

State of Iowa Systematic Study for the State Correctional System

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BUILDING ON BASIC CORRECTIONS PROGRAMS AND INITIATIVES

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 6/30/05 there were 2902 offenders in IDOC institutions with mental illness: 31% males, 60% females; 2585 with chronic MI; 1532 offenders with single diagnosis, 1370 offenders with 2 or more diagnoses.
- 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, 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 IDOC's 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 (7%) 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 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 population, 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 works 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 SUMMARY REPORT

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** – 25%
 - **Medium Custody Goal** – 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. 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. Also, 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 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 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 MPWJ to ICIV.
 - 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.

3. Mitchellville: 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 Oakdale to Mitchellville. 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.

4. Fort Madison: Building New, Re-use

The Fort Madison 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.

- 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, projected to occur in year 5 of a 5-year plan.
- If ISP is reused, 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.
 - Since the Industries Building contains the kitchen, a new kitchen will need to be constructed to provide meals for the adaptive re-use plan 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 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 to determine Custody and Housing Levels in re-use plan.
 - Year 2-Program, planning and design for adaptive re-use.
 - Year 3 - Complete design services and implement demolition and site improvements.
 - Year 4 – Start construction of new facilities
 - Year 5 - Complete construction and relocate offenders from current housing. Renovate old housing units into new program space.

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 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.
- Except for Davenport, the current facilities are in relatively good condition. Maintenance and improvements of these facilities should be maintained.
- 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

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 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.