



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF CORRECTIONS
JOHN R. BALDWIN, DIRECTOR

IOWA BOARD OF CORRECTIONS
AGENDA
Thursday, February 14, 2008
9:00 a.m.

Iowa Department of Corrections
Board Room
510 East 12th Street
Des Moines, IA 50319
(515) 725-5708

TOPIC	PRESENTER
Call to Order	Robyn Mills, Chair
<ul style="list-style-type: none">Chair RemarksApproval of January 4, 2008 Meeting Minutes (Action Item)Next Meeting – Friday, March 7, 2008 at DOC Central Office	
Director's Remarks	John Baldwin, Director
Offender Phone System Expenditure (Action Item)	Fred Scaletta, Director Media & Public Relations
Reentry Update	Jeanette Bucklew, Deputy Director Offender Services
Open Discussion	Board Members
Board will stand at ease while moving to the State Capitol for a joint meeting with the Joint Justice Systems Appropriation Subcommittee and the Joint Transportation, Infrastructure and Capitals Subcommittee for a presentation by the Durrant Group.	
Return to Open Session – Presentation by Durrant Group	
Adjournment	

Note: During movement from the Department of Corrections to the State Capitol, the public and attendees may join the Board.

The Board of Corrections' agenda is posted on the DOC Web Site at www.doc.state.ia.us under the Press Releases tab.

The mission of the Iowa Department of Corrections is to:
We Protect the Public, Employees, and Offenders from Victimization.

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**Iowa Board of Corrections
Meeting Minutes
January 4, 2008
Des Moines, Iowa**

Members Present: Robyn Mills, Art Neu, Michael Sadler, Rev. Michael Coleman, David Erickson and Johnie Hammond
Absent: Sheryl Griffith

Staff Present: John Baldwin, Curt Smith, Roger Baysden, Jeanette Bucklew, Larry Brimeyer, Fred Scaletta, Jean Schlichtemeier, Michael Savala, Brad Hier, Bob Garrison and Terry K. Boehlje

Visitors Present: Beth Lenstra (LSA), Judie Hoffman (League of Women Voters), Susie Pritchard (DAS/HRE), Marty Hathaway (AFSCME), Jean Basinger (Iowa CURE), David Spencer (Iowa CURE), Carlos Jayne (Justice Reform Consortium), Cathy Engel (Senate Democratic Caucus) and Bill Petroski (DSM Register)

Chair Remarks – Robyn Mills

The next meeting will be held on February 21 in conjunction with the ICA/DOC Legislative Breakfast. After the Legislative Breakfast, the Durrant group will make a presentation to the Board and Legislature at a joint meeting.

Approval of Meeting Minutes

The Board reviewed the meeting minutes from the October 5 and November 2, 2007 meetings. Michael Sadler made a motion to approve both meeting minutes. Michael Coleman seconded the motion. Motion passed.

Director's Remarks – John Baldwin

Director Baldwin provided information on the following items:

- 7th District Residential Facility Groundbreaking was held on December 14 in Davenport.
- The State Prison System Planning Committee met on November 14. The Committee moved to accept the Durrant recommendations with two negative votes (7-2). The two dissenting members wanted more information on the financing, but said they were supportive of the recommendations. It is important to note that most of the recommended beds are replacement beds rather than new beds.
- Health Services Staffing Study -- DOC contracted with Durrant to help with this staffing study.
- Diversity Update
 - Michael Savala has been working with the DOC Diversity Committee to improve recruitment of minority staff. Committee members from around the state will attend college job fairs in Iowa and surrounding states this spring.
- Curt Smith and Lettie Prell
 - Both Curt Smith and Lettie Prell are now published authors.

Introduction of New Staff – John Baldwin

Director Baldwin introduced the following new staff members:

- Robert Garrison, Chief of Security
- Brad Heir, Deputy Director of Administration
- Susie Pritchard, Director of Personnel

He also announced the Department is in the process of hiring for the following positions:

- Director of the Learning Center
- Director of Education
- PREA Investigator
- PREA Trainer
- Administrative Assistant for IPI
- Executive Secretary for the Director

DOC Focus for 2008

Director Baldwin shared the Department's Focus for 2008 (copy provided to the Board).

- Staff is the Department's most valuable resource.
- DOC will continue to be involved in the resolution of over representation of African Americans in Iowa's corrections system.
- DOC will combine Durrant report recommendations with the DOC Focus groups' work to generate a Corrections' Master Plan for the next 5 to 10 years.
- DOC will continue to get better at Evidence Based Practices.
- DOC will establish a Medical Director's position to oversee all areas of medical and mental health needs.
- DOC will continue to develop the ICON system and increase the uses for the data.

PREA Update – Jean Schlichtemeier

Director Baldwin introduced Jean Schlichtemeier who he named as Director of Investigative Services for the Department.

Jean provided background on the Prison Rape Elimination Act of 2003 (copy of Act provided to the Board). The purpose of the Act is to provide (1) Detection (2) Prevention (3) Reduction and (4) Punishment.

Fred Scaletta was able to obtain a federal grant in 2005 and the following projects were implemented:

- Investigative services (Policy and Legal)
- Training for staff (Learning Center)
- Phone Hot Line
- Victim Groups (Victim and Restorative Justice)
- Assessment Tool

All these pieces were scattered among different divisions and there was not a single point coordinator. In May, a committee was formed to review Iowa's PREA process. The Committee pulled together a set of recommendations that was approved by Director Baldwin.

The PREA recommendation report (copy provided to the Board) has been Jean's guiding document to help pull together all the different parts of the PREA grant. The Federal PREA funding was not renewed so the Department is currently looking for additional funding.

Jean Schlichtemeier and Bob Garrison will be working together make PREA work better. Betty Brown has helped develop victim trauma groups. The Department will be rewriting all the training materials for PREA for staff.

Jean Schlichtemeier will visit with Board in six months to provide an update.

Legislative Update – Michael Savala and Fred Scaletta

Michael Savala and Fred Scaletta said they are busy responding to many inquiries from legislators and their staff. Once the session begins, Michael and Fred will provide a weekly legislative update to the Board.

Focus Groups Update – Curt Smith

Curt Smith provided an overview on each of the twelve focus groups implemented to complement the Durrant recommendations. The groups will work with Durrant on both short-term and long-term projects. Beginning in March, representatives from each of the focus groups will give a presentation to the Board.

Transformation Projects

John Baldwin provided an overview of the status of the Department's Transformation Projects.

- Pharmacy
 - ❑ Exploring option to have two pharmacies – one in the Eastern Region and one in the Western Region.
- Centralized Warehouse
 - ❑ Committee members have met with Fareway officials to look at their warehouse operations and hope to meet with HyVee officials soon.
 - ❑ DOC is currently using 85% of the products in the Woodward warehouse, which is under DHS control. In order for DOC to take over the warehouse, a legislative change would be necessary.

Projects that have been implemented so far include:

- ❑ Banking System (FDCF)
- ❑ Records (IMCC)
- ❑ Visiting (MPCF)
- ❑ Jail Credits (ISP)

Status of Construction Projects – Larry Brimeyer

Deputy Director Larry Brimeyer updated the Board on several construction projects in the Eastern Region.

Cedar Rapids

- 60 bed facility for the mentally ill

Anamosa

- Kitchen
- Water storage area at ASP and Luster Heights
- Powerhouse and enclosed fire escape
- Tuckpointing
- Metal work
- 3 year electrical upgrade

Oakdale

- Replacing entire fence around facility
- Segregation cages
- Updating laundry
- Parking lot expansion
- High mast lighting
- Dietary renovation – tray service operation

7th District

- Demolition of parking lot and swimming pool will be completed in January and February with construction to begin in March.
- DOC will need legislative approval for the \$6 million for the 7th District project that expire this year.

Board Discussion – Board Members

- E Mail for Offenders – Johnie Hammond wondered about the status of e-mail for offenders. Director Baldwin said the Department is still investigating the pros and cons of allowing offenders to utilize e-mail to their friends and families.
- Mentally Ill Offenders -- Art Neu wondered if DHS is meeting with DOC to help partner to help address the needs of mentally ill offenders. John Baldwin said that he continues to meet with Director Kevin Concannon to discuss options.
- Grant Update -- John Baldwin provided an update on the grant through the SHIPP.
- Research for Mentally Ill Offenders -- Johnie Hammond wondered if Lettie Prell had completed her work on determining what precipitating mental health issue is prevalent in causing offenders to end up in prison. John Baldwin said that he would have Lettie contact Johnie about the report.

Adjournment

Art Neu made a motion to adjourn the meeting. Michael Sadler seconded the motion. Motion passed.

Respectfully submitted,

Terry K. Boehlje
Executive Secretary

**JUSTICE SYSTEM AND
TRANSPORTATION, INFRASTRUCTURE, AND
CAPITALS
APPROPRIATIONS SUBCOMMITTEES**

TENTATIVE AGENDA

**February 14, 2008
10:00 a.m.**

Supreme Court Chamber

- 10:00 a.m. Call to Order
- Roll Call
- Approve Minutes – February 13, 2008
(both Subcommittees)
- 10:05 a.m. Director John Baldwin, Department of Corrections
- Overview of Governor's Recommendation
- 10:30 a.m. Judy Regina-Whitely and Curtiss Pulitzer – Treatment Capacity
- 10:50 a.m. Patricia Hardyman – Classification System
- 11:10 a.m. Mike Lewis, Infrastructure
- 11:30 a.m. Discussion
- 11:50 a.m. Other Business
- 12:00 p.m. Adjournment

Iowa Department of Corrections

Presentation to

**Board of Corrections and
Legislative Committees**

**John R. Baldwin, Director
February 2008**



• What does the Department recommend?

➤ Support the recommendations of the:

- Durrant Report
- Board of Corrections
- Interim Legislative Study Group

• The Governor's FY'09 budget supports the recommendations.

• Payment

- Combination of fines, fees and forfeited bail and tobacco securitization funds.
- Delays will only escalate prices and have a greater impact on the budget.
 - Example: The conversation about DOT and the cost of concrete.

• **The Department's ultimate Goals with the Durrant Report**

- **New, safe and efficient infrastructure.**
- **Treatment solutions that are fact based
and reduce the number of lowan's
committed to the Department.**
- **Update effective Classification system.**

Iowa Department of Corrections

SELECT SLIDES FROM Presentation to Transportation, Infrastructure, Capitals Appropriations Subcommittee



John Baldwin, Director
February 2008

Answer: Expected Growth

**CJJP projects over 9,730
offenders in prison by
mid-year 2017.**

Answer: Overpopulation in Various Facilities

**Prisons contain 616 lifers today, with
a growth rate of about 2 per month.**

(CJJP estimates two *additional* lifer admissions per year due to new legislation which established a life sentence for certain sex offenders (this estimate may be adjusted in subsequent years depending on how this law is applied in practice).

Continued growth in the lifer
population is therefore expected.

Fort Madison

- **Proposed Fort Madison Capacity**
(exact number to be determined within a range of 768 – 800) **800**
- **Current Operational Capacity (02/05/2008)** **582**
- **New Maximum Beds** **218**

Why an increase in maximum beds?

- ✓ Sentencing trends of lifers
- ✓ Over 1,000 maximum custody offenders in today's prison system
- ✓ The prison system is projected to grow over 9,700 offenders by 2012.

Mitchellville

- **Proposed Mitchellville Capacity** **888**
- **Current Operational Capacity (02/05/2008)**
(ICIW (557), IMCC (70), MWU (92)) **719**
- **New Female Beds** **169**

Note:

The system will gain 162 male beds. Mt. Pleasant beds will be used for the projected increase in sex offenders sentenced to prison. Oakdale will put back in place the 70 reception beds they stood down to accommodate the female offender. The beds are currently counted in our operational capacity numbers.

Community-Based Corrections

1st District – Waterloo	43 beds
2nd District – Sioux City	42 beds
5th District – Des Moines	150-170 beds
8th District – Ottumwa	25 beds
Total	260-280 beds

Question: Overview of revised Classification system. How will the revised Classification System affect planning for beds at different locations.

Answer:

- Identification of preliminary risk factors
- Testing of risk factors for male and female inmates at initial and reclassification
- Development of scales for categorizing inmates into distinct groups of inmates according to their behavior, sentence, etc.
- Validation of custody scales
- Projection of the impact of the new classification systems in terms of preliminary percentages of maximum, medium, and minimum custody male and female inmates

Timeline – Institutions ICIW & ISP

- 1 July 2008 - Issue RFP
- 30 November 2008 - A/E selected
- 1 January 2009 - A/E design begins
- 1 January 2010 - ICIW design completes and construction bids
- 1 July 2010 - ISP A/E design completes and construction bids
- 1 January 2012 - ICIW completes
- 1 January 2014 - ISP completes

Timeline - CBC

1st, 3rd, 8th Districts

- 1 July 2008 - Issue RFP
- 1 October 2008 - A/E selected
- 1 November 2008 - A/E design begins
- 1 August 2009 - Construction begins
- 1 August 2010 - Construction completes

5th District

- 1 July 2008 - Issue RFP
- 1 October 2008 - A/E selected
- 1 November 2008 - A/E design begins
- 1 September 2009 - Construction begins
- 1 January 2011 - Construction completes

Iowa Department of Corrections What is the State "Buying"?

Ft. Madison: \$130.7 Million

- 800 modern maximum security beds that will replace the 650 maximum beds at the current walled prison.
- The project would be completed in 2014.
- FY'09 funding would be \$750,000.

Mitchellville: \$68 Million

- 888 medium and minimum beds for female offenders.
- Included in this number are beds for medical, mental health, and treatment purposes.
- The project would be completed in 2012.
- FY'09 funding would be \$1,500,000.

Waterloo: \$5.8 Million

- 43 Community Based Corrections Residential Beds.
- The project would be completed in FY'10.

Sioux City: \$5.8 Million

- 42 Community Based Corrections Residential Beds.
- The project would be completed in FY'10.

Des Moines: \$16 Million

- 150-170 Community Based Corrections Residential Beds.
- The project would be completed in FY'11.

Ottumwa: \$5.8 Million

- 25 Community Based Corrections Residential Beds.
- The project would be completed in FY'10.

Community Treatment Resource Centers

- 2 Centers, one in Des Moines and one in Waterloo.
- Office and treatment space for high risk parolees and probationers.
- Space for providers of service.
- Space will accommodate office and treatment space for hundreds of offenders on a daily basis.
- Build or purchase – project completed in FY'09 or 10.

Mt. Pleasant and Rockwell City

- New kitchens at both prisons.
- Mt. Pleasant's kitchen is inside the secured perimeter.
- Mt. Pleasant's request also funds a new warehouse that is shared by Corrections and Human Services.
- The project would be completed in FY'10.

Architect/Engineering and Project Manager

- Fees to begin the process of designing the above referenced projects.
- On going until ISP is completed.



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DEPARTMENT OF CORRECTIONS
JOHN BALDWIN, DIRECTOR

Question:

Has the state ever bonded for Community Based Corrections Residential Beds?

Answer: Yes

Since the late 1980's, DOC has bonded for residential beds in every district except for the 7th (Davenport).

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IOWA Department of Corrections



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Daily Statistics - 2/14/2008

Map of Iowa Prison Population Distribution

Institution	Current Count	Capacity	Med/Seg
Anamosa	1272	913	175
Luster Heights	49	88	0
Clarinda	873	750	24
Lodge	139	225	0
Fort Dodge	1142	1162	75
Mitchellville	557	443	93
Oakdale	856	687	28
Patients	18	0	23
Fort Madison	582	549	67
JBU	181	152	0
CCU	194	200	0
Farm 1	72	80	0
Farm 3	77	100	0
Mount Pleasant	944	775	44
Women's Unit	89	100	4
Newton-Medium	812	762	49
Minimum	332	182	70
Rockwell City	496	245	19
INSTITUTIONAL TOTALS	8685	7413	671

Offender

OFFENDER INFORMATION

DAILY STATISTICS

VISITING HOURS

General Information

OFFENDER TELEPHONE SERVICES

ORGANIZATION CHART

INSTITUTIONS/ DISTRICTS

PUBLICATIONS/ REPORTS

PRESS RELEASES

BOARD OF CORRECTIONS

Programs

VICTIM PROGRAMS

RESTORATIVE JUSTICE/ INTERVENTIONS

LEARNING CENTER

PRISON INDUSTRIES

AFFIRMATIVE ACTION

PRISON RAPE ELIMINATION ACT

Misc.

ADMINISTRATIVE RULES

REQUEST FOR PROPOSAL

RESULTS IOWA

VISION, MISSION, VALUES AND BELIEFS

ANNOUNCEMENTS

Iowa Department of Corrections						
Community-Based Corrections						
Current Residential Beds						1,440
Under Construction: New Beds						
	Davenport					25
	Fort Dodge					23
	Cedar Rapids					24
						72
FY 2009 Governor's Recommendation for New CBC Beds						1,512
	Waterloo					43
	Sioux City					42
	Des Moines					150-170
	Ottumwa					25
						260-280
						1,772 - 1,792
NOTE: The Governor's Reentry and Community Treatment Resource Center will impact the demand for Residential beds.						

STATEWIDE FACILITY COUNT REPORT

STATEWIDE FACILITY BEDS OCCUPIED

DIST	FACILITY	FED	IC PAR	IC PROB	JAIL	OWI CONT	PAR	PT RWS	PROB	WR	No Supv	Spec Supv	FAC TOTL	Capacity	BED %
1JD	Dubuque Residential Facility	9	0	0	0	14	1	0	40	18	0	0	82	80	103%
	Waterloo Residential Correctional Facility	10	0	0	6	16	0	0	78	48	0	0	158	150	105%
	West Union Residential Facility	1	0	0	0	6	0	0	31	9	0	0	47	48	98%
2JD	Beje Clark Residential Center - Mason City	3	0	1	0	3	1	0	33	11	0	0	52	51	102%
	Curt Forbes Residential Center - Ames	9	0	0	0	4	0	0	14	16	0	0	43	45	96%
	Fort Dodge Residential Center	3	0	0	0	2	1	0	17	10	0	0	33	34	97%
	Marshalltown Residential Center	0	0	0	1	7	1	0	27	26	0	0	62	51	122%
3JD	Sheldon Residential Treatment Facility	0	0	0	0	6	0	0	14	8	0	0	28	29	97%
	Sioux City Residential Treatment Facility	0	0	0	0	18	0	0	16	27	0	0	61	57	107%
4JD	Council Bluffs Residential Correctional Facility*	0	2	1	0	6	1	0	29	26	0	0	65	71	92%
	Council Bluffs Womens Res. Fac. opened 8/18/03	0	0	0	0	0	0	0	13	8	0	0	21	26	81%
5JD	Des Moines Women's Residential Correctional Center	3	0	0	0	14	0	1	20	16	0	0	54	48	113%
	Des Moines Work Release Center	21	0	0	0	0	0	0	104	0	0	0	125	119	105%
	Fort Des Moines Men's Residential Center	0	0	0	0	0	0	4	84	0	0	0	88	80	110%
	Fort Des Moines OWI Correctional Center	0	0	0	0	68	0	0	0	0	0	0	68	67	101%
6JD	Cedar Rapids - Lary A. Nelson Residential Center	27	0	0	0	2	0	0	54	4	0	0	87	90	97%
	Cedar Rapids -Gerald R. Hinzman Residential Center	0	0	0	0	12	0	0	45	31	0	0	88	83	106%
	Coralville - Hope House Residential Center	6	0	0	0	10	0	0	26	15	1	0	57	55	104%
7JD	Davenport Residential Corrections Facility	0	0	0	0	0	0	0	54	10	0	0	64	64	100%
	Davenport Work Release/OWI Center	18	0	0	0	35	1	0	0	29	0	0	83	81	102%
8JD	Burlington Residential Facility	0	0	0	0	10	0	0	26	21	0	0	57	60	95%
	Ottumwa Residential Facility	4	0	0	0	8	0	0	23	19	0	0	54	51	106%
	STATEWIDE FACILITY BEDS OCCUPIED TOTALS	114	2	3	6	241	6	5	644	456	1	1	1477	1440	103%

Thursday January 31, 2008

FED: Federal
 IC PAR: Interstate Compact Parole
 IC PROB: Interstate Compact Probation

JAIL (DS): Jail Designated Site
 OWI CONT: OWI Continuum
 PAR: Parole

PT RWS: Pre-Trial Release with Services
 PROB: Probation
 WR: Work Release

No Supv.: No Correctional Supv Status
 BED %: Percentage of Facility Beds Occupied

*Council Bluffs Residential Capacity Revised 12/16/2003

E-1 Movements

Statewide

01/01/2008 - 01/31/2008

Admissions		Releases	
1	New Court Commitment	160	31
2	Probation Revocation	122	32
3	Safekeeper	11	36
8	County Jail Hold	30	37
11	Parole Revocation	97	38
14	Shock Probation Revocation	3	40
16	Shock Probation Return	1	42
23	Appeal Bond Return	2	48
30	OWI Revocation	7	55
71	Work Release Revocation	29	60
74	Violator Program Placement	32	66
91	Return Out of State Concurrent	1	81
106	Resentence by Court	1	83
110	Special Sentence Revocation	2	96
	Total:	498	492
Transfers - In		Transfers - Out	
33	Transfer to New Institution	800	33
	Total:	800	90
			Total:
			803

Beginning Population: 8691 Received: 1298 Released: 1292 Ending Population: 8697 Average Population: 8685.88

Offenders with expired Mandatory Minimums waiting to be released as of
2/14/2008

- 120

NOTE: These are included in the 356 institution waiting list.

Offenders waiting to be released on Work Release
As of 2-14-08

- Institutions = 356
- CBC = 22

IOWA DEPARTMENT OF CORRECTIONS

ANAMOSA STATE PENITENTIARY

➤ Security Staffing Analysis Results -

✓ Correctional Officer Positions Identified - 259.29

✓ Additional Correctional Officer Positions Needed - 29.78

➤ Correctional Officers Paid -

✓ January 1, 2007 - 215

✓ January 10, 2008 - 221

✓ Net Increase - 6

IDOC TREATMENT CAPACITY STUDY
DURRANT REPORT SHORT TERM RECOMMENDATIONS RELATED TO TREATMENT ISSUES
FEBRUARY 11, 2008

PHASE I RECOMMENDATION	Pg Ref.	DURRANT PHASE II ROLE and ACTIVITY	IDOC
A. Substance Abuse Treatment (SA)	198		
1. SA Treatment Assessment: Fill Assessment Positions	198	<u>Role:</u> Consultative <u>Activity:</u> Priority recommendation to fill SA Assessment positions	To be contracted to an outside agency/organization. RFP in January; contract anticipated by April 08. Substance Abuse Focus Group has recommended that all offenders be screened with TCU drug use instrument upon reception. Offenders should be assessed for readiness while at reception and level of treatment need.
2. SA Treatment Continuum: Recovery Model Co-occurring Disorder Approach	198	<u>Role:</u> Consultative <u>Activity:</u> Encouraged the MH-Institution Focus group to explore the efficacy of using many of the EBP SAMHSA Recovery modules, including co-occurring treatment for special needs offenders.	CCU staff developing a co-occurring program that may incorporate this model. ICIW exploring gender-responsive model for special needs women.
3. SA Treatment Capacity	198	<u>Role:</u> Consultative <u>Activity:</u> Supported ICIW Treatment Director's exploration of alternative, effective, EBP SA treatment for those offenders who do not meet the criteria for the STAR program.	Women's Focus Group initiative to expand STAR to include more short term female offender needs
a. Determine efficacy/impact of additional short term and relapse prevention programs		<u>Role:</u> Consultative <u>Activity:</u> Encouraged IDOC to explore whether more SA treatment needs can be met in the community instead of in an institution.	Women's Focus Group initiative exploring efficacy of female inmates completing treatment in community. DOC released, "Community Based Corrections Substance Abuse Treatment For the Higher Risk Offender." 9/07 that reviewed CBC treatment.
b. Study efficacy of providing short term treatment in CBC		<u>Role:</u> Consultative <u>Activity:</u> Continued encouragement for expansion of	In September 2007 DOC released, "Community Based Corrections Substance Abuse Treatment For the Higher Risk Offender." This report
c. Complete staffing analysis to determine appropriate levels of staffing		<u>Role:</u> Consultative <u>Activity:</u> Deferred	
d. Plan to expand EBP programs across continuum		<u>Role:</u> Consultative <u>Activity:</u> Continued encouragement for expansion of	

**IDOC TREATMENT CAPACITY STUDY
DURRANT REPORT SHORT TERM RECOMMENDATIONS RELATED TO TREATMENT ISSUES
FEBRUARY 11, 2008**

PHASE I RECOMMENDATION	Pg Ref.	DURRANT PHASE II ROLE and ACTIVITY	IDOC
		<p>EBP programs across treatment continuum with special emphasis on special needs offenders (offenders with co-occurring, brain-injuries, and developmental disorders).</p>	<p>encouraged use of rigorous outcome evaluations to further define EBP SA programs.</p> <p>The Substance Abuse Focus Group adopted development of EBP SA programs as their mission.</p> <p>Both the Expanding EBP and the Quality Assurance Focus Groups are working on expanding EBP across treatment and programs in DOC.</p> <p>All institutions and CBC districts are presenting EBP Quality Improvement plans to the EBP Steering Committee and representatives from the EBP and Quality Assurance Focus Groups by the first part of May, 2008. Significant statewide issues are being identified as a product of these presentations for continued prioritized attention at the DOC level.</p>
<p>e. Determine institution/CBC offenders access to/involvement with SA treatment in community</p>		<p><u>Role:</u> Consultative</p> <p><u>Activity:</u> Provided support to the MH-CBC group's exploration of previous treatment and current treatment needs of offenders with mental health issues.</p> <p><u>Role:</u> Lead</p> <p><u>Activity:</u> Collected data about offender access to co-occurring disorders treatment in each county.</p>	<p>S/A Focus Group discussed need to improve the communication between institutions and CBC for offenders.</p> <p>DOC released, "Community Based Corrections Substance Abuse Treatment For the Higher Risk Offender." 9/07 indicated that a number of high risk offenders do not received substance abuse treatment.</p> <p>Department working with the Department of Education and the Department of Transportation to resolve outstanding reentry issue: Offenders completing treatment & returning to the community have an outstanding need to complete a 12 hour education course approved through the Department of Education in order to obtain their driver's license</p>

**IDOC TREATMENT CAPACITY STUDY
DURRANT REPORT SHORT TERM RECOMMENDATIONS RELATED TO TREATMENT ISSUES
FEBRUARY 11, 2008**

PHASE I RECOMMENDATION	Pg Ref.	DURRANT PHASE II ROLE and ACTIVITY	IDOC
f. Efficacy of changing faith-based SA programs to EBP that serves up to 150 additional offenders		<u>Role:</u> Consultative <u>Activity:</u> Recommended that this program be evaluated to determine success. It was also recommended that alternative programs be explored that would increase additional treatment slots	S/A Focus Group suggested analysis of the offender population may suggest the need for some other evidence-based modality, such as a co-occurring program.
B. Mental Health Treatment (MH)	199		
1. Culture re: Mental Illness	199	<u>Role:</u> Consultative <u>Activity:</u> Served as resource for various training programs available for clinical staff re: contemporary correctional mental health practices.	MH-Institutions Focus Group has selected the McKesson Interqual system for consistent approach to diagnosis and appropriate placement on the treatment continuum. The first training program for clinical staff was held in January 2008.
b. Implement new MH training for security staff		<u>Role:</u> Consultative <u>Activity:</u> Numerous discussions with MH Director and both the MH-Institution and CBC Focus Groups about the need to expand training to include field officers, to increase the number of training hours, and to employ more opportunities for skill building and less didactic lecture.	The Mental Health Director has been working with a team to develop contemporary training for corrections staff. The MH-CBC focus group reviewed the current curriculum and recommend that it be expanded to include community supervision as well as institution issues; would encourage development of scenario training, skill building and opportunities for practice.
2. Mental Health Assessment	199	<u>Role:</u> Consultative <u>Activity:</u> Discussion with Focus Groups and Mental Health Director about the challenges in recruiting and retaining psychiatrists. Discussed same issue with DHS MH staff.	IDOC has been actively recruiting psychiatrists. IDOC discussions with DHS re: collaboration vs. competition is recruitment of psychiatrists.
3. Mental Health Continuum	199	<u>Role:</u> Consultative	
a. Increase acute beds for male			

**IDOC TREATMENT CAPACITY STUDY
DURRANT REPORT SHORT TERM RECOMMENDATIONS RELATED TO TREATMENT ISSUES
FEBRUARY 11, 2008**

PHASE I RECOMMENDATION	Pg Ref.	DURRANT PHASE II ROLE and ACTIVITY	IDOC
and female offenders		<p><u>Activity:</u> Encourage the development of a plan for additional acute and partial care beds for males at IMCC.</p> <p><u>Role:</u> Lead</p> <p><u>Activity:</u> Developed a draft macro program for the expansion of ICIW that recommended an increase of acute care beds for women offenders to be located in a gender-responsive setting at ICIW.</p>	<p>Key ICIW administrative, clinical and security staff and the IDOC Mental Health Director involved in the discussions and review of the macro program.</p>
b. Develop SOPs and training re: involuntary medication		<p><u>Role:</u> Consultative</p> <p><u>Activity:</u> Served as resource to staff and Mental Health Director re: involuntary medication SOPs that have been implemented in other states.</p> <p><u>Role:</u> Consultative</p>	<p>MH-Institution Focus Group has developed an SOP for involuntary medication.</p> <p>Mental health staff received training about this SOP in a quarterly MH meeting.</p>
c. Determine appropriate use of MH beds across system.		<p><u>Activity:</u> Ongoing discussion with Mental Health Director about developing a continuum of care that uses consistent criteria across the IDOC institutional system.</p> <p><u>Role:</u> Lead</p> <p><u>Activity:</u> Developed a policy standards grid to frame the development of a continuum of care.</p>	<p>Mental Health-Institutions Focus Group is been developing a consistent approach to assessment and treatment using the McKesson Interqual approach across the continuum.</p> <p>MH-Institutions Focus Group reviewed and edited policy standards to meet future needs of mental health care at IDOC. Focus group is reviewing criteria and all policies related to institutional placement for offenders with mental illnesses.</p>
4. MH Treatment Capacity	200	<p><u>Role:</u> Consultative</p> <p><u>Activity:</u> A Healthcare Staffing Study will be completed that analyzes NAWH, Leave Use, Task/Time, and Discipline/Tasks Analysis.</p> <p><u>Role:</u> Consultative</p>	<p>IDOC has developed a Healthcare Staffing Study Advisory Group including key members of IDOC management and healthcare staff and AFSCME representatives.</p>
b. Develop plan to increase staff to meet level of care required.		<p><u>Role:</u> Consultative</p>	<p>IDOC has included all mental health staff in the Healthcare Staffing Study.</p>

**IDOC TREATMENT CAPACITY STUDY
DURRANT REPORT SHORT TERM RECOMMENDATIONS RELATED TO TREATMENT ISSUES
FEBRUARY 11, 2008**

PHASE I RECOMMENDATION	Pg Ref.	DURRANT PHASE II ROLE and ACTIVITY	IDOC
		<u>Activity:</u> Staffing plan will be developed based on outcome of Healthcare Staffing Study	
5. <i>MH Treatment Continuity in Community</i>	200	<u>Role:</u> Consultative <u>Activity:</u> Worked with MH-CBC Focus Group; attended meetings; served as resource to group's work. <u>Role:</u> Lead <u>Activity:</u> Developing, surveying, and analyzing data from Judicial Districts re: resources and staff training. Developed, surveyed and analyzed data from Counties re: availability and funding of community resources	Paper review of all CBC residential records by IDOC staff; random paper review of CBC (in community) offenders; analysis of data completed by IDOC Research Director. Completion of District and County surveys by IDOC-District CBC Staff CBC-Beds Focus Group is defining the ideal residential facility for persons requiring MH treatment CBC-Beds Focus group is developing a continuum or flow of persons requiring MH treatment
b. Determine how many MI offenders max out due to unavailable beds/resources		<u>Role:</u> Consultative <u>Activity:</u> There is anecdotal information available that indicates that placement of MI offenders into the community is difficult due to lack of resources. Worked with Mental Health-CBC Focus Group to determine the level of resources that are available by county. <u>Role:</u> Lead <u>Activity:</u> Met with Parole Board and discussed the	IDOC data indicated that 67% of CCU offenders and 17% of MWU offenders expire sentences. Data is not available re: reasons.

**IDOC TREATMENT CAPACITY STUDY
DURRANT REPORT SHORT TERM RECOMMENDATIONS RELATED TO TREATMENT ISSUES
FEBRUARY 11, 2008**

PHASE I RECOMMENDATION	Pg Ref.	DURRANT PHASE II ROLE and ACTIVITY	IDOC
		difficulty locating appropriate residences and treatment resources in the community. <u>Role:</u> Consultative	
c. Determine how many MI offenders do not have access to reentry/support in community		<u>Activity:</u> Worked with both the MH-Institution and CBC Focus Groups to identify the reasons that MI offenders have difficulty with release placements in the community. <u>Role:</u> Lead <u>Activity:</u> Met with the Parole Board in Nov 2007. One issue discussed was the difficulty finding safe, supportive community placements and treatment.	A number of IDOC Focus Groups are working on this issue: MH-Institutions; MH-CBC; CBC-Beds; Reentry; Women Offenders
d. Determine if additional nursing/sw positions would impact psychologist workload		Met with DHS Mental Health Executive Staff to discuss use of state hospital beds, funding issues including county CPC system, and limited of DHS oversight over community providers and expenditure of mental health monies. <u>Role:</u> Lead <u>Activity:</u> Anticipate that the data collected in the healthcare staffing study will give insight into this issue.	Mental Health-CBC group working collaboratively with DHS Acute Care Focus Group re: access to care in the community. IDOC has included all nursing staff and psychologists in the Healthcare Staffing Study.
6. <i>MH Management Capacity</i> a. Develop plan to meet systemic mh management demands	200	<u>Role:</u> Consultative <u>Activity:</u> Discussions with MH Director re: changes in mh management structure. Available as resource for information and to answer questions.	Institution MH professionals are administratively supervised by Treatment Directors, they receive clinical supervision and consultation from MH Director.
C. Sex Offender Treatment (SO) 1. <i>SO Treatment Assessment</i> a. Is there a more effective assessment instrument	200 200	<u>Role:</u> Consultative <u>Activity:</u> Available as resource to research	Sex Offender Focus Group is exploring the feasibility of placing offenders into a SOT program based on assessment of treatment need.

**IDOC TREATMENT CAPACITY STUDY
DURRANT REPORT SHORT TERM RECOMMENDATIONS RELATED TO TREATMENT ISSUES
FEBRUARY 11, 2008**

PHASE I RECOMMENDATION	Pg Ref.	DURRANT PHASE II ROLE and ACTIVITY	IDOC
		information and obtain information.	
2. <i>SO Treatment Capacity</i> a. Monitor outcome evals of 12 month intensive SO programs	201	<u>Role:</u> Consultative <u>Activity:</u> Provided consultation re: need to monitor programs that are using this model; IDOC is encourage to not change to this model until outcome evals are available.	Sex Offender Focus Group to monitor outcome of shorter term intensive SOT
b. How many SOs max out because unable to obtain SOT; esp., special needs		<u>Role:</u> Consultative <u>Activity:</u> Obtained data re: number of special needs offenders on waiting list for sex offender treatment.	Sex Offender Focus Group identified reasons for SOs maxing out, and is exploring possible responses.
c. Complete staffing analysis to determine levels of staff required		<u>Role:</u> Consultative <u>Activity:</u> Deferred.	
d. Develop plan to increase staff to meet current/projected demand for SOT		<u>Role:</u> Consultative <u>Activity:</u> Deferred until program/treatment staffing analysis is undertaken and completed.	
D. Medical Treatment for Aging Population	201		
1. <i>Medical Treatment/ Nursing Care Capacity</i> a. Fill Nurse Admin position	201	<u>Role:</u> Consultative <u>Activity:</u> Recommended filling position a priority. <u>Role:</u> Lead	Position has been filled Plan to fill positions to be developed by IDOC based on outcome of healthcare staffing study
b. Fill vacant nursing positions to meet min staffing requirements		<u>Activity:</u> Healthcare Staffing Study should define the minimum nursing staffing requirements for each institution. <u>Role:</u> Lead	Appointed a Healthcare Staffing Advisory Committee to work with Durrant Team.
c. Perform staffing analysis to determine staffing for facilities		<u>Activity:</u> To complete a Healthcare Staffing Study that will include all healthcare positions. Anticipated	

**IDOC TREATMENT CAPACITY STUDY
DURRANT REPORT SHORT TERM RECOMMENDATIONS RELATED TO TREATMENT ISSUES
FEBRUARY 11, 2008**

PHASE I RECOMMENDATION	Pg Ref.	DURRANT PHASE II ROLE and ACTIVITY	IDOC
d. Plan and implement system-wide strategy to recruit nurses		date for completion is June 2008. <u>Role:</u> Consultative <u>Activity:</u> Available to discuss strategies.	Nursing management and AFSCME representatives are developing strategies for recruitment and retention of nursing staff.
e. Hire/train staff required to open new IMCC facility		<u>Role:</u> Consultative <u>Activity:</u> Recommended stressing the importance of procedural review and training for all new personnel.	In progress
f. Study impact of expanding Self Administered Medication (SAMS) meds		<u>Role:</u> Consultative <u>Activity:</u> Further exploration of SAMS found that the practice is more widespread than previously reported. Supported the targeted expansion of SAMS at ICIW and for offenders with special needs prior to release.	MH-Institution Focus Group is discussing how to expand SAMS to offenders with MI prior to release to the community.
2. Centralized Pharmacy	201	<u>Role:</u> Consultative <u>Activity:</u> Available as resource and to answer questions.	
a. Complete study of efficacy of centralized pharmacy services.			
E. Gender Responsive Programs and Services	201	<u>Role:</u> Consultative <u>Activity:</u> Identification of gender responsive issues that meet treatment needs of women. Provide supportive documentation on behalf of IDOC to obtain contract or NIC technical assistance to provide gender responsive EBP components for substance abuse program. Supporting continued evaluation of programs to determine if meet or can be improved to meet EBP	Women's Focus Group initiative to expand STAR to include more short term offender needs IDOC developing EBP corrective action plans
1. Seek TA to plan, develop, and strengthen EBP gender responsive programs.			

**IDOC TREATMENT CAPACITY STUDY
DURRANT REPORT SHORT TERM RECOMMENDATIONS RELATED TO TREATMENT ISSUES
FEBRUARY 11, 2008**

PHASE I RECOMMENDATION	Pg Ref.	DURRANT PHASE II ROLE and ACTIVITY	IDOC
		<p>Reviewed other proposed EBP corrective action plan</p> <p>In collaboration with the Women's Focus Group and ICIW staff, identified a number of EBP gender responsive educational and life skills program needs to include in various treatment programs</p> <p><u>Role:</u> Consultative</p> <p><u>Activity:</u> Developed strategies how to increase community support and connections.</p> <p>Prepared information included in the handout and participated in tour and discussion with legislators and special interest groups during visit to ICIW in November 2007.</p> <p>Participated in a walk-through of the ICIW operations and institution with key citizen groups, legislators and key staff.</p> <p><u>Role:</u> Lead</p> <p><u>Activity:</u> Conducted initial meeting with the Parole Board as critical partner in the reentry and release process</p>	<p>ICIW to develop survey to obtain input from offender population regarding their needs and programs they feel are most helpful</p> <p>Conducted very comprehensive tour of facility to include benefits of gender responsiveness</p> <p>EBP initiative: ICIW will upon completion of course descriptions Gender Responsive Programs/Services above, share with Parole Board to assist during release hearings</p>
<p>2. Increase communication with legislature/others about benefit of gender responsiveness.</p>			
<p>3. ICIW Replacement and Expansion Conducive to Gender Responsive Treatment and Supervision</p>	204	<p><u>Role:</u> Lead</p> <p><u>Activity:</u> Developed macro operational and architectural space program for the expansion of ICIW. Developed Master Site Plan and phased development plan as well as estimated construction costs and overall project costs.</p>	
<p>F. Reentry</p> <p>1. Conduct resource needs</p>	202	<p><u>Role:</u> Consultative</p>	<p>New initiatives are being pursued to improve</p>

**IDOC TREATMENT CAPACITY STUDY
DURRANT REPORT SHORT TERM RECOMMENDATIONS RELATED TO TREATMENT ISSUES
FEBRUARY 11, 2008**

PHASE I RECOMMENDATION	Pg Ref.	DURRANT PHASE II ROLE and ACTIVITY	IDOC
assessment for providing EBP reentry programs		<p><u>Activity:</u> Served as a resource to Reentry Focus Group's work; attended meetings via on-site and conference calls.</p> <p>Conducted on-site visits of residential treatment facilities and several alternatives to incarceration programs (e.g., drug court); served as resource to group's work.</p> <p>Compiling a breakdown of CBC funding by percentage from sources such as fees, appropriated, and grants.</p>	<p>access to resources by offenders. These initiatives are being explored by a number of Focus Groups: Women Offenders, Substance Abuse, Sex Offenders, MH-Institutions and CBC, CBC-Beds, Expanded EBP, and Quality Assurance.</p>
2. Build institution/CBC collaboration for release planning		<p><u>Role:</u> Consultative</p> <p><u>Activity:</u> Met at six of eight CBC offices/residential treatment facilities to clarify needs and improve collaboration. Most of these tours were conducted with the Re-entry Coordinator.</p> <p><u>Role:</u> Lead</p> <p><u>Activity:</u> Currently developing a one page visual graphic that summaries or visually describes the flow of an offender through the reentry process. A draft was submitted to the Reentry Focus Group and the suggested changes are currently being incorporated into a final draft for review by key staff.</p>	<p>Significant effort has been put into increasing collaboration between the institutions and the CBCs. The Reentry Coordinator meets with the CBCs on a regular basis and the CBC staff convey their commitment to ensuring collaboration for release planning. Several barriers to sharing information have been reported including the roles of the institutional and CBC-based reentry coordinators.</p> <p>Iowa has been selected by BJA and Center for Effective Public Policy to participate in national level reentry training & planning with 2 other state jurisdictions.</p>
G. IPI and Vocational Programs	202		
1. Determine staff required to increase IPI and vocational program opportunities.		<p><u>Role:</u> Consultative</p> <p><u>Activity:</u> Deferred</p>	<p>ICIW/Des Moines Center for Work Force implementing a Work Readiness and Registered Apprentice Core Training program</p> <p>Education Focus Group exploring ways to expand career center services in institutions.</p>

**IDOC TREATMENT CAPACITY STUDY
DURRANT REPORT SHORT TERM RECOMMENDATIONS RELATED TO TREATMENT ISSUES
FEBRUARY 11, 2008**

PHASE I RECOMMENDATION	Pg Ref.	DURRANT PHASE II ROLE and ACTIVITY	IDOC
H. Training and Development 1. Provide specialized training needs identified	204	<p><u>Role:</u> Consultative</p> <p><u>Activity:</u> Proposed staff training for working with female offenders; provided subsequent input at the Women's Focus Group meetings and with ICIW program staff to move forward on staff training</p> <p>Provided resources for Security Basics Focus Group to begin exploring and developing e-learning for core competency skill development and remediation for security officers.</p> <p>Served as resource for correctional mental health training programs available from national resources.</p> <p>Explored opportunities to better describe the reentry process and staffs role in supporting reentry efforts.</p>	<p>Women's Focus Group working with Training Administrators to enhance staff training for managing female offenders</p> <p>Build Security Basics Focus Group subgroup received executive support to begin e-learning development</p> <p>Both MH-Institution and MH-CBC Focus Groups have reviewed current mental health training and support increasing both its focus and audience</p>
I. ICON and Performance Measures 1. Fund ICON reconfigurations, modifications and beta testing.	204	<p><u>Role:</u> Consultative</p> <p><u>Activity:</u> Identifying difficulties with information sharing, using ICON to find information, and limitations of Medical ICON for mental health professional use.</p>	
2. Fund validation and reliability studies for new classification instruments		<p><u>Role:</u> Lead</p> <p><u>Activity:</u> Initial development of gender responsive classification instruments are in progress.</p>	<p>Classification and Women Offender Focus Groups have worked closely with Durrant Team to develop appropriate instruments. Input has also been given by MH Director related to classification of offenders with mental illnesses.</p> <p>A Policy Standard Advisory Committee including key staff from institutions and central office were appointed.</p>
3. Develop additional key performance indicators to evaluate quality at institutions.		<p><u>Role:</u> Lead</p> <p><u>Activity:</u> Developed draft policy standards by which the institutions can measure their conformance and recommend improvements where appropriate. The</p>	

**IDOC TREATMENT CAPACITY STUDY
DURRANT REPORT SHORT TERM RECOMMENDATIONS RELATED TO TREATMENT ISSUES
FEBRUARY 11, 2008**

PHASE I RECOMMENDATION	Pg Ref.	DURRANT PHASE II ROLE and ACTIVITY	IDOC
		draft policy standards were reviewed with institutional representatives, revised, reviewed and are now in final draft form.	
J. CBC Residential Treatment	213		
1. Determine the 'right' mix of residents (overall).		<u>Role:</u> Consultative <u>Activity:</u> Support the CBC-Beds Focus group in defining the ideal residential facility to include the appropriate location for these facilities.	CBC-Beds Focus Group is defining the ideal residential facility for offenders with a mix of treatment and supervision needs.
2. Increase support for mental health/medical services in the community to support the continuum of care.		<u>Role:</u> Consultative <u>Activity:</u> Supporting the work of the MH-CBC Group to determine the unmet need for MH Treatment for offenders in the community.	MH-CBC Focus Group is collecting data re: the mental treatment need.
3. Share best practices across between the Judicial Districts and between community and institutional corrections.		<u>Role:</u> Lead <u>Activity:</u> Serve as key resource contacts working with a number of Focus Groups comprised of a mix of personnel from districts and institutions; encouraging the cross-group communication of ideas and best practices between the institutions and community corrections.	Numerous IDOC Focus Groups are discussing mutual problems, working toward resolutions and sharing approaches to meeting the needs of offenders.
4. Maintain awareness and use of Evidence Based Practices (EBP) through training.		<u>Role:</u> Consultative <u>Activity:</u> Encouraging the focus on EBP programs and identifying training needs of all personnel to understand the importance and impact of developing EBP treatment and programs.	Quality Assurance Focus Group is identifying critical areas that need support; developing a template for elements of a good quality assurance process; and reviewing organizational structure to insure proper quality assurance monitoring.
5. Involve the Faith Community and Volunteers.		<u>Role:</u> Consultative <u>Activity:</u> Available as resource to answer questions.	
6. Evaluate the number of sex offenders in the CBC residential facilities.		<u>Role:</u> Consultative <u>Activity:</u> Available as resource to answer questions.	CBC-Beds Focus Group is defining the ideal residential facility for offenders with a mix of treatment and supervision needs.