Minnesota Department of Corrections (DOC)

House Public Safety Committee December 17, 2024



Mission: Transform Lives for a Safer Minnesota





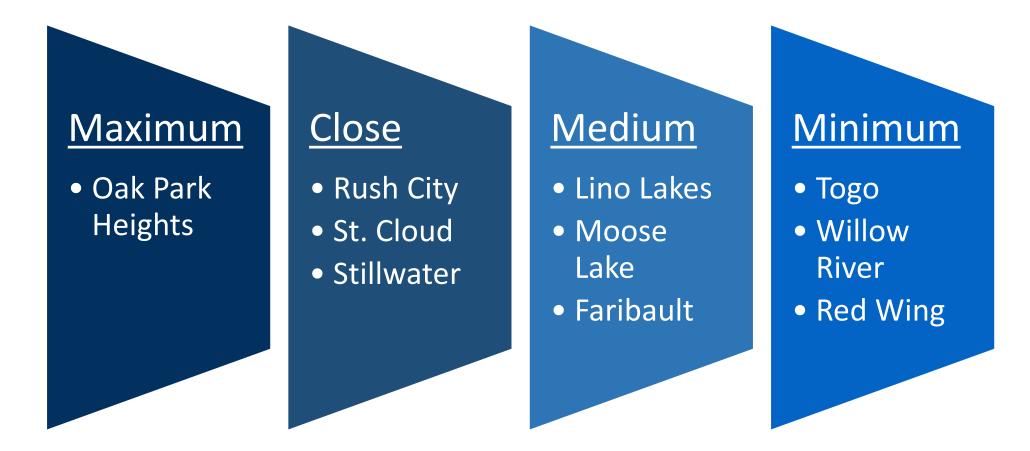




DOC by the Numbers

- Employees: approx. 4,300
- **Prisons**: 11
- Facility capacity: 9,522 beds (double-bunked)
- Population: approx. 8,200 individuals
- Total DOC facilities footprint: 7.5 million sq. ft.
- DOC-provided supervision: 20,000 individuals
- DOC district supervision offices: 13

Correctional Facility Classifications



- Shakopee houses females of all security levels.
- Stillwater, Lino Lakes, Red Wing, and Faribault also have minimum custody units serving adult men
- Red Wing is the state's secure juvenile facility

Minnesota's Incarcerated Population

- Average age: 39.9 years
- Average time in DOC prison: 36 months
 - 627 have life sentences
 - 167 of those without the possibility of parole
- 89% have high school / GED or higher
- 68% have minor children
- Race:
 - White: 51%
 - Black: 37%
 - American Indian: 9%
 - Asian: 2.5%
 - Unknown/Other: 0.2%



Other Key Data Points for Policymakers

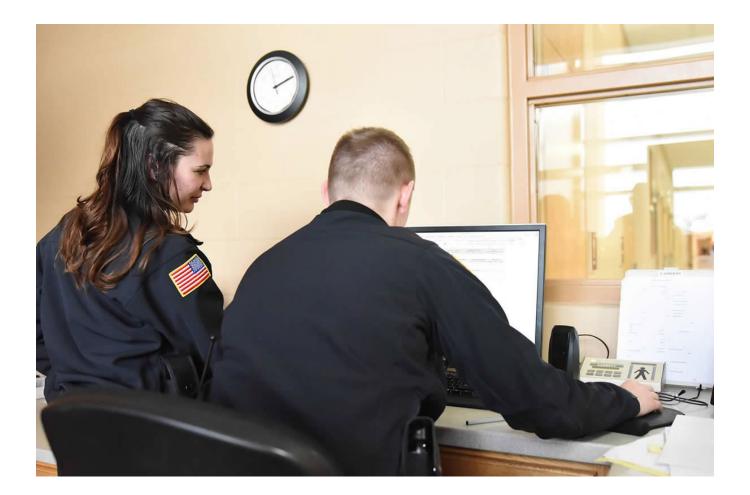
- **25%** of those leaving MN prisons are homeless
- **85%** are diagnosed with an alcohol or substance use disorder
- **1 in 5** Minnesotans who died of a drug overdose had been incarcerated in the last year
- **27%** unemployment rate for formerly incarcerated individuals
- **1 in 6** kids in MN have had a parent incarcerated the most prevalent ACE
- **64%** of incarcerated individuals remained free of felony convictions for three years post-release



The Department of Corrections

The DOC is a complex 24/7/365 operation with DOC staff:

- Focused operating safe facilities that gives people the tools they need to transform their lives
- Providing around-the-clock correctional supervision
- Engaging with and supporting the victims of those in our custody or under our supervision
- We strive to be transparent, responsive, and accountable.
- **96%** of the DOC's budget is appropriated by the General Fund.



Staffing Update – Recruitment and Retention

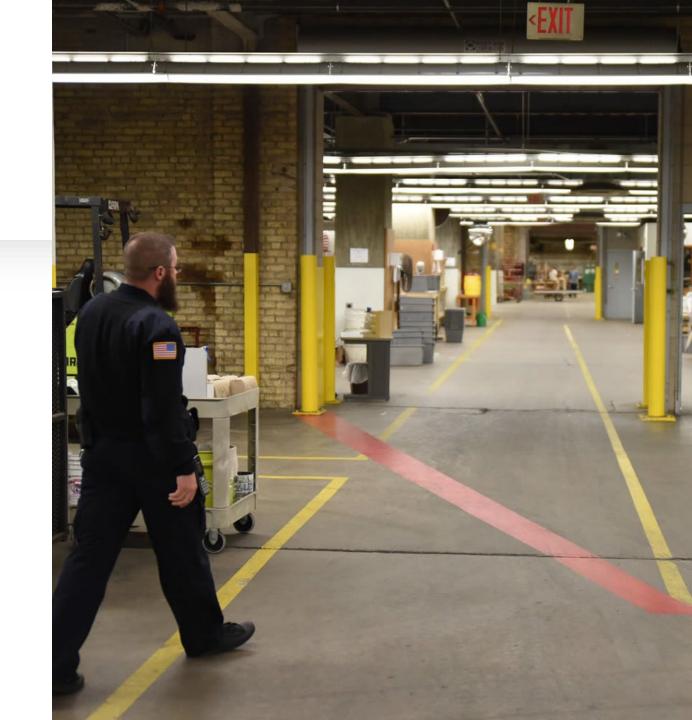
The DOC has been using every tool available to recruit and retain staff.

- In 2023, the Legislature passed a significant investment in the staff and operations of the DOC – funding compensation increases and staff wellness.
- Compensation increases for corrections staff generally and a specific supplemental collective bargaining agreement led to needed and historic increases for corrections officers.
- The DOC is currently at a 97% staffing level across the agency.
- Current staffing level exceeds 2019 levels.



Staffing Update – Overtime

- Working hard to reduce overtime (OT) rate for corrections officers
- With the success of hiring efforts there has been a reduction in OT, but challenges persist, including:
 - Medical delegations to outside specialty care
 - Hospitalizations



Safety in Prison – Improved Mail Process

On November 1, the DOC launched a new mail screening system aimed at reducing the introduction of synthetic drug contraband into prison, a growing issue seen nationwide.

- Mail is sent to a third-party company, copied, then passed to facilities for distribution.
- Decreases illicit substances entering prison through paper mail
- Reduces staff time and resources to process mail at each facility.

Creates a safer environment for those who live and work in DOC facilities.





Safety in Prisons – Body-Worn Cameras

- The body-worn cameras pilot program began **this month**.
- 2020 OLA Report found significant need to increase data collection and security technology.
- DOC Ombuds 2022 Report on Sexual Assault in Prisons Recommendation concluded Minnesota should provide correctional officers with body cameras.
- Will increase the expectation of **transparency** in correctional facilities similar to law enforcement.
- Allows for more **transparent investigations** into assaults against staff members or in allegations of staff use of force complaints.

Safety in Prison – Other Changes Since 2020 OLA Report

Established the Office of Professional Accountability (OPA)

Reduction of double-bunking

Creation of the MN Correctional Facilities Security Audit Group

Increased data-tracking and improved communications

Completion of the agency strategic plan

Undertaking an Infrastructure Strategic Planning Study for Stillwater & St. Cloud

Shift to person-centered approach – targeting criminogenic risk factors

Increased staff wellness programs and supports

Safety in Prisons – Protecting Staff from Harassment

- 2020 OLA report also recommended DOC address harassment amongst staff.
- The DOC is committed to fortifying a safe and respectful workplace.
- Conducting a Sexual Harassment Institutional Audit
 - Contracted for a comprehensive audit with a report of findings and recommendations
 - Final report will be received in the coming weeks
 - We are committed to operationalizing recommendations



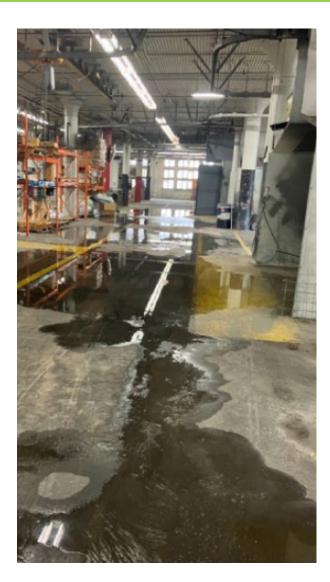


DOC Infrastructure Needs

DOC Infrastructure Needs

33%:

Department of Correction's portion of the entire State of Minnesota's deferred maintenance



\$723 million: 2023 estimate to improve current DOC assets to <u>fair</u> condition



2021 estimate was \$631 million













DOC Infrastructure Needs

- These are state buildings where Minnesotans work and live **24/7/365**.
- Creating spaces suitable for rehabilitation
 - Programming space expansion
- Over 4,000 state staff work in these environments, doing some of the most challenging work in state government.
 - Safety and wellness of staff must be a priority.
 - When our staff feel valued, it translates to improved services to the incarcerated and better public safety outcomes.

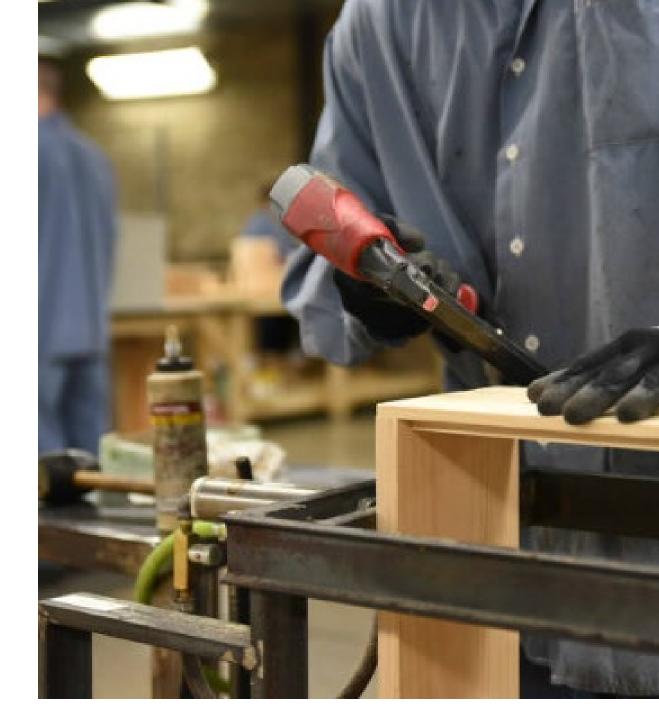


Computation

Programming

Programming

- **65%** of the incarcerated population in programming of some kind
 - 972 in SUD treatment
 - 287 in SO treatment
 - 684 in Post-Secondary Education programming
 - 1,130 in MINNCOR industries
 - Other: Cognitive Skills, Parenting Classes, Prison Fellowship Academy, and more
- Infrastructure at certain facilities restricts how many programs can be offered
- Idle time is a safety risk for both officers and incarcerated population
 - It also can increase recidivism by 13%



Healthcare

To



Healthcare – Obligation

The Department of Corrections has a **statutory** and **Constitutional obligation** to provide healthcare and a standard of living for those subject to incarceration.

Health of the Incarcerated Population

Correctional population is generally less healthy due to a variety of factors

Increased complexity of patient health issues

Demands created by the management of chronic diseases

Increased need to access specialized medical services

Increased demand on medical provider time develop comprehensive care plans for those with extensive medical needs

Acuity of health complaints reduces provider time to focus on less acute but necessary health needs of the population

Health of the Incarcerated Population*

- **38%** have a mental health condition
 - 37% on a psychiatric medication
- 16% have an active respiratory conditions
- 10% with diabetes
- **39%** have a cardiovascular condition currently being treated
- 148 individuals have advanced liver or renal disease
- **51** are receiving treatment for HIV
- 41 with cancer
- 20 with Hepatitis C virus
- **7** with tuberculosis

*Data from 12/16/24

Healthcare – Aging Population



Facility infrastructure is not compatible with needed care



Difficulties managing those with dementia



Increase in chronic and co-occurring health conditions



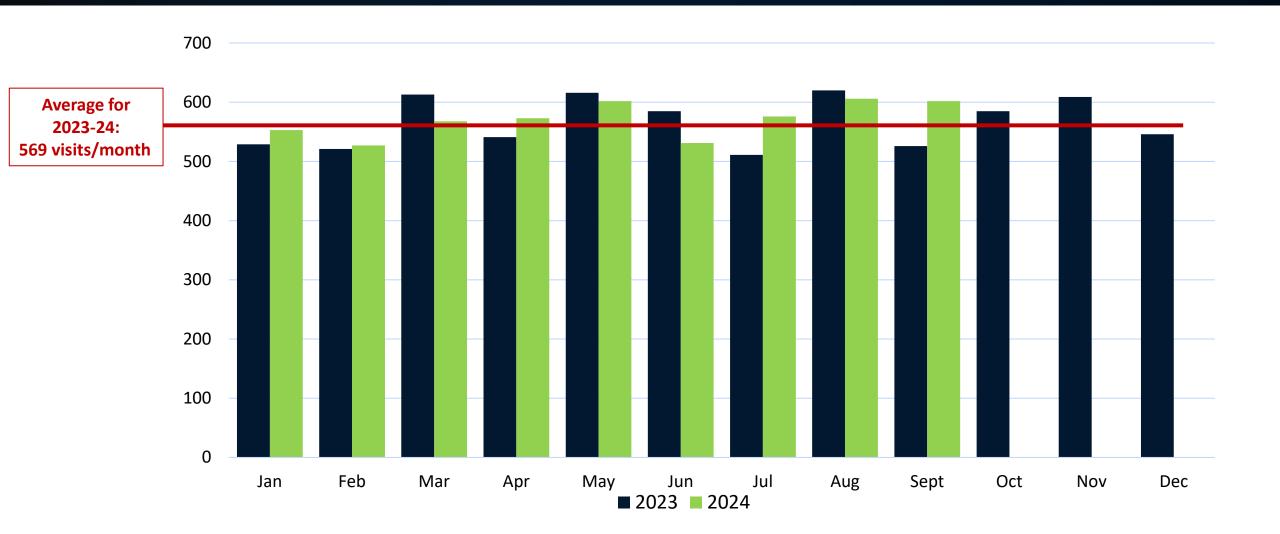
Reentry and transition options are challenging due to health factors and criminal history



Healthcare Challenges

- **Resource-intensive medical deligations** to the hospital or to appointments for specialty care.
 - Two officers must escort the incarcerated person to the hospital or to appointments.
 - Causes increased overtime hours
 - Chronic health conditions require **numerous** offsite visits to specialty clinics.

Off Site Special Care Visits by Month





Healthcare Challenges

From July 1 – September 30, 2024, there were **350 emergency room** visits

- 60% were transported via DOC state cars, 40% via ambulance
- 29% were admitted for further treatment
- Primary **reasons**: abdominal pain, chest pain, overdose, and seizures.
- Inpatient average length of stay: 3.35 days
- Total inpatient days in the timeframe: **394 days**

Healthcare – Focused Innovations



Diabetes blood sugar monitoring



Expansion of Telehealth access



Improved care/treatment planning with medically complex cases



Use of latest biologic medications where clinically indicated



Reducing length of hospital stays by transferring patients to MCF- OPH Transitional Care Unit

Examining DOC Discipline Practices

The DOC has activated a working group to study issues related to discipline across our facilities.

- Is restrictive housing proportionate, equitable, and consistent across our facilities? Is restrictive housing effective?
- The group will share the information they collect and make recommendations for changes in policies and procedures.

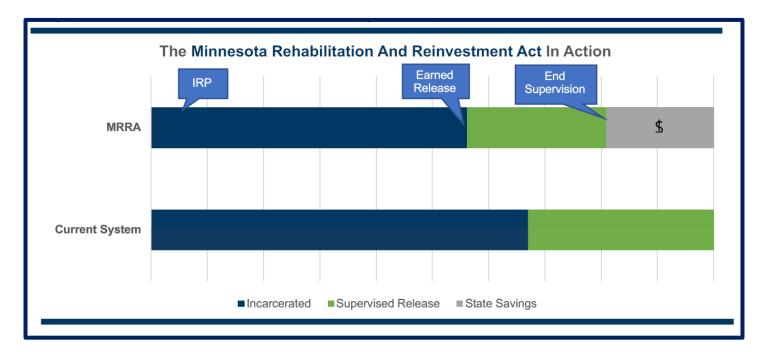
Reevaluating the practice of extended incarceration (EI) as discipline.

- El increases incarceration time and reduces community supervision time.
- The DOC imposes approximately 24 years of disciplinary extended incarceration time each year.
- El is a costly practice and its impact on facility and public safety is questionable.

Implementation Updates



- The Minnesota Rehabilitation and Reinvestment Act (MRRA) is a discretionary policy, that incentivizes incarcerated individuals to potentially <u>earn</u> early release and/or supervision abatement.
- Savings realized from decreased population will be reinvested in victim services, crime prevention initiatives, and community-based correctional programs.



MRRA Work Accomplished

Spring 2024				
Newly established working groups begin meeting to establish the framework.	Summer 2024			
		Fall 2024		
	Public town halls and online surveys.		January 2025	
	Input from incarcerated persons, their families, and other groups.	Working groups enter the policy development phase.		
			MRRA policies are to be published.	
	Working groups continue to meet.	Continued public engagement opportunities for information and feedback.	Implementation plan rollout.	

MRRA Implementation Timeline

Jan 2025	 Finalize and share MRRA policies and retroactive review procedures for earned incentivized release and supervision abatement. 	
Feb 2025	 Pilot of retroactive review, procedural and process analysis Learnings, best practices, and process improvement 	
April 2025	 Apply learning and refine MRRA policies and procedures Sequential implementation of retroactive review and procedural planning full MRRA implementation 	
Mid-Late 2025	 Full MRRA implementation for newly incarcerated individuals with continued retroactive review. 	

Free Phone Calls Implementation

• Free phone calls as of July 1, 2024

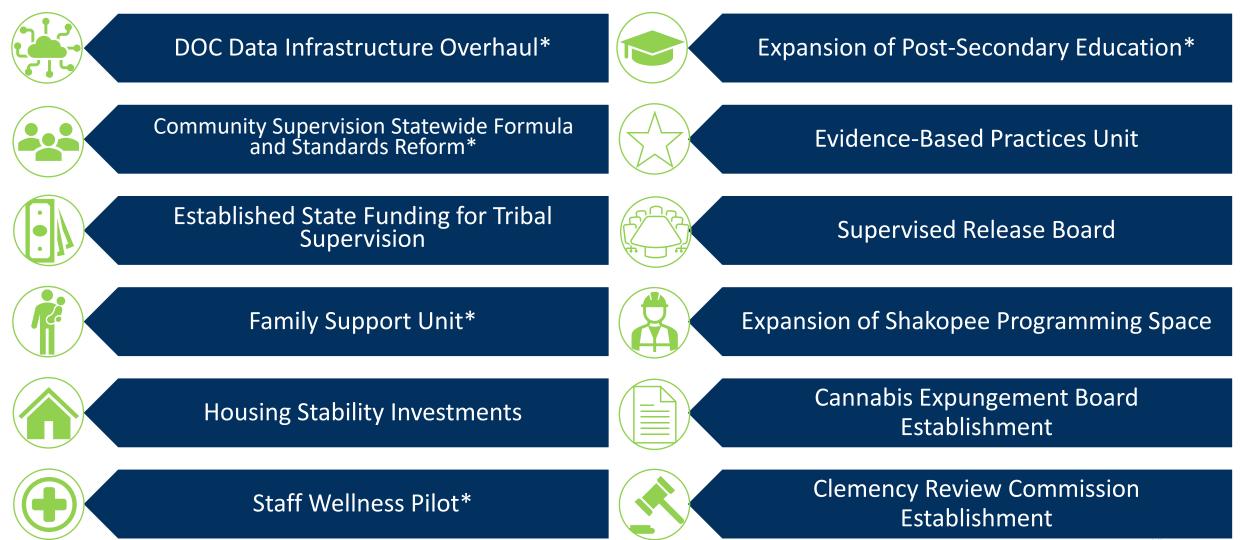
- 15-minute limit, no limit to how many calls
- Dramatic increase in phone calls
 - Approximately 7 million minutes per month

FCC ruling will help keep state costs down



- Decreases what DOC is charge by communications provider by 60% for calls
- New FCC rules effective January 2025
- Implementation challenge security threat groups controlling phones
 - Individual tablet deployment will address this issue when call dialing is activated

Other Recent DOC Implementation Efforts





Questions

