

IOWA DEPARTMENT OF CORRECTIONS

OLMSTEAD STRATEGIC ACTION PLAN

Barriers	Objective	Lead Division in DOC	Key Partners	Action Steps
INFORMATION DEFICITS				
<p>1. Institutional and Community corrections case managers don't always have access to accurate information to identify who is disabled and their diagnoses.</p>	<p>1. Institutional- ID who needs extra transitional planning. 2. Community corrections-make timely referrals for appropriate support services. Staff have access to documentation to support offender's applications for eligibility.</p>	<p>DOC Offender Services DOC Medical Director Community corrections intake staff.</p>	<p><i>ATG-Advanced technology group.</i></p>	<p>John Spence to meet with Dr. Deol by July 15, to try to get approval for case managers to have access to ICON MH summary.</p>
<p>2. Parole Board does not always have specific and accurate information about unique problems of release planning for MH/DD offenders.</p>	<p>Have institutional counselors complete training re; parole board release plans. Improved coordination and timing of release planning.</p>	<p>DOC Executive Team DOC Treatment Directors</p>	<p><i>Parole Board</i></p>	<p>DOC Executive team is planning training for institutional counselors re: parole board release plans-e.g. housing verification, more specific recommendations, and ICON comments. John Spence will ask executive team to include this topic in that training.</p>

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<p>3. Institutional and Community corrections case managers don't always have adequate knowledge of array of disability services and funding streams available.</p>	<p>1. Have access to comprehensive web-based resource guides for case managers in a readily accessible location. 2. Develop written materials that describe services and how to access them.</p>	<p>DOC Special Needs Workgroup DOC Offender Services</p>	<p><i>ISAC CDD-U. of Iowa CMS</i></p>	<p>Psychologist Marty Marsh has already put a lot of this together and e-mailed to Treatment directors and Community Corrections staff. SNWG will continue to review these materials-add to and update. John Spence and Marty will arrange to get these organized in convenient DOC public folder and publicize this location. 2. SNWG will work on putting such a resource guide together as a complement to the release planning protocol described in # 5, sometime after completing that goal.</p>
<p>4. Institutional and Community Corrections case managers don't all know about existing DOC and CBC support programs</p>	<p>Have as many staff as possible become aware of available support programs and policies.</p>	<p>DOC Special Needs Workgroup DOC Executive Team DOC Training Academy</p>	<p><i>ICA</i></p>	<p>Continue to present at ICA functions re: transition programs and DOC policies. Promote better coordination and use of public folders as in barrier 3 above. Implement use of release planning work sheet as I barrier 5 below.</p>

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<p>5. Institutional case managers often begin release planning too late-when offender is close to release/discharge or upon scheduled parole board review. This often results in offender not accessing needed supports in a timely fashion.</p>	<p>Have counselors begin release planning earlier. Provide counselors with specific protocol for how and when to do specific tasks.</p>	<p>DOC Special Needs Workgroup DOC Offender Services IMCC Warden and treatment staff.</p>	<p>Social Security Administration ATG</p>	<p>SNWG will develop release planning worksheet and protocol for MH/DD offenders that begins with admission to prison and identification of disability. SNWG will develop a draft of this during August 04 meeting. Try to finish this worksheet and protocol by November meeting. Implement paper version at IMCC by 1/1/05. Seek to implement in ICON by March 05.</p>
<p>6. Offenders don't have a great deal of choice in most activities while incarcerated. Offenders could be more involved in their own plan for release and accessing services. They often know more about what they need to do than staff.</p>	<p>Develop a DOC policy that offenders will not be charged for copying costs for DOC medical information, when this information is critical to the release plan approved by the case manager. This would avoid some of the problems with releases and confidentiality and at the same time give the offender more choice and responsibility in accessing services.</p>	<p>DOC Offender Services DOC Medical Director DOC Executive Team</p>		<p>John Spence presented this idea to the Strategic planning group at their May 04 meeting and will meet with Dr. Deol on this issue in August 04. If this meets approval- will present for executive team approval also in August 04.</p>

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TRAINING				
<p>1. Corrections staff don't all have adequate knowledge about disabilities, the ADA and the Olmstead decision.</p>	<p>Have staff become more aware of offenders with disabilities, their abilities and needs and how to interact and plan appropriately with offenders with disabilities</p>	<p>DOC Training Academy DOC Offender Services District Directors</p>	<p><i>CDD- U. of Iowa ISAC ICA</i></p>	<ol style="list-style-type: none"> 1. Incorporate more information about disabilities, the ADA and Olmstead in DOC pre-service training for officers and treatment staff. 2. All new staff complete MH training at the DOC Training Academy. In addition, staff who are trained as trainers, are providing training at all the institutions re: Mental Illness to all correctional staff. 3. Continue to take advantage of opportunities to present on these subjects in whatever formats become available.
<p>2 Disabled Offenders are often minimally involved in helping themselves in developing release plans and or accessing services.</p>	<p>Offer offenders specialized MH/DD pre-release planning and survival skills training. Incorporate this into existing pre-release training and initiate specific MH/DD oriented skills at special needs units. Have offenders become</p>	<p>DOC Offender Services DOC treatment Staff DOC Executive team</p>		<ol style="list-style-type: none"> 1. John Spence will contact Alice Holdiman and NAMI re: self help models and self help curriculum that are already in use. Explore if these curriculums could be adapted to be used in a correctional setting. 2. Explore adding some of this curriculum to existing DOC pre-release classes. Explore adding pre-

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	<p>more involved in release planning and accessing services when possible. Give offenders some improved control and responsibility for their choices.</p>			<p>release classes specific to these issues for the CCU unit at Ft. Madison and the special needs unit at CTU.</p>
<p>3. If we are able to identify new staff responsibilities as described in Service capacity barrier 1, these staff will need training.</p>	<p>Train identified staff to become “MH/DD transition specialist” in each institution and judicial district.</p>	<p>DOC SNWG MH Re-entry Program Staff DOC Training Academy DOC Executive team</p>	<p><i>ISAC</i> <i>Social Security Administration</i> <i>Voc. Rehab.</i> <i>DHS</i> <i>CPCs</i> <i>VA</i> <i>Rescare</i> <i>MHI</i></p>	<ol style="list-style-type: none"> 1. SNWG will organize the 1 day training by inviting speakers, to be held by end of Dec. 04. 2. DOC Training Academy has offered to sponsor this effort-with location and advertising in the training calendar and announcements.
<p>SERVICE CAPACITY</p>				
<p>1. Have only 3 DOC dedicated transition planners with specialized knowledge in 2 out of 9 DOC institutions. Have only a handful of specialized MH/DD</p>	<p>Would like to have at least one dedicated transition planner in each DOC institution and each CBC district- but this would require additional funding that is not currently available (refer to Funding). For now will try to designate 1 MH/DD</p>	<p>DOC Executive Team DOC Wardens CBC District Directors DOC Training Academy DOC Offender Services DOC SNWG</p>	<p>Same as identified in training objective above.</p>	<p>1. DOC Executive Team will invite each institution and judicial district to Identify at least one staff person to serve as the “MH/DD Transition specialist” by September of 04. This will involve a commitment to free those staff to come to initial 1 day training, as well as a commitment to some ongoing training and workload consideration. Investigate</p>

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<p>Parole/probation officers in 8 judicial districts.</p>	<p>transition specialist in each institution and district. This person would serve as a resource to other staff in their district or institution.</p>			<p>whether 1 day training can be incorporated into existing scheduled MH training.</p>
<p>2. Released offenders sometimes run out of prescribed psych meds. before being able to secure a renewed supply. Current DOC policy is to provide 30 days supply when leaving and prescription good for additional 30 days. Offenders may be unable to get Dr .appt. within that time frame and/or may be unable to afford to refill.</p>	<p>Would like to assure that offenders have supply sufficient to carry them over until Dr. appt. and payment arrangements are secured. DOC might consider extending supply to 60 days although this presents funding and perhaps some other safety concerns. Make sure that MHC appts. are set up prior to or at release.</p>	<p>DOC Executive Team DOC Medical Director IA Legislature and Governor</p>	<p>MHCs CPCs</p>	<ol style="list-style-type: none"> 1. This issue has been raised with the executive committee. The extension from 30-60 days would involve a very large expense. No further action is anticipated at this time due to budget concerns. 2. SNWG will explore pharmaceutical company programs that may be willing to provide some medication assistance to offenders 3. MHC appts. Will be part of Information #5 release planning worksheet.

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<p>3. There are increased numbers of mentally ill and other disabled offenders coming into prison and under the supervision of community corrections. Scarce resources are already stretched quite thin.</p>	<p>DOC needs more psychiatrists, psychologists and case manager staff with specialized skills to accurately assess and provide services to this population. At the same time, there have been some staff cutbacks due to budget problems. A new 170 bed combination Special Needs/Medical Unit is being constructed at IMCC. In addition, a 200 bed special needs unit for offenders needing close supervision was opened at ISP in October of 2003.</p>	<p>DOC Executive Team</p>	<p>IA Legislature IA Governor</p>	<p>The new facility at IMCC is scheduled for completion by Jan of 2007. Staff will be hired beginning 7/06 and training will begin shortly thereafter. The DOC is not asking for other additional staff at this time due to budgetary concerns.</p>

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<p>4. Offenders often face long waiting lists for services at MHCs, substance abuse treatment, other support services and housing.</p>	<p>Would like to minimize service gaps.</p>	<p>DOC Offender Services DOC SNWG</p>	<p>MHCs Substance Abuse Tx providers. Social Security Administration DHS IA Legislature</p>	<p>Can minimize this by improved release planning, earlier notification and application when possible-as a result of several of the action steps above. John Spence, Lowell Brandt participated in Adult MH/DD redesign efforts in 2003/4. Also DOC continues to participate in Iowa Mental Health Planning Council. DOC staff must continue to advocate for increased funding for MH services in IA and work with MH providers in cooperative fashion.</p>
PUBLIC POLICY				
<p>1. Issue of financial responsibility for MH services for Offenders who are not in DOC institutions remains</p>	<p>1. DOC believes that offenders who are not in prison and are being supervised in the community should be eligible for services under</p>	<p>DOC Executive Team DOC Offender Services</p>	<p>IA.Legislature IA Governor <i>MH/DD/BI redesign team</i> DHS ISAC</p>	<p>Lowell Brandt and John Spence and the predecessor of the SNWG participated in a series of joint cross trainings with ISAC across the state to raise this issue and gain better cooperation with CPCs. Both</p>

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<p>unresolved. This particularly an issue with offenders who are living in corrections managed residential facilities.</p>	<p>the same criteria as other persons with disabilities. 2. If not, DOC should seek increased funding from legislature to provide or purchase these services</p>			<p>also participated in MH/DD/BI redesign effort and other educational and cross agency trainings. DOC staff need to continue working on this issue.</p>
<p>2. Variability in County management plans and lack or shortage of services in rural areas causes problems.</p>	<p>Support the establishment of statewide core services and statewide eligibility standards</p>	<p>DOC Offender Services DOC SNWG</p>	<p>IA. Legislature IA Governor DHS <i>MH/DD/BI redesign team</i></p>	<p>This is a recommendation of the MH/DD/BI redesign team to the legislature, which is now studying the costs of implementing this proposal.</p>
<p>FUNDING</p>				
<p>1. Additional Funding in the DOC would be necessary to address the following barriers listed above: Service capacity 1, 2, and 3, and Public policy 1. 2. Additional Funding for</p>		<p>DOC Executive Team</p>	<p>IA legislature IAGovernor</p>	<p>Budget requests for fiscal year 2005-2006 are due August 6th. The Department has not prepared any new budget requests at this time.</p>

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statewide Mental health services would be necessary to address barriers in Service Capacity 4 and Public Policy 2.				