



I o w a D e p a r t m e n t o f C o r r e c t i o n s

**Presentation to the  
Justice System Appropriations  
Subcommittee**

**John Baldwin, Director  
February 6, 2014**

# Tele-Psychiatry Demonstration

Psychiatrists, Licensed Psychologists and Registered Nurses create Mental Health Clinics in CBC residential facilities

Provide access to mental health services for offenders on parole and probation supervision

Services include assessment, prescribing and renewing medication, and counseling

# Central Pharmacy Pilot Project

Preliminary data provides an early indication that the Central Pharmacy Pilot Project is of great assistance to participants' successful reentry.

- A substantial number of participating offenders were medication compliant
- The mental health adjustment among participating offenders is mainly positive
- Positive mental health adjustment among participating offenders is strongly associated with success under supervision
- 60 additional days of medication for a total of 90 days of behavioral health medications transferred to a participating community pharmacy and filled at no cost

# Difficult Placements

	Age	Mental Health Dx	Medical Dx	Offense	Comments
<b><i>Successful</i></b>					
Patient #1	27	Schizoaffective DO, Bipolar DO, Civil Commitment	Self Mutilation, Swallows items	Arson, Assault	<ul style="list-style-type: none"> <li>▪ 12/23/13 Discharged Private Placement</li> <li>▪ &gt;40 contacts made</li> </ul>
Patient #2	35	Schizophrenia – Paranoid, Civil Commitment	No Health Issues	Burglary, Assault	<ul style="list-style-type: none"> <li>▪ 10/21/13 Discharged to Private Placement</li> <li>▪ &gt;30 contacts made</li> <li>▪ Previously homeless</li> <li>▪ Attempted to enucleate eyeball</li> </ul>
<b><i>Geriatric</i></b>					
Patient #3	66	Bipolar, Alcohol Induced, Amnesia DO, Civil Commitment	HTN, Atrial Fib	Sex Offense – Special Sentence	<ul style="list-style-type: none"> <li>▪ &gt;40 contacts made</li> <li>▪ Previously homeless</li> <li>▪ 15+ hosp for Mental Illness</li> </ul>
Patient #4	69	Dementia	HTN	Sex Abuse	<ul style="list-style-type: none"> <li>▪ &gt;100 contacts made</li> <li>▪ Incarcerated 18 years</li> <li>▪ Needs constant ADLA assistance</li> </ul>
<b><i>Problem Placements</i></b>					
Patient #5	39	Schizoaffective DO, Intellectually Disabled, Borderline Personality DO, Civil Commitment	Diabetic, Colon resection with colostomy, self mutilation, swallows items, Seizure DO	Assault	<ul style="list-style-type: none"> <li>▪ 19 contacts made</li> <li>▪ Previous MHI placements</li> <li>▪ Perforated bowel due to swallowing</li> </ul>
Patient #6	24	Intellectually Disabled, Depressive Disorder, Self-mutilator	CHF	Sex Abuse – Special Sentence	<ul style="list-style-type: none"> <li>▪ Glenwood &amp; MHI previously</li> <li>▪ Easily targeted by others</li> <li>▪ Self-mutilation (chewed lips off)</li> </ul>

# **CBC Increasing Caseloads – Difficulties and Opportunities**

Growing statewide CBC total population

Priority is to channel most intensive supervision and treatment resources toward the high risk segment of community corrections population

Des Moines & Waterloo: Culturally specific reentry initiatives

# **Prison Rape Elimination Act (PREA)**

Federal Law for approximately 10 years

States must comply or lose 5% of Federal money for corrections related issues

1/3 of all prisons and CBC residential facilities need to be audited by August 2014

# Reentry Efforts

## Our Success To Date

Compared with recidivism rates from FY2004 when strategic planning began:

- The return rate to prison is down 3.6 percentage points
- Reentry efforts have helped cut recidivism rates for:
  - ✓ Women offenders by 7.4 percentage points
  - ✓ African-American offenders 11.8 percentage points for this group\*
  - ✓ Mental health offenders by 16.0 percentage points for chronically mentally ill women and 9.6 percentage points for chronically mentally ill men

\* Currently there is no statistically significant difference in the return rate to prison for African-American offenders compared with White Non-Hispanic offenders.

**We are doing the right thing.**

**We can do better.**





**Thank you!**



## Iowa Department of Corrections

Justice Appropriation Subcommittee Presentation

Responses to Follow-up Questions

*February 6, 2014*

### Average Daily Costs

1. Please provide the average daily cost per offender for FY 2013 by institution.

Prison	Average Daily Cost
ASP	\$73.93
CCF	\$71.93
FDCPF	\$66.73
ICIW	\$84.19
IMCC	\$143.27
ISP	\$120.97
MPCF	\$73.53
NCCF	\$57.05
NCF	\$61.39
<b>Statewide DOC Avg Daily Cost</b>	<b>\$83.69</b>

### Education and Employment

1. What is the percentage of offenders entering the prison system without a high school equivalent or GED (what is the name of the replacement test for the GED).  
**16.7% in FY2013. The GED program is now the HiSET, a national high school equivalency testing program.**  
What is the percentage of the prison releases that leave prison without a diploma?  
**15.1% in FY2013.**
2. What is the percentage of the prison population released from prison that have a job upon their release? That is, a job is lined up and ready for them? How long does it take on average for a prison releasee (parole or work release) to find a job?  
For FY2013 parole admissions, 49.6% of offenders in the workforce (not disabled, a student or retired) had an initial job status of employed – with most of this group (88%) already employed or starting work within a week of release from prison, work release or OWI facility. For offenders initially unemployed but whose unemployment status ended, the median number of days till the unemployment period ended was 49 days. As of today, 253 or 7% of the FY2013 parole admits remain unemployed and are still on supervision.

## Staff Safety

3. Assaults on staff – please provide 4 years of information showing trends on offender assaults on staff and other offenders.

a. Includes: Assault – Offender on Staff by Throwing Substances (AOSTS), Assault – Offender on Staff w/Serious Injury (AOOSI), Assault – Offender on Staff w/no Serious Injury (AOSNSI), Sexual Assault – Offender on Staff (SAOS)

FY2010 – 99; AOSTS- 28, AOOSI-8, AOSNSI-63, SAOS-0  
FY2011 – 141; AOSTS- 41, AOOSI-5, AOSNSI-95, SAOS-0  
FY2012 – 96; AOSTS- 39, AOOSI-3, AOSNSI-54, SAOS-0  
FY2013 – 113; AOSTS- 34, AOOSI-3, AOSNSI-76, SAOS-0

b. In addition: Assault – Offender on Offender w/Serious Injury (AOOSI), Sexual Assault – Offender on Offender (SAOO)

FY2010 – 24; AOOSI – 18, SAOO - 6  
FY2011 – 21; AOOSI – 16, SAOO - 5  
FY2012 – 29; AOOSI – 23, SAOO - 6  
FY2013 – 20; AOOSI – 13, SAOO – 7

c. Grand Totals

FY2010 – 123  
FY2011 – 162  
FY2012 – 125  
FY2013 - 133

Please provide a brief overview of any recent policy changes the DOC implemented regarding reporting or recording offender assaults.

No recent policy changes.

4. What percentage of assaults on staff are done by mentally ill offenders?

During FY2013, 112 of the 113 assaults on staff were committed by mentally ill offenders.

Please provide a brief description of staff training provided by the DOC to address this issue.

The DOC requires all staff complete a two day training on Mental Illness especially focused on Biological Basis of Mental Illness and Categories of Mental Illness. Training also focuses on de-escalation techniques, crisis management, coping mechanisms and how to take care of ourselves to alleviate stress. This is followed with an annual e-Learning module that is mandatory of all staff.

## **New Facility Opening**

5. Construction concerns at Iowa State Penitentiary – please indicate if the DOC has any ideas on how the General Assembly may assist in construction delays or issues for the new maximum security prison or the replacement of the John Bennett unit.

*Items similar to the recent maintenance list are not uncommon as we progress towards operating a new prison facility and will continue to be prioritized and addressed in a manner to ensure an efficient operational transition. The maintenance list has been accrued (funded) within existing capital appropriations, so no additional funding is required. Several of the items are outside the secure perimeter as well and shall be prioritized as part of the overall transition planning to the new maximum-security facility.*

## **Juvenile Home Closure**

6. Please provide any information you have on the potential impact on the DOC on Toledo closing.