

## **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 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

<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

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<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.