-house programming includes AA, NA, GED, OWI family and group meetings. Residents may attend cognitive skills, batterers training, and Circles of Support groups offered at other campus facilities. Other programming available includes educational release, sex offender treatment, substance abuse counseling, cognitive restructuring, mental health counseling, intervention and referral. The adjacent Hinzman Center and the Nelson Center share a dining room that was built between the facilities. Although the facility is in good condition, it has poor sight lines and there is a lack of money for preventive maintenance. The facility, as well as the campus, has a dearth of meeting space large enough to hold groups of 20 to 25 people.

### Gerald R. Hinzman Residential Center

The Gerald R. Hinzman Residential Center (GHRC) was built on the campus at the Sixth District Headquarters in Cedar Rapids in 1996 with a design capacity of between 44 to 52 males and 14 to 22 females, with a total population of 66. The center provides services to male and female offenders as a condition of probation, work release and for OWI. Most offenders sent to the Hinzman Center have been in the institution for 1 to 2 years. The facility has 86 beds (60 male and 26 female). The layout of the facility is good and allows flexibility in programming between male and female offenders; however, there is a need for additional program space for groups of 20 to 25. When the facility was built a dining room was built between it and the adjacent Nelson Center. There is a high escape rate at the Hinzman Center and management says that they are receiving more violent and dangerous offenders due to the court's reluctance to send people to prison in the 6<sup>th</sup> district. The 6<sup>th</sup> district reports their clients have the highest LSI scores in the State.

In-house programming includes AA, NA, GED, OWI family and group meetings. On campus residents may also attend cognitive skills, batterers training, and Circles of Support groups. Other programming available includes educational release, sex offender treatment, substance abuse counseling, cognitive restructuring, mental health counseling, intervention and referral. A new program for women began in January 2007 called "Moving On." Management also believes that the assessments done in the institutions are not good but believed that the problem could easily be fixed with training on administration of the assessment instrument.

### Hope House Residential Center - Coralville

The Hope House Residential Center (HHRC) is located outside of Coralville. The residential center is a 15-year-old one-story brick construction building has an initial capacity of 44 male residents. Currently it houses 58 male residents (capacity is 55) on work release, probation and OWI sentences. Female offenders from Johnson County are held in the Cedar Rapids facility – which makes reentry more difficult since they have to quit their jobs in Cedar Rapids in order to move back to Johnson County. A facility director, a residential supervisor and 16 resident officers supervise the offenders. Programming includes education release, BEP, victim impact, sex offender and mental health services and is provided at the facility by local providers. Hope House experiences dynamic swings in population – 6 months ago there were six (6) empty beds; however, on the day of the site visit there was a waiting list. The only additional capacity needed now is for 12 female beds. Additional classroom space is also needed.

## District 7

### Davenport Residential Corrections Facility

The Davenport Residential Corrections Facility (DRCF) is a co-gender residential facility located in downtown Davenport with a capacity of 64 beds. There were 70 male and 15 female residents assigned to the center on the day of the visit. The former Quality Inn was built in 1965 and is owned by the District. It opened as a CBC facility in 1977, and also houses the District's main offices. An annex was added in 1991. The facility is poorly designed for use as a residential center. The layout makes monitoring of residents extremely difficult and the building has been plagued by mold problems that prevented the sale of the building, which has resulted in costly ongoing mitigation. Separating male and female offenders is nearly impossible requiring the use of imaginary lines to separate male and female inmates in the common areas. There are over 70 bathrooms that require maintenance due to the age of the facility and the fact that it was once a hotel. One residential manager, one supervisor and 11.25 residential officers supervise the residents. The ten (10) positions that were cut in 2002 have yet to be restored.

Available programming includes education, work release, furlough, mental health, OWI and day reporting, although all programs are not available District wide (some are County programs). There are occasional capacity issues and waiting lists for substance abuse programming and public programs are not anxious to enroll criminal justice clients. Treatment is too short term and there is not sufficient time to address behavioral modification. The average length of stay is 4 to 6 months. On the day of the site visit, there were 55 offenders on the waiting list, although 40 to 50 are a more typical number. Work release offenders have the longest wait for a bed – sometimes waiting in a DOC facility for 6 months or more. The District is trying to purchase a 120-bed facility; however, new requirements for a special use permit are threatening the deal. Expansion of capacity for OWI and Work Release offenders in Davenport is desperately needed and would free up a significant number of beds in the prison's facilities.

### Davenport Work Release Center

The Davenport Work Release Center (DWRC) is a co-gender work release center located in downtown Davenport with 64 beds and a capacity of 56. There were 55 male and 8 female residents assigned to the center on the day of the visit. The masonry and stucco building was built in the 1960s and is owned by the District. A ten-bed addition was added in 1992. The facility is poorly designed for use as a residential center. Its layout makes monitoring of its residents extremely difficult, and there is no daylight in the resident's rooms. One residential manager, one supervisor and 11.5 residential officers supervise the residents. Two vans are used to transport residents to and from work on Sundays due to the lack of public transportation on Sundays. Residents on level 3 & 4 must pay the Center for transportation. Residents go

through a 26-week program with incentives that can net them up to a 10 week reduction in their time in the program.

A variety of programming is provided including substance abuse and mental health treatment. The furlough program is the most restrictive in the State. There is a 2-month wait for intake by a psychological social worker so the emergency room is used in urgent cases. Staff have observed an increase in co-occurring disorders among female residents. Residents are required to pay a \$500 rent and enrollment fee and staff believe that a longer length of stay would enable them to become more financially secure before moving back into the community. If offenders do poorly in transition they are returned to the facility for 60 days. This requires that several beds remain open for these unplanned returns. Due to the age of the facility and its poor design there are many needs. The roof leaks, the bathrooms are in need of remodeling, and the kitchen needs upgraded. The 1992 control room is showing its age and laundry facilities are also over extended. Although there is a need to expand capacity, it does not appear to be possible at the current location.

## **District 8**

### Burlington Residential Facility

The Burlington Residential Facility (BRF) was built in 1984 with a designed capacity was 40 beds. It currently has 63 beds, all for males. Approximately 40 offenders are on the facility's wait list, with an average duration of three months on the list prior to entering the facility. On average, residents spend three months at the BRF. While the Burlington CBC does have a contract to house federal prisoners, it rarely serves that purpose. Similarly, there are few OWI inmates in that the courts in the District tend not to use that provision of the law to sentence offenders. About two-thirds of the residents are either Work Release inmates or Probationers. The remaining third are "youthful offenders," who are 21 or under.

The BRF serves a number of counties, in that the 8<sup>th</sup> District covers a large area much of it rural, and there are only two CBCs in the entire District. BRF staff runs the sex offender program and the youthful offender program. Medical and mental health services are sought in the communities but are frequently difficult to obtain. It used to have community work program, but no longer does due to staff cutbacks. It also used to have TASC officer, but lost that position due to layoffs. Full-time staff include a Resident Manager, one Resident Supervisor, three counselors, one Food Service worker, and one Secretary. Part-time staff consist of one Maintenance Person (10 hours/week), and one Food Service workers.

The BRF serves and prepares meals, and the residents eat together in the multipurpose room, which serves as the dining area.

### Ottumwa Residential Facility

The Ottumwa Residential Facility (ORF) was built in 1991 with a designed capacity was 40 (32 male beds and eight female beds). Located on the outskirts of Ottumwa, it currently has 53 beds (43 designated for males and ten for females). The physical structure and number of residents combine to make it difficult to maintain appropriate gender separations. Approximately 63 offenders are on a list waiting to come to ORF, with an approximate four-month wait prior to entry. The average resident spends three months at ORF.

Major programming emphasis is placed on getting a GED. Before being permitted to go out to look for a job, residents must obtain their GED via instruction from the contract teacher who works four days a week at ORF.

ORF contracts for federal prisoners, and normally has about eight in residence. There are few OWI inmates in that the courts in the District tend not to use that provision of the law to sentence offenders. The remaining residents are either probationers or Work Release status offenders. A different set of policies and rules guide staff in the management of each set of residents, and those governing federal residents are extensive and time consuming to document.

Full-time staff include a Resident Manager, ten Residential Officers, two Counselors, and one Secretary. Part-time staff consists of six Residential Officers, one Maintenance Person (10 hours/week), one Teacher (four days/week), and one OWI Counselor (20 hours/week).

- **Findings to Date**

Iowa has been a leader in Community Corrections for many years and a reputation for being progressive and innovative. In assessing the CBC residential facilities and examining the programming and approaches to community corrections being utilized in Iowa we quickly learned that Iowa's reputation was warranted. Although progressive and innovative, there are always other issues and impediments to doing what leaders know should be done (e.g., inappropriate referrals from the courts, budget constraints, physical space limitations, availability of jobs in certain regions, community resistance, etc). We looked at all of these issues in order to identify opportunities to be more effective in community corrections and positively impact institutional corrections.

We found the staff in all of Iowa's Judicial Districts to be dedicated, energetic, competent, and client oriented. The facilities were all clean and well operated. Staff made the most at facilities where there are issues and problems due to old or poor physical plants. The same was true in the many facilities that had poor designs or were modified to accommodate female inmates. The innovation and professionalism demonstrated by CBC staff was impressive.

Our general findings are outlined below by category:

#### *Capacity*

- Waiting lists causing offenders to wait in institutions for up to six months
- No capacity to serve female offenders in their home counties (Johnson County)

#### *Mental Health*

- Issues with funding for mental health medications
- Need for additional mental health services

#### *Co-Gender Facilities*

- Need for separate facilities for females in order to better serve them.
- Need for female residential space in Johnson County so women can be employed in the community to which they will return upon release.
- Increasing need for co-occurring treatment for female offenders

#### *Treatment Programming Resources*

- Substance abuse staff cuts in 2002 have mostly not been restored
- Community providers resources are often short term
- Need longer behavior modification programming (time in facility is often too short)
- Treatment needs/goals don't currently determine length of stay
- There is little or no prevention programming for at risk youth

#### *Training*

- Need increased capacity (with quality control component) to provide staff training to ensure following EBP.

#### *Inappropriate Client Referrals*

- Offenders who are unable to work due to type of offense, mental health issues or health issues are sometimes placed in WR facilities. This is a waste of resources.
- Increase in the number of older offenders being referred who do not fit current work release programming structure.
- Lack of structured work opportunities for clients who have mental health issues or have never worked before.
- Shifting demographics (eastern Iowa) resulting in need to address clients with cultural differences, lack of trust in police, authority, language issues (Hispanics and low income coming from Chicago area).

*Rural Areas*

- Potential need to provide distance learning technology to provide more programming to clients in rural areas.

*Parole*

- Residential facilities receive offenders going to parole – possibly using up residential space that would be better utilized for work release or OWIs coming out of institutions.

*Funding/Budget/Legislative*

- Unfunded raises resulted in cutting services to fund higher salaries.
- Substance abuse and mental health services are below 2002 levels.
- Unresolved issues from ACLU suit (authority to pull back clients without judicial order impacting transition programming in Davenport)

**Data Analysis**

In this section we report the preliminary results of the CBC data analysis. We analyzed data relevant to the flow of offenders into community corrections facilities, the programming they received, the appropriateness of those placements. Our goal was to identify any opportunities to improve the efficiency and effectiveness of community corrections in Iowa. The data that we analyzed includes the following topics:

- **Facility Capacities, Population, and Waiting Lists.** This table illustrates the breakdown of residents by gender for the 2006 calendar year. The data is profiled by facility and district (see Table 1.C.2). With the exception of the Council Bluffs Women's Residential Facility, the CBCs are operating at or above their bed capacities. Consistent with that finding, waiting lists for admission into CBCs are maintained. The length of time a person spends on that waiting list ranges from two to four months.

While the number of male and female offenders in residence at the CBCs totals 1,250 males and 225 females, only approximately 28 percent of male and 35 percent of female admissions are transferred on Work Release status (pre-parole) from a DOC facility to a CBC. [See Tables 1.c.7 and 1.c.8 for the percentages for each CBC.] Thus, the majority of admissions to a CBC, and less than half of the daily populations, are other than DOC offenders.

- **Gender.** Table 1.C.6 shows the breakdown of male and female residents by facility and district. The total CBC population on June 30, 2006 was 1,475. Approximately 85 percent of all offenders in CBCs are males, 15 percent are females.

Twelve of the 22 CBC house both male and female offenders. In those CBCs males make up 90 percent of the offender populations. Eight CBCs confine only male offenders. Two CBCs are designated for only females. They are the Council Bluff Women's Residential Facility and the Des Moines Women's Residential Correctional Center.

- **Residential New Admits (Female).** Table 1.C.7 shows female residential admissions by type of resident in both number and percent. During FY 2006, 635 female offenders were admitted to a CBC. Slightly more than half of the females (52%) were placed by the courts as a condition of probation. With the exception of the Davenport Work Release/OWI Center to which no probationers were admitted, the percentage of probationers in CBCs ranged from 48 percent to 75 percent. Admissions from DOC facilities on Work Release status ranged from six percent at the Hinzman Residential Center in Cedar Rapids to 42 percent at the Davenport Work Release/OWI Center.
- **Residential New Admits (Male).** Table 1.C.8 shows male residential admissions by type of resident in both number and percent. Most of the 3,520 male admissions to CBCs were on probation status (42%), while admissions on work release status constituted 35 percent of all admissions.
- **LSI-R Risk Assessment.** Table 1.C.10 shows the number and percent of offenders having LSI-R scores in four major categories: below 15, 16 – 25; 26 – 40; and 41 and over. With the exception of the Davenport Work Release/OWI Center, the Council Bluff Women’s Residential Facility, and the Hinzman Residential Center in Cedar Rapids, there appears to be a fairly consistent distribution of risk scores by facility and district.
- **Recidivism Rates.** Table 1.C.12 provides information on the recidivism rates by the types of offenders going through the CBCs. Data on federal prisoners are not included in the rates. The data indicates that offenders at CBCs with OWI programs are significantly less likely to be successful upon release (20%) than are offenders on parole (39% success rate) or those who have been at a CBC on work release status (44% success rate).

**Table 1.C.2: Facility Capacities, Population, and Waiting Lists (2006)**

Judicial District	Adult Community Corrections Facility	Year Opened	Facility Capacity		Population on 6/30/2006		Waiting List Summer 2006		Months On Wait List
			Female	Male	Female	Male	Female	Male	
1	Des Moines Residential Facility	1984	7	73	7	81	0	11	3
1	Waterloo Residential Correctional Facility	1991	24	126	25	126	11	70	4
1	West Union Residential Facility	1995	6	42	7	42	1	13	-
<b>1st Judicial District Subtotal</b>			<b>37</b>	<b>241</b>	<b>39</b>	<b>249</b>	<b>12</b>	<b>94</b>	
2	Beje Clark Residential Facility - Mason City	1992	8	43	11	42	1	16	-
2	Carl Forbes Residential Facility - Ames	1990	4	41	4	41	5	25	3
2	Fort Dodge Residential Facility	1978	0	34	0	35	0	19	-
2	Marshalltown Residential Facility	1995	5	43	10	39	4	23	2
<b>2nd Judicial District Subtotal</b>			<b>20</b>	<b>161</b>	<b>25</b>	<b>157</b>	<b>10</b>	<b>83</b>	
3	Sheldon Residential Treatment Facility	1992	0	29	0	28	0	8	0
3	Sioux City Residential Treatment Facility	1992	8	49	9	51	15	63	2
<b>3rd Judicial District Subtotal</b>			<b>8</b>	<b>78</b>	<b>9</b>	<b>79</b>	<b>15</b>	<b>71</b>	
4	Council Bluffs Residential Corr. Facility	1984	0	71	0	68	0	33	2
4	Council Bluffs Women's Residential Facility	2003	26	0	22	0	9	0	0
<b>4th Judicial District Subtotal</b>			<b>26</b>	<b>71</b>	<b>22</b>	<b>68</b>	<b>9</b>	<b>33</b>	
5	Des Moines Women's Residential Corr. Center	1993	48	0	64	0	21	0	3
5	Des Moines Work Release Center	1999	0	67	0	68	0	1	-
5	Des Moines Men's Residential Prob. Center	1987	0	80	0	87	0	26	-
5	Des Moines OVI Correctional Center	1987	0	119	0	128	0	117	-
<b>5th Judicial District Subtotal</b>			<b>48</b>	<b>266</b>	<b>64</b>	<b>281</b>	<b>21</b>	<b>144</b>	
6	Cedar Rapids - Nelson Residential Center	1991	0	90	9	90	6	6	1
6	Cedar Rapids - Hinzman Residential Center	1996	24	59	25	62	6	11	-
6	Carrollville - Hope House Residential Center	1992	0	55	0	51	0	12	-
<b>6th Judicial District Subtotal</b>			<b>24</b>	<b>204</b>	<b>34</b>	<b>203</b>	<b>12</b>	<b>29</b>	
7	Davenport Residential Corrections Facility	1991	20	44	12	51	7	25	3
7	Davenport Work Release/OVI Center	1992	16	65	13	65	6	43	-
<b>7th Judicial District Subtotal</b>			<b>36</b>	<b>109</b>	<b>25</b>	<b>116</b>	<b>13</b>	<b>68</b>	
8	Burlington Residential Facility	1990	0	60	0	58	0	28	3
8	Clumwa Residential Facility	1991	11	40	7	39	6	41	4
<b>8th Judicial District Subtotal</b>			<b>11</b>	<b>100</b>	<b>7</b>	<b>97</b>	<b>6</b>	<b>69</b>	
<b>Category Subtotal</b>			<b>210</b>	<b>1,230</b>	<b>225</b>	<b>1,250</b>	<b>98</b>	<b>591</b>	

**Table 1.C.6: Gender of Residents As Of 06/30/2006**

Judicial District	Adult Community Corrections Facility	Male Residents	Female Residents	Total Residents
1	Dubuque Residential Facility	81	7	88
1	Waterloo Residential Correctional Facility	126	25	151
1	West Union Residential Facility	42	7	49
<b>1st Judicial District Subtotal</b>		<b>249</b>	<b>39</b>	<b>288</b>
2	Beje Clark Residential Facility - Mason City	42	11	53
2	Curt Forbes Residential Facility - Ames	41	4	45
2	Fort Dodge Residential Facility	35	0	35
2	Marshalltown Residential Facility	39	10	49
<b>2nd Judicial District Subtotal</b>		<b>157</b>	<b>25</b>	<b>182</b>
3	Sheldon Residential Treatment Facility	28	0	28
3	Sioux City Residential Treatment Facility	51	9	60
<b>3rd Judicial District Subtotal</b>		<b>79</b>	<b>9</b>	<b>88</b>
4	Council Bluffs Residential Corr. Facility	68	0	68
4	Council Bluffs Women's Residential Facility	0	22	22
<b>4th Judicial District Subtotal</b>		<b>68</b>	<b>22</b>	<b>90</b>
5	Des Moines Women's Residential Corr. Center	0	64	64
5	Des Moines Work Release Center	126	0	126
5	Ft. Des Moines Men's Residential Prob. Center	87	0	87
5	Ft. Des Moines OWI Correctional Center	68	0	68
<b>5th Judicial District Subtotal</b>		<b>281</b>	<b>64</b>	<b>345</b>
6	Cedar Rapids - Nelson Residential Center	90	9	99
6	Cedar Rapids - Hinzman Residential Center	62	25	87
6	Coralville - Hope House Residential Center	51	0	51
<b>6th Judicial District Subtotal</b>		<b>203</b>	<b>34</b>	<b>237</b>
7	Davenport Residential Corrections Facility	51	12	63
7	Davenport Work Release/OWI Center	65	13	78
<b>7th Judicial District Subtotal</b>		<b>116</b>	<b>25</b>	<b>141</b>
8	Burlington Residential Facility	58	0	58
8	Ottumwa Residential Facility	39	7	46
<b>8th Judicial District Subtotal</b>		<b>97</b>	<b>7</b>	<b>104</b>
<b>Category Subtotal</b>		<b>1,250</b>	<b>225</b>	<b>1,475</b>

Table 1.C.7: Female Residential New Admits (7/1/2005 - 6/30/2006)

Judicial District	Adult Community Corrections Facility	Federal (FED)		OWI Continuum (OWI CONT)		Probation (PROB)		Parole (PAR)		Work Release (WR)		Other		Total
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
1	Dubuque Residential Facility	1	7%	0	0%	11	73%	0	0%	3	20%	0	0%	15
1	Waterloo Residential Correctional Facility	4	6%	4	6%	30	48%	0	0%	24	38%	1	2%	63
1	West Union Residential Facility	2	18%	0	0%	7	64%	0	0%	2	18%	0	0%	11
<b>1st Judicial District Subtotal</b>		<b>7</b>	<b>8%</b>	<b>4</b>	<b>4%</b>	<b>48</b>	<b>54%</b>	<b>0</b>	<b>0%</b>	<b>29</b>	<b>33%</b>	<b>1</b>	<b>1%</b>	<b>89</b>
2	Beja Clark Residential Facility - Mason City	7	15%	3	6%	29	62%	1	2%	7	15%	0	0%	47
2	Curt Forbes Residential Facility - Ames	2	20%	2	20%	5	50%	1	10%	0	0%	0	0%	10
2	Marshalltown Residential Facility	0	0%	2	6%	19	59%	0	0%	11	34%	0	0%	32
<b>2nd Judicial District Subtotal</b>		<b>9</b>	<b>10%</b>	<b>7</b>	<b>8%</b>	<b>53</b>	<b>60%</b>	<b>2</b>	<b>2%</b>	<b>18</b>	<b>20%</b>	<b>0</b>	<b>0%</b>	<b>89</b>
3	Sioux City Residential Treatment Facility	0	0%	5	18%	14	50%	0	0%	9	32%	0	0%	28
<b>3rd Judicial District Subtotal</b>		<b>0</b>	<b>0%</b>	<b>5</b>	<b>18%</b>	<b>14</b>	<b>50%</b>	<b>0</b>	<b>0%</b>	<b>9</b>	<b>32%</b>	<b>0</b>	<b>0%</b>	<b>28</b>
4	Council Bluffs Women's Residential Facility	0	0%	0	0%	44	64%	4	6%	20	29%	1	1%	69
<b>4th Judicial District Subtotal</b>		<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>44</b>	<b>64%</b>	<b>4</b>	<b>6%</b>	<b>20</b>	<b>29%</b>	<b>1</b>	<b>1%</b>	<b>69</b>
5	Des Moines Women's Residential Corr. Center	11	6%	7	4%	85	48%	5	3%	63	36%	5	3%	176
<b>5th Judicial District Subtotal</b>		<b>11</b>	<b>6%</b>	<b>7</b>	<b>4%</b>	<b>85</b>	<b>48%</b>	<b>5</b>	<b>3%</b>	<b>63</b>	<b>36%</b>	<b>5</b>	<b>3%</b>	<b>176</b>
6	Cedar Rapids - Nelson Residential Center	17	27%	6	10%	30	48%	2	3%	8	13%	0	0%	63
6	Cedar Rapids - Hinzman Residential Center	0	0%	3	19%	12	75%	0	0%	1	6%	0	0%	16
<b>6th Judicial District Subtotal</b>		<b>17</b>	<b>22%</b>	<b>9</b>	<b>11%</b>	<b>42</b>	<b>53%</b>	<b>2</b>	<b>3%</b>	<b>9</b>	<b>11%</b>	<b>0</b>	<b>0%</b>	<b>79</b>
7	Davenport Residential Corrections Facility	0	0%	0	0%	24	75%	0	0%	8	25%	0	0%	32
7	Davenport Work Release/OWI Center	10	22%	16	36%	0	0%	0	0%	19	42%	0	0%	45
<b>7th Judicial District Subtotal</b>		<b>10</b>	<b>13%</b>	<b>16</b>	<b>21%</b>	<b>24</b>	<b>31%</b>	<b>0</b>	<b>0%</b>	<b>27</b>	<b>35%</b>	<b>0</b>	<b>0%</b>	<b>77</b>
8	Ottumwa Residential Facility	1	4%	3	11%	20	71%	0	0%	4	14%	0	0%	28
<b>8th Judicial District Subtotal</b>		<b>1</b>	<b>4%</b>	<b>3</b>	<b>11%</b>	<b>20</b>	<b>71%</b>	<b>0</b>	<b>0%</b>	<b>4</b>	<b>14%</b>	<b>0</b>	<b>0%</b>	<b>28</b>
<b>Category Subtotal</b>		<b>65</b>	<b>9%</b>	<b>51</b>	<b>8%</b>	<b>330</b>	<b>52%</b>	<b>13</b>	<b>2%</b>	<b>179</b>	<b>28%</b>	<b>7</b>	<b>1%</b>	<b>635</b>

**Table 1.C.8: Male Residential New Admits (7/1/2005 - 6/30/2006)**

Judicial District	Adult Community Corrections Facility	Federal (FED)		OWI Continuum (OWI CONT)		Probation (PROB)		Parole (PAR)		Work Release (WR)		Other		Total
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
1	Dubuque Residential Facility	21	13%	9	5%	83	50%	0	0%	50	30%	4	2%	167
1	Waterloo Residential Correctional Facility	24	7%	23	6%	155	43%	1	0%	141	39%	15	4%	359
1	West Union Residential Facility	10	9%	5	4%	47	41%	0	0%	51	45%	1	1%	114
<b>1st Judicial District Subtotal</b>		<b>55</b>	<b>9%</b>	<b>37</b>	<b>6%</b>	<b>285</b>	<b>46%</b>	<b>1</b>	<b>0%</b>	<b>242</b>	<b>38%</b>	<b>20</b>	<b>3%</b>	<b>640</b>
2	Beje Clark Residential Facility - Mason City	15	11%	10	7%	78	55%	6	4%	33	23%	0	0%	142
2	Curt Forbes Residential Facility - Ames	10	9%	20	19%	35	33%	3	3%	39	36%	0	0%	107
2	Fort Dodge Residential Facility	16	15%	9	8%	50	47%	1	1%	31	29%	0	0%	107
2	Marshalltown Residential Facility	0	0%	9	7%	62	49%	1	1%	54	43%	1	1%	127
<b>2nd Judicial District Subtotal</b>		<b>41</b>	<b>8%</b>	<b>48</b>	<b>10%</b>	<b>225</b>	<b>47%</b>	<b>11</b>	<b>2%</b>	<b>157</b>	<b>33%</b>	<b>1</b>	<b>0%</b>	<b>483</b>
3	Sheldon Residential Treatment Facility	0	0%	9	11%	39	48%	2	2%	31	38%	0	0%	81
3	Sioux City Residential Treatment Facility	0	0%	28	19%	62	42%	6	4%	49	33%	2	1%	147
<b>3rd Judicial District Subtotal</b>		<b>0</b>	<b>0%</b>	<b>37</b>	<b>16%</b>	<b>101</b>	<b>44%</b>	<b>8</b>	<b>4%</b>	<b>80</b>	<b>36%</b>	<b>2</b>	<b>1%</b>	<b>228</b>
4	Council Bluffs Residential Corr. Facility	0	0%	11	5%	124	51%	6	2%	90	37%	12	5%	243
<b>4th Judicial District Subtotal</b>		<b>0</b>	<b>0%</b>	<b>11</b>	<b>5%</b>	<b>124</b>	<b>51%</b>	<b>6</b>	<b>2%</b>	<b>90</b>	<b>37%</b>	<b>12</b>	<b>5%</b>	<b>243</b>
5	Des Moines Work Release Center	65	16%	0	0%	1	0%	22	5%	313	78%	0	0%	401
5	Ft. Des Moines Men's Residential Prob. Center	0	0%	0	0%	356	96%	0	0%	0	0%	13	4%	369
5	Ft. Des Moines OWI Correctional Center	0	0%	71	91%	0	0%	0	0%	0	0%	7	9%	78
<b>5th Judicial District Subtotal</b>		<b>65</b>	<b>8%</b>	<b>71</b>	<b>8%</b>	<b>357</b>	<b>42%</b>	<b>22</b>	<b>3%</b>	<b>313</b>	<b>37%</b>	<b>20</b>	<b>2%</b>	<b>848</b>
6	Cedar Rapids - Nelson Residential Center	44	36%	1	1%	75	61%	2	2%	0	0%	0	0%	122
6	Cedar Rapids - Hinzman Residential Center	0	0%	41	21%	43	22%	13	7%	97	50%	1	1%	195
6	Coralville - Hope House Residential Center	14	11%	23	19%	51	41%	3	2%	32	26%	0	0%	123
<b>6th Judicial District Subtotal</b>		<b>58</b>	<b>13%</b>	<b>65</b>	<b>15%</b>	<b>169</b>	<b>38%</b>	<b>18</b>	<b>4%</b>	<b>129</b>	<b>29%</b>	<b>1</b>	<b>0%</b>	<b>440</b>
7	Davenport Residential Corrections Facility	0	0%	0	0%	86	66%	0	0%	40	32%	0	0%	126
7	Davenport Work Release/OWI Center	60	27%	80	36%	0	0%	0	0%	80	36%	0	0%	220
<b>7th Judicial District Subtotal</b>		<b>60</b>	<b>17%</b>	<b>80</b>	<b>23%</b>	<b>86</b>	<b>25%</b>	<b>0</b>	<b>0%</b>	<b>120</b>	<b>35%</b>	<b>0</b>	<b>0%</b>	<b>346</b>
8	Burlington Residential Facility	0	0%	23	14%	85	50%	0	0%	62	36%	0	0%	170
8	Ottumwa Residential Facility	14	11%	16	13%	52	43%	0	0%	40	33%	0	0%	122
<b>8th Judicial District Subtotal</b>		<b>14</b>	<b>5%</b>	<b>39</b>	<b>13%</b>	<b>137</b>	<b>47%</b>	<b>0</b>	<b>0%</b>	<b>102</b>	<b>35%</b>	<b>0</b>	<b>0%</b>	<b>292</b>
Category	<b>Subtotal</b>	<b>293</b>	<b>8%</b>	<b>388</b>	<b>11%</b>	<b>1,484</b>	<b>42%</b>	<b>65</b>	<b>2%</b>	<b>1,233</b>	<b>35%</b>	<b>56</b>	<b>2%</b>	<b>3,520</b>

**Table 1.C.10: LSI-R Risk Assessments - Scores As Of October 5, 2006**

Judicial District	Adult Community Corrections Facility	LSI-R Score < 15		LSI-R Score 16 - 25		LSI-R Score 26 - 40		LSI-R Score 40 +		Total
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	
1	Dubuque Residential Facility	2	3%	20	25%	51	65%	6	8%	79
1	Waterloo Residential Correctional Facility	2	2%	30	23%	72	55%	27	21%	131
1	West Union Residential Facility	0	0%	7	18%	24	60%	9	23%	40
<b>1st Judicial District Subtotal</b>		<b>4</b>	<b>2%</b>	<b>57</b>	<b>23%</b>	<b>147</b>	<b>59%</b>	<b>42</b>	<b>17%</b>	<b>250</b>
2	Beje Clark Residential Facility - Mason City	4	9%	11	24%	22	49%	8	18%	45
2	Curt Forbes Residential Facility - Ames	3	7%	10	23%	25	58%	5	12%	43
2	Fort Dodge Residential Facility	0	0%	6	24%	18	72%	1	4%	25
2	Marshalltown Residential Facility	2	5%	8	18%	31	70%	3	7%	44
<b>2nd Judicial District Subtotal</b>		<b>9</b>	<b>6%</b>	<b>35</b>	<b>22%</b>	<b>96</b>	<b>61%</b>	<b>17</b>	<b>11%</b>	<b>157</b>
3	Sheldon Residential Treatment Facility	0	0%	5	21%	18	75%	1	4%	24
3	Sioux City Residential Treatment Facility	6	10%	13	21%	36	59%	6	10%	61
<b>3rd Judicial District Subtotal</b>		<b>6</b>	<b>7%</b>	<b>18</b>	<b>21%</b>	<b>54</b>	<b>64%</b>	<b>7</b>	<b>8%</b>	<b>85</b>
4	Council Bluffs Residential Corr. Facility	1	1%	15	22%	50	74%	2	3%	68
4	Council Bluffs Women's Residential Facility	0	0%	1	7%	12	80%	2	13%	15
<b>4th Judicial District Subtotal</b>		<b>1</b>	<b>1%</b>	<b>16</b>	<b>19%</b>	<b>62</b>	<b>75%</b>	<b>4</b>	<b>5%</b>	<b>83</b>
5	Des Moines Women's Residential Corr. Center	1	2%	11	20%	35	65%	7	13%	54
5	Des Moines Work Release Center	2	2%	22	19%	81	71%	9	8%	114
5	Ft. Des Moines Men's Residential Prob. Center	4	5%	15	19%	51	65%	9	11%	79
5	Ft. Des Moines OVI Correctional Center	2	3%	21	34%	35	57%	3	5%	61
<b>5th Judicial District Subtotal</b>		<b>9</b>	<b>3%</b>	<b>69</b>	<b>22%</b>	<b>202</b>	<b>66%</b>	<b>28</b>	<b>9%</b>	<b>308</b>
6	Cedar Rapids - Nelson Residential Center	2	2%	7	7%	59	61%	28	29%	96
6	Cedar Rapids - Hinzman Residential Center	1	1%	1	1%	40	59%	26	38%	68
6	Coralville - Hope House Residential Center	1	2%	7	14%	32	63%	11	22%	51
<b>6th Judicial District Subtotal</b>		<b>4</b>	<b>2%</b>	<b>15</b>	<b>7%</b>	<b>131</b>	<b>61%</b>	<b>65</b>	<b>30%</b>	<b>215</b>
7	Davenport Residential Corrections Facility	2	3%	13	21%	46	74%	1	2%	62
7	Davenport Work Release/OVI Center	14	26%	14	26%	23	43%	2	4%	53
<b>7th Judicial District Subtotal</b>		<b>16</b>	<b>14%</b>	<b>27</b>	<b>23%</b>	<b>69</b>	<b>60%</b>	<b>3</b>	<b>3%</b>	<b>115</b>
8	Burlington Residential Facility	1	2%	19	33%	34	60%	3	5%	57
8	Ottumwa Residential Facility	0	0%	7	16%	28	64%	9	20%	44
<b>8th Judicial District Subtotal</b>		<b>1</b>	<b>1%</b>	<b>26</b>	<b>26%</b>	<b>62</b>	<b>61%</b>	<b>12</b>	<b>12%</b>	<b>101</b>
<b>Category Subtotal</b>		<b>50</b>	<b>4%</b>	<b>263</b>	<b>20%</b>	<b>823</b>	<b>63%</b>	<b>178</b>	<b>14%</b>	<b>1,314</b>

**Table 1.C.12: Recidivism Rates - FY2003**

<b>Residents Exiting From</b>	<b>Total Exits</b>	<b>Number Returned</b>	<b>Percent Successful</b>
Work Release	853	374	44%
OVI Facility	448	90	20%
Parole	3,181	1,251	39%
	<b>4,482</b>	<b>1,715</b>	<b>38%</b>

## **Chapter VI: Recommendations**

## A. Short Term Recommendations

Short-term recommendations are those that can be implemented during the next twelve to eighteen months or by the end of Fiscal Year 2008. The time frame for short-term recommendations was provided by Executive Staff of IDOC. Priorities for short-term recommendations were also determined with input from the IDOC Executive Staff during workshops and meetings.

An abbreviated list of the short-term recommendations is available in the Roadmap that accompanies this report.

### 1. Treatment

The short-term recommendations to IDOC and the legislature that follow are related to the previously identified special offender populations with treatment needs for substance abuse, mental illness, sex offenses, medical treatment for chronic and terminal illness due to aging, and gender-responsive services for women. In addition, reentry and prison industry opportunities for each of the five special populations were assessed and recommendations for each are included.

#### **Substance Abuse Treatment:**

The short-term recommendations to be implemented by end of Fiscal Year 2008 include:

- **Substance Abuse Treatment Assessment**

Develop a plan to fill substance abuse assessment positions at IMCC; the plan may include step-up hiring over time.

- **Substance Abuse Treatment Continuum**

Develop policies and a plan to adopt SAMHSA's evidence-based model: Co-occurring Disorders Integrated Dual Diagnosis Treatment Program for offenders with mental illness.

- **Substance Abuse Treatment Capacity**

Determine whether additional short term and relapse prevention programming would require additional staffing or reassignment of current staffing.

Study whether some mandated substance abuse treatment, especially short-term, for offender populations could be provided in CBC settings instead of institutions.

Complete a treatment and program staffing analysis to determine the level of staffing that would be required to meet demand for services.

Develop a plan to expand evidence-based program driven substance abuse treatment programs that meet the demand for and level of treatment required by the offender population.

Study both institution and community-based substance abusing offenders regarding access to, involvement in, and level of prior substance abuse treatment while in the community.

Study whether the faith-based Inner Change program at Newton (that was ruled unconstitutional based on separation of church and state) could and should be transformed into an evidence-based substance abuse therapeutic community that serves 100-150 additional eligible offenders throughout the system, consistent with appropriate assessments of risk and need.

### **Mental Health Treatment**

The short-term recommendations to be implemented by end of Fiscal Year 2008 include:

- **Culture regarding Mental Illness**

Develop training programs that explain the biology of mental illness for all IDOC line, treatment and management staff that addresses updated views of mental illness and recovery. This training should be included in both pre-service and annual training. Annual updates should include evaluation and outcome research in community and correction mental health care.

Implement the recently developed and updated mental health training for security staff.

- **Mental Health Assessment**

Continue to recruit psychiatrists to be involved in providing initial psychiatric assessments.

- **Mental Health Treatment Continuum**

Develop plan to increase access to acute care beds for both male and female offenders.

Develop and implement policies, procedures and training for judicial review for involuntary medication.

Determine appropriate use of designated mental health beds, including those proposed at IMCC, and develop a full continuum of beds that meet required level of care to be provided in each designated institution.

- **Mental Health Treatment Capacity**

Complete a staffing analysis to determine appropriate numbers per discipline of mental health professionals per facility location

Develop plan to increase appropriate disciplines and levels of professional mental health care across the continuum of care (acute to outpatient).

- **Mental Health Treatment Continuity in Community**

Conduct a complete study to determine numbers of CBC offenders in need of or receiving mental health care.

Conduct further study to determine the number of offenders in prison who serve longer sentences or “max out” because beds are unavailable in CBC system.

Conduct study to determine number of prisoners with mental illness who do not have access to reentry programs or release with community supports in place.

Conduct a complete study to determine the impact of adding nursing and social workers on psychologist workload across the continuum of care.

- **Mental Health Management Capacity**

Plan for the ability to meet systemic mental health management demands.

### **Sex Offender Treatment**

The short-term recommendations to be implemented by end of Fiscal Year 2008 include:

- Identify if there is a more effective evidence-based Sex Offender Treatment Assessment Instrument that will assist IDOC in meeting its vision of matching appropriate treatment to need and custody level.
- Monitor outcome evaluations of programs that other correctional systems have implemented that have decreased intensive sex offender treatment from 16-36 months to 12 months.

- Determine the numbers of prisoners who “max out” because they are unable to complete sex offender treatment programs with special emphasis on offenders who have mental retardation and other developmental disorders, mental illness, and brain-injuries.
- Complete the treatment and program staffing analysis to determine required numbers of treatment and counseling staff to meet the current and projected treatment needs and demands of sex offenders.
- Develop a plan to add sex offender treatment personnel who are able to meet the current and projected treatment needs of sex offenders.

### **Medical Treatment for Aging Population**

The short-term recommendations to be implemented by end of Fiscal Year 2008 include:

- Fill IDOC Nurse Administrator position to provide system-wide clinical and management oversight of nursing services.
- Fill currently vacant nursing positions to meet current minimum staffing requirements.
- Perform a detailed staffing analysis to determine the required medical/nursing positions per institution.
- Plan for a system-wide approach to recruit and train nurses for new positions at IMCC; hire and train all staff required to open the IMCC facility.
- Study how to expand keep-on-person (KOP) meds for offenders close to release.
- Complete the centralized pharmacy services study to determine whether it would be the cost effective.

### **Gender Responsive Treatment for Female Offenders**

The short-term recommendations to be implemented by end of Fiscal Year 2008 include:

- Seek technical assistance that is available from federal agencies such as the National Institute of Corrections for further information and guidelines for planning and developing evidence-based gender-responsive services.

- Create opportunities to communicate with the legislature and courts about the special needs of women and the beneficial outcomes from gender-responsive treatment and programs.

### Reentry

The short-term recommendations to be implemented by end of Fiscal Year 2008 include:

- Conduct a needs assessment to determine additional resources necessary to enhance capacity of applicable institutions to provide evidence-based reentry programs.
- Build further collaboration between institutions and the CBCs around Reentry Release Planning for incarcerated offenders.

### IPI and Vocational Programs

The short-term recommendations to be implemented by end of Fiscal Year 2008 include:

- Complete the systemic staffing study to determine the level of personnel required for vocational training programs and increased IPI opportunities in the institutions

## 2. Classification

Resolution of the classification issues faced by the Department requires more comprehensive assessment and modifications than any immediate or short-term strategies might offer. However, there are a couple of immediate steps that the Department could pursue to ensure improve the reliability and validity of its classification system.

**Streamline and standardize the classification process.** The current classification system is cumbersome and facility-specific rather than a departmental, comprehensive system.

**Provide formal training on the classification system.** A comprehensive training should be provided as soon as possible. An undated classification manual that specifies the operational definitions for each of the risks, custody override criteria, and classification procedures should be distributed to each staff member. This training should include reliability testing with actual DOC offenders to ensure that the rules and procedures are understood and applied correctly. Classification-related training should also be incorporated in the curriculum for all new employees. As needed, in-service classes should be provided to clarify questions or to modify the policies and procedures.

**Develop and Implement Ongoing Auditing and Monitoring Process.**

Policies and procedures for ongoing audits and monitoring of the classification system are needed to ensure that the system is implemented and conducted consistently across all DOC facilities. Equally important is the development of automated management reports and agency performance measures related to the classification system.

**3. Facilities and Operations****3.1 Institutions**

- **Operations**

The short-term recommendations to IDOC and the legislature that follow are related to the previously identified operational issues that support the capacity to provide treatment services to the special offender populations that have treatment needs for substance abuse, mental illness, sex offenses, medical treatment for chronic and terminal illness due to aging, and gender-responsive services for women. The operational issues that were assessed include staffing, training and development, and ICON and performance measures.

An abbreviated list of the short-term recommendations is available in the Roadmap that accompanies this report.

**Systemic Staffing Study**

The short-term recommendations to be implemented by end of Fiscal Year 2008 include:

- 1) IDOC must either complete their independent staffing study or actively participate in independent staffing analysis by providing all requested information related to the study and making staff available for interviews and surveys.
- 2) IDOC needs to coordinate with DAS to revise job descriptions as needed. In addition, the table of organization should be revised in conjunction with staffing plan
- 3) If the internal staffing study is not validate, the legislature should fund an independent staffing study for security and non-security positions at IDOC institutions and CBCs.

- 4) IDOC needs to develop strategies to strengthen partnerships with National Guard and Reserves to address military leave issues.

### **Training and Development**

The short-term recommendation to be implemented by end of Fiscal Year 2008 include:

- 1) Appropriate and fund pre-service, in-service and specialized training for staff in conjunction with needs identified from independent staffing analysis, strategic plan and IDOC training budget request.

### **ICON and Performance Measurements**

The short-term recommendations to be implemented by end of Fiscal Year 2008 include:

- 1) Fund ICON reconfigurations, modifications and beta testing.
- 2) Fund validation and reliability studies for classification instruments to enhance IDOC performance measurement capabilities relative to offender risk.
- 3) IDOC-Develop additional key performance indicators to evaluate and monitor quality at the institutions.

### **Bedspace Utilization**

The development of a valid and reliable risk classification instrument (when designed and successfully implemented) may indicate major re-distributions of offenders among facilities commensurate with the risks they pose. The first step toward accepted and efficient bed utilization is that development.

- **Infrastructure**

#### **Iowa Correctional Institution for Women**

A significant focus for this study emerged, whereby as an initial systemic step in the overall plan to 'Build on Basics' correctional programs and initiatives, a pilot plan will be put in place focused on Gender-Specific Issues for Women Offenders. This effort to centralize programs and services will properly overcome crowding concerns, as well as, create a springboard to interface with the Community Based Corrections system.

The number of female offenders is expected to exceed capacity by 30.0% by mid-year 2007. By mid-year 2016, the female population is expected to exceed current capacity by 72%.

- We recommend replacement of the older housing unit buildings that are not conducive to sound correctional supervision and programming. Specifically, Building 5 should be removed.
  - Estimated Cost - \$200,000 (demolition only)
- Relocate The Mount Pleasant Women's Unit (MPWU), a 100-bed Special Needs Unit for females, to ICIW.
- Relocate the Reception and Classification processing components for women from IMCC to ICIW. This change will further amplifying the need for immediate planning and design of a comprehensive correctional system and facilities for females. An initial target should focus on a Reception Center to accommodate 60 to 100 offenders, which is sized for long-term growth. Also, the center should include a health services component.
  - Estimated Construction Cost - \$6,500,000
- We recommend a phased approach to growth at ICIW. The first phase sized at 320 beds to offset outdated buildings, relocate MPWU, and accommodate for overcrowding. In addition, Phase 2, at 192-beds should accommodate future growth.
  - Estimated Construction Cost, 320 Bed Unit - \$21,600,000
  - Estimated Construction Cost, 192 Bed unit - \$15,750,000
- To accommodate for the increase number of offenders at the facility, we recommend increasing the capacity of food service and laundry services.
  - Estimated Construction Cost - \$2,500,000
- Relocate shift supervisors closer to Central Control.
  - Estimated Construction Cost - \$400,000
- Remodel Central Control. Provide toilet facilities for officers.
  - Estimated Construction Cost - \$100,000
- Update security system.
  - Estimated Construction Cost - \$100,000
- Repair water penetration in Building #9.
  - Estimated Construction Cost - \$180,000
- Correct Life Safety Issues in Buildings 1, 2, 3, and 4.
  - Estimated Construction Cost - \$100,000

Total cost for ICIW = \$47,430,000

### ISP: Building New or Re-use Existing Facility

#### **Option One – Construction of a New Maximum Security Institution**

This option considers the construction of a new institution on a different site, most likely at one of the farms. The new institution would contain, not only the housing units, and support service buildings including a physical plant, a treatment and program space, an industries building and other support services components. The cost estimates are inclusive of fixed equipment needed to operate the institution, as well as, allowances for site development.

The existing CCU building, the John Bennett Unit would continue to operate. These units will receive laundry and food services from the new facilities.

Using the Newton and Fort Dodge Correctional Facility as an introductory model for the types of campus components needed, we have projected the costs into a maximum-security environment.

- New Housing Units
  - Estimated Construction Cost - \$88,000,000
- Physical Plant, Treatment Support Space and Support Services
  - Estimated Construction Cost - \$15,000,000
- Industries Building
  - Estimated Construction Cost - \$2,000,000
- Perimeter Security Fence
  - Estimated Construction Cost - \$5,000,000
- Since the existing prison would be vacated most of the *Major Maintenance Projects* will not be required. The following major maintenance would still be required.
  - Fuel tank replacement
  - Septic system repair at Farm 3
  - Maintenance items to the John Bennett Unit, Farm 1 and Farm 3
  - Remodel dorm in Farm 1

- Life Safety issues to be corrected
  - At the John Bennett Unit, increase egress capacity from the Dormitories by adding two new egress stairs.
    - Estimated Construction Cost - \$100,000
  - At Farm 1 and 3, provide second exit from the second floor.
    - Estimated Construction Cost - \$75,000

Total cost for **ISP Option One = \$110,175,000**

### **Option Two – Repurpose the Existing Maximum Security Institution**

The ISP facility has served the State of Iowa well over its' long life and continues to play an important role in the overall effectiveness of the prison system. In order to remain effective, the facility is in need of updating. The cell houses, except for the CCU, are no longer conducive to sound correctional supervision and programming. However, removing the cell house buildings is difficult since the buildings are integral with the perimeter security wall. Therefore, any plan that continues the use of ISP needs to incorporate the use of these buildings as special management component and/or program support services.

As part of the systemic restructuring, Durrant is recommending the Iowa State Penitentiary Facility be repurposed. This would involve the construction of new housing units to replace the current housing units and readapting the current housing unit buildings to contain support and program space. To construct the new housing units would require the removal of the Industries Building and Laundry Building.

If this plan is implemented, the major maintenance items listed for the affected buildings will need to be evaluated to determine if the work is consistent with the proposed plan. The capital expenditures for maintenance of the Industries and Laundry Buildings should be reallocated to other maintenance items or new construction. Also, any planned maintenance within the offender housing units, shower renovation for example, should only be implemented as a temporary maintenance repair not a long-term solution.

Following is Durrant's recommendations to repurpose the facility.

- Since the Industries Building contains the kitchen and dining hall, a new kitchen/ dining hall/laundry will need to be constructed to provide meals for the adaptive re-use plan housing units and the existing CCU. In conjunction, the Iowa Prison Industries program currently in the Industries will need to be relocated to another building. The building should be one level and could be constructed

on the adjacent property with a secure connection to the prison yard.

- Estimated Construction Cost , Kitchen/Dining - \$5,800,000
  - Estimated Construction Cost, IPI - \$1,000,000
- To allow for space for the new housing units, we recommend the demolition of the current Industries Building. The building is old and is requiring considerable amount of capitol for maintenance and operation.
    - Estimated Cost - \$300,000
  - We recommend replacement of the older housing unit buildings by constructing 800 beds of housing units. The current housing will need to remain in use until new housing units are ready to receive offenders.
    - Estimated Construction Cost - \$105,700,000.00
  - Renovate old housing units building to contain support and program functions. This could include classrooms, hobby craft, counseling centers, meeting rooms and libraries.
    - Estimated Construction Cost - \$14,300,000
  - Remodel the Dining Hall to contain the laundry and clothes storage. Demolish the Laundry Building.
    - Estimated Construction Cost - \$200,000
  - Install high mast lighting in the prison yard.
    - Estimated Construction Cost - \$800,000
  - To be consistent with the proposed repurpose plan the following maintenance items can continue to be considered as listed in the *Major Maintenance Projects*.
    - Electrical upgrades to the facility
    - Roof replacements ( except for Industries and Laundry Buildings)
    - Window replacement (except for Industries and Laundry Buildings)
    - Fuel tank replacement
    - Septic system repair at Farm 3
    - Upgrades to the boiler system
    - Maintenance items to the John Bennett Unit, Farm 1 and Farm 3
    - Utility upgrades to the facility
    - Utility Tunnel maintenance items
    - Remodel dorm in Farm 1
    - Control Center remodel
    - Vent transformer room – Vocational/Gymnasium Building

- Whirlpool and Lift
- Depending on custody level of repurpose, the guard towers may or may not need to be remodeled.
- Life Safety issues to be corrected
  - Egress from current housing units
    - Estimated Construction Cost - \$3,800,000
  - At the John Bennett Unit, increase egress capacity from the Dormitories by adding two new egress stairs.
    - Estimated Construction Cost - \$100,000
  - At Farm 1 and 3, provide second exit from the second floor.
    - Estimated Construction Cost - \$75,000
- Total cost excluding Major Maintenance Projects, for

**ISP Option Two = \$132,075,000**

### **Newton Correctional Facility**

The main Newton facility is one of the newest, therefore, the facilities has few major maintenance items. However, the Correctional Release Center is in need of renovation.

As part of the systemic study, Durrant recommended adding bed capacity to this facility to reduce for the current overcrowding within the system and to accommodate for the anticipated growth. Following is Durrant's recommendations for infrastructure related items.

- We recommend the construction of 400 bed housing unit at the facility.
  - Estimated Construction Cost - \$23,000,000
- Renovate the Correctional Release Center including electrical upgrades
  - Estimated Construction Cost - \$1,295,000
- Replace hot water loop around the main facility
  - Estimated Construction Cost - \$1,200,000

### **Anamosa State Penitentiary**

The Anamosa facility has served the State of Iowa well over its' long life and continues to play an important role in the overall effectiveness of the prison system. In order to remain effective, the facility is in need of updating. The cell houses are no longer conducive to sound correctional supervision and programming.

- Replace boilers
  - Estimated Construction Cost - \$2,000,000

### **Clarinda Correctional Facility**

The Clarinda Correctional Facility is relatively new. The facility is in good condition except for the showers and the roof edge design issue. The showers in all of the housing units are showing considerable deterioration. Finishes are not adhering properly to the substrate causing the concrete and concrete masonry to be exposed to constant moisture. Prolong exposure to moisture accelerates the deterioration of the substrate.

The improper design of the roof edge is allowing water to penetrate the exterior precast concrete wall panels. Water has stained the exterior face as well as migrated into the interior. Revising the roof edge detail should correct the problem.

The 750 bed facility is located in the Clarinda Treatment Complex which contains the State Mental Health Institute (DHS), Waubonsie Mental Health Center, Clarinda Academy, Hope Hall (old CCF, unoccupied) and CCF Lodge (DOC). The facility's meals are prepared in the kitchen of the Institute and delivered via panel trucks through a sallyport. As a result, the offenders housed in of the facility do not have an opportunity to work in the food service, since it is outside the security perimeter.

The CCF Lodge (DOC) houses minimum custody, work release offenders. Currently only two floors of the three-story building are being utilized.

Along with routine maintenance, Durrant has the following recommendations for infrastructure related items:

- Correct flashing at the roof edge to prevent water from penetrating the building. Clean wall panels. Prepare and paint inside of wall panels.
  - Estimated Construction Cost – \$240,000
- Provide proper drainage away from building. Especially on the north side by the gymnasium.
  - Estimated Construction Cost - \$100,000

- Repair showers in housing units.
  - Estimated Construction Cost - \$240,000 (96)
- Consider adding a kitchen to the facility
  - Estimated Construction Cost - \$1,500,000
- Renovate Lodge to allow for the housing of more offenders. Renovation to include new finishes, remodel of toilet/shower facilities, new windows, ADA accessibility, and correction of life safety items
  - Estimated Construction Cost - \$1,500,000
- Determine use for Hope Hall

### **Fort Dodge Correctional Facility**

The Fort Dodge facility is one of the newest facilities. Because of the age the facility does not have many major maintenance items. The only items are the hot water loop and the boiler piping. The boiler piping is deteriorating due to the hardness of the local water. A water treatment system has been installed to reduce the hardness. Along with routine maintenance, Durrant has the following recommendations for infrastructure related items:

- Replace water piping as it fails
  - Estimated Construction Cost - \$10,000

### **Mount Pleasant Correctional Facility**

The Mount Pleasant facility is a former Mental Health Hospital adapted to be used for correctional purposes. The buildings are old but are in relative good condition. The major maintenance issues for the most part are limited to the mechanical, electrical and security systems. Following are Durrant's recommendation for infrastructure related items.

- Update electrical system. Current system is not adequate to provide electrical services to the facility.
  - Estimated Construction Cost - \$4,000,000
- Update heating system to a more efficient system including cooling capabilities.
  - Estimated Construction Cost – \$8,460,000
- Replace windows throughout the facility. The efficiency of the new windows will pay for themselves in saved energy cost.
  - Estimated Construction Cost - \$750,000

- Install high mast lighting in prison yard.
  - Estimated Construction Cost - \$750,000
- Provide accessibility for person with disabilities to dining. Currently, all offenders need to transverse a steep ramp to get to the dining hall.
  - Estimated Construction Cost - \$100,000
- Relocate women to ICIW
- Upgrade security system including communications, cameras and door controls.
  - Estimated Construction Cost – \$100,000

### **Iowa Medical and Classification Center**

The IMCC facility is relatively new. Currently, a new Special Needs Unit is under construction. Following are Durrant's recommendation for infrastructure related items.

- Repair roofing on older buildings
  - Estimated Construction Cost - \$100,000
- Replace windows in older buildings
  - Estimated Construction Cost - \$69,000

### **North Central Correctional Facility**

The Rockwell City facility is a mixture of old and new buildings. The facility is in need of an update to continue to operate effectively. Following is Durrant's recommendations for infrastructure related items.

- Construct new kitchen/dining room
  - Estimated Construction Cost - \$1,500,000
- Repair the exterior of Building D
  - Estimated Construction Cost - \$300,000
- Remodel and expanded Central Control
  - Estimated Construction Cost - \$450,000
- Replace windows in Buildings A, B, and C and the Administration Building
  - Estimated Construction Cost - \$180,000
- Wire emergency generator to serve the entire facility
  - Estimated Construction Cost - \$120,000

- Repair steam tunnels and lines
  - Estimated Construction Cost - \$200,000
- Replace damaged sidewalks
  - Estimated Construction Cost - \$25,000

### 3.2 Community Based Corrections

This section of the report presents preliminary recommendations with regard to maximizing the benefits to the state from the best possible use of community-based correctional centers under the jurisdiction of each of the eight judicial districts. These preliminary short- and long-term recommendations will be supplemented as part of the work proposed in Phase 2 of the Iowa Department of Corrections Master Plan.<sup>155</sup> Similarly, the conclusions drawn and recommendations made will be reexamined and modified based on analysis of not yet available data and information, as well a complete analysis of how best to integrate the Department of Corrections' resources (both existing and proposed) with the resources in each of the independent eight judicial district's Departments of Correctional Services.

#### Operations

Improving community corrections outcomes and increasing its capacity will not only have an immediate impact on institutional bed utilization, but it will also have a potential impact on future institutional bed space and improve public safety by way of reducing recidivism. Therefore optimizing the potential of community corrections by increasing funding for capacity expansion and additional programming can have far reaching benefits throughout the system and be cost effective in the long term.

The following are our initial community corrections short-term recommendations. These are recommendations that could be implemented as immediately without the need for legislation or budgetary action by the legislature in order to implement.

#### 1. Determine the 'right' mix of residents (overall).

We found examples of offenders who could not work due to their health or offense type being sent to work release facilities and wasting bed space. By properly defining and assigning the right mix of population types to each of the district's facilities based on the need and programming available will help prevent misuses of bed space with inappropriate referrals or offenders who just can't benefit from the resources available in the area. This is an issue that is will require working with the judiciary, the DOC and Parole Board in a statewide systems approach to the problem. Districts have done what they can do to this point however perhaps the impact of this study will move

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<sup>155</sup> The Legislature is currently considering a request from the Department of Corrections for funding Phase 2 work.

decision makers to better understand the impact of their decisions and be more appropriate in their referral decisions.

**2. Increase support for mental health/medical services in the community to support the continuum of care.**

The need for additional mental health services, dual diagnosis services (substance abuse and mental illness) and funding for medications was expressed in every district. Iowa Department of Human Services reports that the largest State mental health institution in 2005 held just 90 persons. On June 30, 2005 Iowa prison system held 2,902 mentally ill offenders. The Clinical Care Unit at the Iowa State Penitentiary is therefore the largest mental health facility in the state holding 143 offenders in 2005.

In 2005 31 percent of male inmates and 60 percent of female inmates in Iowa institutions were mentally ill per psychiatric diagnosis.<sup>156</sup> Similarly, that same year 26 percent of male parolees and 55 percent of female parolees were mentally ill.<sup>157</sup> This is a national trend and issue and must be addressed to avoid huge expansion of institutional capacity in the future. This issue is being addressed in the 6th District where they building a mental health center to serve approximately 20 mentally ill residents in community corrections residential setting in Cedar Rapids. Both the 1st and 6th districts have been doing the equivalent of a mental health court, even though the courts only get involved at the end of the process. Other current comprehensive programs that address mental health needs as one component in community corrections include: the first judicial district's day program and reentry court program, the fifth judicial district's Going Home: KEYS Reentry Program; and the third judicial district's mental health court. Dual diagnosis interventions are available in five out of the eight judicial districts, the largest being the Waterloo Dual Diagnosis Program.<sup>158</sup> During FY2005, a total of 252 offenders were served in dual diagnosis interventions statewide. The Department clearly understands the need for mental health treatment and expressed its commitment to it in the 2006 Mental Health Report to the Board of Corrections. It is simply a matter of obtaining and developing the necessary fiscal and program resources across the State to facilitate successful re-entry by this population.

**3. Restore funding for substance abuse and education programming to 2002 levels.**

Almost every district reported losing most of their treatment and education programming staff in the 2002 budget cuts and only a few of those positions have been restored. Nationally, 80% of offenders have substance abuse issues. Drug crimes are the most common crime among new admissions and

<sup>156</sup> Population Growth, Iowa DOC Report to the Board of Corrections, July 2006, 15.

<sup>157</sup> *Ibid.*, 15.

<sup>158</sup> Mental Health, Report to the Board of Corrections, Iowa Department of Corrections, April 2006. p12.

have increased from 316 in FY 95 to 1,057 in FY 05.<sup>159</sup> This staggering statistic dictates that community corrections must adequately address this need before offenders are released back into the community. Treating offenders for their addictions will improve public safety and reduce crime and recidivism. Not treating them will ensure that the revolving door continues to spin. In funding additional treatment it is critical that the proper type and length of treatment be provided and that a continuum of services exists so treatment dollars are wisely spent. Some education funding has been restored. According to the Department's 2006 - 2007 Strategic Plan, the greatest need among community corrections offenders is alcohol and drug treatment. The report states that 4,376 (67%) of offenders in community corrections need of substance abuse treatment surpassing the next highest need (emotional and personal support) at only 15%.

**4. Educate the legislature on the impact of not fully funding staff raises and increasing cost of benefits.**

Districts reported that when the legislature increases staff salaries, that they often do not raise the funding to support those raises. The result is that the district must cut other spending in order to pay for increased staff salaries. These cuts usually come from the one area that is possible to cut and that is programs.

**5. Share best practices across between the Judicial Districts and between community and institutional corrections.**

The Districts operate independently via Performance of Service contracts with the DOC. Each District has a Board of Directors that oversees its operation. Although this is effective in ensuring that each district provides services relevant to its region, the autonomy that results may sometimes hamper sharing of successes and programming ideas. The unique relationship the CBCs have with the DOC may sometimes hamper the integration of best practices and innovation from occurring across the institutional and community systems. There is much talent among the judicial districts but it may not always get meshed with the DOC. Much that the districts do could apply to the DOC. The offender reentry case management system is one example where something is being implemented across both DOC and CBC systems.

Sharing best practices between districts should also be encouraged. For example, in 1989 the 6th District developed an automated Matrix to calculate various assessment scores and risk and recommend placements, sanctions, etc. Some districts have reportedly tested it against their current placements and found they would need to make modifications to achieve the type of placements they want due to their correctional philosophy. Although we were not charged with evaluating its effectiveness, it appeared to be a useful tool that could be used statewide to provide more consistent placements and

<sup>159</sup> Ibid., 5.

eventually could be tied in with ICON and we were surprised that other districts were not utilizing it or a customized version of it.

**6. Hire clerical staff or paraprofessionals to do PSI reports and data entry work.**

Some districts reported losing clerical staff in the 2002 cuts resulting in parole officers spending more time taking supervision time away from parole officers.

**7. Develop programs for the older and ill residents being sent to the CBCs.**

Districts reported that they are seeing more older and ill offenders coming into their facilities. Twenty years ago 4 percent of the DOC population was 51 or older, today 8 percent are in this age group. Today 49 percent of DOC population is between 31 and 50, up from 31 percent during the same period.<sup>160</sup> The aging of the offender population is a national trend. Districts should develop programs to meet the needs of this older population and have the resources to accommodate their need for additional medical care. (not sure what they can do specifically). This population is creating challenges for probation supervision as well and making it even harder to properly handle the already heavy caseloads.

**8. Maintain awareness and use of Evidence Based Practices (EBP) through training.**

Iowa is committed to the use of EBP however there should be a statewide funded infrastructure to provide training and education both internally and externally. Tight budgets often result in cuts to programming and training. Iowa DOC should maintain a strong commitment to staff training in the use of EBP. One way to achieve this would be to fund one trainer for each judicial district. The interaction with offenders and programming and supervision provided in the CBCs can be the difference between a successful and an unsuccessful reentry. It is therefore critical that staff be armed with all the tools available.

**9. Involve the Faith Community and Volunteers.**

There are examples all over the State of the faith community serving offenders in the CBCs. This effort should continue and expand to bring the formal and informal support systems together to improve the chances of successful reentry by providing a mini-support system. It is important however that the resources be available to properly screen, place and manage volunteers providing services and support to offenders to prevent further harm.

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<sup>160</sup> Population Growth, Iowa DOC Report to the Board of Corrections, July 2006, 14.

## 10. Control or reduce the number of sex offenders in the CBCs.

There is an ever increasing number of sex offenders returning to the community and they are taking up more and more beds in the CBCs. Although there is a Sex Offender Program that provides treatment through group counseling and education combined with intensive supervision to offenders who commit sex crimes, it is not desirable to place them in co-gender facilities or in work release beds if they are not able to work. In co-gender CBCs these sex offenders are in and around female offenders. Staff interviewed indicated that some of the sex offenders in their facilities were not able to find work due to the nature of their crimes and were wasting a bed that could be used by other offenders. Many of these referrals are coming directly from the courts however an effort should be made to educate the judges and other referral sources on a statewide basis to the problems created by this practice. It may even be more economical for the state to develop one or more residential sex offenders facilities that can focus more resources on a concentrated population.

### Infrastructure

The CBC facilities are an integral and critical part of the correctional system. CBC provides an alternative to incarcerating non-violent offenders in the overcrowded institutions. In addition, the facilities provide an avenue for re-entry into society.

- Several CBC Facilities currently house more residents than what the facility was designed. We recommend providing new beds to reduce overcrowding. The Department of Corrections' expansion plan has targeted facilities at Ottumwa, Sioux City and Waterloo for additions.
  - Estimated Construction Cost - \$15,000,000
- Also, the Department of Corrections' expansion plan has indicated the construction a new facility for the 5<sup>th</sup> District.
  - Estimated Construction Cost - \$20,000,000
- Except for Davenport, the current facilities are in relatively good condition. Maintenance and improvements of these facilities should be on going.
- Since most of the buildings are between 15 to 20 years old, the HVAC systems no longer function properly and are need of replacement. Also, as a result of the age, the shower/toilet facilities are in need of renovating.
- We recommend constructing a new facility to replace the two CBCs in Davenport. The current facilities are not conducive to sound correctional supervision and programming. In addition, it has several life safety issues that affect the welfare of the residents.
  - Estimated Construction Cost - \$10,000,000

Following is recommendations for individual facilities

- **Ames**, the facility is in need of receiving remedial attention over any other CBC facility.

Renovate shower facilities.

- Estimated Construction Cost - \$25,000

Redesign and replace current HVAC system

- Estimated Construction Cost - \$100,000

Construct new kitchen addition and remodel the existing kitchen

- Estimated Construction Cost - \$100,000

Construct new classroom Addition

- Estimated Construction Cost - \$200,000

- **Burlington**

Redesign and replace current HVAC system

- Estimated Construction Cost – \$100,000

Construct new classroom addition to replace portable classroom

- Estimated Construction Cost – \$200,000

- **Cedar Rapids**

Only minor maintenance items

- **Coralville**

Construct new storage addition to building to replace garage and sheds.

- Estimated Construction Cost - \$75,000

Renovate toilet/shower facilities

- Estimated Construction Cost - \$25,000

Construct new classroom addition to building. Current classrooms are located in the lower level; requiring residents to go outside to get to them.

- Estimated Construction Cost - \$250,000

- **Council Bluffs (Women)**

New facility

- **Council Bluffs (Men)**

Redesign and replace current HVAC system

- Estimated Construction Cost – \$100,000

- **Des Moines (Women)**

New facility

- **Des Moines (Men)**

Install elevator in programs building to allow for accessibility to all areas.

- Estimated Construction Cost - \$500,000

- **Dubuque**

Construct new classroom addition to replace current classroom in basement.

- Estimated Construction Cost - \$200,000

- **Fort Dodge**

New facility (under construction)

- **Marshalltown**

Redesign and replace current HVAC system

- Estimated Construction Cost – \$100,000

Remodel toilet/shower facilities

- Estimated Construction Cost - \$25,000

Construct new classroom addition

- Estimated Construction Cost - \$200,000

- **Mason City**

Redesign and replace current HVAC system

- Estimated Construction Cost - \$100,000

Install new walk-in cooler

- Estimated Construction Cost - \$30,000

- **Ottumwa**

Construct additional sleeping rooms

Construct new classroom addition to replace current portable classroom

- Estimated Construction Cost - \$200,000

- **Sheldon**

- Redesign and replace current HVAC system

- Estimated Construction Cost – \$100,000

- Remodel toilet/shower facilities

- Estimated Construction Cost - \$25,000

- **Sioux City**

- Construct additional sleeping rooms

- **Waterloo**

- Construct additional sleeping rooms

- Replace waterline

- Estimated Construction Cost – \$50,000

- Replace windows in existing facility

- Estimated Construction Cost - \$50,000

- **West Union**

- Redesign and replace current HVAC system

- Estimated Construction Cost - \$100,000

- Replace roof

- Estimated Construction Cost - \$10,000

## **B. Long Term Recommendations**

Long-term recommendations are those recommendations that can be implemented during Fiscal Year 2009 through Fiscal Year 2012. The time frame for long-term recommendations was provided by Executive Staff of IDOC. Priorities for long-term recommendations were also determined with input from the IDOC Executive Staff during workshops and meetings.

An abbreviated list of the long-term recommendations is available in the Roadmap that accompanies this report.

### **1. Treatment**

The long-term recommendations to IDOC and the legislature that follow are related to the previously identified special offender populations with treatment needs for substance abuse, mental illness, sex offenses, medical treatment for chronic and terminal illness due to aging, and gender-responsive services for women. In addition, reentry and prison industry opportunities for each of the five special populations were assessed and recommendations for each are included.

## Substance Abuse Treatment

The long-term recommendations to be implemented by end of Fiscal Year 2012 include:

- **Assessment for Substance Abuse Treatment**

Continue to fill substance abuse assessment positions at IMCC if a step-wise approach is used.

Continue to monitor population growth and fund additional substance abuse assessment positions as required by data driven service demands.

- **Substance Abuse Treatment Continuum**

Implement SAMHSA evidence-based treatment model: Co-occurring Disorders Integrated Dual Diagnosis Treatment Program for offenders with mental illness.

Determine if a similar gender specific program exists for women offenders who have mental illnesses or if this treatment approach has been evaluated for outcomes for women with co-occurring disorders.

Plan to provide this program by dually trained staff (a professional with both mental health and substance abuse training and expertise).

Plan to implement this program in IDOC special needs units; consider piloting the program at the Clinical Care Unit at Ft. Madison.

- **Substance Abuse Treatment Capacity**

Once the classification system has been updated and the number of offenders who fall within each custody classification has been clarified, IDOC should use the LSI-Rs of offenders in each classification to determine of level of substance abuse treatment needs. The levels of treatment required for each custody classification should be cross-matched against the current distribution of substance abuse services to determine if there is a need to adjust the substance abuse treatment program distribution.

Develop a plan to expand evidence-based substance abuse treatment programs that meet the demand for and level of treatment required by offender population.

Monitor the demand for all levels of substance abuse services on an at least an annual basis.

Adjust the level of substance abuse treatment services distribution to meet the data driven demand for services.

Fund additional treatment positions to meet the data driven demand for services.

### **Mental Health Treatment**

The long-term recommendations to be implemented by end of Fiscal Year 2012 include:

- **Culture re: Mental Illness**

Conduct annual training to update clinical staff re: current trends in community and correctional mental health care.

Conduct annual reviews and update of mental health standard operating procedures and post orders to reflect change in culture and approach to managing offenders with mental illnesses.

- **Mental Health Assessment**

Continue to recruit psychiatrists for initial assessments.

Add additional psychologist assessment positions.

Monitor increase in the offender population and track the need for additional assessment staff; evaluate on an annual basis.

- **Mental Health Treatment Continuum**

Determine if legislative change to Iowa Code Section 904.201 is required regarding the use of hospital beds for non-prisoners or if needed changes can be accomplished by changing practices.

Ensure that there are sufficient numbers of mental health beds across the continuum of care to meet the increasing demand for mental health services.

Decrease the number of “civilian” patients and increase the capacity for acute care for prisoners.

More accurately track the level of mental health bed demand through ICON.

Adjust and repurpose beds as demand and the proposed new classification system requires.

Determine whether repurposing and focusing mental health services in one institution, particularly acute and partial hospitalization mental health care, would be more cost effective and would also improve the ability to recruit and retain psychiatrists.

Adjust clinical staffing for licensed hospital level care to be equal to staffing patterns in state psychiatric facilities.

- **Mental Health Treatment Capacity**

Fill nursing vacancies to meet minimum staffing requirements for psychiatric hospital level of care.

Develop additional academic relationships to provide training opportunities and build the potential pool of future clinical staff.

Develop new policies to plan for and adopt and implement SAMHSA's Recovery Model for treatment of mental illness across the continuum of mental health care.

Implement Recovery Model treatment programs.

Consider using mid-level psychiatrically trained NPs and PAs to extend psychiatric resources.

Add psychiatric nursing and social work positions to acute care, partial hospitalization, and special needs unit settings.

Use psychiatric RN positions to assist with telemedicine to free psychologists for treatment.

Fund additional required mental health positions in acute, partial hospitalization and special needs units commensurate with the defined level of care.

- **Mental Health Treatment Continuity to the Community**

Develop a detailed plan for additional reentry opportunities for offenders with mental illness.

Fund additional reentry opportunities/programs for offenders with mental illness.

- **Management Capacity**

Fund and fill a quality assurance position for mental health (peer review, EBP, outcome evaluation).

Determine additional mental health management position demands as part of a comprehensive workload analysis.

Fund and fill regional mental health management positions.

### **Sex Offender Treatment**

The long-term recommendations to be implemented by end of Fiscal Year 2012 include:

- **Sex Offender Treatment Continuum**

Develop additional treatment program slots and /or programs to meet data driven demands for mandated treatment.

Develop sex offender treatment programs for those who have mental illness and who are also sex offenders. Recommend identifying an evidence-based program that targets interaction of illness management and sex offending behaviors.

Plan and develop consistent evidence-based (EBP) sex offender treatment programs across IDOC institutions and the CBC system.

- **Sex Offender Treatment Capacity**

Monitor demand for services annually and adjust treatment programs to meet data driven demands for treatment services.

Develop additional treatment program slots to meet the level of treatment program distribution demands for mandated treatment.

Fund additional treatment program staff as the data driven service demands document the need.

## Medical Treatment for Aging Population

The long-term recommendations to be implemented by end of Fiscal Year 2012 include:

- **Nursing/Medical Care Capacity**

Study how/if the use of a phlebotomist, unit coordinator, and clerical staff may expand nursing care of current positions which will provide additional nursing time to the aging population.

Fund additional medical/nursing and extender positions as the growth of the aging population requires.

- **Assisted Living (AL) and Terminal Care (TC) Capacity**

Clarify what level of medical/nursing care each institution can provide to aging and other offenders with medical and nursing care needs.

Develop criteria to place an offender in need of assisted living or terminal care for each institution.

Expand the trained offender worker program to assist with hospice, infirmary and assisted living care.

Monitor use of designated medical beds throughout the system.

Continue to monitor the demand for medical and nursing care services to meet the health care needs of the aging population on an annual basis.

Adjust staffing patterns to meet the level of health care services that data demonstrates is required.

Fund additional data driven positions requirements.

- **Centralized Pharmacy**

Study whether the use of extended medications would be cost effective and expand nursing care resources.

Complete the study of cost effectiveness of centralizing pharmacy services for IDOC.

Implement a plan for pharmacy services.

Monitor effectiveness and cost savings of a new centralized pharmacy, if implemented.

Monitor and adjust any new pharmaceutical plan and determine if additional positions are required.

Fund additional required positions.

### **Gender Responsive Treatment for Female Offenders**

The long-term recommendations to be implemented by end of Fiscal Year 2012 include:

- IDOC should revise key policies that allow flexible, culturally and gender responsive rules. Security and supervision should be realistically consistent to meet the risks and needs of women.
- IDOC must increase the number of BFOQs at ICIW, provide incentives to attract female correctional officers from some of the male facilities, and aggressively recruit female correctional officers.
- Provide gender-specific training that will help staff be more effective in working with female offenders.
- Develop evidence-based programs that are creative, flexible, realistic and women-centered.
- Develop a balance between non-traditional training to expand economic, employment and social roles of women with those that can in a short time frame prepare women for work in the community to which they are returning.
- Ensure that the therapeutic community (STAR) meets programs and activities requirements as set forth in ACA First Edition Performance-Based Standards for Therapeutic Communities
- Develop evidence-based Re-entry programs in conjunction with CBC, the Parole Board and other government, private and community based programs.

### **Reentry Programs and Opportunities**

The long-term recommendations to be implemented by end of Fiscal Year 2012 include:

Expand the current number and type of evidence-based (EBP) reentry programs offered by institutions and increase the number of participants.

Change the release and reentry program model to implement a system-wide tiered step down approach by releasing institutions.

Fund efforts to build capacity or sustain changes based on results, budget justifications and priorities for reentry programs using a step down approach.

Appropriate and fund additional staff necessary to ensure assessed individuals from special needs populations will receive opportunities to participate in tiered reentry programs prior to release.

### **IPI and Vocational Programs**

The long-term recommendations to be implemented by end of Fiscal Year 2012 include:

Appropriate (i.e., set aside) and fund initiatives related to EBP vocational training program, including hiring of adequate vocational training personnel to the program for the target populations

Appropriate funding to extend basic educational opportunities (ABE and GED) for offenders as fundamental to successful vocational and work opportunities that extend to community reintegration.

Approve and fund to increase staff positions in industries, vocational training and other work programs based on the outcome of the independent staffing analysis and the initial classification validation study/

Appropriate and fund efforts to expand industries programs for eligible female offenders and special needs populations.

Appropriate and fund hiring of a Central Office volunteer coordinator to significantly expand the use of volunteers to reduce costs and consistent with evidence-based programming initiatives for correctional programming and services;

Amend statutes as necessary to achieve initiatives.

Implement vocational training programs and expand IPI.

Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for vocational training programs and IPI.

## 2. Classification

The issues and problems posed by the classification system have evolved over time. Consequently, their resolution and the development of a valid and reliable classification system will not occur through any one or all of the short-term strategies identified. It is also important to remember that the need to revalidate the classification system is not an indication that the current or original system was faulty or that the classification staff is performing poorly. Every three to five years, the objective classification systems should be subjected to a rigorous revalidation process to ensure that the instruments are valid and reliable for the current institutional populations and that the policies and procedures reflect the current laws and norms. Therefore, in addition to recommending short-term strategies, the following long-term strategies for strengthening and refining the classification policy and procedures are recommended:

- Revise and Update the external classification system. Because many of the concerns and barriers observed during this assessment were applicable to both the men and women offenders, a study to assess the validity of the classification system for the Department's offender populations is strongly recommended. The study should include separate samples/files for the male and female offenders to explore the question as to whether a gender-specific system is needed. This initiative would also provide the opportunity to:
  - Test alternative definitions to potentially improve the predictive power of the current custody risk factors and generate additional dynamic risk factors;
  - Develop separate initial and reclassification instruments;
  - Develop indices for rating the severity of criminal offenses and major and minor institutional infractions disciplinary;
  - Specify reasons and procedures for discretionary and mandatory overrides; and
  - Refine to the classification process.

The redesign process should, at a minimum, include the following tasks:

Task 1: Review of this classification assessment to ensure that all of the problems and/or questions associated with the risk factors, weight of the factors, policies, and procedures have been identified and to explore additional options for improving the system. This review requires input from classification supervisors, case managers, treatment, security, executive, research, mental health, medical, and information system staff.

Task 2: Assess the validity of current risk factors, custody scale, and classification procedures and test the predictive power of the suggested refinements to the current and new risk factors as derived from this assessment and the review of the system. This task will require statistical analyses of electronic files with criminal history, classification, and disciplinary data for the male and female

offenders and special populations. In addition, in order to test some of the suggested modifications to the risk factors, manual data collection from the case files may be required.

- Task 3: Revise and fine-tune the system. Based on the results of the statistical analyses and simulations, the classification instruments, manual, and policies should be updated.
- Task 4: Document the revalidation process and results. A written report should be prepared documenting the presenting problems, statistical analyses, recommendations, and refinements. The current policies should be updated to reflect all modifications to the process.
- Task 5: Implement the approved modifications to the classification system. The Department should develop a comprehensive time-task chart for training all classification staff, educating the non-classification staff, modifying the automated information system, and structuring the implementation of the approved changes to the system.
- Task 6: Design and implement ongoing auditing and monitoring processes to track the classification process and ensure quality control of the system.

Assess the Department's internal classification goals and objectives and develop a formal system that will provide reliable and useful information for managing and placing offenders within a facility. Because intra-facility management of female and special need populations (sexual predators, sexually vulnerable, mental health, geriatric, administrative segregation, etc.) pose different sets of questions and problems from than those presented by general population offenders, specialized systems for these populations may need to be developed. Thus, the Department must specify its internal classification goals for the general population as well as these special populations. Development of an internal classification system would require a validation study that includes each of these populations to ensure that the system provides an accurate assessment of their personality and behavioral patterns related to housing, program, and/or work assignments.

To undertake either or both of these classification development efforts requires strong commitment by Executive and facility-administrative staff. They will require, in addition to intensive staff participation, resources to generate the data for developing and testing the risk factors, updating the classification module within ICON, revising departmental policies and procedures, and implementing the updated classification system.

When the classification system is validated, a suitable and efficient bed utilization plan can be developed and implemented using frequency distributions of custody levels and estimates of special needs housing for the long run. In addition policy standards should be developed that define the characteristics of the physical plant, treatment, security, programmatic, support services and staffing needs for each classification level and special management populations which can be used as criteria in determining how the existing inventory of beds matches up with future bed utilization. That plan would also

take into consideration the projected increase in male and female offenders, the physical condition of each facility and the housing units within them, as well operational, programming and staffing considerations.

Through that analysis, options can be developed, and recommendations made so that beds can be distributed appropriately in available and appropriate housing. If there is shortfall of beds for custody levels and special needs, plans can be made to provide additional, appropriate beds via capital improvements, expanded use of community resources, contracted correctional services, and/or other innovative approaches.

### **3. Facilities and Operations**

When the classification system is validated, a suitable and efficient bed utilization plan can be developed and implemented using frequency distributions of custody levels and estimates of special needs housing for the long run. In addition policy standards should be developed that define the characteristics of the physical plant, treatment, security, programmatic, support services and staffing needs for each classification level and special management populations which can be used as criteria in determining how the existing inventory of beds matches up with future bed utilization. That plan would also take into consideration the projected increase in male and female offenders, the physical condition of each facility and the housing units within them, as well operational, programming and staffing considerations.

Through that analysis, options can be developed, and recommendations made so that beds can be distributed appropriately in available and appropriate housing. If there is shortfall of beds for custody levels and special needs, plans can be made to provide additional, appropriate beds via capital improvements, expanded use of community resources, contracted correctional services, and/or other innovative approaches.

#### **3.1 Institutions**

##### **Operations**

The long-term recommendations to IDOC and the legislature that follow are related to the previously identified operational issues that support the capacity to provide treatment services to the special offender populations that have treatment needs for substance abuse, mental illness, sex offenses, medical treatment for chronic and terminal illness due to aging, and gender-responsive services for women. The operational issues that were assessed include staffing, training and development, and ICON and performance measures.

An abbreviated list of the long-term recommendations is available in the Roadmap that accompanies this report.

##### **Systemic Staffing Study**

The long-term recommendations to be implemented by end of Fiscal Year 2012 include:

- 1) IDOC should implement approved changes to management controls for overtime identified in staffing plan.
- 2) It is important that the results of the IDOC staffing study are thoroughly reviewed to identify any proposed changes to statutes that would result from staffing study.
- 3) Develop a plan to continue funding that phased hiring of IDOC staff to meet minimum staffing goals.
- 4) Develop and fund recruitment strategies for increasing hiring of women and ethnic minorities at IDOC.
- 5) The legislature should review, approve and authorize hiring priorities based on hiring plan and budget.
- 6) The legislature should continue to appropriate needed Central Office staffing consistent with independent staffing analysis and plan.
- 7) It is imperative that the legislature understands that new EBP initiatives may require additional Central Office staff positions to perform that necessary program validation and outcome studies.

### **Staff Training**

The long-term recommendations to be implemented by end of Fiscal Year 2012 include:

- 1) Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for staff training and development. To do so, the following is recommended:
  - a) Use the systemic security and treatment/program staffing analysis to support identification of training needs.
  - b) Review the current system-wide training plan and address legal risk management issues with counsel.
  - c) Develop a plan to address training deficits that are identified in this report.
  - d) Review IDOC training budget on an annual basis and adjust to meet current training needs.
  - e) Ensure that all IDOC training addresses applicable evidence based practices and professional requirements of *ACA ACI 4<sup>th</sup> edition Standards and 2006 Standards Supplements*.

- f) Enhance performance measurements for training at the institutions.
- g) Appropriate and fund hiring training coordinators at institutions where vacancies exist.
- h) Appropriate and fund efforts by IDOC to seek block grants through federal government agencies to address gaps in training for staff working with special populations.

### **ICON and Performance Measurements**

The long-term recommendations to be implemented by end of Fiscal Year 2012 include:

- 1) Authorize and fund Information Technology study to assess capacity and determine needs of institutions.
- 2) Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for ICON and data systems.
- 3) Fund training for institutional staff relative to modifications to ICON and other data system (particularly as it relates to the classification study outcomes).
- 4) Authorize and fund data warehousing, data mining and data mapping for IDOC.
- 5) Appropriate and fund quality assurance and monitoring component for IDOC data systems.
- 6) Implement continued ICON and Performance Measurement training for IDOC staff.
- 7) Implement use of additional key performance indicators for ICON.
- 8) Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for performance measurements.
- 9) Legislature-Appropriate and fund requests to expand grant writing resources related to provision of programs and services.

- 10) Appropriate and fund efforts by IDOC to partner with Regents and non regent institutions to conduct EBP outcome studies on reentry programs and recidivism.
- 11) Appropriate and fund evaluation of available technologies to enhance performance measurement and accountability for security rounds and movement control at IDOC institutions.

### **Bedspace Utilization**

When the classification system is validated, a suitable and efficient bed utilization plan can be developed and implemented using frequency distributions of custody levels and estimates of special needs housing for the long run. That plan would also take into consideration the projected increase in male and female offenders, the physical condition of each facility and the housing units within them, as well operational, programming and staffing considerations.

Through that analysis, options can be developed, and recommendations made so that beds can be distributed appropriately in available and appropriate housing. If there is shortfall of beds for custody levels and special needs, plans can be made to provide additional, appropriate beds via capital improvements, expanded use of community resources, contracted correctional services, and/or other innovative approaches.

### **Infrastructure**

The Anamosa facility has served the State of Iowa well over its' long life and continues to play an important role in the overall effectiveness of the prison system. In order to remain effective, the facility is in need of updating. The cell houses are no longer conducive to sound correctional supervision and programming.

- We recommend replacement of the older housing unit buildings by constructing 1000 beds of new housing units. The current housing will need to remain in use until new housing units are ready to receive offenders. As a result some of the existing buildings will be required to be demolished.
  - Estimated Construction Cost - \$82,500,000
- Renovate old housing units building to contain support and program functions. This could include classrooms, hobby craft, counseling centers, meeting rooms and libraries.
  - Estimated Construction Cost - \$7,000,000

## **B. Long Term Recommendations**

### **3.2. Community Based Corrections**

This section of the report presents preliminary recommendations with regard to maximizing the benefits to the state from the best possible use of community-based correctional centers under the jurisdiction of each of the eight judicial districts. These preliminary short- and long-term recommendations will be

supplemented as part of the work proposed in Phase 2 of the Iowa Department of Corrections Master Plan.<sup>161</sup> Similarly, the conclusions drawn and recommendations made will be reexamined and modified based on analysis of not yet available data and information, as well a complete analysis of how best to integrate the Department of Corrections' resources (both existing and proposed) with the resources in each of the independent eight judicial district's Departments of Correctional Services.

### **1. Create more female only CBC facilities.**

Female offenders should not be housed in sight of males or near sex offenders. Management has done an admirable job of trying to separate them as much as possible however some facilities create enormous challenges. Some locations have no capacity for female offenders at all. For example, Johnson County has no female capacity and Johnson County female offenders are assigned to Cedar Rapids for work release. Fort Dodge and the Sheldon Residential Facilities also do not house women offenders. The women from those areas are housed in the Curt Forbes facility in Ames and the Sioux City facility respectively. Therefore, those women already have issues finding employment and addictions services upon release must start their job and treatment searches over when finally released from the CBCs.

The State and Districts should look at creating separate residential facilities or a few centralized residential facilities specifically for women offenders. Separate facilities for female offenders would create a safer environment for the female offenders and could foster gender responsive and gender specific programming. Some of the co-gender facilities had female offenders housed in the same corridor where male offenders and male sex offenders are housed. In others, they are housed in an adjacent wing but within sight of male offenders and share dining areas. To aggravate the issue of safety for these female offenders, based on staffing constraints, often there was but one residential staff person working on the off shifts and in some cases it was a male staff person. In light of PREA and the current trends towards gender specific programming it would be a prudent move to have separate facilities for the female offenders.

### **2. Consider contracting for privately operated halfway houses for male and female offenders.**

Contracting for more halfway houses or contracting for additional beds at existing halfway houses could provide for quick and economical expansion of capacity for both male and female offender services without incurring capital costs. Some of those CBCs could be operated under contract with private not for profits and could be considerably smaller (10-15 bed) halfway houses.

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<sup>161</sup> The Legislature is currently considering a request from the Department of Corrections for funding Phase 2 work.

**3. Seek out alternative funding sources for programs and services.**

Many programs provided through the CBCs are grant funded however with the national attention that re-entry and the debate in congress over the "Second Chance Act" there are many opportunities for grants and perhaps foundation funding to support specific programs or for underserved populations. Several districts admitted that they had not pursued possible grant funding as much as they had in the past due to the shortage of staff to do so. Judicial district staff should make every effort to identify and obtain funding for such programs to supplement the services provided. As example, a low income housing facility is being built in Cedar Rapids with foundation and federal grant funding.

**4. Consider using additional supervision methods.**

Alternate supervision methods could aid in easing the pressure probation officers feel with their heavy caseloads. By moving offenders who require less supervision to supervision such as a Self Supervised Probation done by judge or district for those requiring little supervision or a Monitory and Maintenance Program for offenders with a little higher risk. Offenders in this group could perhaps be supervised by lower level staff.

**5. Review the practice of referring sex offenders to CBC facilities.**

Several districts expressed concern over sex offenders who have been sent to their facilities but are unable to work outside the facility due to the nature of their crime. These offenders are taking up space that could be better utilized by other offenders. Some of these offenders would perhaps be better served in prison. Persons who are unable to work should not be placed in a residential work release setting. Educating those making such referrals may be required.

**6. Communicate and educate the legislature on the impact of new legislation.**

The legislature should be informed about the impact that regulations and legislation may have on institutional and community corrections. Sometimes there are unintended consequences to legislation and rule changes passed by legislatures. Some examples that have recently occurred include:

- The legislature recently created crime classes that did not exist before. One crime was a serious misdemeanor that carried 1 year in jail, but now is a class D felony on the third offense and carries prison time.
- OWI penalty enhancements have resulted in additional prison time. Prior to this change the courts went back 6 years for prior offenses but now go back 12 years. This has resulted in a higher number of second and third

offenses thus creating a “new class” of offender who are eligible for prison and residential beds.

- The addition of precursor drugs to list of illegal drugs has resulted in additional incarcerations.

**7. Put more staff in neighborhoods and high crime areas instead of at centers.**

A key component to reentry is placing services closer to the neighborhoods where the offenders and their families live. This practice makes supervision easier and increases the likelihood that family members will become involved in reentry programs and be more understanding and supportive of the requirements the offender must meet.

# **Chapter VII: Priority Considerations**

## **B. Description of Priorities**

### **1. Treatment**

The treatment priorities are listed in Chapter VI as short-term recommendations.

The FY 2007 priorities will be to continue this study in order to answer the remaining outstanding questions. The areas for further study are integral to the completion of this study. The limits of time and data did not allow for the consultant team to address these questions in the initial phase of the study, but it is anticipated that these questions will be addressed in a subsequent phase of work.

#### **1.1 Substance Abuse Treatment**

The observations of substance abuse treatment capacity in the institutions prompt the following unanswered questions about IDOCs capacity to provide treatment:

- (1) If there were more capacity to provide substance abuse treatment in the institutions, would this impact (decrease) the overcrowding in the institutions?
- (2) What percentage of offenders sentenced to prison were involved in substance abuse treatment prior to their incarceration?
- (3) What percentage of offenders were referred (by self, courts, others) to substance abuse in the community but could not access the treatment they needed?
- (4) What percentage of offenders with co-occurring disorders was unable to access specialized, integrated mental health and substance abuse treatment in the community? If they had, would it have prevented this incarceration?
- (5) Based on the EBP findings that drug treatment in prison decreases recidivism by 5.7% while treatment in the community decreases recidivism by 9.3%, are there offenders currently incarcerated that would better benefit from community-based (CBC) treatment if it were available?
- (6) If there was additional funding for community-based substance abuse treatment programs that is targeted for the offender population, would that impact the rate of incarceration in prisons in Iowa?

#### **1.2 Mental Health Treatment**

These observations about IDOCs capacity to provide mental health treatment for a growing population of offenders who have mental illnesses prompt the following questions that will need to be answered in future phases of study:

- 1) How many CBC offenders are in need of (but not receiving) mental health treatment or are currently receiving mental health care?

- 2) What number of offenders with mental illnesses who are in prison serve longer sentences or “max out” because beds are unavailable in CBC system?
- 3) How many offenders with mental illness do not have access to reentry programs or release with community supports in place.<sup>162 163</sup>
- 4) What would be the impact to add psychiatrically trained Nurse Practitioners and Physician Assistants to extend psychiatric services upon waiting lists for psychiatric appointments?
- 5) If there were more hours available to manage medications, would there be a commensurate increase in psychologist treatment hours?
- 6) Would moving to a Recovery Model of treating mental illness decrease SSIPs, MHOs, incidents and injuries to both offenders and staff?
- 7) These questions need to be answered as IDOC and their consultants continue to study and refine the analysis of the mentally ill offender populations.

### 1.3 Sex Offender Treatment

These observations about IDOCs capacity to provide sex offender treatment to a growing population of sex offenders prompts the following unanswered questions which will need to be addressed in future phases of study:

- 1) Intensive sex offender treatment is in short supply; at the same time offenders who are least likely to benefit from sex offender treatment will use these slots due to mandatory treatment as part of their sentence—how should this quandary be resolved?
- 2) Those programs undergoing outcome studies that have reduced treatment from 16-19 months to 12 months<sup>164</sup> are excluding offenders who are either resistant to treatment or refusing treatment. If Iowa considered adopting this policy in order to decrease waiting lists for treatment, what would the impact be on overcrowding in the institutions?
- 3) What is the most effective treatment approach for sex offenders who have chronic symptoms of mental illness? There is no definitive research regarding this group of sex offenders.

<sup>162</sup> The Iowa Olmstead Report, August 31, 2000

<sup>163</sup> IDOC Olmstead Strategic Action Plan

<sup>164</sup> Washington State Institute for Public Policy, "Sex Offender Sentencing in Washington State: Who Participates in the Prison Treatment Program?" June 2006.

#### 1.4 Medical Treatment for Aging Offenders with Chronic and Terminal Illnesses

These observations about IDOCs capacity to provide medical treatment to a growing aging population in the institutions prompt the following unanswered questions that will need to be answered in future phases of study:

- 1) What percentage of the physician (or physician extender) time that is currently used to perform administrative functions could be provided by clerical support?
- 2) What percentage of the nurses' time that currently is used to perform administrative functions could be provided by clerical support?
- 3) Based on the above, would additional clerical personnel free physician, physician extender, and nursing time to perform clinical functions for the current and projected aging population? What percentage increase in clinical time would be available?
- 4) What impact would additional clinical support such as phlebotomists, lab tech, records personnel, etc. have on time that is currently used to perform these functions? What amount of time could be saved from these functions to expand the time available for nurses, physician extenders, and physicians to provide clinical services to the current and future aging offenders?

#### 1.5 Gender Responsive Treatment and Program Services for Women Offenders.

These observations about IDOCs capacity to provide gender responsive treatment and program services to female offenders prompt the following unanswered questions that will need to be answered in future phases of study:

- 1) What would the impact be on recidivism if all women were located at ICIW in a gender responsive environment? This would include considering staff selection, program development, content and material that address the social [poverty, race, class and gender inequality] and cultural factors, as well as therapeutic interventions such as abuse, violence, family relationships, substance abuse, and co-occurring disorders.
- 2) Could IDOC decrease the female offender prison population by increasing ICIW substance abuse programs and increasing EPB short term programs?
- 3) Could IDOC decrease the female offender prison population by developing EPB short term program modules that could be bridged to the community (ex: providing in-patient substance abuse at ICIW and aftercare in the community); placing more offenders in community-based substance abuse;<sup>165</sup> placing technical parole violators in other alternatives to incarceration?

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<sup>165</sup> EPB findings indicate prison-based substance abuse programs decrease recidivism by 5.7% while community-based programs decreases recidivism by 9.3%

## 1.6 Reentry

These observations about IDOCs capacity to provide reentry case planning and services to offenders with continued treatment needs prompt the following unanswered questions that will need to be answered in future phases of study:

- 1) How can IDOC build collaborative relationships with community-based service providers and agencies, other state agencies, advocates and other stakeholders to best provide community level services to offenders with continued treatment needs?

## 1.7 Iowa Prison Industries

These observations about IDOCs current capacity to IPI opportunities for offenders prompt the following unanswered questions that will need to be answered in future phases of study:

- 1) What incentives or other means would improve state and private purchase of products manufactured in IPI?
- 2) Should the Legislature be approached to modify IA Code 904.809 to allow private sector employment subcontracting as IPI currently recommends?
- 3) What are the advantages and/or disadvantages to developing a system-wide IPI Reentry program that provides a comprehensive and cost effective treatment continuum?

## 1.8 Iowa State Penitentiary:

The observations of Iowa State Penitentiary in the institutions prompt the following unanswered questions:

- 1) Further study should be considered for the use of random drug testing for employees and the use of ION screening for all persons who enter the facility.
- 2) Further study should be conducted to find innovative ways to implement unit management in the general population. There is opportunity to more readily implement unit management in the special needs unit where the physical plant is more conducive.
- 3) Further consideration is recommended for expanding industries at the newer facility.

## 2. Facilities and Operations

### 2.1 Institutions

- **Iowa Correctional Institution for Women**

- In conjunction with an architect:
  - Contract with a firm to perform a site survey
  - Produce a long term Masterplan for the facility
  - Develop an operational and architectural program for all housing and program and support services
  - Prepare a construction budget and equipment budget
  - Contract with engineer to perform Geotechnical Investigations of selected site
  - Produce schematic designs of Phase I buildings that fulfill the program needs
  - Select final design, start preparing design development drawings and specifications
  - Prepare construction documents
  - Receive construction bids
  - Construct facility (2 ½ years)
  - Occupy facility
  - Start process for Phase II buildings
- Continue with maintenance on buildings that are part of the Masterplan
- Identify and correct Life Safety Issues

- **Iowa State Penitentiary**

- Decide on Option 1 or 2
- In conjunction with an architect:
  - Contract to have a firm to perform a site survey
  - Produce a long term Masterplan for the facility
  - Develop an operational and architectural program for all housing and program and support services
  - Prepare a construction budget and equipment budget
  - Contract with engineer to perform Geotechnical Investigations of selected site
  - Produce schematic designs that fulfill the program needs
  - Select final design, start preparing design development drawings and specifications
  - Prepare construction documents
  - Receive construction bids
  - Construct facility (2 ½ years)
  - Occupy facility
- Continue with maintenance on buildings that are part of the Masterplan (Option 2)
- Identify and correct Life Safety Issues (Option 2)

- **Newton Correctional Facility**

- In conjunction with an architect:
  - Contract to have a firm to perform a site survey
  - Produce a long term Masterplan for the facility
  - Develop an operational and architectural program for all housing and program and support services
  - Prepare a construction budget and equipment budget
  - Contract with engineer to perform Geotechnical Investigations of selected site
  - Produce schematic designs that fulfill the program needs
  - Select final design, start preparing design development drawings and specifications
  - Prepare construction documents
  - Receive construction bids
  - Construct facility (2 ½ years)
  - Occupy facility
- Continue with maintenance on buildings that are part of the Masterplan

- **The remaining facilities**

- Continue with maintenance on buildings and structures.
- Identify and correct Life Safety Issues (if any present)

## 2.2 Community Based Correctional Facilities

- **CBCs at Ottumwa, Sioux City and Waterloo**

- Contract with a firm to perform a site survey
- In conjunction with an architect:
  - Develop an operational and architectural program for an addition
  - Prepare a construction budget and equipment budget
  - Produce schematic designs that fulfill the program needs
  - Contract with engineer to perform Geotechnical Investigations of selected site
  - Select final design, start preparing design development drawings and specifications
  - Prepare construction documents
  - Receive construction bids
  - Construct facility (1 years)
  - Occupy facility
- Continue with maintenance on existing building
- Identify and correct Life Safety Issues (if present)

- **New CBC for the 5<sup>th</sup> Judicial District**

- Locate site for project
- Contract with a firm to perform a site survey
- In conjunction with an architect:
  - Develop an operational and architectural program for the building
  - Prepare a construction budget and equipment budget
  - Produce schematic designs that fulfill the program needs
  - Contract with engineer to perform Geotechnical Investigations of selected site
  - Select final design, start preparing design development drawings and specifications
  - Prepare construction documents
  - Receive construction bids
  - Construct facility (1 years)
  - Occupy facility

- **New CBC in Davenport**

- Locate site for project
- Contract with a firm to perform a site survey
- In conjunction with an architect:
  - Develop an operational and architectural program for the building
  - Prepare a construction budget and equipment budget
  - Produce schematic designs that fulfill the program needs
  - Contract with engineer to perform Geotechnical Investigations of selected site
  - Select final design, start preparing design development drawings and specifications
  - Prepare construction documents
  - Receive construction bids
  - Construct facility (1 1/2 years)
  - Occupy facility

- **Remainder of CBCs**

- Continue with maintenance items

### **C. Next Steps**

1. Proposed Planning Activities Through 2007 (see Appendix E)
2. Preliminary Road Map: Next Five Years (see Appendix F)

# **Appendix A: Community-Based Corrections Documents Reviewed**

**Appendix A****CBC Documents Reviewed**

## ICON Data:

- Facility Count Report 8/2/06
- Facility Count Report 9/6/06
- Facility Count Report 10/4/06
- Facility Count Report 11/1/06
- Facility Count Report 11/22/06
- LSI Scores by CBC Site 10/5/06

Fiscal Facts 2006 Iowa Legislative Services Agency, Fiscal Services Division, May 2006.

Iowa Community-Based Corrections PowerPoint Presentation, Iowa Legislative Services Agency, Fiscal Services Division, 2005 Session.

2005 Iowa Fact Book. Iowa Legislative Services Agency, Fiscal Services Division, 2005.

Results Iowa – Accountability for Iowa. The Vilsack/Pederson Department of Performance, Iowa Reinvention Partnership. 8.31.06.

An Evaluation of Three Transitional Mental-Health Re-entry Programs in Iowa: Third Annual Evaluation Executive Summary, ISED Solutions, Maria L. Hein. 12.20.05.

Iowa CSOM Grant Final Report, Rural Iowa Sex Offender Enhancement Program January - February 2005. Program Activity Report.

The Matrix, Sixth Judicial District of Iowa, Department of Correctional Services, Gary Hinzman.

Commission on the Status of Mental Health of Iowa's Corrections Population, Fall 2001. Community Corrections Improvement Association.

Probationers in Iowa's Community-Based Residential Facilities, Iowa Division of Criminal and Juvenile Justice Planning (CJJP)

Statewide Residential New Admissions by Supervision Status, (R & VC Beds Only) 07.01.05 – 06.30.06.

FY 2008 Central Office Budget Request, Iowa Department of Corrections. 9.14.06.

Mental Health, Report to the Board of Corrections, Iowa Department of Corrections, April 2006.

Population Growth, Report to the Board of Corrections, Iowa Department of Corrections, July 2006.

Annual Performance Report, FY 2005. Iowa Department of Corrections.

Iowa Department of Corrections, Organizational Chart.  
Daily Statistics, Iowa Department of Corrections Website, May 2006.

Quick Facts, Iowa Department of Corrections Website, May 2006.

2006 – 2007 Strategic Plan, Iowa Department of Corrections. December 2005.

First Judicial District Annual Report, FY 2005.

First Judicial District Strategic Plan, FY 2006.

First District PowerPoint Presentation, 2006.

Second Judicial District Annual Report, FY 2003.

Second District Intervention Closure Summary (7/1/06 – 10/31/06)

Second District Assessment Scores, IA Risk Assessment (10/1/06 – 10/31/06)

Second District Interdiction Activity Summary (7/1/06 – 10/31/06)

Second District Residential Transfers In Report, 11.29.06.

Fourth Judicial District Annual Report, FY 2006.

Fourth Judicial District, Board of Directors Agenda, 11.28.06.

Fourth Judicial District, Purchase of Services Agreement, 7.1.06.

Burlington Residential Center Waiting List 11.30.06

Sixth Judicial District Annual Report, FY 2004.

Sixth Judicial District Annual Report, FY 2005.

Sixth District Handout, Restoring FTEs and Treatment Dollars.

Seventh Judicial District Annual Report, FY 2005.

Seventh Judicial District Annual Report, FY 2006.

Eighth Judicial District, Ottumwa Residential Transfers In Report, 11.30.06.

Community Corrections Recommendations, National Community Corrections Forum  
November 18-19, 2004, Washington, DC. Bureau of Justice Assistance.

New Directions in Community Corrections: The Move Towards Evidence-Based  
Practices, Michael Gaseau and Meghan Mandeville, Corrections Connection.

# **Appendix B: Community-Based Corrections Presentation**

# Iowa Community-Based Corrections

Fiscal Services Division  
Holly M. Lyons, Division Director  
515-281-7845

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# Community-Based Corrections

Community-Based Corrections (CBC) is an alternative to incarcerating a person convicted of criminal offenses. The person, who is on pre-trial release, probation, or parole, resides in the community under the supervision of the CBC District Department and participates in treatment programs.



[Click here to continue](#)

# History of Community-Based Corrections

- ◆ Until the 1960's, parole and work release clients were the responsibility of the Office of the Chief Parole Officer within the Department of Social Services (split into the Department of Human Services and the Department of Corrections by the 1983 General Assembly). (Iowa did not have a unified system of supervising adult probation cases.)
- ◆ Judges would assign the adult probationer to the supervision of the Chief Parole Officer, under the control of the Executive Branch, or the probationer would be assigned to a local program or to the supervision of a private citizen, retaining the offender under the control of the Judicial Branch.
- ◆ Through the late 1960's and early 1970's, federal grants were available to establish community corrections programs, and programs began to develop primarily in Iowa's urban areas.

[Click here to continue](#)

# History of Community-Based Corrections

(contd.)

- ◆ In 1973, the General Assembly passed SF 482 (Community-Corrections Act) and SF 66 (Work Release Act) furthering the development of the CBC system. Community-Based Corrections is locally administered within the eight judicial districts. Policy and program development is primarily locally controlled.
- ◆ Each CBC District Department is a separate agency under the direction of a board of directors and is administered by a director employed by the board.

[Click here to continue](#)

# History of Community-Based Corrections

(contd.)

- ◆ Each CBC board sets policy, approves budget requests for submission to the Board of Corrections, and oversees program operations. In addition, each CBC District Department has one or more advisory boards.
- ◆ The DOC has regulatory responsibilities for CBC programs, including statewide planning, budget oversight, establishment of program guidelines, and development of performance measures.

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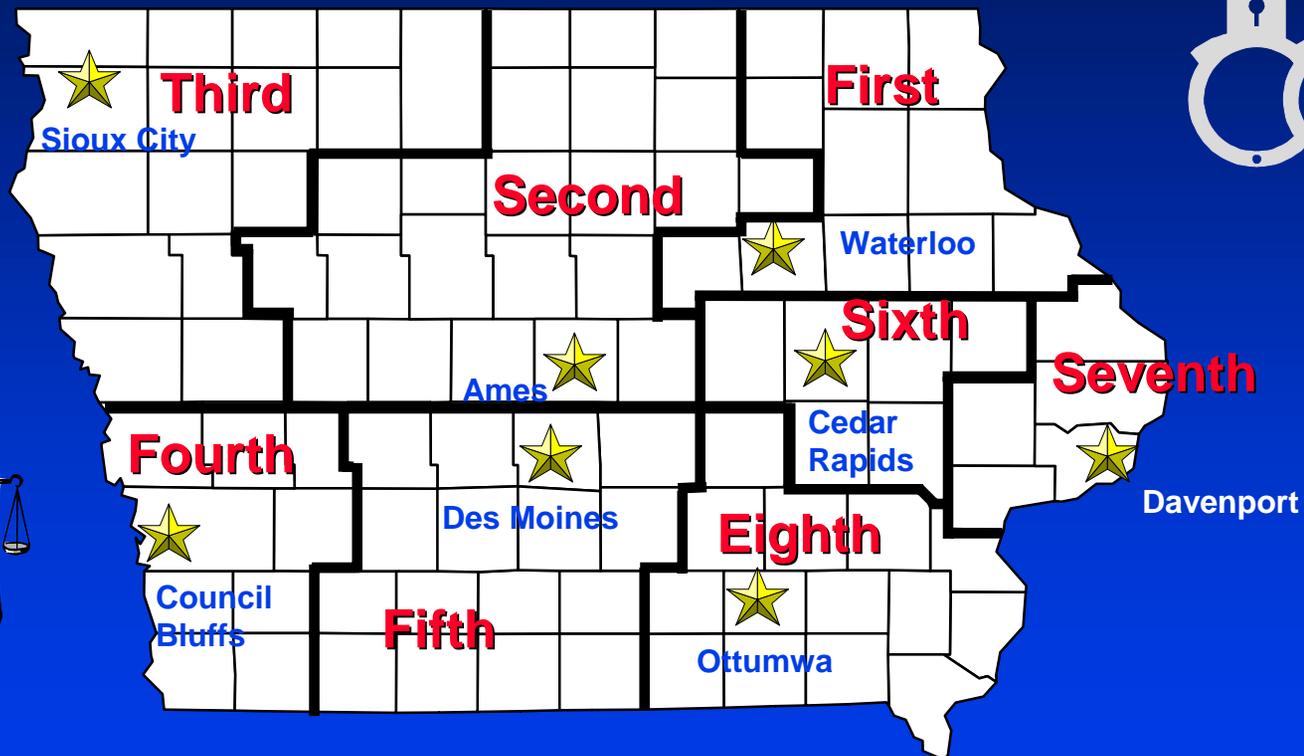
# History of Community-Based Corrections

(contd.)

- ◆ During the 1983 Session, SF 464 (Department of Corrections Act) created the present correctional system. All non-institutional adult offender supervision (pre-trial release, probation, parole, and work release) was assigned to the eight district departments, with oversight provided by the Department of Corrections (DOC).
- ◆ The General Assembly appropriates funds to the DOC and allocates those funds to each CBC District Department.

[Click here to continue](#)

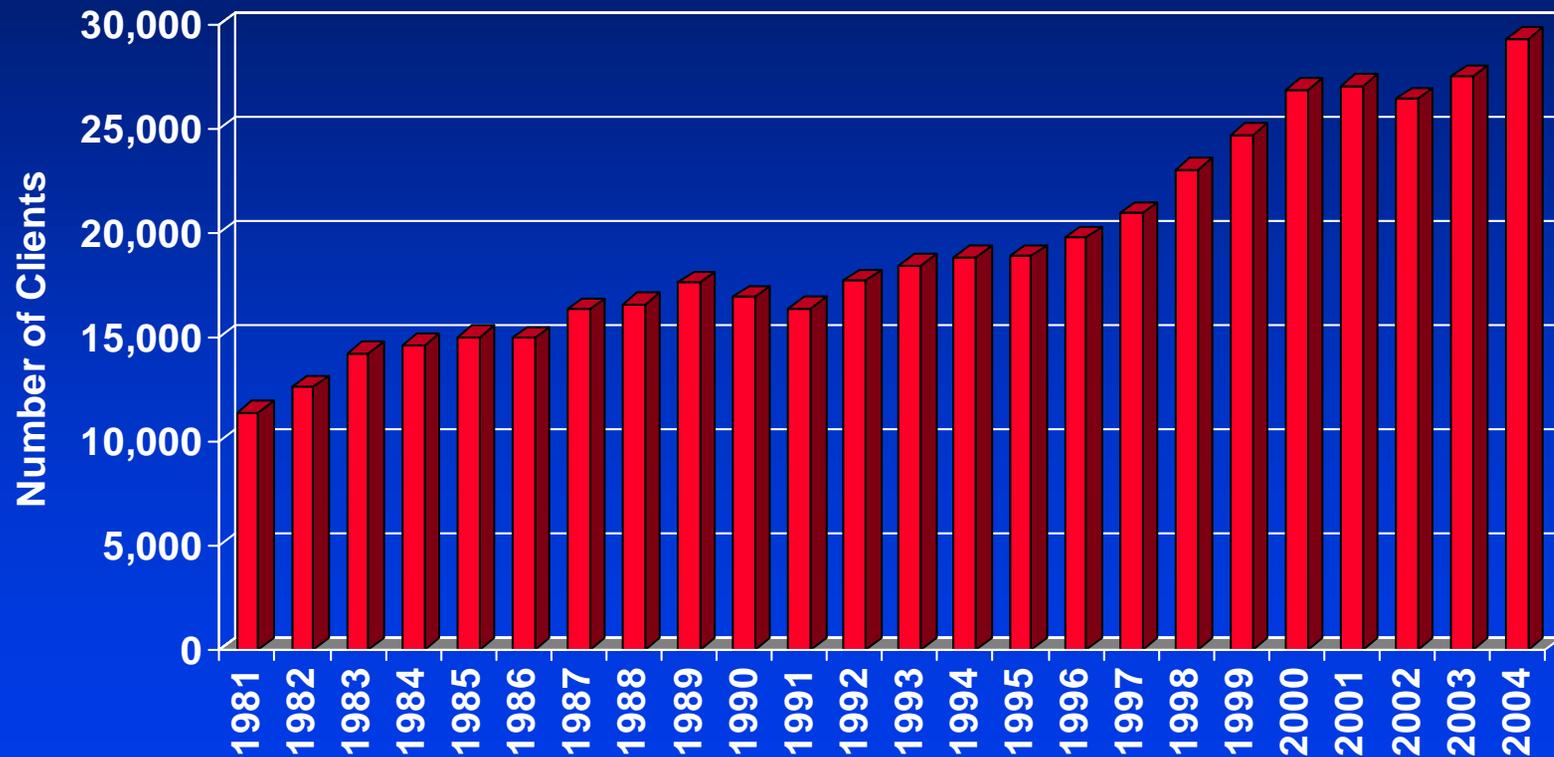
# Community-Based Corrections Districts



 District Office

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# Community-Based Corrections Client Populations (July 1)



[Click here to continue](#)

# CBC Programming

## ◆ **Intervention includes:**

- ❖ Intensive behavioral services for high-risk clients.
- ❖ Targeting criminal attitudes, beliefs, and values.
- ❖ Matching individualized program interventions to the offender's needs.
- ❖ Using firm and fair enforcement of program and behavioral requirements.
- ❖ Utilizing positive role models.
- ❖ Providing relapse prevention programming.

[Click here to continue](#)

# CBC Programming (contd.)

- ◆ Community-Based Corrections supervision ranges from unsupervised probation, where the offender reports to the court rather than a CBC District Department, to intensive supervision, where several types of contacts are made weekly with the offender by CBC District Department staff.
- ◆ Chapter 901B, Code of Iowa, provides a corrections continuum. The Chapter permits CBC District Departments to move the supervision level along the continuum, from monitored sanctions, such as low-risk diversion programs, to short-term incarceration such as residential facilities.
- ◆ Chapter 907, Code of Iowa, permits CBC District Departments to discharge probation clients if certain conditions are met.

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# CBC Programming (contd.)

## ◆ Major Programs:

- ❖ Probation and Parole: Uses community supervision as an alternative to incarceration.
- ❖ Treatment Alternatives to Street Crime (TASC) Program: Provides coordination between the criminal justice system and the substance abuse treatment system. This Program was funded statewide in FY 1989. The Third, Fifth, and Eighth CBC District Departments eliminated the Program in FY 2003 due to budget reductions.
- ❖ Residential Supervision: Provides a highly structured environment in which the client lives in a CBC facility and receives specialized programming.
- ❖ Intensive Supervision: Monitors high-risk offenders six times more frequently than regular probation supervision.

[Click here to continue](#)

# CBC Programming (contd.)

- ❖ Day Programming: Teaches a variety of life skills through an intensive, treatment-oriented program that structures the client's activities throughout the day.
- ❖ Drug Court: A project that blends punishment, treatment, and rehabilitation under the authority of the court. This Program is available in the Second, Third, Fourth, Fifth, and Seventh CBC District Departments.
- ❖ Youthful Offender Program: Targets 16 to 21 year-olds who have been tried and found guilty for the first time as an adult for a felony or aggravated misdemeanor, provides substance abuse treatment, and teaches a variety of life skills. This Program is available in the First, Fourth, Fifth, Sixth, and Eighth CBC District Departments.
- ❖ Domestic Abuse Batterer's Program: Uses group counseling and education for men and women who abuse partners.
- ❖ Sex Offender Program: Provides treatment through group counseling and education combined with intensive supervision to offenders who commit sex crimes.

[Click here to continue](#)

# CBC Programming (contd.)

- ❖ **Community Work Crew Program:** Operates as a restorative justice program in the Fourth and Fifth CBC District Departments and in cooperation with the Correctional Release Center (for men) at Newton to perform work projects that benefit local governments and nonprofit organizations. This Program has been substantially reduced due to budget constraints.
- ❖ **Violator Program:** Provides an option for offenders who are failing on probation, parole, or work release. Judges may sentence offenders to this intensive, highly-structured, substance abuse/cognitive program with community aftercare operated at the Correctional Release Center at Newton, the Fort Dodge Correctional Facility, and at the Iowa Correctional Institution for Women for up to six months.
- ❖ **Low Risk Probation:** Utilizes a fast-track system that removes the majority of low-risk offenders from mainstream probation workloads and assigns them to “banked” caseloads.
- ❖ **Community Service Sentencing:** Requires the offender to perform a specified number of hours of community service as an alternative to incarceration or a fine.

[Click here to continue](#)

# CBC Programming (contd.)

- ❖ Operating While Intoxicated (OWI): In 1987, the General Assembly passed SF 469, which established the OWI Treatment Program in the residential facilities which serves as an alternative to prison incarceration.
- ❖ Presentence Investigations: Aids the court in determining appropriate sentences and alternatives.
- ❖ Pre-trial services: An alternative to the traditional bail bond system where the clients are released from jail pending trial under the supervision of the CBC which monitors the clients' whereabouts and ensures their court appearance.



[Click here to continue](#)

# CBC Programming (contd.)

- ❖ Luster Heights Camp: House File 683 (Grow Iowa Values Fund Appropriations Act) created a substance abuse treatment facility for probation clients with a substance abuse problem at the Luster Heights Camp. The Act also provided funding to renovate the Camp to increase capacity by 17 beds. Beginning in November 2003, the First CBC District Department in cooperation with the Department of Corrections and the court system, places probation clients at the facility to assist in complying with the conditions of probation. This pilot project serves as an alternative to revoking high-risk probation clients to prison.
- ❖ Electronic Monitoring: Iowa uses several systems including voice verification, electronic bracelets used with a specially equipped telephone, and global positioning.

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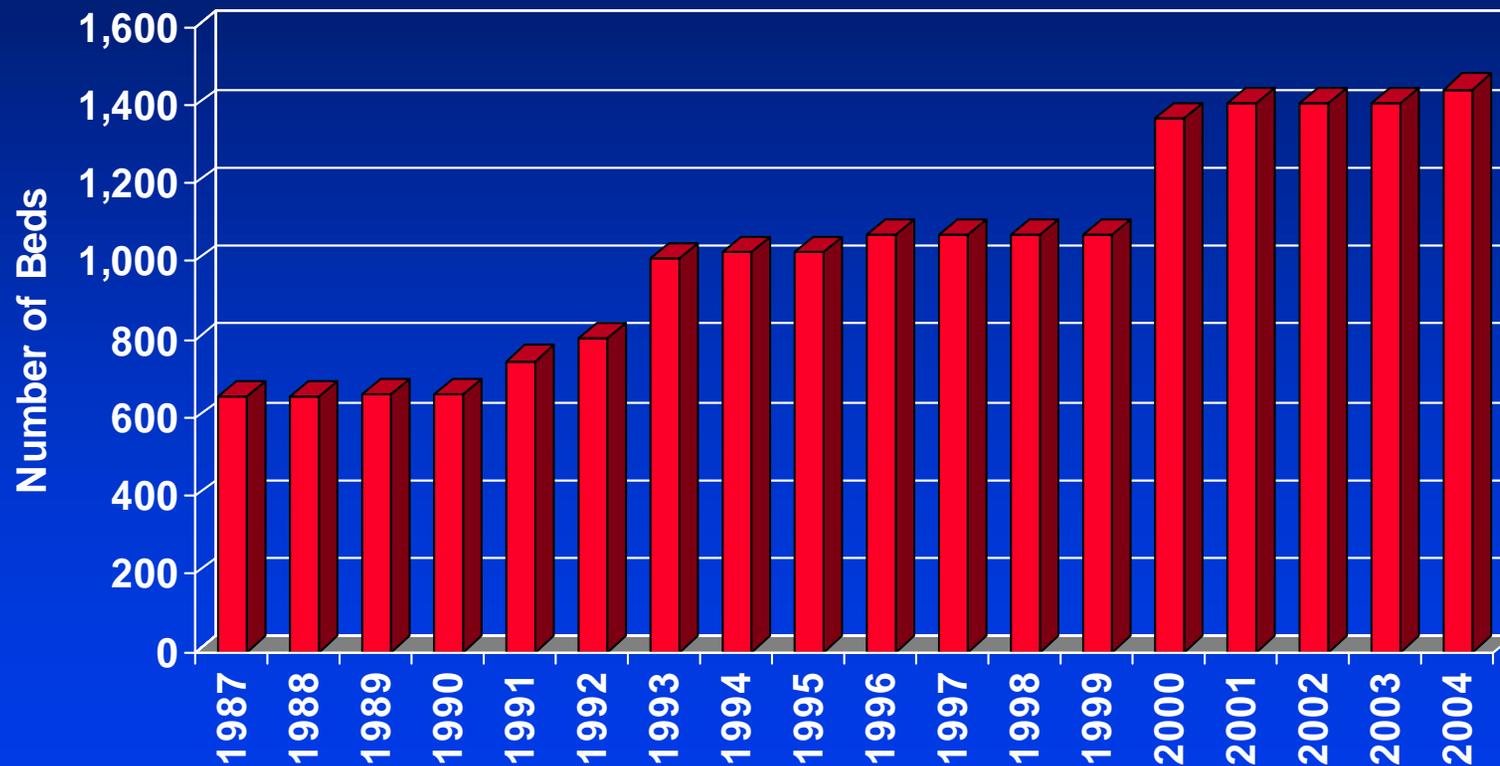
# Residential Facilities Bed Space Utilization (July 1, 2004)

<u>District</u>	<u>Probation</u>	<u>Work Release</u>	<u>OWI</u>	<u>Total Capacity</u>
1	165	79	34	278
2	112	44	25	181
3	28	42	16	86
4	59	28	10	97
5	109	133	72	314
6	103	76	49	228
7	68	41	36	145
8	60	34	17	111
Total	<u>704</u>	<u>477</u>	<u>259</u>	<u>1,440</u>

**OWI = Operating While Intoxicated**

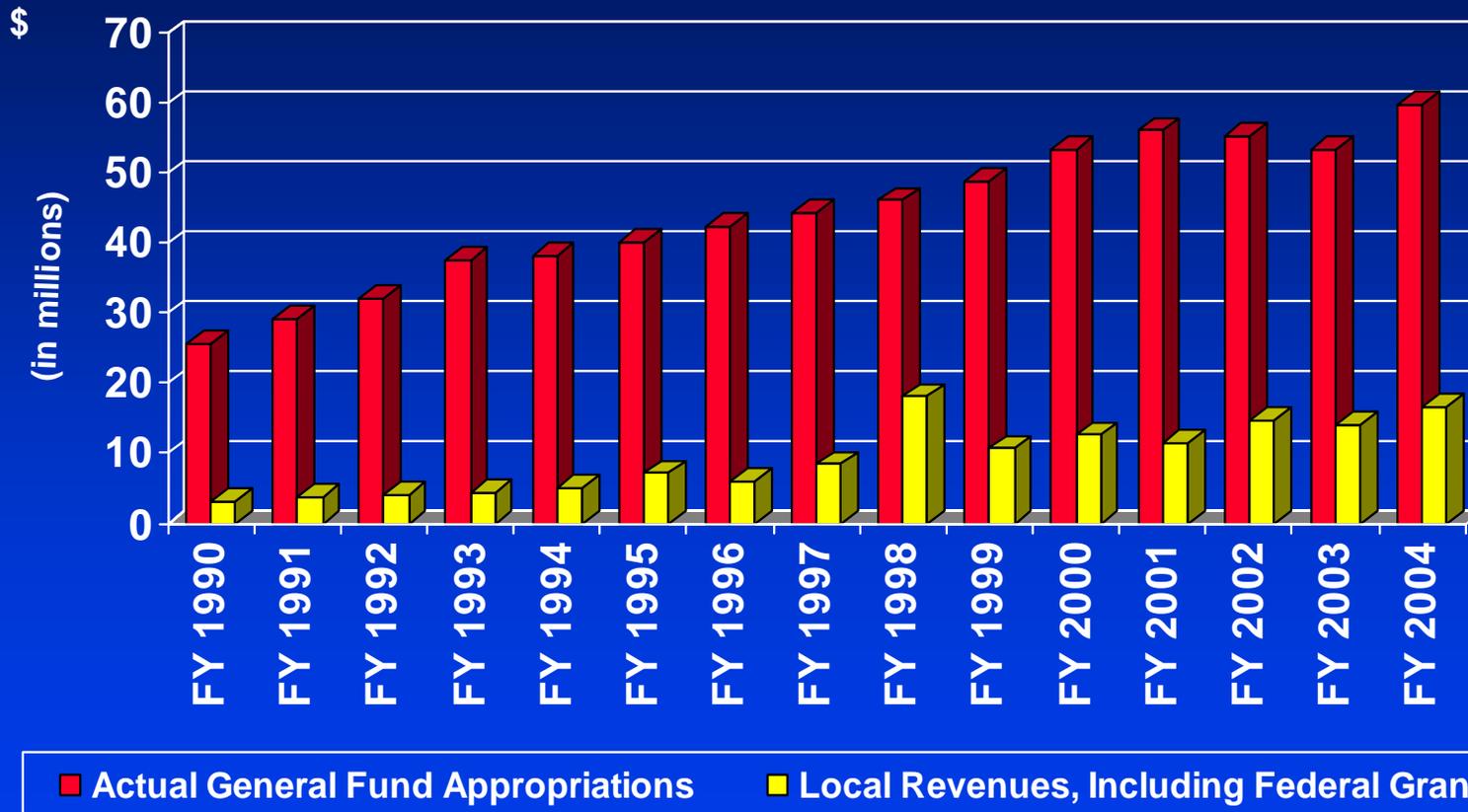
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# Residential Facility Design Capacity (July 1)



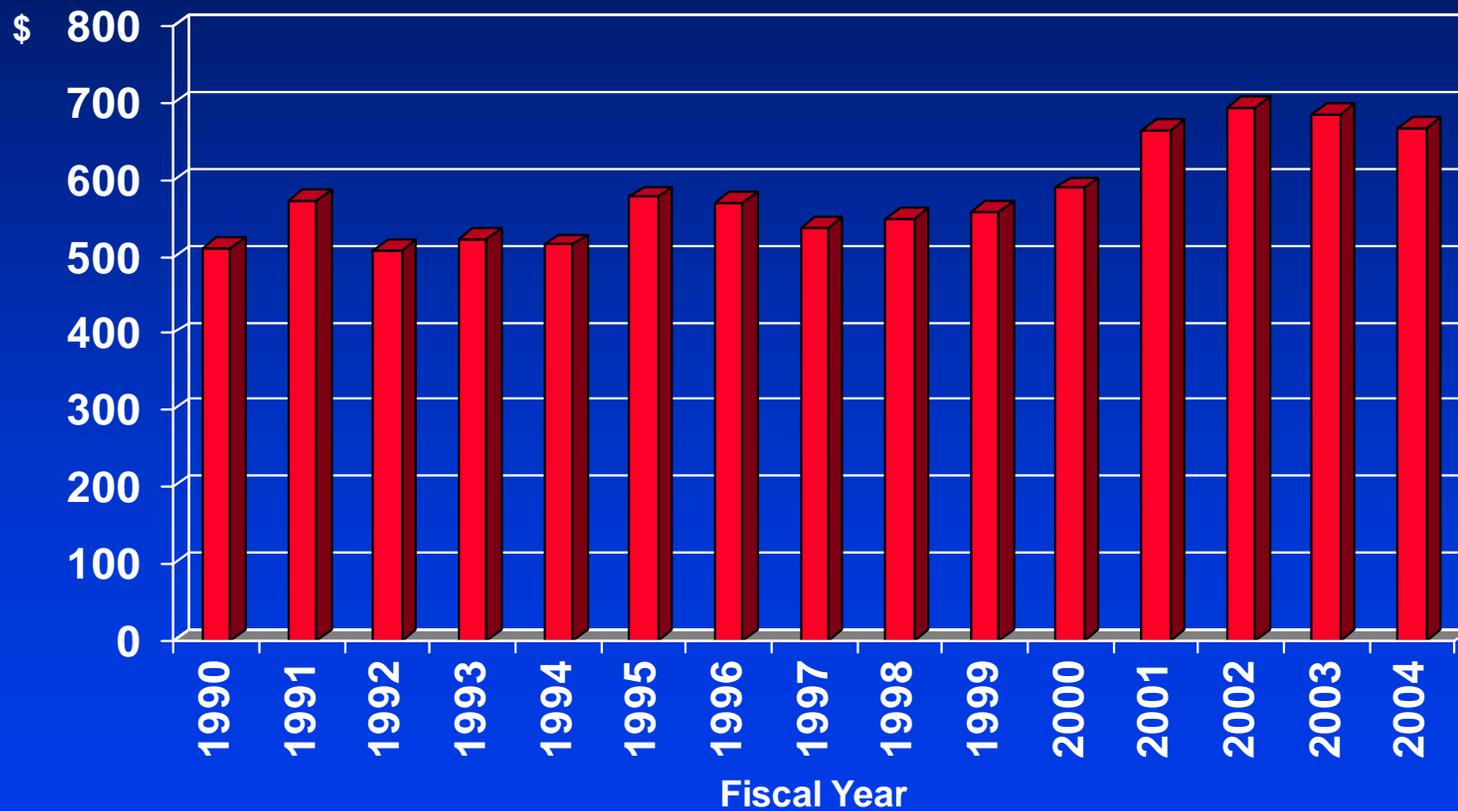
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# Community-Based Corrections Budget FY 1990 - FY 2004



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# Average Cost Per Probation/Parole Client



[Click here to continue](#)

# Program Costs

## (FY 2004)

<u>Program</u>	<u>Average Daily Cost</u>	<u>Average Annual Cost</u>
<b>Probation/Parole</b>	\$ 1.83	\$ 668
<b>Residential Facility</b>	54.72	19,973
<b>Intensive Supervision</b>	8.79	3,208
<b>Release with Services</b>	2.74	1,000
	<u>Average Cost for Each</u>	
<b>Pretrial Interview</b>	\$ 69.53	
<b>Presentence Investigation</b>	302.43	

[Click here to continue](#)

- ◆ This information has been provided to answer questions regarding Iowa's Community-Based Corrections System.
- ◆ Copies of the Topic Presentations are available from the Fiscal Services Division or by accessing the web site at: <http://staffweb.legis.state.ia.us/lfb>.
- ◆ If you have any further questions, please call or e-mail:



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Fiscal Services Division  
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Justice System Appropriations  
Subcommittee  
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# **Appendix C: Assessment of Facilities – Infrastructure Institutions**

## Assessment: Anamosa State Penitentiary

Assessed October 25<sup>th</sup> 2006

### **Durrant's Assessment Team:**

Chris Osore  
Tim Hielkema

### **CLASSIFICATION:**

Built in 1872 has an average daily population of 1328 offenders. Anamosa is a maximum security facility with population classified as follows:

- Administrative and Disciplinary Segregation – Levels 1 & 2
- General Population – Levels 3, 4 & 5
- Minimum Out Custody – Level 6
- Protective Custody
- Therapeutic Community Program ( Substance abuse)
- Infirmary / Social Services (Hospice Program)

Anamosa also runs the Lester Heights Camp in the Yellow River Forest for Level – 6 offenders. Offenders work for the DCR, Road-Works and local Saw Mills.

### **PHYSICAL CONDITIONS:**

- Buildings are generally in good condition with preventative maintenance needed for the exterior walls. Additional information to be gathered from the Vertical Infrastructure Study – 2000.
- They currently have one abandoned industry building, primarily used for storage. Plans are to demolish this building and replace it with a new single story industry building.
- All offender areas except for portions of the administrative wing do not have air conditioning.
- The exterior windows in the cell blocks are still the original 1872 single pane non-insulated windows, resulting in extremely high heating costs (approx. \$12,000 a day). Currently have plastic draped over the window openings to reduce heat loss.
- Current location of Clothing Issue results in poor traffic flow. The new location, which will be open, to the exercise area is expected to resolve this issue. Both Intake and Laundry will reside in this new remodeled space.
- Current kitchen and dinning is being relocated to a new building adjacent to the current intake area. Vacated space has not been targeted for use.
- Inmate showers in LU-A in bad need of maintenance.

### **SECURITY:**

- Industry buildings to the North are very close to the perimeter wall and could assist in an escape.
- Perimeter could use a generous application of razor wire and at more locations.
- Majority of inmate areas are confined and have poor visibility. The School/ Classroom area is spread out on three levels with a single monitoring station on the

first level staffed by one guard. All cell blocks except LU-A have poor to no visibility from staff posts. LU-A has poor to no visibility into the shower area.

- Staff radios are old and don't function as efficiently. Recently installed a repeater to boost radio signal.
- Entire facility has two electrified doors. The rest of the security doors are manual resulting in staff intensive operations.
- Facility has limited use of surveillance cameras. Therefore limited recording capabilities in case of incidents.

#### **ACCESSIBILITY:**

- Accessibility of the site is an issue as you move west from LU-A. None of the buildings have elevators. Ramps however are available to the Infirmary Ward.

#### **LIFE SAFETY:**

- Housing block LU-B has a single emergency egress stair leading from the upper levels of the housing units (5 Levels).
- None of the buildings are equipped with an automatic fire sprinkler system.
- Following is a preliminary code analysis using the NFPA, Life Safety Code 101, 2000

#### **North Cell House Living Unit A:**

- Existing stair width (measured) – 44”.
- Two exits provided – separation distance is right at the ½ of the diagonal of the space served.
- Capacity of Egress Stair – 44” (1 person/.4”) – 110 occupants.
- Entire Cell House can only house 110 occupants.

#### **Living Unit C:**

- Only one set of stairs serving four stories.
- 23.2.4.1 Not less than two separate exits for every story.
- 23.3.7.2 Maximum number of occupants in one smoke compartment – 200 occupants.
- Only the level of discharge story can be used to house inmates (80).

#### **Living Unit E:**

- To correct deficiency, install second exit for all stories and divide building into smoke compartment housing less than 200 occupants.

#### **Living Unit B:**

- Only one means of egress from Stories 2-5.
- 23.2.4.1 Not less than two separate exits from every story.

- Only the first floor (level of discharge) can be used to house inmates.
- 23.3.7.2 Maximum number of occupants in one smoke compartment – 200 occupants.

**Living Unit D:**

- Each story has three separate exits.
- Means of egress capacity (stair) 44' (1 person/.4') = 110 persons or occupants.
- Maximum number of inmates/floor is 110.
- 23.3.7.2 Maximum number of occupants in one smoke compartment – 200.
  - Verify if building is separated into smoke compartments complying with this requirement.

**Luster Heights:**

- Egress doors not swinging in the direction of travel.

**ACA COMPLIANCE ANALYSIS – FACILITIES:**

**North Cell House Living Unit A:**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.
- The area of the dayrooms not sufficient for the number of residents.
- Dayroom does not have sufficient daylighting or no lighting at all.

**Living Unit C:**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.
- The area of the dayrooms not sufficient for the number of residents.

**Living Unit E:**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

**Living Unit B:**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.
- The area of the dayrooms not sufficient for the number of residents.
- The housing unit exceeds 500 inmates

**Living Unit D:**

- Size of room not sufficient for the number of residents housed currently.

**Luster Heights:****SUMMARY:**

The facility is run on a modified direct supervision concept, counting heavily on the reciprocal culture that has been developed at this facility over the years. The offenders are afforded certain privileges on condition that they abide to the rules. It has worked pretty well so far with very minimal incidents.

**RECOMMENDATIONS:**

- We recommend replacement of the older housing unit buildings by constructing 1000 beds of new housing units. The current housing will need to remain in use until new housing units are ready to receive offenders. As a result some of the existing buildings will be required to be demolished.
  - Estimated Construction Cost - \$82,500,000
- Replace boilers
  - Estimated Construction Cost - \$2,000,000
- Renovate old housing units building to contain support and program functions. This could include classrooms, hobby craft, counseling centers, meeting rooms and libraries.
  - Estimated Construction Cost - \$7,000,000

## Assessment: Clarinda Correctional Facility

Assessed November 9, 2006

### **Durrant's Assessment Team:**

Tim Hielkema

Phillip Parrott

### **CLASSIFICATION:**

Men's Facility houses 917 offenders with 130 located in the CCF Lodge. The current number of correctional officers are approximately 300.

The inmates are classified in the following categories:

- Administrative and Disciplinary Segregation
- General Population – Levels 1, 2 & 3
- Minimum Out Custody (work release, violator program)
- Protective Custody
- Therapeutic Community Program – The Other Way (Substance abuse)
- Special Needs (mentally ill – socially inadequate)
- Approximately 300 inmates are on psychotropic medication.

### **PHYSICAL CONDITIONS:**

- Building construction is precast concrete wall panels with steel roof structure and metal roofing.
- Main housing building was built in 1996. The facility has water infiltration through the exterior wall due to improper flashing at roof. The precast concrete exterior shell also shows extensive discoloration due to lack of gutters. This problem is to be corrected with major maintenance funds.
- Paint finish in all showers is peeling from wall due to lack of ventilation.
- CCF Lodge used for minimum-out Custody.
  - 3 story building, only 2 floors are used.
  - Building appears to contain hazardous material like floor tile and ceiling tile.
  - Building is not accessible for person with disabilities
  - Building does not have air conditioning
  - Exterior fire escapes
  - Windows are deteriorated and inefficient.
  - Currently has had the roof replaced
- The previous Prison Facility, Hope Hall, has been vacant since the CCF was opened in 1996.
- Pine Cottage is also use by the CCF. It houses the armory and CO education center.
- Food preparation, laundry and power plant are located in Mental Health Institute facilities. Food is transported to the CCF for distribution in the individual cells. No inmates are used in food preparation since it is located off-site. Inmate labor is currently underutilized due the lack of sufficient prison employment.
- Many maintenance issues are handled jointly between the DOC and the DHS. There has recently been some major electrical upgrades in the CCF Lodge.

**SECURITY:**

- The CCF main building has a double perimeter fence with taut wire. Additional compartmentalization is provided between exercise yards for each of the three pods, with even more differentiation at Segregation units. Continuous 24/7 perimeter vehicle monitoring is provided. Each of the three pods has a central control station.

**ACCESSIBILITY:**

- CCF Main Facility is accessible to person having disabilities.
- CCF Lodge is not accessible.

**LIFE SAFETY:**

- Ducts and fireproofing are accessible from the mezzanine level of the Cells. Fireproofing has minor damage in multiple locations.
- Daylight levels seem to be inadequate in dayrooms.
- In an event of an emergency, each of the pods can be separated from the rest of the facility by means of an automatic overhead fire shutter.
- The north doors of the gym allow water to enter the building during virtually any rainstorm due to poor drainage away from the building.
- Since the building was a fairly new building, a preliminary code analysis was not performed.

**ACA COMPLIANCE ANALYSIS – FACILITIES:****North, East and South Pod**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

**Segregation**

- The quantity of bathing facilities not sufficient for number of residents.

**Lounge**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

**SUMMARY:**

The Clarinda Correctional Facility is designed for 750 inmates and is in good condition due to its age. The CCF Lodge is designed for another 225 additional minimum security inmates. The Lodge is generally outdated as a detention facility since it was first constructed as a housing unit for workers at the Mental Health Institute. The CCF is normally filled to above capacity whereas the CCF Lodge is underutilized. Current figures total 917 with 130 of those living in the Lodge.

**RECOMMENDATIONS:**

Along with routine maintenance, Durrant has the following recommendations for infrastructure related items:

- Correct flashing at the roof edge to prevent water from penetrating the building. Clean wall panels. Prepare and paint inside of wall panels.
  - Estimated Construction Cost – \$240,000
- Provide proper drainage away from building. Especially on the north side by the gymnasium.
  - Estimated Construction Cost - \$100,000
- Repair showers in housing units.
  - Estimated Construction Cost - \$240,000 (96)
- Consider adding a kitchen to the facility
  - Estimated Construction Cost - \$1,500,000
- Renovate Lodge to allow for the housing of more offenders. Renovation to include new finishes, remodel of toilet/shower facilities, new windows, ADA accessibility, and correction of life safety items
  - Estimated Construction Cost - \$1,500,000
- Determine use for Hope Hall

## Assessment: Fort Dodge Correctional Facility

Assessed November 21, 2006

### **Durrant's Assessment Team:**

Mike Morman

Phillip Parrott

### **CLASSIFICATION:**

FDCF is a medium security facility housing 1106 offenders .

- General Population Housing
- Orientation Housing
- Honors Housing
- Treatment Housing
- Violator Housing
- Segregation/administrative Housing

Average age of offender is 26 years old.

Staff wants more programs for offenders like treatment, substance abuse, vocational, college courses and reentry programs.

### **PHYSICAL CONDITIONS:**

- Facility opened in 1998
- All buildings are precast concrete wall panels with steel structure and roof.
- All buildings are air conditioned.
- Major Maintenance Items
  - Water and boiler piping deterioration. This is due to the hardness of the water supplied by Fort Dodge Water Dept. A pH balancing system was installed to treat water.
  - Hot water loop around facility was constructed using improper piping material and details. The system has failed and is currently losing considerable amount of heat. Piping is slated to be replaced.
  - Freezer/cooler compressors fail on a regular basis and are replaced.
- Administration Building
  - Warden's Office
  - Guest check-in
  - Armory/Cert
  - Administration Offices
- Exercise Yard
  - High mass lighting
  - basketball, handball, weightlifting and tennis court
  - Softball Field
- Building H
  - Deputy Warden's office
  - Health Services
    - Pill Line
    - (3) Medical Exam Rooms

- Dental
      - (2) Chairs
      - X-ray
      - Dentist in 3 days a week
    - Doctor's Office
    - Nurses Station/File/door control
    - Portable X-ray services from Des Moines, once a week
    - Emergencies go to Trinity in Fort Dodge. On cases that can wait Fraizer Ambulance transports patients to Iowa City.
    - Nearly daily trips to Iowa City for medical treatment and appointments.
    - Pharmacy
    - Optical – 4 hours a week
  - Gymnasium
    - Weightlifting and exercise equipment
  - Multipurpose Room
    - Chapel
    - Roll Call
    - AV Presentation and training
      - Broadcasting on channel 3
  - Captains Office
  - Security Office
  - ICN
  - Visiting Room, both contact and non contact
  - ALJ/Investigator
  - R and D
  - Clothes Issue
  - Laundry, (5) 125 lb washers, (6) dryers
    - 5000lbs of laundry a day
    - Clothing exchange
  - Barber Shop
  - Maintenance
    - Carpentry
    - Electrical
    - Plumbing
    - Metal Shop
  - Vocational training for Offenders, metal, wood
  - Counseling areas for Offenders
  - Master Control
- Industries Building
  - Pre-Engineered Metal Building
  - Private Sector – Misty Harbor Boats and Telemarketing
  - Soon to have Habitat for Humanity, Casework in conjunction with Fort Madison
  - Electrical Vocational Training for Offenders

- Greenhouse – Grow plants for grounds and wildflowers for DNR
- Grove Housing Unit (Unit G)
  - General Population
- Floyd Housing Unit (Unit F)
  - Honors
  - Normalized environment
  - Dry Cells
  - Gang showers/toilet facilities
- Emmet Housing Unit (Unit E)
  - Young Offenders Program
  - Orientation for Offenders
  - Rivers Program
  - Reception of new offenders, classification
  - 4 man cells
  - Violators program
- Education (Unit M)
  - Library
  - Work Readiness
  - Hobby Craft
  - GED
  - College Classes through Iowa Central Community College
- Dolliver Housing Unit (Unit D)
  - Treatment
- Cedar Housing Unit (Unit C)
  - GP
- Boone Housing Unit (Unit B)
  - Transitional from seg. To GP
  - Federal Beds
  - Seg. Unit
- A unit
  - Secure Seg. Unit
- Other supporting buildings
  - Warehouse for food, clothing, supplies storage
  - Powerhouse
  - Shed to house large equipment

#### **SECURITY:**

Currently the facility staffs 204 correctional officers. Exterior security consisted of a double layer of chain link fence with razor wire and a taunt wire system in good to great condition. There are 2 breaks in the security perimeter of the facility, 1 vehicular sally port and 1 pedestrian entrance. The site has no guard towers but does have 2 elevated shelters for the officers in the yard during bad weather and high mast lighting. The yard and no-mans-land is monitored by PTZ type cameras and roving officers. Around the facility is a perimeter road that is monitored by officers in vehicles as well as the PTZ cameras depending on their location.

## Unit H

This unit is the main location for all services except education and part of the administration function for the entire facility. Master control is housed here with views looking out to the yard, gym, and the main entry for all inmates into building H happens at a door located adjacent to this area. As it is currently being run they do not monitor the yard, gym or review the inmates coming in and out of Unit H. The area over looking the gym is positioned behind them and blinds have been drawn, this is not part of their proscribe responsibility and there are also cameras that allow for monitoring so they would not have to leave their desks (an additional camera for the gym is being looked into since the installation of a drop down partition was installed). Functions of the officers inside are monitoring of all cameras, monitoring of the taunt wire system, keeping record of inmate count, phones, keys for the entire facility for distribution, radios for distribution, opening and closing all security doors, VCR recording with all tape changes, and Fire alarm system. The only other locations with camera viewing are the captain's office and Wardens conference room. There are a total of 136 cameras in the facility with 19 of those being exterior and the rest in the different Units. Master control has done some upgrades to the security. They include a key drop, the ability to remotely disconnect control of the master control from a remote location. They have added the ability to digitally record all cameras though the system is getting a little on the old side and needs constant maintenance. All phone conversations are recorded and as time permits reviewed by the security electronics staff either live or recorded. A detention door for the security electronics room is in the process of a work order.

There is one main corridor that runs the length of the building with doors that have been recessed which creates blind corners but eliminates doors swinging into the corridor. Corridors are monitored by cameras both fixed and PTZ.

Inside the infirmary area security is provided by cameras in the corridor, doors are typical builders' hardware except for the observation cell and meds. All medications are kept behind a minimum of 2 locks at all times. Pill distribution is handled in the infirmary and the line gets so long that it continues into the corridor. Currently they are looking at finding a way to adjust the pill line so meds are distributed in the corridor which would allow for all offenders to be located in the corridor and would create a line that would come in one door and out another. This would involve cutting a window opening in a CMU block wall that is most likely fire rated.

The chapel is monitored via camera but when those requiring Native American religious services meet they do so outside with a corrections officer with them at all times.

All visitations are done in Unit H for offenders not residing in Unit A. The offender is moved between areas with a different area for non-contact verses contact visitation. Visitors are all brought into the same room and dispersed into one of three areas. One of the 3 areas was an addition and all areas are monitored by PTZ cameras and a corrections officer resides in each area; cameras are monitored from Master Control. Offenders are searched going in and coming out of this area, doors are operated by key control by the roving officer stationed in the room. Unit A visitation is done in the unit with the visitor being taken to the unit and brought in from a door on the back side of the unit. The visitation is monitored by the control center of Unit A.

Maintenance operations are run by staff with a correctional officer checking in/out tools every day. This is a direct supervised area with good camera control and doors controlled by keys.

Property storage, clothing issue and laundry are separated by a wall. Property storage is in a different area then the other two so a new offender in the system must check their belongings in with property storage, then go to clothing issue which is tied to the laundry. This is run by offenders and supervised by officers.

The Kitchen has PTZ cameras which allow for good review of most of the kitchen area but there are some blind spots due to equipment. All ingredients and sharps are locked away behind 2 locks and direct supervision is the primary mode of observation.

Units C, G, & F operate in the same basic function with direct supervision from a central control area and cameras in each wing. Supervision of the meal serving area is from the control area. There is a blind area back in behind the serving area with no camera control. Inmates are allowed free access to their cells all day. In Units C & G they have detention doors with food passes in them while Unit F is a wood door with a lock and key which the inmate has control over. They have 1 handicap cell per hosing pod.

Unit B is a separation unit housing federal offenders, reintegration, and protective custody. The access into the unit is by secure doors but once inside is similar to units C & D except that offenders are only let out at scheduled time so interaction can not happen between different groups. Unit control is in a secure elevated area. Food service is done by delivered food to the cells

Units D, E, & M make up the R & D hosing along with the treatment and education components. Direct supervision is handled by an elevated control center which has similar functions to Units C, G, & F. The rivers pod in Unit E contains the violators program and offenders in that program must wear a separate uniform at all times. In the educational area it is a open atrium space that all programming space enters into. The staff is currently looking at options

to enclose the atrium space to get more classroom and conference room spaces. Security is handled by a PTZ camera and roving officer.

Unit A is a segregation housing unit with controlled access coming in and out (controlled by Master Control). The control of individual cell doors is handled by unit control. They also monitor visitation and described above. All cell doors have a food pass with detention lock. All doors are sliders and have been fitted with a hinged device that helps prevent / eliminate any “fishing” that the inmates where able to do with door undercuts.

**ACCESSIBILITY:**

- All of the buildings appeared to be accessible to persons with disabilities.
- Each unit has one cell that is designed for accessibility needs

**LIFE SAFETY:**

- All buildings are equipped with an automatic fire sprinkler system, smoke detection and fire alarm system.
- Since this facility is fairly new, a code analysis was not performed.

**ACA COMPLIANCE ANALYSIS – FACILITIES:**

**Grove Housing Unit (Unit G)**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

**Floyd Housing Unit (Unit F)**

- Unit Complies

**Emmet Housing Unit (Unit E)**

- Unit Complies

**Dolliver Housing Unit (Unit D)**

- Unit Complies

**Cedar Housing Unit (Unit C)**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

**Boone Housing Unit (Unit B)**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

**A unit**

- Unit Complies

**SUMMARY:**

The newest facility in the system

**RECOMMENDATIONS:**

Along with routine maintenance, Durrant has the following recommendations for infrastructure related items:

- Replace hot water loop
  - Estimated Construction Cost - \$1,200,000
  
- Replace water piping as it fails
  - Estimated Construction Cost - \$10,000

## **Assessment: Iowa Correctional Institution for Women**

Assessed November 6 & 7, 2006

### **Durrant's Assessment Team:**

Chris Osore  
Tim Hielkema  
Phillip Parrott

### **CLASSIFICATION:**

Women's Facility currently housing 577 offenders with the following areas of classifications:

- Administrative and Disciplinary Segregation
- General Population
- Minimum Out Custody (work release, violator program)
- Protective Custody
- Therapeutic Community Program ( Substance abuse)
- Special Needs
- PAWS & WHISKERS Programs

Facility has a design capacity of 465 offenders but averages a daily population of 622. Due to the shortage of space offenders are not segregated by classification.

Dormitory style housing in Unit 9 does not function well for Female Offenders. This has resulted in staff intensive offender management due to the lack of cell doors. Lack of privacy is also an issue.

### **PHYSICAL CONDITIONS:**

- The facility was the Girl's State Training Facility until 1982 when it became the correctional institution for women. The older housing units (buildings 1-5) were designed for dormitory type living and now are being used to house offenders.
- Most of the buildings are old and require maintenance. Buildings 1-5 need their veneer masonry repaired and tuckpointed. Building 5 entrance canopy is in poor condition and needs considerable amount of repair or to be removed. Some of the windows in the buildings have been replaced with new thermally broken aluminum windows with insulated glazing units. But the majority of the windows are single pane glass in steel frames.
- Buildings 1-5 and Administration Building appear to contain hazardous building materials, for example, floor tile, ceiling tile and pipe insulation. Some of this material has been abated.
- The current electrical system is old and is insufficient to handle needs of the facility.
- Parking is not sufficient at shift change, training and visiting days. A gravel overflow parking area has been constructed next to the paved parking.
- Buildings 6A, 6B and 9 are air conditioned. Buildings 1-5 and the Administration Building are not air conditioned except for window units in several areas.

**Health building**

- 2 exam rooms, EKG and Teledoc
- Dental exam room
- Prenatal care
- Medication distribution
- Minor injuries, serious injuries go to Mercy Capitol in Des Moines
- 3600 encounters for the month of September
- Eye exams once a week
- Doctor's Office/File Room
- Nursing Supervisor's Office
- Reception area – 10-15 Offenders
- Hospice in Building 4
- Areas of need:
  - Supply Room
  - Medication Room/Medication Management
  - 3<sup>rd</sup> Exam Room
  - Dental sterilization separate from exam room

**Laundry**

- 44 offenders work in Laundry
- Check-in /Check-out for incoming offenders
  - Strip Search
  - Clothes Issue
  - Clothes and bedding exchange
- 7 washers – (5) 30 lbs, (2) 60 lbs
- 11 Dryers – (4) 90 lbs, (7) 30 lbs (old)
- Difficulty completing task with equipment
- Wash clothes, bedding, mail bags, and shower curtains
- Repair clothing
- Clothes sorting performed on sidewalk outside the building

**Administration Building**

- Central Control
- Classrooms
- Gymnasium
- IT Department
- Storage, cooler, freezer
- New Roof
- Hazardous material

**Building 1 and 2**

- Shift Supervisor
- Officer locker rooms
- Shift Change
- Security Director's Office
- R & D basement through a back stair and entrance
- General Population Housing

- No elevator

### **Building 3**

- General Population Housing
- Sergeant's Office
- Psychologist Office
- Psychiatrist Office

### **Building 4**

- General Population Housing
- Library

### **Building 5**

- General Population
- IT Training Room
- Mentoring Classroom
- Counselor
- Was used for detention housing. Rooms have detention type doors and windows. Segregation cells no longer used.
- Concrete floor system has some deterioration

### **Building 6**

- ALJ
- Case Manager
- In 6A, cell doors have had their locks removed. The locking control system nonfunctioning.
- Some of the cells in 6A have porcelain plumbing fixtures

### **Building 9**

- Treatment Housing
- Building has water leakage. (previously researched by Durrant, contractor neglected to install cavity wall flashing)

### **SECURITY:**

- Security system runs on Simplex, Pinnacle, and Siemens systems all of which are incompatible with each other.
- Offender's rooms in housing buildings 1-5 can not have locked doors due to Fire Marshal's orders. Therefore, the locks have been removed. The building doors are locked and controlled however.
- Central yard is not well light. It only has a number of low area lights. Also, it has a considerable number of trees that block the view of the cameras and officers.
- The yard perimeter has a single fence. Lack of microwave or taut wire for additional security.
- The R & D process allows for the mixing of new and existing offenders prior to the completion of the intake process. Offenders go first to the laundry for shake down

and clothes issue. Then proceed to R & D in the basement of building 1. The potential of transferal of contraband is concern.

- Shift Officer and Security Director not in close proximity to Central Control.
- Buildings 1-5 are two levels with only one officer.
- Administration Building has some security issues due to layout and staff assignments.
- Single officer responsible for approx. 100 offenders in the Kitchen.
- Central Control has blind spots that prevent visibility into the yard and main gate. Two Staff positions monitoring phones, radios, perimeter door control and interior doors.
- Main sallyport vestibule from yard has an automatic releasing lock on outside gate
- The facility has new cameras and digital recording system. Local control stations have no access to viewing capabilities.
- The Armory is located outside the secure perimeter has greatly reduced response times. The building has a 12 foot perimeter fence but is currently not monitored by surveillance cameras.

#### **ACCESSIBILITY:**

- Currently, only the newer buildings 6A, 6B and 9 are capable of serving the physically impaired. They are also the only facilities that can accommodate first floor/lower bunk prescribed offenders. Since buildings 1-5 are the general population units, this often requires non-treatment offenders being placed with treatment offenders. Buildings 1-5 do not have accommodations for the physically impaired. The Administration Building has had an elevator installed that allows access to the upper level. However, some areas remain inaccessible.

#### **LIFE SAFETY:**

- Only buildings 6A, 6B and 9 are equipped with automatic fire sprinkler systems as well as fire alarms and smoke detectors. The rest of the buildings have fire alarms and smoke detectors only.
- In a few cases, egress doors swing in the wrong direction.
- Following is a preliminary code analysis using the NFPA, Life Safety Code 101, 2000.

#### **Buildings 1 & 2:**

- The means of egress has enough capacity to accommodate the number of occupants currently housed. (Building 1-74 occupants, Building 2-30)
- The building might contain non-compliant code items that could affect the safety of the residents housed in them. A detailed analysis would be required to determine to what extent.

**Building 3 (Building 4 is identical)**

- The means of egress have enough capacity to accommodate the number of occupants currently housed (90 occupants each building).
- The building might contain non-compliant code items that could affect the safety of the residents housed in them. A detailed analysis would be required to determine to what extent.

**Building 5:**

- The means of egress might not be sufficient to accommodate the number of residents housed in the facility. The interior stair appears to have insufficient landing width. The exterior stair (fire escape stair) construction does not comply with code.
- The building might contain non-compliant code items that could affect the safety of the residents housed in them. A detailed analysis would be required to determine to what extent.

**Buildings 6A, 6B, 7, 8 & 9:**

- Since these buildings are relatively new, it is assumed that the means of egress is sufficient to accommodate the number of occupants.

**ACA COMPLIANCE ANALYSIS – FACILITIES:****Buildings 1 & 2:**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.
- The amount of natural daylighting is insufficient.
- The area of the dayrooms not sufficient for the number of residents.
- The housing unit exceeds 500 inmates
- Dayroom does not have sufficient daylighting or no lighting at all.

**Building 3 (Building 4 is identical)**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.
- The amount of natural daylighting is insufficient.
- The area of the dayrooms not sufficient for the number of residents.
- The housing unit exceeds 500 inmates
- Dayroom does not have sufficient daylighting or no lighting at all.

**Building 5:**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.
- The amount of natural daylighting is in sufficient.
- The area of the dayrooms not sufficient for the number of residents.
- The housing unit exceeds 500 inmates
- Dayroom does not have sufficient daylighting or no lighting at all.

**Buildings 6A, 6B, 7, 8 & 9:**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.
- The amount of natural daylighting is in sufficient.
- The area of the dayrooms not sufficient for the number of residents.
- The housing unit exceeds 500 inmates
- Dayroom does not have sufficient daylighting or no lighting at all.

**SUMMARY:**

The facility was not designed to be a correctional facility but yet is being used as one. Buildings are old and in need of maintenance. The facility is running above its capacity hindering the delivery of treatment programs and activities.

**RECOMMENDATIONS:**

- House all female offenders at ICIW. Move offenders from Mount Pleasant and IMCC.
- Replace Building 5 (90 Residents)
- Provide a new Reception Center containing a special needs component.
- Provide additional housing to accommodate for current over capacity and future growth.

## **Assessment: Iowa Medical and Classification Center**

Assessed October 26, 2006

### **Durrant's Assessment Team:**

Tim Hielkema

Chris Osore

### **CLASSIFICATION:**

The Iowa Medical and Classification Center (Oakdale) was originally opened in 1969 to house the criminally insane. The Prison's role has continued to evolve since its inception. Today, the prison is currently organized in several operational areas that cover the issues of classification, medical services, limited long term care and some mentally unstable inmates as well as their general population. The current average daily population in Oakdale is approximately 850 inmates. They have a work force of around 300.

The Oakdale facility is not currently a major hub for systematic medical care throughout the Iowa prison system but its role will increase greatly with the opening the Special Needs Unit in Late Spring/Early Summer of 2007. The SNU could become a major hub for prisoner medical needs in the areas of long-term care, short-term recovery, geriatric care and medical transportation and organization to and from other prisons due to its close proximity to the University of Iowa Hospitals. There are currently no secured operating rooms or recovery rooms in the U of I facilities. UIHC handles 15-20 outpatient surgeries a day with 4-5 inmates requiring an overnight stay. There are currently 6 Correctional Offices stationed at the hospital. The Oakdale campus also handles all civil commitment cases.

Oakdale is currently the Classification Center for all inmates in the Iowa Department of Corrections prison system. The only inmates that do not come through this system are those that they receive directly from the U.S. Marshall. They administer approximately 500 classifications a month which is considerably higher than the 120-140 admissions that they handled when this facility opened. Staff numbers in classification have not increased greatly during this period.

The classification area is segregated into both male and female new arrivals in which new inmates stay for a period of 3-5 days. The women's intake holding cell has extra bunk beds set up to handle the intake of women since they are not distributed to other areas of the prison as the classification process continues. The male offenders are moved to other areas of the classification center after initial intake and are housed for a period of 30-40 days before they are transferred to their final destination.

The Oakdale General Population totals nearly 300. Virtually all General Population inmates that are physically able to work are employed by the prison in

Support opportunities. There are no Prison Industries in the Oakdale facility. The inmates are classified as 1R to 4R as their behavior increases. 4R residents have the least restrictions.

The inmates are classified in the following categories:

- Administrative and Disciplinary Segregation – Level 1R
- General Population – Levels 2R, 3R and 4R
- Protective Custody
- Classification Center
- Special Needs – Existing Facility
- Special Needs Unit – New Facility to open Summer 2007

#### **PHYSICAL CONDITIONS:**

- Main administration building was built in 1969. The facility is in relatively good condition. It is in need of window replacement and has some roofing issues. The existing kitchen is currently being remodeled.
- The Classification Unit is a relatively new building with few structural problems.
- The General Population Unit is a relatively new building with few structural problems.
- The Special Needs Unit is currently under construction.
- A new power house is currently being constructed in conjunction with the SNU.

#### **SECURITY:**

- The CCF has a double perimeter fence with taut wire.
- The west guard tower is not staffed.
- Continuous 24/7 perimeter vehicle monitoring is provided.
- The North Exercise yard was closed due to security issues.

#### **ACCESSIBILITY:**

- There are no major handicap accessibility issues within the entire complex.

#### **LIFE SAFETY:**

- Poor prisoner oversight is provided in second floor cell block of North Unit.
- Women's Classification Center is overcrowded

#### **ACA COMPLIANCE ANALYSIS – FACILITIES:**

##### **200 Bed Unit**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

##### **Main Building**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

**Building R & S**

- Size of room not sufficient for the number of residents housed currently.

**Building T & V**

- Size of room not sufficient for the number of residents housed currently.

**Civil Unit**

- The unit complies

**New Unit (Under Construction)**

- It is assumed the unit will comply.

**SUMMARY:**

The Iowa Medical and Classification Center serves the needs of the Iowa State Department of Corrections very well. It has evolved to meet the changes within the entire State of Iowa Prison System. With the completion of the Special Needs Unit, Oakdale will continue to evolve and should serve as more of a medical hub for the Health Care needs of the system.

**RECOMMENDATIONS:**

- Repair roofing on older buildings
  - Estimated Construction Cost - \$100,000
- Replace windows in older buildings
  - Estimated Construction Cost - \$69,000

## **Assessment: Iowa State Prison – Fort Madison**

Assessed October 23 - 25, 2006

### **Durrant's Assessment Team:**

Mike Lewis  
Mike Morman  
Jason Peci  
Tim Hielkema  
Phillip Parrott

### **CLASSIFICATION:**

ISP is a maximum security unit housing approximately 1000 offenders.

- Administrative and Disciplinary Segregation – Levels 1 & 2
- General Population – Levels 3, 4 & 5
- Minimum Out Custody (work release, violator program)– Level 6
- Protective Custody
- Therapeutic Community Program ( Substance abuse)
- Special Needs

### **PHYSICAL CONDITIONS:**

- The majority of the buildings are old and in need of major repairs. The exterior shell of the housing units needs tuckpointing and new windows. Also the roof needs replaced. The Industries Building also needs new windows, structural repairs and new roof.
- Building 17 is abandoned but can not be removed because it is part of the perimeter security wall and is on the Historic Register.
- Proposed Improvements
  - \$20 million budgeted for improvements. At this point, 20% of the budget has been spent
  - Upgrade of the electrical system throughout the complex. Near completion.
  - Installation of high mast lighting in prison yard.
  - Installation of lighting at the top of the wall walkways.
  - Rework the ventilation system in the Industries Building.
  - Perform structural repairs on the Industries Building.
  - Perform mechanical tunnel repairs. Portions have been completed.
  - Improve storm water management. Area by Industries Building currently under construction.
  - Construction of pitched roof on Building 17 (original housing unit).
  - Shower upgrades in Housing Units. Currently underway
  - Replacement of roof on Housing Units, Industries Building and Building 51. Would also include repair of substrate.
  - Install a second security fence on west and north side of the yard. Creating a no man zone. (Nearly complete)
  - Renovating guard towers. Currently underway

- Housing Units, Building 17, 18 19 and 20 along with perimeter wall and guard towers are on the National Register of Historic Buildings.
- Currently utilizing the original Administration Building along with a portion of the new CCU Building for Administration.
- Only the new CCU is equipped with air conditioning. Rest of the buildings have a ventilation system which circulates the air.

#### **Medical**

- Contains medical facilities along with a Hospice. The Hospice has 4 patients. This hospice program is very effective program as the care is administered to inmates by inmates.
- They have room for up to 6 long term geriatric patients.
- All dental work that can be accomplished without the use of general anesthesia are done in the facility.
- The medical facility is not used for the immediate use of the Ft. Madison inmates.
- All emergency health care is administered by the local hospital.

#### **CCU**

- The CCU is separated into two distinct halves. Travel between the upper stories of the A and B units is very limited. There is no central stair to reach the top story of the B unit.
- Houses 160-190 offenders and is staff intensive.
- The inmates are not mental commitments but are for inmates with some sort of mental that require separation from the general population.
- There is concerns with the visibility of the counselor's offices.
- There is available space in the CCU for educational purposes and administration office.

#### **Building 17**

- Vacant

#### **Building 18**

- General Population

#### **Building 19**

- General Population

#### **Building 20**

- Detention

#### **Industries Building**

- 1<sup>st</sup> Floor–east - Offender dining room with kitchen, Clothes Exchange, Yard Clean-up Storage
- 2<sup>nd</sup> Floor-east – Vacant Auditorium (due to security issues), Library
- 4<sup>th</sup> and 5<sup>th</sup> Floor-east – Textiles closed due to security issues
- 1<sup>st</sup> – 4<sup>th</sup> Floor-west – IPI Furniture
- ISP has contracted with a firm to prepare an analysis of the building. ISP to forward copy of report to Durrant

#### **Building 51**

- Portions are used for offices for the Deputy Warden and Director of Security

- Lower level contains meeting room for religious groups, Chaplain's Office and Storage
- Psychologist Office
- Testing
- Hearing Office
- Training Rooms
- Shift Officer
- ISP Officials indicating they would like it to be returned a classroom building.
- Accessibility issues

#### **Laundry Building**

- Newly renovated building
- 5 new 80 lb dryers
- 5 new 100 lb washers

#### **Gymnasium/ Habitat Building**

- Make casework and wall panels for Habitat for Humanity houses.
- Soon to start producing wood trim for the houses

#### **Hobby Craft Building**

- Slated to be demolished

#### **Powerplant**

- 4 Boilers, 3 old, 1 newer with larger capacity. All are not efficient, 40%.
- Boilers sufficient to supply current facility. Any addition to the facility would require larger capacity boilers, possibility of replacing one or two of the older boilers.
- Two new large emergency generators with one large fuel tank. Plan on adding more tanks.
- Current tanks have been condemned by DNR.
- New electrical upgrades are taking place in the plant and throughout the facility. New switch gear, transformers and the like.
- Currently constructing a storage shed on the west side.

#### **General Storage**

- Multiple stories
- Connected to the power plant
- Store palleted food products
- Contains freezer storage
- Sufficient in size to handle needs of the facility

#### **John Bennett Complex, Medium Security**

- 2 story building housing dormitory, dining, classrooms, recreation, showers and kitchen.
- Associated building contains the library, weightlifting and storage.
- Another associated building contains school (GED) and graphics arts.
- Functions separate from ISP. Self sufficient
- IPI has a clothing manufacturing facility as well as a call center, distributing Iowa tourism information to callers

**Farm House No.1, Min. Security**

- Approximately 100 beds
- Two story building
- Masonry construction
- Single pane glass, steel framed windows
- Building is not equipped with a automatic fire sprinkler system
- Bicycle repair shop – give repaired bicycles away. Approximately, 100 repaired.
- Library
- Hobby/Craft
- Weightlifting
- Ballfield
- Metal fabrication and shop
- Classrooms associated with Southeastern Community College
- Vegetable Garden
- Fields farmed by IPI using inmate labor or rented out

**Farm House No.3, Min. Security**

- Approximately 100 beds
- Two story building
- Masonry construction
- Single pane glass, steel framed windows
- Building is not equipped with a automatic fire sprinkler system
- Recently painted on the exterior
- Not accessible for person with handicaps
- Greenhouses – supply plants to ISP and Bennett
- Water Treatment Plant
- Utilize corn to fuel furnace that heats the facility
- Utilize wood burner to heat water to heat greenhouses
- Weightlifting
- Library
- Ball field and walking path
- Fields farmed by IPI using inmate labor or rented out

**SECURITY:**

The old housing unit for death row inmates was torn down and the hobby and crafts building, also located next to the perimeter wall, is planned to be torn down. The facility has completed moving the free weights in the yard from the exterior wall to the center of the facility which will allow for better monitoring of the offenders. Money is currently being spent to upgrade the electrical system and they are in the process of upgrading the security electronics with new and additional cameras. An additional fence is being installed inside the walls at the old free weights area to create a no mans land inside the secure perimeter of the facility. Adjustments to the staffing to the guard towers, re-opening towers that had been closed down and future noted changes will help in the visual security of the facility.

Except for the new addition put on in 2002 all exterior windows in the inmate areas are single pane glass. All are protected by security mesh and/or bars at an appropriate spacing but still are easily broken as well as drafty, a concern elaborated earlier in this document. The taut wire system currently installed is about  $\frac{3}{4}$  of the way up the walls. By the removal of the Death Row Cell Block, the future removal of the Hobby and Crafts Building and the moving of the weightlifting area away from the wall this will help the system be more effective.

Cell house 17, which forms part of the perimeter security wall, is the main access from the CCU and Administration into the ISP. Staff and offenders flow through the secure perimeter at this point. This building is not being used to house offenders and is a weak point in the secure perimeter due to building decay and maintenance needs.

The other buildings that are a part of the security perimeter are Cell Houses 18, 19, & 20. Cell house 19 was the first built, then Cell House 18 was attached, and when the north wall was moved out Cell House 20 was added at that time. An additional fence was installed outside of the building along Cell Houses 18, 19 & 20 (chain link fence construction with razor wire at the top located approximately 15' off the face of the building). Glazing, as mentioned before, is single pane glass set into a glass pattern with no pane large enough for an adult male to fit through and the assembly is protected by a layer of expanded mesh securely fastened on the inside face. Though, not a part of the exterior security perimeter of the Cell Houses, the chase, that the cells back up to, has had work done that creates a possible breach in the security. When stainless steel combination units were installed in place of the old porcelain fixtures a different size hole was needed and the concrete and rebar was removed for these openings. The hole is large enough for an offender to fit through. The stainless steel fixtures are mounted from the back side so removing one from the front or working around it enough to get out would be difficult without the staff knowing.

The industries building's upper floors have been abandoned. The kitchen, dining and some industries still occupy the main level and part of the second floor. The upper floors would need a lot of work to make them the secure environment needed for programming for the offenders, both in physical structure and security. Cameras have been added to the first floor that enables a better view, especially of the dining facility. Upgrades to the kitchen would help with the security of the ingredients. The yeast currently stored in central control should be able to be monitored and distributed by the kitchen staff and security officers in that area.

In the Building 51 some security upgrades have happened and the condition of the building is good. Again the exterior security of this building is lacking but it does reside completely inside the secure perimeter. For medium classification offenders this building could be easily adjusted to teach classes in which would bring it back to its original function along with supplying the facility with area for their religious needs.

The building that contains the gym and wood shops for IPI fits the purpose nicely. The gym is well monitored with both direct and indirect supervision. The location of the building is back far enough from any exterior wall not to cause a problem though added security measures around the perimeter of that roof would help do to its orientation on the site (the roof is at the same approximate elevation as the ground level of the industries building).

The John Bennett medium security housing unit is adjacent to the security perimeter of the ISP. A double layer of chain link fence with razor wire, razor mesh, a taut wire system and a microwave system have been installed along with the use of guard towers for direct supervision. Detention grade locks are primarily at the secure perimeter with the bulk of the areas locked with a normal grade builders hardware. Inmate movement is limited by discipline in each housing dorm there is direct supervision and a control node on the main floor oversees everything on that floor in a non secure room. Security is dealt with via operations more than cameras and electronic devices. Out buildings have a similar makeup of construction and security mostly done by supervision verses video monitoring.

Master control needs to have security glazing upgrading from a single ply (½ thick at the most) polycarbonate to a glass clad polycarbonate with a ballistics and impact rating. The tasks communicated and reviewed were: primary review of facility cameras, handing out all keys for the facility, answering the phones (both incoming, out going, coordination with the staff radios, and connection with the local police services), perimeter security monitoring by camera and taut wire, review of inmate phones both to turn on and off and to record if needed, check out of a set of kitchen knives, portioning out of yeast for the kitchen, maintaining a small armory, taking care of officers yard equipment (radios, cuffs, and pepper spray), checking all visitor and staff ID's, monitoring the fire alarm system, yard alarm and tones, video recording equipment for cameras, immediate door control of the main SPV doors and others in proximity and have the ability to take over all door controls at any time for the entire facility.

#### Cell Block 220

As part of the last addition, cell block 220 is considered the end of the road for inmates in the Iowa prison system. This wing along cell block row is maximum segregation confinement. Similar in construction to that of block, 18, 19south and 19north, block 220 is stacked 4 cells tall with attic space above housing mechanical.

In block 220 inmates are on lock down 23 hours each day. Meals are packed in insulated trays and transported to inmates from the central kitchen housed in the lower level of the industries building to block 220. When exercise is scheduled the inmate is transported in cuffs to either the indoor exercise pen or to the outdoor exercise run. Initiated recently, a cosmetic exterior and interior cell upgrade is in progress. New paint is being applied on sliding doors, security mesh, concrete inmate beds and desks. Each security mesh panel that lines the cell openings is also receiving a new polycarbonate panel to give another barrier between the outside and the inmate. This additional modification to each sliding door is not the first, but it gives a new barrier to protect staff from projectiles that inmates have been

known to throw. Inside the cell, prior to any coat of paint, the walls are patched to cover the deep recesses inmates have dug out to conceal contraband.

**ACCESSIBILITY:**

- Most of the buildings within ISP are not accessible to person with disabilities.
- The CCU is accessible

**LIFE SAFETY:**

- Only the CCU is equipped with automatic fire sprinkler systems. The rest of the buildings have fire alarms and smoke detectors.
- Following is a preliminary code analysis using the NFPA, Life Safety Code 101, 2000.

**Cell House No. 18:**

- Existing stair width (measured) is 40”.
- 23.23.1 (Reference 7.3) Means of Egress capacity 40” (1 person/.4”) = 100 occupants.
- 7.2.2.2. Minimum stair width 44”, less than 50 occupants 36”
- 7.3.1.4. Only the occupant load of each story considered individually shall be used in computing the required capacity of the exits at that story.
- Therefore the means of egress has enough capacity to accommodate 50 person/story/unit.
- Egress doors do not swing direction of travel.
- Maximum number of residents in one smoke compartment – 200 residents (23.3.7.2).
- To keep travel distance less than 100’, the middle west stair becomes a required exit therefore door swings in the wrong direction.

**Cell House No. 19:**

- Existing stair width (measured) – 40” 23.2.3.1 (reference 7.3). 40” (1 person/.4”) = 100 persons.
- (7.22.2) minimum stair width 44”, less 50 occupants 36”.
- 7.3.1.4 Only the occupant load of each story considered individually shall be used in computing the required capacity of the exits at that story.
- Therefore the means of egress has enough capacity to accommodate 50 person/story/unit.
- Egress doors are sliding detention type. Remote controlled.
- Each of the three housing units has only one exit direct to the exterior. The second exit is through the dividing wall into the adjacent housing unit. The dividing wall could be a smoke barrier however the chase is not divided.
- 23.3.7.2 Maximum number of residents in one smoke compartment – 200 residents.
- Travel distance to main exit exceeds 100’.

**Cell House No. 20:**

- Existing stair width (measured) – 30” (only exit for second floor, one of two exits for third and fourth floors). 30” (1 person/.4”) = 75 residents.
- (7.2.2.2) Stair width 44”, less than 50 occupants 36”.
- 7.3.1.4. Only the occupant load of each story considered individually shall be used in computing the required capacity of the exits at that story.
- Therefore the means of egress dimensionally has enough capacity to accommodate 50 persons per floor, however; since one egress stair is less than the minimum width requirement, the second through fourth do not have the proper exiting. As a result, this can’t be used unless measures are taken to increase stair width.

**John Bennett Complex:**

- Due to the capacity of the means of egress, the number of occupants needs to be reduced to 44 occupants in each dormitory, for a total of 88 (current housing 152 residents).
- To provide egress for current number of occupants, new egress stairs of sufficient capacity needs to be provided.

**Farm House:**

- Existing stair width (measured) – 44”.
- Two exits are provided but the separation is less than ½ the diagonal of the space being served.
- 44” (1 person/.4”) = 110 occupants.
- 7.2.2.2 Minimum stair width 44”.
- One exit stair is accessed through an adjoining room.
- 23.2.4.1 Not less than two separate exits for every story.
- Second exit needs to be added.

**ACA Compliance Analysis – Facilities:****Cell House No. 18:**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

**Cell House No. 19:**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

**Cell House No. 20:**

- Unit is ACA compliant

**John Bennett Complex:**

- The quantity of bathing facilities not sufficient for number of residents.
- The area of the dayrooms not sufficient for the number of residents.

**Farm House:**

- The quantity of bathing facilities not sufficient for number of residents.
- The area of the dayrooms not sufficient for the number of residents.

**SUMMARY:**

The ISP Facility contains old buildings that hinder offender supervisor.

**RECOMMENDATIONS:**

- Since the Industries Building contains the kitchen and dining hall, a new kitchen/ dining hall will need to be constructed to provide meals for the adaptive re-use plan housing units and the existing CCU. Since the new housing unit design will permit dining within the dayrooms, the dining hall can be remodeled into the new laundry facilities after the new units are constructed. In conjunction, the Iowa Prison Industries program currently in the Industries will need to be relocated to another building. The building to be one level and could be constructed on the adjacent property with a secure connection to the prison yard.
  - Estimated Cost , Kitchen/Dining - \$3,000,000
  - Estimated Cost, IPI - \$2,000,000
- To allow for space for the new housing units, we recommend the demolition of the current Industries Building. The building is old and is requiring considerable amount of capitol for maintenance and operation.
  - Estimated Cost - \$300,000
- We recommend replacement of the older housing unit buildings by constructing 800 beds of housing units. The current housing will need to remain in use until new housing units are ready to receive offenders.
  - Estimated Cost - \$88,000,000.00
- Remodel the Dining Hall to contain the laundry and clothes storage. Demolish the Laundry Building.
  - Estimated Cost - \$200,000
- Install high mast lighting in the prison yard.
  - Estimated Cost - \$750,000
- Renovate old housing units building to contain support and program functions. This could include classrooms, hobby craft, counseling centers, meeting rooms and libraries.
  - Estimated Cost - \$7,000,000
- To be consistent with the proposed repurpose plan the following maintenance items can continue to be considered as listed in the *Major Maintenance Projects*.
  - Electrical upgrades to the facility
  - Roof replacements ( except for Industries and Laundry Buildings)
  - Window replacement (except for Industries and Laundry Buildings)

- Fuel tank replacement
  - Septic system repair at Farm 3
  - Upgrades to the boiler system
  - Maintenance items to the John Bennett Unit, Farm 1 and Farm 3
  - Utility upgrades to the facility
  - Utility Tunnel maintenance items
  - Remodel dorm in Farm 1
  - Control Center remodel
  - Vent transformer room – Vocational/Gymnasium Building
  - Whirlpool and Lift
  - Depending on custody level of repurpose, the guard towers may or may not need to be remodeled.
- Life Safety issues to be corrected
    - Egress from current housing units
      - Estimated Cost - \$4,000,000
    - At the John Bennett Unit, increase egress capacity from the Dormitories by adding two new egress stairs.
      - Estimated Cost - \$100,000
    - At Farm 1 and 3, provide second exit from the second floor.
      - Estimated Cost - \$75,000

## Assessment: Mount Pleasant Correctional Facility

Assessed October 25-26, 2006

### **Durrant's Assessment Team:**

Mike Morman

Phillip Parrott

### **CLASSIFICATION:**

Mount Pleasant is a men and women medium security facility specializing in sexual and substance abuse offender treatment.

- Administrative and Disciplinary Segregation – Levels 1 & 2
- General Population – Levels 3, 4 & 5
- Minimum Out Custody (work release, violator program)– Level 6
- Protective Custody
- Therapeutic Community Program ( Substance abuse)
- Special Needs

### **PHYSICAL CONDITIONS:**

- Overall the buildings are in good condition and well maintained.
- None of the buildings are air conditioned and the steam heating system is difficult to control during change of seasons.
- The electrical system is need of upgrading
- The windows are inefficient and need to be replaced.
- The facility was originally designed as a mental health hospital. As a result, the offender's rooms can not be secured creating security issues.
- The kitchen is not on the same level as the dining hall requiring food to be transported in a service elevator. That same elevator also is used to transport dirty dishes and trash.
- The offenders use a hall with a ramp to get to the dining hall. The slope of the ramp is greater than 1:12.
- The women's unit utilizes the dining hall of the Mental Heath Unit. In order to maintain security, the offenders take a route that leads them through a service door, down a stair, through a storage room and then to the dining hall. Also, the officers are required to padlock 9 doors to provide security to the dining hall itself. One of the doors that are padlocked is an emergency egress door.
- The Receiving and Discharge Area is located off the main hall of the housing unit. Area provided for this function appears not to be adequate and awkward.
- Requested Improvements
  - Provide air conditioning throughout the facility
  - Upgrade of the electrical system throughout the complex
  - Installation of high mass lighting in prison yard
  - Renovate the kitchen
  - Remove hazardous material from facility
  - Provide more segregation cells

- New radio system
- Install digital recording systems
- Movement of women to dining hall
- Increase “no man” zone (currently only 10’)
- Replace old wood framed observation towers
- General Items:
  - None of the buildings are equipped with a fire sprinkler system
  - Security door hardware is absolute
- Storeroom
  - One story with a basement
  - Masonry construction with wood framed roof structure. Floor slab and construction is concrete
  - 1 ½ month supply
  - Structural problem with floor and support system at one location
  - Freezer walls and ceiling not insulated. Condensation has caused damaged in the lower level and on the exterior wall.
  - Building is having the roof replaced.

#### Carpenter Shop

- 2 story masonry

#### Grounds Shack

- 1 story wood framed

#### Old Equipment Shed

- 1 story wood framed

#### New Equipment Shed

- “Butler” building

#### Lumber Storage

- One story masonry

#### Paint Shop

- One story

#### Power House

- One story Masonry
- Needs roof replaced
- Hazardous material has been removed

#### Plumbing Shop

- One story

#### Maintenance Shop

- One story masonry

#### Car Wash

- One story, masonry
- Old fire house

**SECURITY:**

- The facility was originally designed as a mental health hospital. As a result, the offender's rooms can not be secured creating security issues.
- Existing building perimeter security consists of 5 guard towers, 3 of which are currently operating, a double security fence with razor wire at the top of each, razor mesh at the vehicular sally port gates, microwave at the vehicular sally port gates and external camera both fixed and PTZ's. Guard tower 3 is in good condition (new when they moved over from the mental health building), this is the tower that oversees the vehicular sally port, south part of the perimeter road, the industries buildings if in use, and the loading dock area. Guard towers 2 & 4 were both relocated from the mental health building when the transition occurred, they are properly placed each having a good overview of each of the 2 exercise yards individually but the construction is starting to deteriorate.
- The tasks communicated and reviewed at central control were: control access to the armory, partial operator, inmate phone (just turn on and off, guard towers monitor calls), camera monitoring for the entire facility, control access to 10 segregation cells, and all interior detention doors. Controllers only work a couple days a week in master control and have other positions around the facility. Continuity of staff at positions should be looked at especially for critical security positions such as master control.
- Facility security is camera and direct supervision. All rooms are hard to see into and segregation cells are the only ones monitored while the corridor and open areas are viewed with a PTZ camera. In the main building corridors corners and obstacles create blind spots for the cameras and staff located in the housing pods does not have the time to rotate through the halls and check these hidden areas. All locks on the inside of the facility are a builders type hardware sets. In the basement the security cameras are operated by the maintenance staff, security is very minimal only by staff working in the laundry or maintenance. The security of the main electrical rooms should be heavier; a regular builders lock is on the door and inside a cage houses the equipment.
- The facility is an old mental hospital. The cells are old hospital rooms with pipes exposed and poor visibility from the hall way. The wings of the building do not line up so supervision from one end to the other is hard if not impossible in some areas. The counselors rooms need to have better security features for the staff again poor visibility into most rooms. A patrol officer does monitor the 2 floors of education and counseling and PTZ cameras are installed for the corridors.
- Kitchen and dining are both well supervised but an additional camera could be used in the kitchen to better monitor all of the offenders. The library and religious services both have good lines of site from the corridor but some additional cameras in the religious would be recommended.

- The women's unit is one wing of the mental health unit. Only the yard is fenced in with a single curved security fence with a string of razor wire at the top. The rest of the security perimeter is the exterior façade of the building.
- The travel path to dining is very peculiar and needs to be revised. A series of 9 padlocks have to be used to ensure that the doors are secure. This does create life safety issue. Meals were originally given in the unit and would be more secure if that practice was reinstated. Currently 2 officers move the offenders to meals 2 times a day and 2 more stay in the housing wing. Recreation is done in a similar manner because the offenders share the gym with the people in the mental health unit. Both are a security risk for contraband alone, sweeps are not done of either the dining area or gym, random searches are performed in their stead.
- Security for this facility is run through their own master control with similar responsibilities as the main except they can not run the entire facility (both male and female) from their location if needed.

#### **ACCESSIBILITY:**

- Measures have been taken to accommodate the physically impaired. There is a chair lift at the main entrance. All levels are accessible via an elevator. Toilet facilities are provided.
- The offenders use a hall with a ramp to get to the dining hall. The slope of the ramp is greater than 1:12.

#### **LIFE SAFETY:**

- Following is a preliminary code analysis using the NFPA, Life Safety Code 101, 2000

##### **Building 20:**

- The means of egress has enough capacity to accommodate the number of occupants currently housed (100 on two floors).

##### **Housing Wing (typical):**

- Two exits provided.
- Distance between the two exits is 198' (maximum travel distance to an exit is 100').
- Means of Egress capacity (stair) 48" (1 person/.4") – 120 occupants.

#### **ACA Compliance Analysis – Facilities:**

##### **Building 20:**

- Size of room not sufficient for the number of residents housed currently.

- The quantity of bathing facilities not sufficient for number of residents.
- The area of the dayrooms not sufficient for the number of residents.
- The quantity of toilet facilities not sufficient for the number of residents

#### **Housing Wing (typical):**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.
- The area of the dayrooms not sufficient for the number of residents.

#### **SUMMARY:**

- The facility was not designed to be a correctional facility but yet is being used as one.
- The women's unit is not functioning well as a detention unit. In particular the dining facilities.

#### **RECOMMENDATION:**

- Update electrical system. Current system is not adequate to provide electrical services to the facility.
  - Estimated Construction Cost - \$4,000,000
- Update heating system to a more efficient system including cooling capabilities.
  - Estimated Construction Cost – \$8,460,000
- Replace windows throughout the facility. The efficiency of the new windows will pay for themselves in saved energy cost.
  - Estimated Construction Cost - \$750,000
- Install high mast lighting in prison yard.
  - Estimated Construction Cost - \$750,000
- Provide accessibility for person with disabilities to dining. Currently, all offenders need to transverse a steep ramp to get to the dining hall.
  - Estimated Construction Cost - \$100,000
- Relocate women to ICIW
- Upgrade security system including communications, cameras and door controls.
  - Estimated Construction Cost – \$100,000

## **Assessment: Newton Correctional Facility**

Reviewed October November 8<sup>th</sup> 2006

Durrant's Assessment Team:

Tim Hielkema

Mike Morman

Chris Osore

### Security Summary

Exterior security consisted of a double layer of chain link fence with razor wire and a taunt wire system in good to great condition. There are 3 breaks in the security perimeter of the facility, 2 vehicular sally ports and 1 pedestrian entrance. The site has no guard towers but does have 2 elevated shelters for the officers in the yard during bad weather. The yard and no-mans-land is monitored by PTZ type cameras and roving officers. Around the facility is a perimeter road that is monitored by officers in vehicles as well as the PTZ cameras depending on their location.

### Unit H

This unit is the main location for all services for the entire facility everything except housing and part of the administration function happens here. Master control is housed here with views looking out to the yard, gym, and the main entry for all inmates into building H happens at a door located adjacent to this area. As it is currently being run they do not monitor the yard, gym or review the inmates coming in and out of Unit H. The position demands that they have shades drawn through the morning and first part of the afternoon otherwise the sun would be in their eyes. The shades were installed after the original facility was built do to this face. The area over looking the gym is positioned behind them and again blinds have been drawn, this is not part of their proscribed responsibility and there are also cameras that allow for monitoring so they would not have to leave their desks. Functions of the officers inside are monitoring of all cameras, monitoring of the taunt wire system, keeping record of inmate count, phones, keys for the entire facility for distribution, radios for distribution, opening and closing all security doors, VCR recording with all tape changes, and Fire alarm system. The only other location with camera viewing is the captain's office. There are a total of 69-70 cameras in the facility with 8 of those being exterior, 1 in the observation cell and the rest in the different Units. Master control has done some upgrades to the security of the door coming in adding 4 bolts as well as adding a security mesh welded to the frame at the glazing to the door and the 2 panels located directly adjacent to it. Currently they are trying to determine if the CMU wall that makes up a portion of the wall space is secure enough as built or if additional security is needed.

There is one main corridor that runs the length of the building with doors that have been recessed which creates blind corners. Corridors are monitored by cameras both fixed and PTZ, the majority of the cameras in the entire facility reside in this building.

Inside the infirmary area security is provided by cameras in the corridor areas as well as the observation cell, doors are typical builders hardware except for the observation cell and meds. All medications are run through an outside provider and are kept behind a minimum of 2 locks at all times. Pill distribution is handled in the infirmary and the line gets so long that it continues into the corridor. Currently they are looking at finding a way to adjust the pill line so meds are distributed in the gym which would allow for all offenders to be located in the same area and out of the corridor. This would involve cutting a window opening in a precast wall.

The chapel is monitored via camera but when those requiring Native American religious services meet they do so outside with a corrections officer with them at all times.

All visitations are done in Unit H for offenders not residing in Unit A. The visitor is actually the one moved between areas with a different area for non-contact versus contact visitors while the offenders are all brought into the same room and dispersed from there. 2 PTZ cameras and a corrections officer reside in this area; cameras are monitored from Master Control. Offenders are searched going in and coming out of this area, doors are operated by key control by the officer stationed in the room. Unit A visitation is done in the unit with the visitor being taken to the unit and brought in from a door on the back side of the unit. The visitation is monitored by the control center of Unit A.

Maintenance operations are run by staff with a correctional officer checking in/out tools every day. This is a direct supervised area with no camera control and doors controlled by keys. They are looking into moving all Class A tools outside the secure perimeter as prescribed by the ACA, they are currently looking at a building tied into one of the secure sally ports.

Property storage, clothing issue and laundry are separated by a wall. Property storage is in a different area than the other two so a new offender in the system must check their belongings in with property storage, then go to clothing issue which is tied to the laundry. This is run by offenders and supervised by officers.

The Kitchen has 2 PTZ cameras which allow for good review of most of the kitchen area but there are some blind spots due to equipment. All ingredients and sharps are locked away behind 2 locks and direct supervision is the primary mode of observation.

Units C, D, E operate in the same basic function with direct supervision from a central control area and cameras in each wing. Supervision of the meal serving area is from the control area. There is a blind area back in behind the serving area with no camera control. Inmates are allowed free access to their cells all day. In Units C & D they have detention doors with food passes in them while Unit E is a wood door with a lock and key which the inmate has control over. For the entire facility they have maxed out the use of their Handicap Accessible cells.

Unit B is a separation unit housing federal offenders, safekeepers, reintegration, and protective custody. The access into the unit is by secure doors but once inside is similar to units C & D except that offenders are only let out at scheduled time so interaction can not happen between different groups. Unit control is in a secure elevated area. Food service is done the same way as in C, D, & E with a rear located severing area with the same safety concerns as the other areas.

Unit A is a segregation housing unit with controlled access coming in and out (controlled by Master Control). The control of individual cell doors is handled by unit control. They also monitor visitation and described above. All cell doors have a food pass with detention lock with they have supplemented with 2 bolts because the inmates where able to kick out the food passes. All doors are sliders.

Correctional Release Center (CRC) is a minimum security facility. There are no perimeter fences except those for separation and the use of cameras is supplemented by corrections officers. Housing is all done in one central dormitory area with the remainder of the building used for recreation and programming. Security is in line with typical minimum security concepts, more emphasis on officer interaction and less and camera operation. There is a central control that operates this facility and checks everyone in and out as well as monitoring cameras.

There are several functions that happen outside the secure perimeter that are staffed by the offenders at the CRC. These are all direct supervision monitored by officers or staff. Only offenders in the CRC are eligible for these programs do to their non secure nature.

Currently a new area is being constructed called the "Safekeepers House". This area will be surrounded by a 12' high fence with 3 strands of barbed wire. Three cameras will overlook this building along with security lighting around the perimeter. An officer will be stationed inside upon completion at all times.

## Assessment: Newton Correctional Facility

Assessed November 9, 2006

### **Durrant's Assessment Team:**

Tim Hielkema

Chris Osore

Mike Morman

### **CLASSIFICATION:**

Men's Facility house 971 offenders in 5 separate Housing Units. The main prison was designed for 832. The Correctional Release Center has a capacity of 166 and currently houses 360 inmates.

The inmates are separated in the living units in the following categories:

- LUA-Administrative and Disciplinary Segregation, Mental Health and SSIP
- LUB-Federal Detention and Protective Custody
- LUC-Re-Entry and Life Skills
- LUD-Substance Abuse
- LUE-Innerchange Freedom Initiative & General Population IV and V

### **PHYSICAL CONDITIONS:**

- Main housing building was built in 1997. The facility is in good shape due to its age. The precast concrete exterior shell shows extensive discoloration due to shortened gutters.
- There has been significant roof problems through the entire history of the NCF. The gymnasium has significant damage to the wood floor due to water problems.
- The CRC has many signs of wear. There is a significant need to rework the existing entrance to control water problems and to reconstruct deteriorating exterior split-face block columns. The roof-top units are over-burdened. The standing seam metal and EPDM roofing is also questionable. The electrical system is also needed to be replaced in the administration unit and there is poor ventilation in the restroom of the cells.

### **SECURITY:**

- The NCF has a double perimeter fence with taut wire. There is no additional compartmentalization provided between each pod. Continuous 24/7 perimeter vehicle monitoring is provided. Each of the five pods has a central control officer station.

### **ACCESIBILITY:**

- NCF is accessible to people with disabilities.
- CRC is not totally accessible.

### **LIFE SAFETY:**

- Ducts and fireproofing are accessible from the mezzanine level of the Cells. Fireproofing has minor damage in multiple locations.
- The north doors of the gym allow water to enter the building during virtually any rainstorm due to poor drainage away from the building.

#### **ACA COMPLIANCE ANALYSIS – FACILITIES:**

##### **LUA**

- Unit complies

##### **LUB**

- Unit complies

##### **LUC**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

##### **LUD**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

##### **LUE**

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

#### **RECOMMENDATIONS:**

- We recommend the construction of 400 bed housing unit at the facility.
  - Estimated Construction Cost - \$23,000,000
- Renovate the Correctional Release Center including electrical upgrades
  - Estimated Construction Cost - \$1,295,000
- Replace hot water loop around the main facility
  - Estimated Construction Cost - \$1,200,000

## Assessment: North Central Correctional Facility

Assessed November 20, 2006

### **Durrant's Assessment Team:**

Mike Morman

Phillip Parrott

### **CLASSIFICATION:**

NCCF is a minimum security facility housing 502 offenders .

- General Population - not allowed outside of security fence
- PL0 & 1 – In the program but not allowed outside the security fence
- PL2 – Violate Offenders – Allowed outside of fence but not off the grounds
- PL3 – Allowed outside of fence but not off grounds, eligible for work release
- PL4 – Allowed off grounds with officer escort
- PL5 – Allowed off grounds with trained public sector supervisor
- Segregation Housing

25 offenders housed within facility are sentenced for life.

260 offenders work outside the security fence.

### **PHYSICAL CONDITIONS:**

- Buildings are well maintained and in good condition.
- All buildings are air conditioned.
- Building 'D' exterior concrete masonry is deteriorated and in need of repair and tuckpointing. Expansion joints not properly installed.
- Offenders do their own laundry
- Major Maintenance Items
  - New kitchen/dining room
  - Repair to Building 'D'
  - Central Control is inadequate
  - New windows in old buildings
  - Wiring of the new emergency generator. The facility has the generator. Current generator only powers the essential systems; new generator will power the entire facility.
  - Plumbing system piping in deteriorated condition. It is replaced as it fails.
  - Steam tunnels need repair.
  - New steam piping to Building D.
- Exercise Yard
  - Some sidewalks are in need of replacement due to cracking and differential settlement.
  - New basketball, handball and tennis court
- Receiving and Discharge, old Chapel Building
  - Steps leading to main entrance and offender entrance. Building is not accessible to persons having physical disabilities.
  - Separate entrance for receiving of new offenders from current residents entering clothing exchange.

- Produce ID Cards for Offenders
- Clothes issue
- Reception of offenders only during the day, except in special circumstances
- Locked egress doors, requires key to open.
- Lower Level
  - Substance Abuse treatment
  - BEP
  - Counselor
  - Life Skills
  - Correctional Counselor
  - Offender Orientation
  - Clothing Storage
- Old wood windows with single pane glass
- Roof in good condition
- Building D
  - Fairly new building
  - Exterior CMU is deteriorated and in need of repair and tuckpointing.
  - Exterior egress stairs
- Visitor Center
  - Both contact and non-contact visitation
  - Officer Station
  - Offender strip searches.
- Building C
  - Not accessible for person with disabilities
  - Low headroom clearance under ductwork in corridors.
  - Aluminum windows with insulated glazing
- Building B
  - Wood windows with single pane glazing
  - Barber Shop
  - Health Services
    - Pill Line
    - Dental, One day a week
    - (2) Exam rooms
    - Teledoc
    - Emergency cases go to Sac City
    - 1 to 2 trips a week to Iowa City for offenders appointments
    - Laboratory
  - Shift Supervisor
    - Radios use a repeater to strengthen signal
- Building A
  - Basement contains Bikes or Tikes
  - Similar to Building C
- Treatment Center
  - Built in 1990's
  - Security Director Office

- Correctional Counselor
- Out Crew Coordination
- Training Specialist
- Psychologist
- Offender Programs
- Religious Meeting Room
- ICN Training
- Multipurpose Center
  - Pre-engineered metal Building
  - Built in the 1990's
  - Hobby Craft
  - Gymnasium
  - Gymnasium not accessible to person with disabilities.
  - Debittek Card Purchase
  - Library/Computer Center
- Greenhouse/Greenhouse Annex
  - Tool Storage
- Education Building
  - GED (2) Classrooms
  - Steps at Front Doors
  - Building and spaces are not accessible to person with disabilities.
  - Work Readiness
  - 2<sup>nd</sup> Floor Telemarketing for Nuage and Eyeglasses
  - Upholstery Shop
  - Doll House making
  - Exterior Exit Signs
  - New windows in 1990
- Administration Building
  - Wood windows w/ single pane glazing and storm windows
- Shed
  - DNR – bagging of wildflower seed
  - Freezer
  - Tractors and construction materials
  - Pole Building
- Powerhouse
  - Precast concrete wall panels and steel roof structure
  - Metal Shop
  - Wash Bay
  - Tool Storage – work crews
  - Carpenter Shop
  - Plumbing/Electrical Shop

**SECURITY:**

- 60-65 Correction Officers - 11 officers/day, 8 officers/night
- Security Summary –

Minimum security facility with an exterior perimeter security installed in 1982 when the facility was changed from a women's to men's facility. A single coil of razor wire was installed until an offender went over the fence. At that time a triple coil of wire was installed at the top and a coil was added at the bottom. The facility is ran with a total of 60-65 correctional staff, 11 on the day shifts and 8 on the night shift. Of the offenders approximately 260 work outside on any given day, some of which are supervised by officers (PL4's) and some of which are supervised by trained citizen's (PL5's). The only two cameras in the entire facility are located at the Sally Port Vestibule gates for the IPI building and are controlled by area control in Unit D.

Unit D is the only unit with stationed officers in it. One located in a locked control center that supervises the 10 segregation cells, this is the same person that oversees the SPV cameras. Both the North and South D Unit areas are monitored by direct supervision officers located in the dayrooms. Units A, B, & C are monitored by 1 roving officer that makes a round though each building every hour.

There is no duress system for the facility, but radios are used. Staff and offenders move freely though the entire building grounds with most jobs having inmate interactions. Tool distribution is handled by offenders except for class 'A' tools that are distributed by the staff.

Offender movement is for the most part unrestricted. Unit 'D' has times where offenders are to be in there rooms with the lights off but all other units are free to come and go as they wish. There are areas off limits but in multiple areas the offenders can walk right up to the fence. Visitation is under direct supervision when that function is happening. They have a non contact visitation area but is seldom used.

Security for this facility is what is expected to be seen at a minimum security facility. The staff is safe and the offenders are safe. Procedures are in place to help with the ability to classify offenders into the proper working groups.

**ACCESSIBILITY:**

- R and D, Buildings A, B, C are not accessible to person with disabilities.
- The Building D, portions of Treatment and Multipurpose Center are accessible.

**LIFE SAFETY:**

- Some egress doors locked and require a key to open.
- None of the buildings are equipped with fire sprinkler system except for Building D

## ACA COMPLIANCE ANALYSIS – FACILITIES

### Building D

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.
- The area of the dayrooms not sufficient for the number of residents.
- The quantity of toilet facilities not sufficient for number of residents.

### Building C

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

### Building B

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

### Building A

- Size of room not sufficient for the number of residents housed currently.
- The quantity of bathing facilities not sufficient for number of residents.

### SUMMARY:

The NCCF Facility contains old buildings that hinder offender supervisor. Also, the deficiencies of the facility includes accessibility for persons with disabilities and energy efficiency due to the age of the buildings.

### RECOMMENDATIONS:

- Construct new kitchen/dining room
  - Estimated Construction Cost - \$1,500,000
- Repair the exterior of Building D
  - Estimated Construction Cost - \$300,000
- Remodel and expanded Central Control
  - Estimated Construction Cost - \$450,000
- Replace windows in Buildings A, B, and C and the Administration Building
  - Estimated Construction Cost - \$180,000
- Wire emergency generator to serve the entire facility
  - Estimated Construction Cost - \$120,000
- Repair steam tunnels and lines
  - Estimated Construction Cost - \$200,000

- Replace damaged sidewalks
  - Estimated Construction Cost - \$25,000

# **Appendix D: Assessment of Facilities – Infrastructure Community-Based Corrections**

## Assessment: Ames Residential Correctional Facility

Assessed December 4, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Bill Flieder

### **CLASSIFICATION:**

Men's and Women's Residential Facility with 45 beds

Type of Resident

- OWI
- Probation
- Work Release
- Federal
- Parole
- Day Reporting

Staff –Manager, 7 Full Time Residential Officers, 4 Part Time Residential Officers, 3 Probation Officers (Counselors), 1 clerical, and 1 Part Time Maintenance Coordinator

Average stay is 4-5 months

There is a waiting list for the facility

### **PHYSICAL CONDITIONS:**

- Building opened in 1989
- Facility designed for 36 occupants.
- Located in a commercial area off the main thoroughfare.
- Exterior is masonry construction with a pitched asphalt shingle roof. Interior partitions are constructed of drywall. Doors are wood in wood frames.
- The resident rooms have locks
- Residents are responsible for their own meals. In the Kitchen, space is provided for each resident to store food. Kitchen has refrigerators and microwaves.
- Facility had a roof replacement recently.
- There is considerable differential settlement in floor slab of the west wing.
- Men and Women share kitchen, dining, laundry and visiting areas. Men have separate TV lounge. Women use their rooms to watch TV.
- Basement has mechanical equipment and storage.
- Men's Toilet/Shower facilities are need of remodeling. The ceramic floor tile has been patched with VCT. The shower has mold on the ceiling and is leaking into the basement. Some repairs using self adhering membrane flashing have been incorporated to stop the leaking.
- Maintenance Items Needed
  - New heating and air conditioning system rezoning
  - Remodel of Showers
- Would like a full kitchen, more rooms, more storage, more classrooms and additional offices.

**PROGRAMS:**

- SSC Group – Strategies for Self improvement and Change
- CALM Group
- CAP group
- AA Meeting – open to the public
- Rest of the programs are off site

**SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are alarmed.
- Facility has no cameras

**ACCESSIBILITY:**

- The facility is accessible to person with disabilities. Only the women's wing has accommodations for person with disabilities.

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

The facility is in good condition and appears to be functioning well. The men's shower/toilet facilities are in poor condition.

## **Assessment: Burlington Residential Correctional Facility**

Assessed November 28, 2006

### **Durant's Assessment Team:**

Phillip Parrott

### **CLASSIFICATION:**

Men's Residential Facility housing 60 offenders

- OWI
- Sex Offenders
- Work Release

37% of the residents are on some form of psychotropic drugs

Staff – Supervisor, Manager, 10 Full Time Residential Officers, 6 Part Time Residential Officers, 2 Probation Officers (Counselors), 1 clerical, 1 full time food service, and 4 part time food service.

### **PHYSICAL CONDITIONS:**

- Original Building was constructed in the 1980's and housed Job Services. Later was remodeled into a residential facility. Addition constructed in 1992, was designed for a residential unit.
- Exterior is masonry construction with a low slope (flat) roof. Interior partitions are concrete masonry. Doors are wood in hollow metal frames.
- HVAC system is original; some areas are hot while other areas are cold.
- The roof has had major repair work done recently.
- Using a portable classroom for GED Classes.
- Building is in good condition, but is showing wear.
- Resident room doors have push button combination locksets. (most are non operational)

### **PROGRAMS:**

- Transitional Release Program
- OWI – Continuum, contract with outside provider
- Diversion – OWI and Probation Offenders living outside facility but attending programs
- GED – Southeastern Community College
- Pre-Employment Training Classes – Southeastern Community College
- Sex Offenders – Step Program
  - At the downtown field office, taken with field sex offenders
- Young Offender – Phase
- Workforce Investment Act – Job training and development program
- Cognitive Skills
- Substance Abuse
- Alcohol and Other Drugs Education Program

**SECURITY:**

- Control Center is in central location having good visibility to most areas. Can not see the doors of Rooms 14 – 17.
- Egress doors are alarmed.
- Windows are alarmed.
- Facility has 8 cameras (new ones are scheduled to be installed at the first of the year)

**ACCESSIBILITY:**

- Some of the areas are accessible to person with disabilities.
- None of the resident's toilet/shower facilities are accessible.

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors and fire alarms.

**SUMMARY:**

The facility serves its purpose but could use some updated systems and new finishes

## **Assessment: Cedar Rapids Residential Correctional Facility**

Assessed November 29, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Bobbi Peters - Counselor

### **CLASSIFICATION:**

Men's and Women's Residential Facilities

2 separate buildings sharing a dining facility – Hinzman Center (86 beds) and Nelson Center (93 beds)

The facilities are part of a larger complex consisting of a Field Service Building

Resident Types

- OWI
- Sex Offenders
- Work Release
- Federal (only in Hinzman)
- Probation
- Parole

Staff – 2 Residential Supervisor, Manager, 15 Residential Officers (Nelson), 16 Residential Officers (Hinzman), 1 Probation Supervisor, 9 Probation Officers (Counselors), 2 clerical, 4 food service workers.

### **PHYSICAL CONDITIONS:**

- Building opened in 1996. Exterior is masonry construction with a pitched asphalt shingle roof. Interior partitions are constructed of CMU in resident areas and drywall in office areas. Doors are wood in hollow metal frames.
- HVAC system is original.
- Asphalt roof requires repair occasionally due to leaks.
- Finish in showers is peeling off walls
- Paint is peeling off of ceilings
- The resident rooms do not have locks on them
- Building is in good condition, but is showing wear.
- For the Hinzman and Nelson Residents, there is a separate dining facility. The facility is connected to both building via a corridor. Each unit has a separate dining room. Women dine at a different time then men.
- A Mental Health Unit located in the complex is being planned. The unit will share the dining facilities of Nelson/Hinzman Centers

### **PROGRAMS:**

- OWI - AA
- NA
- GED
- Workforce Development
- Cognitive Skills – Moving On

- Batterers
- See attached list of programs offered at the complex

**SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are alarmed.
- Facility has 14 cameras with taping capabilities

**ACCESSIBILITY:**

- Most of the areas are accessible to person with disabilities

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

Hinzman and Nelson Centers are fairly new facilities that are showing unusual wear mostly in finish. The addition of the Mental Health Unit could potentially strain the capabilities of the Kitchen and Dining Facilities. With all the programs and activities, finding classroom space is a challenge.

## **Assessment: Coralville Residential Correctional Facility**

Assessed November 28, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Rachael – R.O.

### **CLASSIFICATION:**

Men's Residential Facility with 55 beds

Type of Resident

- OWI
- Probation
- Work Release
- Federal

Staff – Manager, 11 Full Time Residential Officers, 4 Part Time Residential Officers, 2 Probation Officers (Counselors), 1 clerical, 1 full time food service, and 1 part time food service.

### **PHYSICAL CONDITIONS:**

- Building opened in 1992
- Located in a commercial area
- Exterior is masonry construction with a pitched asphalt shingle roof. Interior partitions are constructed of CMU. Doors are wood in hollow metal frames.
- The resident rooms have push button combination locksets but are not programmed
- Two classrooms in basement.
- Facility uses 3 sheds or garages for storage.
- Each resident room is equipped with an intercom system to the control center.
- Major Maintenance Items – HVAC system, plumbing piping, shower renovation.
- Would like female beds and security cameras throughout the facility.

### **PROGRAMS:**

- OWI - Third
- Employment Program
- Batterers Program
- Sex Offenders

### **SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are alarmed.
- Facility has 2 cameras in classrooms

### **ACCESIBILITY:**

- Most of the areas are accessible to person with disabilities. The classrooms are not accessible.

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

The facility is in good condition and appears to be functioning well. The facility could benefit from having storage connected to the building.

## **Assessment: Men's Council Bluffs Residential Correctional Facility**

Assessed December 1, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Bob Shroeder

### **CLASSIFICATION:**

Men's Residential Facility with 75 beds

Type of Resident

- Probation
- Work Release

Staff –Manager, Supervisor, 11 Full Time Residential Officers, 4 Probation Officers (Counselors), 1 clerical, 1 full time food service Leader, and Psychologist.

There is a waiting list for the facility

### **PHYSICAL CONDITIONS:**

- Building opened in 1992
- Located in a border between a residential and industry area
- Exterior is masonry construction with a pitched metal roof. Wood windows. Interior partitions are constructed of drywall. Doors are wood in wood frames.
- The resident rooms have push button combination locksets but are not programmed
- Maintenance Items Needed
  - New heating and air conditioning system
  - New Finishes
- Would like staff for kitchen and new equipment

### **PROGRAMS:**

- OWI
- Sex Offender

### **SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are alarmed.
- Facility has 11 cameras with recording capabilities

### **ACCESIBILITY:**

- The facility is not accessible to person with disabilities.

### **LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

The facility is in good condition and appears to be functioning well.

## Assessment: Women's Council Bluffs Residential Correctional Facility

Assessed December 1, 2006

### **Durant's Assessment Team:**

Phillip Parrott  
Meet with Pam

### **CLASSIFICATION:**

Women's Residential Facility with 26 beds

Type of Resident

- Probation
- Work Release

Staff –Manager, Supervisor, 8 Full Time Residential Officers, 1 Probation Officer (Counselor), 1 clerical, 1 Re-entry

There is a waiting list for the facility

### **PHYSICAL CONDITIONS:**

- Building opened in 2003
- Located in a border between a residential and industry area
- Exterior is masonry construction with a pitched metal roof. Wood windows. Interior partitions are constructed of drywall. Doors are wood in wood frames.
- The resident rooms have push button combination locksets but are not programmed
- Maintenance Items Needed
  - New heating and air conditioning system
  - New Finishes
- Would like more classrooms
- Meals are brought in.

### **PROGRAMS:**

- Family Services
- Lutheran Family Services
- Planned Parenthood
- Moving On

### **SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are alarmed.
- Facility has no cameras.

### **ACCESIBILITY:**

- The facility is accessible to person with disabilities.

**LIFE SAFETY:**

- Building is equipped with a fire sprinkler system. And is equipped with smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

New Facility

## **Assessment: Davenport Residential Correctional Facility**

605 Main      Assessed November 29, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with James Wayne, District Director

### **CLASSIFICATION:**

Men's and Women's Residential Facility with 84 beds

Resident Types

- Work Release
- OWI
- Federal

Staff –Manager, Supervisor, 12 Residential Officers, 5 Probation Officers (Counselors), 1 food service and 2 maintenance (shared with 1330 3<sup>rd</sup>)

### **PHYSICAL CONDITIONS:**

- Building was a motel built 1965. Originally had open perimeter walkways that lead to rooms. The walkways were enclosed in on the 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> floor. 2<sup>nd</sup> floor has been left open.
- Approximately 50,000 sf with ½ of the area used for residents.
- HVAC system is original.
- Durrant performed a study of the building in 2000. A copy is available for review.
- Resident Rooms are on 3<sup>rd</sup> floor and north side 4<sup>th</sup> floor.
- One of the rooms on residential floors was remodel into laundry and TV lounge.
- Residents (men and women) use the dining and TV lounge on the first floor
- Facility has a considerable mold issue. Steps are being taken to control it but will not be completely eliminated until the HVAC system is replaced.
- Needed Maintenance Items
  - Replace HVAC system
  - Replace Roof
  - Continue to remove Hazardous Material
  - New windows
  - Rework exit stairs
  - Replace finishes
  - Repair and replace showers
- Facility is short on washer and dryer capacity.
- Most of the insulated glazing units have failed.
- Most of the window assemblies are leaking allowing water to damage the window sill.

### **PROGRAMS:**

- OWI
- Rest of the programs are off site.

**SECURITY:**

- Egress doors are alarmed.
- Facility utilize cameras for supervision. Cameras system is old and needs to be replaced. 2<sup>nd</sup> floor does not have cameras but residents utilize the classroom on this floor. There are other locations that don't have camera coverage.

**ACCESSIBILITY:**

- The facility is accessible to person with disabilities.

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.
- One hour fire rated constructed between corridors and rooms. However, original non-labeled door and frame was left in place. Also, the fresh air vent which crosses the corridor is not a fire-rated enclosure.
- The second floor balcony has a guardrail constructed chainlink fence fabric and supports. The stair utilizes same material for handrail and guardrail. This system does not comply with current codes.

**SUMMARY:**

Facility has considerable number of security issues that makes it a challenge to manage. There are plans to add to the building in increase beds to 120. Currently, women and men are in the same hall and use the same common areas. The whole facility is need of renovation.

## **Assessment: Davenport Residential Correctional Facility**

1330 W. 3<sup>Rd</sup> Street      Assessed November 29, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Cheryl Lunardi, Residential Supervisor

### **CLASSIFICATION:**

Men's and Women's Residential Facility with 68 residents

Resident Types

- Work Release
- Probation

Staff –Manager, Supervisor, 11 Residential Officers, 5 Probation Officers (Counselors), 1 food service.

### **PHYSICAL CONDITIONS:**

- Building opened in 1982, addition in 1992. Both buildings are Pre-engineered Metal Building. The original building is two stories. Interior partitions are constructed of CMU in resident areas of the addition and drywall in original building. Doors are wood in hollow metal frames.
- HVAC system is original.
- Rooms in original building do not have windows in them

### **PROGRAMS:**

- Victim Impact
- CALM
- Rest of the programs are off site or at 605 Main facility

### **SECURITY:**

- Control Center is in central location but does not have visibility to any of the resident room doors. The facility has some cameras but there are “blind” spots. 3 roving officers patrol the facility.
- Egress doors are alarmed.
- Windows are alarmed.
- Facility has 19 cameras without recording capabilities
- Lay-in acoustical ceilings provide a place where contraband can be hidden.

### **ACCESIBILITY:**

- The facility is not accessible to person with disabilities.

### **LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms. The fire alarm system is new.
- Stairs to 2<sup>nd</sup> floor are steep.

- Kitchen has plastic laminate counters and cabinets. Some of the plastic laminate is missing exposing the particle board substrate.
- Ceiling in 2<sup>nd</sup> floor classroom is very low.
- The emergency exit from the second floor is by means of an exterior stair.
- Some of the sleeping rooms do not have windows.

**SUMMARY:**

Facility has considerable number of security issues that makes it a challenge to manage. At one time, a new facility was to be constructed but was denied by the City. Women and men are in the same hall. Some of the rooms do not have windows.

## **Assessment: Des Moines Women Residential Correctional Facility**

Assessed November 28, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Peggy Urtz

### **CLASSIFICATION:**

Women's Residential Facility housing 54 Residents

Staff – Supervisor, Manager, 9 Full Time Residential Officers, 2 Part Time Residential Officers, 2 Probation Officers (Counselors), 1 clerical, 1 Field Supervisor, and Treatment Coordinator

### **PHYSICAL CONDITIONS:**

- Building opened in 1991 and was designed for a 48 residents.
- Exterior is lapped siding with a pitched asphalt shingle roof. Interior partitions are constructed of drywall. Doors are wood in hollow metal frames.
- Facility has a “Children’s Wing” which allows residents with small children to live with them in the facility.
- Meals are delivered from Broadlawns Hospital.

### **PROGRAMS:**

- Domestic Violence
- Workforce Job Matching
- HIV/AIDS Education

### **SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are not alarmed.
- Facility has no cameras, but does have motion sensors around the exterior. The motion sensors were installed to detect peepers not for the detection of the residents.

### **ACCESIBILITY:**

- Some of the areas are accessible to person with disabilities.

### **LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.

### **SUMMARY:**

The facility appears to be working well.

## **Assessment: Fort Des Moines Residential Correctional Facility**

Assessed November 30, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Ken Smid

### **CLASSIFICATION:**

Men's Residential Facility with 200 beds

Type of Resident

- OWI
- Probation
- Work Release
- Federal

Staff – Assist. Director, Manager, Treatment Supervisor, Residential Supervisor, Security Supervisor, 35 Full Time Residential Officers, 11 Probation Officers (Counselors), and 4 full time food service.

Facility is ACA accredited.

### **PHYSICAL CONDITIONS:**

- Facility opened in 1999
- Located on the south side of Des Moines
- Facility consists of three buildings in what was once Fort Des Moines Military Base. One of the buildings was originally the officer's quarters and the other two were horse stables. The officer's quarters building contains mostly offices and program spaces, however does have a residential unit. The horse stable buildings are mostly residential units but do have some offices and program spaces.
- The two residential buildings share the dining facility located between them.
- Exterior is masonry construction with a pitched asphalt shingle roof. Interior partitions are constructed of drywall. Doors are wood in wood frames.
- One of the residential units contains a Command Center that monitors Sex Offender locations via GPS and ankle bracelets.

### **PROGRAMS:**

- OWI Treatment
- GED
- Domestic Abuse Treatment
- Sex Offender Treatment
- Attempt to continue programs and treatment already started in the institutions.

**SECURITY:**

- The Control Centers in the residential wings are in central location having good visibility to most areas.
- The three story program building only has one Residential Officer Station located on the main floor.
- Egress doors are alarmed.
- Windows are alarmed.
- Facility has 6 cameras in classrooms

**ACCESSIBILITY:**

- The residential buildings are accessible to persons with disabilities. The three story program building is not accessible to persons with disabilities.

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

The Residential Buildings are in good condition and appears to be functioning well. Due to ADA and security issues, the Program building presents some challenges.

## **Assessment: Dubuque Residential Correctional Facility**

Assessed November 28, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Eric Johnson

### **CLASSIFICATION:**

Men's and Women's Residential Facility with 90 beds

Type of Resident

- OWI
- Probation
- Work Release
- Federal

Staff – Manager, Treatment Supervisor, Residential Supervisor, 11 Full Time Residential Officers, 2 P. T. Residential Officers, 5 Probation Officers (Counselors), 2 clerical, 1 full time food service, and 3 part time food service.

### **PHYSICAL CONDITIONS:**

- Original building opened in 1984, addition occupied in 2001
- Facility designed for 72 residents
- Located on the outskirts of the downtown area.
- Exterior is masonry construction with a pitched metal shingle roof. Interior partitions are constructed of CMU. Doors are wood in hollow metal frames. VCT flooring and 1x1 concealed spline acoustical ceiling.
- The resident rooms have push button combination locksets but are not programmed
- Geothermal system
- BEP meets in basement
- Would like to have more female beds. Long waiting list.

### **PROGRAMS:**

- OWI - Third
- Employment Program
- Batterers Program
- Sex Offenders

### **SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are alarmed.
- Facility has 9 cameras in classrooms

### **ACCESIBILITY:**

- Most of the areas are accessible to person with disabilities.

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system except for the basement. However is equipped with smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

The facility is in good condition and appears to be functioning well.

## **Assessment: Fort Dodge Residential Correctional Facility**

Assessed November 21, 2006

### **Durrant's Assessment Team:**

Mike Morman

Phillip Parrott

### **CLASSIFICATION:**

- Facilitates the counties of Humboldt, Wright, Hamilton, Webster
- Residential and treatment facility
- Probation and Parole Management

### **PROGRAMMING:**

- Supervisor of this facility also oversees the Sac City Office
- Substance Abuse
- Anger Management
- Cognitive Group
- Sex Offender
- Currently manage 400 non resident, parole and probation clients

### **PHYSICAL CONDITIONS:**

- A new facility is currently being planned and constructed in the general area of the existing facility. The information listed below represents the current status of the project.
  - Completion early spring 08 tentative
  - 60 beds for both male and female
  - An additional 9-10 staff members will be required to staff the new facility
  - New facility will be located approximately 3 blocks from the current site
  - New facility will also house parole and probation administrators and field services

### **SECURITY:**

- Control desk can monitor all wings and oversee the dining area
- Operations will be fully developed during the transition process

### **ACCESSIBILITY:**

- Facility will be built to current accessibility standards.

### **LIFE SAFETY:**

- Facility will be built to current building codes

### **SUMMARY:**

Currently the facility is in need of maintenance work and space for their field services. A new facility is attempting to take care of all concerns currently addressed about the facility including adding female offenders into the residential stay program.

## **Assessment: Marshalltown Residential Correctional Facility**

Assessed November 27, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Mike Ball, Residential Officer

### **CLASSIFICATION:**

Men's and Women's Residential Facility with 55 beds

Type of Resident

- OWI
- Probation
- Work Release

Staff –Manager, 10 Full Time Residential Officers, 3 Probation Officers (Counselors), 1 Treatment Coordination, 1 Secretary, 1 Full Time Food Service, 2 Part Time Food Service, and Part Time Maintenance

### **PHYSICAL CONDITIONS:**

- Building opened in 1995
- Designed for 48 Residents
- Located in an industry area
- Exterior is masonry construction with a pitched asphalt shingle roof. Interior partitions are constructed of drywall. Doors are wood in wood frames.
- The resident rooms have combination locksets.
- Maintenance Items Needed
  - New heating and air conditioning system
  - Remodel Shower/Toilet Facilities
- Would like more classroom space and a smoking area away from the front entrance door
- Has had a roof replacement in the last two years.
- Located in a small community with limited number of jobs

### **PROGRAMS:**

- Substance Abuse
- CALM - Anger Management
- Batterer's Education Program
- Drug Court
- GED Classes
- Parenting Classes
- Victim Awareness Class
- Sex Offenders

**SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are not alarmed.
- Facility has 2 cameras in classrooms at front door and parking area. After dark the cameras become unusable.

**ACCESSIBILITY:**

- The facility is accessible to person with disabilities.

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

The facility is in good condition and appears to be functioning well. More classroom space could assist in programs.

## **Assessment: Mason City Residential Correctional Facility**

Assessed November 30, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Tom O'Neil and Royce Echelberger

### **CLASSIFICATION:**

Men's and Women's Residential Facility with 57 beds

Type of Resident

- OWI
- Probation
- Work Release
- Federal
- Parole

Staff –Manager, 11 Full Time Residential Officers, 3 Probation Officers (Counselors), 1 clerical, 1 Maintenance, 1 full time food service, and 1 part time food service.

Also has Psychologist 1 day a week.

There is a waiting list for the facility

### **PHYSICAL CONDITIONS:**

- Building opened in 1992
- Located in a border between a residential and industry area
- Exterior is masonry construction with a pitched asphalt shingle roof. Interior partitions are constructed of drywall. Doors are wood in wood frames.
- The resident rooms have push button combination locksets but are not programmed
- Maintenance Items Needed
  - New heating and air conditioning system
- Would like more laundry space and a walk-in cooler

### **PROGRAMS:**

- SSC Group
- Moving on for women
- Rest of the programs are at Prairie Ridge

### **SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are alarmed.
- Facility has 6 cameras in classrooms

### **ACCESIBILITY:**

- The facility is accessible to person with disabilities. Only the women's wing has accommodations for person with disabilities.

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

The facility is in good condition and appears to be functioning well. More classroom space could assist in programs.

## Assessment: Ottumwa Residential Correctional Facility

Assessed November 28, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Mike Baker

### **CLASSIFICATION:**

Men's and Women's Residential Facility housing 41 males and 10 females

- OWI
- Sex Offenders
- Work Release
- Federal

Staff – Supervisor, Manager, 10 Full Time Residential Officers, 3 Part Time Residential Officers, 2 Probation Officers (Counselors), 1 clerical, 1 full time food service, and 1 part time food service.

Treatment Director is officed in Fairfield.

Facility also has an office for High Risk Unit Officer

Average stay 111 days

### **PHYSICAL CONDITIONS:**

- Building opened in 1991 and was designed for a 40 residents.
- Exterior is masonry construction with a pitched asphalt shingle roof. Interior partitions are constructed of drywall. Doors are wood in hollow metal frames.
- HVAC system is original.
- Using a portable classroom for GED Classes.
- Fiberglass shower enclosures. Require replacement occasionally
- The resident rooms have push button combination locksets
- Building is in good condition, but is showing wear.

### **PROGRAMS:**

- OWI - 40 hrs a week for both residents and outside offenders
- Adult Education Programs
- GED – Indian Hills Community College
- Job Seeking and Social Skills
- Sex Offenders – Step Program
  - At the downtown field office, taken with field sex offenders
- Cognitive Skills
- Substance Abuse

### **SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are alarmed.
- Facility has 8 cameras (new ones are scheduled to be installed at the first of the year)

**ACCESSIBILITY:**

- Some of the areas are accessible to person with disabilities.
- The women's wing is accessible with accessible toilet facilities. However the men's wing two levels requiring negotiation of stairs to gain access.
- None of the men's resident toilet/shower facilities are accessible.

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.
- Plan to replace exits signs with LED type.

**SUMMARY:**

The facility is overcrowded and provides challenges for housing males that have physical disabilities.

## **Assessment: Sheldon Residential Correctional Facility**

Assessed December 1, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Lyle Fikse and Patrick Maras

### **CLASSIFICATION:**

Men's Residential Facility with 30 beds

Type of Resident

- OWI
- Probation
- Work Release

Staff –Manager, 8 Full Time Residential Officers, 2 Part Time Residential Officers, 2 Probation Officers (Counselors)

Residents provide their own meals.

### **PHYSICAL CONDITIONS:**

- Building opened in 1992
- Designed for 24 Residents
- Located in a border between a residential and industry area
- Exterior is masonry construction with a pitched asphalt shingle roof. Interior partitions are constructed of drywall. Doors are wood in wood frames.
- The resident rooms do not have locks on them
- Maintenance Items Needed
  - New heating and air conditioning system
  - Remodel Shower/Toilet Facilities
- Would like more classroom space and a smoking area away from the front entrance door
- Has had a roof replacement in the last two years.
- Located in a small community with limited number of jobs

### **PROGRAMS:**

- Empathy Program
- Anger Management
- Relapse Prevention
- Restorative Justice Committee
- Outside Agency
- After Care

### **SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are not alarmed.

- Facility has 2 cameras in classrooms at front door and parking area

**ACCESSIBILITY:**

- The facility is accessible to person with disabilities.

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

The facility is in good condition and appears to be functioning well. More classroom space could assist in programs.

## **Assessment: Sioux City Residential Correctional Facility**

Assessed December 1, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Steve Scholl, Division Manager

### **CLASSIFICATION:**

Men's and Women's Residential Facility with 57 beds

Residential Facility on first floor, Field Services on Second Floor

Type of Resident

- OWI
- Probation
- Work Release

Staff –Manager, 9 Full Time Residential Officers, 3 Probation Officers (Counselors),

There is a waiting list for women

### **PHYSICAL CONDITIONS:**

- Building opened in 1992
- Located in the downtown area
- Exterior is masonry construction with a flat roof. Aluminum windows. Interior partitions are constructed of drywall. Doors are wood in wood frames.
- No meal preparation is done on site. Meals are delivered.
- Maintenance Items Needed
  - none
- Would like more toilet facilities for women so that more women could be housed in the facility.
- No locks on resident rooms
- Facility has both an inside smoking and non-smoking lounge

### **PROGRAMS:**

- Sex Offenders
- Rest of the programs are off site

### **SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are not alarmed.
- Facility has 1 cameras located at the back door.

### **ACCESIBILITY:**

- The facility is accessible to person with disabilities.

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

The facility is in good condition and appears to be functioning well.

## **Assessment: Waterloo Residential Correctional Facility**

Assessed November 30, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with David Campbell

### **CLASSIFICATION:**

Men's and Women's Residential Facilities

2 separate facilities connected by a corridor. 310 E. 6<sup>TH</sup> (80 beds, men and women) and 314 E. 6<sup>TH</sup> (80 beds, men only)

Resident Types

310

- OWI
- Work Release
- Federal (women)
- Probation

314

- Sex Offenders
- Probation
- Work Release
- Federal (Men)

Staff – 2 Residential Supervisor, , 12 Residential Officers (310), 12 Residential Officers (314), 2 Treatment Supervisor, 8 Probation Officers (Counselors), 2 clerical, 4 food service workers.

### **PHYSICAL CONDITIONS:**

- 310 Building opened in 1982 and 314 Building opened in 1991. Exterior is masonry construction with a flat roof and aluminum windows. Interior partitions are constructed of CMU. Doors are wood in hollow metal frames.
- Maintenance Items
  - Waterline replacement (310)
  - New Windows (310)
- Would like new flooring (310), new cameras, and conference/classroom space.
- Men's laundry in basement of 310 Building.
- At the 310 Building, use gymnasium as a meeting room, not used for recreation.
- Women are housed in separate wing (2 floor, 310 Building)
- Men and Women share Dining Facilities

### **PROGRAMS:**

- OWI
- Sex Offender
- Chronic Substance Abuse
- Dual Diagnostic

- Direct Commitment
- Day Reporting

**SECURITY:**

- Control Centers are in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are alarmed.
- Facility has 18 cameras without taping capabilities
- Visibility into rooms of 310 building is limited.

**ACCESSIBILITY:**

- Facility is not accessible to persons with disabilities. Entrance ramp has non complying railing, toilet facilities are not large enough and don't have the required maneuvering space.

**LIFE SAFETY:**

- Building is equipped with a fire sprinkler system, smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

Facility is in good condition and appears to serving its purpose well. Facility needs some maintenance and security issues addressed.

## **Assessment: West Union Residential Correctional Facility**

Assessed November 30, 2006

### **Durant's Assessment Team:**

Phillip Parrott

Meet with Robert Levendusky

### **CLASSIFICATION:**

Men's and Women's Residential Facility with 51 beds

Type of Resident

- OWI
- Probation
- Work Release
- Federal
- Sex Offenders

Staff – Supervisor, Manager, 10 Full Time Residential Officers, 2 Probation Officers (Counselors), 2 clerical, 1 full time food service, and 1 food service.

### **PHYSICAL CONDITIONS:**

- Building opened in 1992
- Facility designed for 40 residents
- Located in a border between a residential and industry area
- Exterior is masonry construction with a pitched asphalt shingle roof. Interior partitions are constructed of drywall. Doors are wood in hollow metal frames.
- The resident rooms have push button combination locksets but are not programmed
- Maintenance Items Needed
  - New Heat Pumps
  - New Roof and Sheathing
- New hot water Heater
- Soft Water System
- Females and Males in same hall
  - Separate Laundry and TV Lounge
- Kitchen is small. Has new equipment. Would like more storage.
- Would like new intercom system and a privacy fence around outdoor smoking area.
- Only have one classroom space. Use Dining as a meeting room.

### **PROGRAMS:**

- Substance Abuse
- Anger Management
- Cognitive Skills

### **SECURITY:**

- Control Center is in central location having good visibility to most areas.
- Egress doors are alarmed.
- Windows are alarmed.

- Facility has 2 cameras in classrooms

**ACCESSIBILITY:**

- The facility is accessible to person with disabilities. Only the women's wing has accommodation for person with disabilities.

**LIFE SAFETY:**

- Building is not equipped with a fire sprinkler system. However is equipped with smoke detectors, emergency lighting and fire alarms.

**SUMMARY:**

The facility is in good condition and appears to be functioning well. More classroom could assist in programs.

# Appendix E: Proposed Planning Activities





TASKS	Mar-Apr	Apr-May	June	July	Aug	Sept	Oct	Nov	Dec
<b>E.</b> IDOC Data Collection		→							
<b>F.</b> Develop Initial Policy Standards for range of female custody classifications including special needs (space, staffing, security, treatment, programming)			→						
<b>G.</b> Evaluate women's facilities (institutions and CBCs) based on new policy standards.				→					
<b>H.</b> Modify Policy Standards based on new Classification Plan					→				
<b>I.</b> Develop preliminary capital plan for ICIW FY09					→				
<b>J.</b> Produce Interim Report					→				
<b>K.</b> Finalize Policy Standards based on new Classification Plan						→			
<b>L.</b> Finalize offender placement goals and system-wide capacities							→		
<b>M.</b> Develop phased long-range implementation plan								→	
<b>N.</b> Produce Final Phase Two Report								→	→
<b>O.</b> Planning and Programming ICIW						→	→	→	
<b>IV. Community Based Corrections</b>									
<b>A.</b> Determine the right mix.			→						
<b>B.</b> Increase support for mental health/medical services.				→					
<b>C.</b> Restore funding for substance abuse and education programming.			→						
<b>D.</b> Inform legislature on the impact of not fully funding staff.			→						

<b>TASKS</b>	<b>Mar-Apr</b>	<b>Apr-May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<b>E.</b> Share best practices between Judicial Districts, Community and Institutional Corrections.				→					
<b>F.</b> Hire staff to assist in administrative duties.					→				
<b>G.</b> Develop programs for the older and ill residents.					→				
<b>H.</b> Maintain awareness and use of Evidence Based Practices (EBP).			→	→	→	→	→	→	→
<b>I.</b> Involve the faith community and volunteers.					→				
<b>J.</b> Control or reduce the number of sex offenders in the CBCs.						→			
<b>K.</b> Determine how the correctional system can maximize benefits from the CBCs.				→					
<b>L.</b> Determine if expanded use of CBCs would have an impact on DOC beds.				→					

## ROADMAP

	FY08	FY09	FY10	FY11	FY12
INITIATIVE	YEAR I	YEAR 2	YEAR 3	YEAR 4	YEAR 5
<b>Mental Health Treatment</b>					
Assessment for Mental Health Treatment	Continue to recruit psychiatrists for initial assessments	Add additional psychologist assessment position.	Monitor increase in offender population and track need for additional assessment staff.	Monitor increase in offender population and track need for additional assessment staff.	Monitor increase in offender population and track need for additional assessment staff.
Continuum of Mental Health Care	<p>Develop plan and implement acute care beds for male and female prisoners</p> <p>Develop and implement policy and procedure for judicial review of involuntary medications.</p> <p>Determine appropriate use of designated mental health beds; repurpose if necessary.</p>	<p>Legislative change re: use of hospital beds for non-prisoners.</p> <p>Ensure that there are sufficient numbers of mh beds across continuum of care to meet demand</p> <p>Track use of judicial review for involuntary medications.</p> <p>Track level of mh bed demand</p>	<p>Track level of mh bed demand; adjust and repurpose as demand requires</p> <p>Decrease number of "civilian" patients and Increase capacity for acute care for prisoners</p>	Track level of mh bed demand; adjust and repurpose as demand requires	Track level of mh bed demand; adjust and repurpose as demand requires
Mental Health Treatment Capacity	<p>Develop policy and plan to adopt and implement</p> <p>Complete staffing analysis to determine appropriate numbers per discipline of mh</p>	<p>Fill nursing vacancies to cover hospital nightshift</p> <p>Develop additional academic relationships to provide training optys</p>	<p>Study impact of nursing and social workers on psychologist workload</p> <p>Funding to add any identified for additional mh positions in acute</p>	Monitor increase in mental health population and fund necessary additional mental health personnel	Monitor increase in mental health population and fund necessary additional mental health personnel

## ROADMAP

	FY08	FY09	FY10	FY11	FY12
INITIATIVE	YEAR I	YEAR 2	YEAR 3	YEAR 4	YEAR 5
	<p>professionals.</p> <p>Develop plan to increase appropriate disciplines and levels of professional mental health care across continuum of care</p>	<p>Develop policy and plan to adopt and Implement Recovery Model treatment programs across the continuum of MH care.</p> <p>Consider use of mid-level psychiatrically trained NPs and PAs to extend psychiatric resources</p> <p>Add psychiatric nursing positions to acute care and partial hospitalization settings.</p> <p>Use psych RN positions to assist with telemedicine and free psychologists for treatment</p> <p>Add social worker positions to acute, PH, and SNU settings</p>	<p>and PH level of care.</p> <p>Add additional treatment positions to SNUs</p>		
Reentry Programs	Study to determine numbers of CBC offenders in need of or receiving mh care	Develop and fund additional reentry opportunities for prisoners with MI	Fund additional reentry opportunities for prisoners with MI		
Management Capacity	Plan for ability to meet systemic mh management demands	<p>Fund and fill quality assurance position for mental health (peer review, EBP, etc.)</p> <p>Determine additional MH management</p>	Fund and fill regional mh management positions		

## ROADMAP

	FY08	FY09	FY10	FY11	FY12
INITIATIVE	YEAR I	YEAR 2	YEAR 3	YEAR 4	YEAR 5

		position demands			
Culture re: Mental Illness	Develop training program re: biology of mental illness for all staff and management  Implement newly developed mh training for security staff	Annual training to update clinical staff re: current trends in community and correction mh care  Annual review and update of MH SOPs to reflect change in culture	Annual training to update clinical staff re: current trends in community and correction mh care  Annual review and update of MH SOPs to reflect change in culture	Annual training to update clinical staff re: current trends in community and correction mh care  Annual review and update of MH SOPs to reflect change in culture	Annual training to update clinical staff re: current trends in community and correction mh care  Annual review and update of MH SOPs to reflect change in culture

<b>Sex Offender Treatment</b>
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Sex Offender Treatment Assessment	Identify EBP Assessment Tool to determine level of sex offender treatment				
Continuum of Sex Offender Treatment Programs	Monitor 12-month intensive treatment programs that other prison systems have implemented	Develop additional treatment program slots to meet demands for mandated treatment  Develop sex offender treatment program for those who have mental illness and who are also sex offenders.  Fund treatment program.  Plan and develop consistent EBP sex offender treatment programs across IDOC and CBC system	Develop additional treatment program slots to meet demands for mandated treatment	Develop additional treatment program slots to meet demands for mandated treatment	Develop additional treatment program slots to meet demands for mandated treatment

**ROADMAP**

	FY08	FY09	FY10	FY11	FY12
<b>INITIATIVE</b>	<b>YEAR I</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>
Sex Offender Treatment Capacity	Determine numbers of prisoners who "max out" because they are unable to complete sex offender treatment programs with special emphasis on MR, MI, BI and DD  Complete treatment and program staffing analysis.  Develop plan to add personnel to be able to meet the current and projected treatment needs.	Track demand for services and adjust treatment staff to meet demands	Fund additional treatment program staff	Fund additional treatment program staff	
<b>Substance Abuse Treatment</b>					
Assessment for Substance Abuse Treatment	Develop plan to fill substance abuse assessment positions at IMCC; plan may include step-up hiring over time				
Substance Abuse Treatment Continuum	Develop policy/plan to adopt EBP Model: Co-occurring Disorders Integrated Dual Diagnosis Treatment Program for prisoners with mental illness	Determine if similar gender specific program exists for women offenders  Plan to provide this program by dually trained staff (MH/SA)	Plan to implement this program in SNU's; pilot at CCU		

## ROADMAP

	FY08	FY09	FY10	FY11	FY12
INITIATIVE	YEAR I	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Substance Abuse Treatment Capacity	<p>Study whether additional short term and relapse prevention programming would require additional and/or reassignment of S/A staff</p> <p>Study whether short term mandated S/A treatment could be better provided in CBC settings</p> <p>Study the impact upon prison population if additional funding is provided to community-based S/A treatment that is targeted for the offender population</p>	<p>Implement additional treatment program slots to meet demand</p> <p>Fund additional treatment positions to meet demand</p> <p>Develop plan to expand EBP driven substance abuse treatment programs</p> <p>Complete treatment and program staffing analysis</p>	<p>Implement additional treatment program slots to meet demand</p> <p>Fund additional treatment positions to meet demand</p>		
<b>Medical Treatment – Aging Population (Chronic/Terminal Illnesses and Dementia)</b>					
Systemic Management Capacity	Fill IDOC Nurse Administrator position				
Nursing/Medical Care Capacity	Fill vacant nursing positions to meet minimum staffing	Fund additional medical/nursing and extender positions	Fund additional medical/nursing and extender positions	Fund additional medical/nursing and extender positions	

## ROADMAP

	FY08	FY09	FY10	FY11	FY12
INITIATIVE	YEAR I	YEAR 2	YEAR 3	YEAR 4	YEAR 5
	requirements Perform detailed staffing analysis to determine required medical/nursing positions per institution.	Study how/if use of phlebotomist, unit coordinator, and clerical staff may expand nursing care of current positions.	Study how/if use of phlebotomist, unit coordinator, and clerical staff may expand nursing care of current positions.		
Transition Capacity (IMCC)  <u>FY07</u> Review all IMCC SOPS to determine relevance to new building Designate bed use throughout the facility	Plan system-wide approach to recruit and train nurses for new positions at IMCC	Fill FT Training Coordinator Position	Hire and train staff		
Assisted Living and Terminal care Capacity		Clarify what level of medical/nursing care each institution can provide  Develop criteria to place a prisoner in need of AL or TC for each institution  Expand trained inmate worker program to assist with hospice, infirmary and assisted living care	Monitor use of designated medical beds throughout the system.  Monitor level of medical and nursing care required.  Determine required changes in staffing patterns to meet level of care required.	Monitor use of designated medical beds throughout the system.  Monitor level of medical and nursing care required.  Determine required changes in staffing patterns to meet level of care required.  Fund additional required positions.	Monitor use of designated medical beds throughout the system.  Monitor level of medical and nursing care required.  Determine required changes in staffing patterns to meet level of care required.  Fund additional required positions.

## ROADMAP

	FY08	FY09	FY10	FY11	FY12
INITIATIVE	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5

Pharmacy	Study how to expand KOP meds for prisoners close to release Complete study on cost effectiveness of centralized pharmacy services for IDOC	Study whether use of extended meds would be cost effective and would expand nursing care resources	Implement plan.  Monitor and adjust plan and determine if additional positions are required.  Monitor effectiveness and cost savings.	Fund additional required positions.	Fund additional required positions.
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### Gender-Specific Issues for Women Offenders

Facility Planning for a centralized female facility	Determine budgeting for facility Planning Design	Determine budgeting for facility construction Plan and design	Complete facility design	Build	
BFOQ at MPCF- Women's Unit (MPWU)	Evaluate/establish BFOQ for living unit BFOQ for escort/shake-down on #2 shift Reassign staff to cover critical positions	Emphasize recruiting female employees from within IDOC			
BFOQ at ICIW	Evaluate/establish additional BFOQ for circulators/escort/shake-down Officers on #2 shift	Emphasize recruiting female employees	Focus appropriate recruitment levels on female employees for new facility	Focus appropriate recruitment levels on female employees for new facility	
Staffing	Validate staffing analysis and budget to fill correctional officer vacancies commensurate to current female inmate population	Fill vacancies Determine adequate staffing complement for new facility based upon current ICIW/MPCF staff and critical vacancies	Budget for the additional FTE's		

**ROADMAP**

	FY08	FY09	FY10	FY11	FY12
<b>INITIATIVE</b>	<b>YEAR I</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>
Gender responsive policy	Evaluate selected policies to include: Discipline Custody Classification Inmate Property Supervision and Escort Work Programs Reentry Substance Abuse/TC Special Needs/Working with Female Offenders	Revise policies for gender and cultural responsiveness that meet American Correctional Association (ACA) Standards and EBP measures			
Re-Entry Program		Legislature – determine coordination between judicial districts, Memoranda of understanding between government agencies and private grants to implement. Consider budget needs	IDOC-develop program in concert with CBC, Parole Board, government and private family and businesses to adequately address female offender issues		
Gender responsive employee training		Evaluate current training and lesson plans for gender-responsive issues Request National Institute of Corrections Technical Assistance grant if needed	Revise lesson plans Train the trainers Incorporate in pre-service and annual employee training		

**ROADMAP**

	FY08	FY09	FY10	FY11	FY12
INITIATIVE	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Gender and cultural responsive EBP training for female offenders	Select basic inmate training for males and females – evaluate for EBP. Add female issues to basic training Evaluate female-specific modules for EBP	Train ICIW/MPCF Women Unit staff as appropriate			
<b>IDOC Staffing</b>					
IDOC Staffing (Security & Non-Security)	<p>Legislature--Fund independent staffing study for security and non-security positions at IDOC institutions and CBCs.</p> <p>IDOC- Participate in independent staffing analysis by providing all requested information related to study and making staff available to for interviews and survey</p> <p>IDOC-Coordinate with DAS to revise job descriptions as needed. Revise table of organization in conjunction with staffing plan</p>	<p>Review and vote on any proposed changes to statutes resulting from staffing study.</p> <p>Continue funding phased hiring of IDOC staff to meet minimum staffing goals.</p> <p>Review and approve staffing plan.</p> <p>Fund recruitment strategies for increasing hiring of women and ethnic minorities at IDOC.</p>	<p>Review budget requests for additional staffing to meet new EBP initiatives</p> <p>Continue funding phased hiring of IDOC staff to meet minimum staffing goals.</p> <p>Fund recruitment strategies for increasing hiring of women and ethnic minorities at IDOC.</p> <p>Continue to fund needed Central Office staffing consistent with independent staffing analysis and plan.</p>	<p>Review budget requests for additional IDOC staffing to meet new EBP initiatives</p> <p>Continue funding phased hiring of IDOC staff to meet minimum staffing goals.</p> <p>Fund recruitment strategies for increasing hiring of women and ethnic minorities at IDOC.</p> <p>Continue to fund needed Central Office staffing consistent with independent staffing analysis and plan.</p>	<p>Review budget requests for additional staffing to meet new EBP initiatives</p> <p>Continue funding phased hiring of IDOC staff to meet minimum staffing goals.</p> <p>Fund recruitment strategies for increasing hiring of women and ethnic minorities at IDOC.</p>

<b>ROADMAP</b>					
	FY08	FY09	FY10	FY11	FY12
<b>INITIATIVE</b>	<b>YEAR I</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>

	Strengthen partnerships with National Guard and Reserves to address military leave issues.	Review, approve and authorize hiring priorities based on hiring plan and budget.  IDOC-Implement approved changes to management controls for overtime identified in staffing plan.  Continue to appropriate needed Central Office staffing consistent with independent staffing analysis and plan.			
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<b>Performance Measurements</b>					
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Performance Measurements	Fund validation and reliability studies for classification instruments to enhance IDOC performance measurement capabilities relative to offender risk.  IDOC-Develop additional key performance indicators to evaluate and monitor quality at the	Legislature-Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for performance measurements.  Legislature-Appropriate and fund requests to expand grant writing resources related to provision of programs	Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for performance measurements.	Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for performance measurements.	Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for performance measurements.
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**ROADMAP**

	FY08	FY09	FY10	FY11	FY12
<b>INITIATIVE</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>
	institutions.	<p>and services.</p> <p>Appropriate and fund efforts by IDOC to partner with Regents and non regent institutions to conduct EBP outcome studies on reentry programs and recidivism.</p> <p>Appropriate and fund procurement of available technologies related to tracking security rounds and movement control.</p> <p>IDOC-Implement technologies for security rounds and movement controls and measure performance.</p> <p>Appropriate and fund evaluation of available technologies to enhance performance measurement and accountability for security rounds and movement control at IDOC institutions.</p>			
<b>ICON and Data Systems</b>					

<b>ROADMAP</b>					
	FY08	FY09	FY10	FY11	FY12
<b>INITIATIVE</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>
<p>ICON and Data Systems</p>	<p>Fund ICON reconfigurations, modifications and beta testing.</p>	<p>Legislature- Authorize and fund IT study to assess capacity and determine needs of institutions.</p> <p>Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for ICON and data systems.</p> <p>Fund training for institutional staff relative to modifications to ICON and other data system (particularly as it relates to the classification study outcomes).</p> <p>Authorize and fund data warehousing, data mining and data mapping for IDOC.</p> <p>Appropriate and fund quality assurance and monitoring component for IDOC data systems.</p> <p>IDOC-Implement training for staff.</p>	<p>Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for ICON and data systems.</p>	<p>Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for ICON and data systems.</p>	<p>Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for ICON and data systems.</p>

<b>ROADMAP</b>					
	FY08	FY09	FY10	FY11	FY12
<b>INITIATIVE</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>

		Implement use of additional key performance indicators for ICON.			
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<b>Vocational Training Program and Iowa Prison Industries</b>					
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Vocational Training Program and Iowa Prison Industries		<p>Legislature- Appropriate and fund hiring of a Central Office volunteer coordinator.</p> <p>Amend statutes as necessary to achieve initiatives.</p> <p>Appropriate and fund resources needed to implement vocational training program at IDOC institutions, including expanded use of volunteers.</p> <p>Based on independent staffing analysis and plan, fund hiring of personnel needed to vocational training program and IPI at institutions.</p> <p>IDOC- Implement vocational training programs and expand IPI.</p>	Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for vocational training programs and IPI and use of volunteers.	Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for vocational training programs and IPI and use of volunteers.	Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for vocational training programs and IPI and use of volunteers.
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<b>ROADMAP</b>					
	FY08	FY09	FY10	FY11	FY12
<b>INITIATIVE</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>
		Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for vocational training programs and IPI and use of volunteers.			
<b>Staff Training and Development</b>					
Staff Training and Development	Legislature- Appropriate and fund pre-service, in-service and specialized training for staff in conjunction with needs identified from independent staffing analysis and plan and IDOC training budget request	Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for staff training and development.	Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for staff training and development.	Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for staff training and development.	Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for staff training and development.
<b>Reentry Programs</b>					
Reentry Programs	IDOC- Conduct a needs assessment to determine additional resources necessary to enhance capacity of applicable institutions to provide release reentry programs based on EBP. Collaborate with CBCs.	IDOC- Expand current number of EBP programs offered by institutions and increase number of participants.  Legislature-Continue funding specific efforts to build capacity or sustain changes based	IDOC- Expand current number of EBP programs offered by institutions and increase number of participants.  Legislature- Continue funding specific efforts to build capacity or sustain changes based	IDOC- Expand current number of EBP programs offered by institutions and increase number of participants.  Legislature- Continue funding specific efforts to build capacity or sustain changes based	IDOC- Expand current number of EBP programs offered by institutions and increase number of participants.  Legislature- Continue funding specific efforts to build capacity or sustain changes based

<b>ROADMAP</b>					
	FY08	FY09	FY10	FY11	FY12
<b>INITIATIVE</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>
		<p>on results, budget justifications and priorities for reentry programs using step down approach.</p> <p>Legislature- Review proposals/reports to change release and reentry program model to ensure a tiered step down approach is used by releasing institutions, consistent with EBP.</p> <p>Appropriate and fund additional staff necessary to ensure assessed individuals from special needs populations receive opportunities to participate in tiered reentry programs prior to release.</p>	<p>on results, budget justifications and priorities for reentry programs using step down approach.</p>	<p>on results, budget justifications and priorities for reentry programs using step down approach.</p>	<p>on results, budget justifications and priorities for reentry programs using step down approach.</p>
<b>Accreditation</b>					
Accreditation	IDOC- All institutions develop or revise facility specific policies and procedures to comply with ACA ACI standards and EBP principles.	<p>Fund resources needed for institutions to achieve accreditation based on established priorities.</p> <p>Legislature- Continue funding efforts to build capacity or sustain changes based on</p>	<p>Legislature- Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for accreditation.</p>	<p>Legislature- Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for accreditation.</p>	<p>Legislature- Continue funding efforts to build capacity or sustain changes based on results, budget justifications and priorities for accreditation.</p>

**ROADMAP**

	FY08	FY09	FY10	FY11	FY12
<b>INITIATIVE</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>
		results, budget justifications and priorities for accreditation.  Assign or hire qualified accreditation manager to also serve as quality assurance officer.			

# Appendix G: Glossary

ACA	American Correctional Association
AL	Assisted Living
ARIMA	Auto-Regressive Integrated Moving Average
ASP	Anamosa State Penitentiary
BFOQ	Bona Fide Occupational Qualification
BOC	Board of Corrections
CBC	Community Based Correction
CCF	Clarinda Correctional Facility
CCFL	Clarinda Correctional Facility Lounge
CJJP	Criminal and Juvenile Justice Planning
CO	Correctional Officer
COSM	Center for Sex Offender Management
CRC	Correctional Release Center
DAS	Department of Administrative Services
DHS	Department of Human Services
DOJ	Department of Justice
EBP	Evidence-Best Practices
EBPP	Evidence-Based Policies and Practices
FDCF	Fort Dodge Correctional Facility
FTE	Full Time Employee
ICIW	Iowa Correctional Institution for Women
ICON	Iowa Corrections Offender Network
IDOC	Iowa Department of Corrections
IMCC	Iowa Medical and Classification Center
IPI	Iowa Prison Industries
ISP	Iowa State Penitentiary
ITP	Individual Treatment Plan
JBU	John Bennett Unit (Fort Madison)
KOP	Keep On Person
LSI-R	Level of Service Inventory-Revised
LUH	Lester Heights Camp
MH	Mental Health
MHO	Metal Health Offender
MI	Mental Illness
MPCF	Mount Pleasant Correctional Facility
MPWU	Mount Pleasant Women's Unit
NCCF	North Central Correctional Facility
NCF	Newton Correctional Facility
NCCHC	National Commission on Correctional Health Care
NIC	National Institute of Corrections
OWI	Operating While Intoxicated
OJP	Office of Justice Programs
PIECP	Prisons industries Enhancement Certification Program
PO	Parole Officer
PREA	Prison Rape Elimination Act
PTSD	Post traumatic Stress Disorder
S/A	Substance Abuse
SAMHSA	Substance Abuse Mental Health Services Administration
SNU	Special Needs Unit

SO	Sex Offender
SOP	Standard Operating Procedure
SOTP	Sex Offender Treatment Plan
TASC	Treatment Alternatives to Street Crimes
TC	Terminal Care
TCU	Texas Christian University
WR	Work Release