<u>Jail Leaders Speak:</u> <u>Current and Future Challenges to</u> <u>Jail Administration and Operations</u>

A Summary Report to the Bureau of Justice Assistance

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Executive Summary

In order to provide the Bureau of Justice Assistance with a valid foundation for establishing jail-related priorities for funding and other resources, two national work groups were assembled during May and June, 2007 in western (Las Vegas) and eastern (Orlando) locations for a day and one-half of intensive deliberations. Composed of forty-five (45) sheriffs and jail administrators from forty-four (44) jurisdictions throughout the country, group members were selected in a manner designed to achieve representative balance on the basis of both geographic location and jail size. Over the day and one-half period, they engaged in discussions targeted toward identifying the foremost issues facing the nation's jails--now and in the immediate future.

Prior to their deliberations, participants were provided with <u>five briefing</u> <u>papers</u> as background information designed to stimulate thinking in advance of the sessions and maximize on-site productivity. The content of these papers addressed five areas that a review of the literature pointed toward having a significant likelihood of impacting local corrections; i.e.: demographic projections and crime trends, workforce issues, inmate management, special populations, and technology.

With the information available in the white papers, participants at each location collaborated in five small groups based on the size of the jail that they represented. First, each group was asked to list and discuss the top ten issues facing jails of their size. Following their reports, groups reconvened to complete the final task of identifying their top five recommendations to BJA.

In terms of outcomes, it is notable that this qualitative methodology produces findings that are more insightful and descriptive than impartial and definitive. With that in mind, group feedback indicates that the predominate

priority for jails revolves around the pressures of providing adequate medical care and mental health services within the constraints of inadequate resources. Following this primary concern are workforce issues ranging from recruitment and retention difficulties to succession planning and staff training. At the tertiary level, re-entry initiatives, security threat groups, and technology issues dominated discussions.

Moreover, a strong underlying current focused on the challenges of small jails, which are eagerly seeking help in the form of best practices, evidence-based approaches, and collaborative networking opportunities. But regardless of the jail's size, there was likewise a prevalent concern expressed by virtually all representatives that a concerted effort is needed to educate the community and elected officials to bring jail-related issues to the forefront of the public policymaking agenda. Otherwise, jails are destined to continue to struggle with their role as the unacknowledged and under-funded resource for responding to community problems ranging from inadequate medical care to insufficient mental health treatment.

Project Overview

The goal of this project was to solicit the insights and expertise of sheriffs and jail administrators from across the country as the foundation for a consensus report identifying the primary issues and challenges facing the nation's jails, (today and in the immediate future). This information is then intended to serve as a basis for determining jail-related funding strategies for the Bureau of Justice Assistance (BJA).

Sheriffs and jail administrators struggle each day to promote public safety in the face of escalating populations, expanding responsibilities, and overwhelming obstacles. The 766,010 inmates who were, on average, in jail on any given day last year reflects an increase of 2.5% over the previous year.¹ Additionally, the 3,365 jails in this country² are responsible not only for millions of new arrestees who cycle into and out of their facilities each year, but also for the management of pre-trial detainees, short-term sentenced offenders, community supervision programs such as pre-trial release and electronic monitoring, drug and alcohol diversion programs, work release, and other intermediate sanctions.

The dilemmas encountered by U.S. jails continue to mount as a result of everything from fiscal constraints and lack of public support to workforce issues, "tough on crime" legislative initiatives, and unfunded legal mandates such as the Prison Rape Elimination Act. Likewise, public policies ranging from immigration to the war on drugs and the deinstitutionalization of persons with mental illness also have a substantial impact on local corrections.

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¹ William J. Sabol, *Prison and Jail Inmates at Midyear 2006*, U. S. Department of Justice, Bureau of Justice Statistics, June 2007.

² James J. Stephen, *Census of Jails, 1999*, U. S. Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics, August, 2001, <u>http://www.ojp.usdoj.gov/bjs/pub/pdf/cj99.pdf</u>

In an effort to prioritize the widespread challenges confronting the nation's jails, two work groups were convened in 2007, comprised of a total of forty-five (45) sheriffs and jail administrators from throughout the country. Sessions were conducted in Las Vegas (May 7-8) and Orlando (June 4-5). Prior to the onsite sessions, participants were provided with background briefing papers (i.e., white papers) to familiarize them with research on five key topics and encourage them to begin thinking creatively about these challenges. Following a series of presentations and group discussions, participants identified the most pressing issues they face currently, along with those anticipated in the near future. Taking this list of challenges, the participants then identified what of those challenges funding and/or initiatives from BJA might have the most impact. Related discussions and results are summarized throughout the remainder of this report.

Methodology

Participant Selection

When identifying members of the work groups, an important consideration was the necessity to achieve balanced representation according to both geographic location and size of the inmate population. Although approximately 50% of inmates are held in 9% of U.S. jails,³ there are significantly more small jails throughout the country. Regardless of the size of their inmate population, however, these small facilities face equally difficult challenges.

³ James J. Stephen, *Census of Jails, 1999*, U. S. Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics, August, 2001, page 3, Table 4., <u>http://www.ojp.usdoj.gov/bjs/pub/pdf/cj99.pdf</u>

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With this in mind, in October, 2006, the project team requested participant recommendations from the American Jail Association (AJA), the American Correctional Association (ACA), the National Sheriffs' Association (NSA), the Bureau of Indian Affairs (BIA), and the Jails Division of the National Institute of Corrections (NIC). Each organization was also invited to attend the two focus group sessions as observers. AJA, NSA, BIA, and the NIC Jails Division all provided recommendations. NSA also attended as an observer in both sessions, and AJA was able to attend at one location.

Of the nearly 100 names that were recommended, the project team selected 60 to receive invitations, with emphasis on assuring both balanced geographic distribution and diversity in terms of jail size. Letters were sent in January, 2007, inviting those selected to one of the two meetings (Las Vegas or Orlando), depending on their geographic location. By mid-January, most commitments were received, and logistical arrangements proceeded.⁴

Although the target number for those attending was 50, (i.e., 25 in each session), some selected participants had to drop out at the last minute, leaving a total of 44 total participants. (However, there were actually 45 in attendance, as one sheriff brought his jail administrator. For purposes of data contained in this report, these two representatives are combined to reflect one jurisdiction).

While the names and affiliations of all participants are included in Appendix A, Tables 1, 2, and 3 provide a snapshot of their overall composition in terms of organizational position, geographic location, and size-related balance. It is

⁴ The Cooperative Agreement covered the participants' travel, hotel, per diem and incidental travel expenses.

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impressive to note that the total experience in law enforcement and/or corrections of those who participated in the two focus groups was **1**,**444** years.

Table 1 displays the distribution of participants according to their organizational position. In that regard, most were jail administrators working for elected sheriffs (45.4%). Of the remainder, the majority represented either elected sheriffs (20.5%) or jail directors responsible to city/county government (20.5%), followed by regional jail administrators (6.8%), those administering jails in Indian Country (4.5%), and jail directors working for unified state systems (2.3%).

Position	# of	% of
	Participants	Participants
Jail Administrators Working for Elected	20	45.4
Sheriffs		
Elected Sheriff	9	20.5
Director of Jail Operated by a City/County	9	20.5
Government		
Jail Administrators Working for a Regional Jail	3	6.8
Indian Country Jails (working for Tribes)	2	4.5
Director of a Unified State System	1	2.3
Total	44	100

Table 1: Participant Composition by Organizational Position

Looking at Table 2, it is apparent that the overall composition of the work groups generally reflects the proportionate geographic distribution of jails throughout the country, (based on the number of beds in their facilities). In terms of size, Table 3 indicates that the percentage of participants roughly coincides with the percentage of inmates held in jails of that size, (although there is some over-representation in the 1,000-1,999 range and a corresponding underrepresentation in the 2,000+ category).

Region	% in Nation Jails	# of Participants	% of Participants
Northeast	13.0	5	11.4
South	48.9	14	31.8
Midwest	16.5	10	22.7
West	21.5	15	34.1
Totals	99.9	44	100

Table 2: Participant Composition by Geographic Distribution⁵

Table 3: Participant Composition by Number of Jail Beds⁶

# of Jail Beds	% of Jails	% of Inmates	# of	% of
	Nationally	Nationally	Participants	Participants
>50 - 99	62.9	11.6	4	9.1
100-249	15.5	13.1	8	18.2
250-499	7.2	12.0	4	9.1
500-999	5.6	15.2	6	13.6
1,000 - 1,499	2.9	11.3	10	22.7
1,500 - 1,999	1.3	6.2	5	11.4
< 2,000	4.6	30.4	7	15.9
Totals	100	99.8	44	100

Designing the Work Group Sessions

To achieve the outcome of providing specific, prioritized information to BJA, the project team considered various strategies, both substantively and procedurally. First, it was necessary to determine what substantive areas to focus on, and then, how to channel the participants' onsite efforts in a manner that would be optimally productive.

⁵ Sourcebook of Criminal Justice Statistics, Table 6.0003.2005, June 30, 2005. http://www.albany.edu/sourcebook/pdf/t600032005.pdf

⁶ Stephan, 2001.

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In terms of the substantive focus, a review of the literature and current trends was conducted by the project team to identify issues with a high likelihood of impacting local corrections. This resulted in identifying the following five target areas:

- Demographic projections and crime trends
- Workforce issues
- Inmate management
- Special populations
- Technology.

An environmental scan was conducted for four (4) of these five topics (excluding technology). Given the substantial level of expertise readily available from the National Law Enforcement and Corrections Technology Center (NLECTC), it did not seem that attempting to duplicate the Center's knowledge and expertise would be an economically viable use of the project team's efforts. Thus, NLECTC's assistance was requested and readily received for this component of the project.⁷

In order to proactively stimulate consideration of the future of jails, white papers were developed to brief participants on the five target areas. Along with the environmental scan, these papers were intended to provide background information to bring everyone to a level playing field, while at the same time encouraging creative thinking. Approximately one month ahead of scheduled work group sessions, participants received the white papers, both digitally and in hard

⁷ Rob Donlin, at the Center in South Carolina, wrote the "white paper" on technology. He also prepared the presentation for the two working groups and provided materials for distribution. Ultimately, Pete Cosgrove, Deputy Director, filled in for Mr. Donlin, (who had left NLECTC prior to the first session). In addition to presenting the technology white paper, Mr. Cosgrove worked with participants to provide information about jail-related technology. (It should be noted that NLECTC participated through use of their own funding from the National Institute of Justice).

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copy format.

Overall reaction to this methodological approach was extremely positive. Most participants indicated that they shared the white paper package with their supervisor and/or subordinates, and encouraged them to read it and provide ideas for them to take to the work group sessions. Many noted that they appreciated having hard data about issues of concern, and indicated that it provided more concrete direction for their own strategic planning, as well as helpful documentation of their funding needs.

To promote deliberations on the targeted topics, the agenda for each session started with an overview of white paper highlights. Participants then were assigned to small groups for further discussion and, ultimately, development of their priorities. The authors of the white papers served as facilitators for the overview, assisted with group work, and recorded the results.

Those in attendance were also invited to bring with them materials related to the future of their jail that might be of interest to their colleagues. Four participants brought materials for distribution, and one (Orange County, Florida) provided their report via the Internet.⁸

Notes on Work Group Methodology

Before presenting the recommendations, a few methodological observations are in order, particularly with regard to the nature of the process and subsequent findings. Most fundamentally, this project illustrates the inherent tradeoffs between quantitative and qualitative research. Because its outcomes are based on information obtained from *qualitative* discussions rather than *quantitative* calculations, they do not reflect the level of precise quantification or highly

⁸ <u>http://www.orangecountyfl.net/cms/DEPT/countyadmin/publicsafety/joc/default.htm</u>

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structured responses that can be produced by such objective approaches as survey research. What subjective methods lack in structure and precision, however, they compensate for in deeper and more robust insights.

In that regard, an ongoing ebb and flow of open-ended discussions prevailed throughout the sessions, with one issue often seamlessly blending into another, thereby making content analysis of the results a considerable challenge, especially in terms of assigning rankings to the key issues. Moreover, although groups were instructed to provide a detailed description of each of their priorities, along with explanatory discussion, everyone did not equally adhere to these directions. Findings described herein are thus reflective of the inherent tradeoffs involved in the subjective nature of qualitative research methods, and therefore should be viewed more as exploratory and descriptive than explanatory and definitive. For while this project was successful in flushing-out the first iteration of significant issues faced by jails throughout the country, subsequent efforts will be needed in order to drill-down further into the specifics of identified priorities as they relate to BJA roles, responsibilities, and capabilities.

Participant Deliberations

As an ice breaker exercise for each of the two sessions, participants were asked to identify the biggest challenge or change they have seen in the operation or management of jails since they began their careers. With their cumulative experience in law enforcement and corrections totaling nearly 1500 years, it is perhaps not surprising that their responses demonstrated no particular pattern. The complete list is reported in Appendix B as background information.

Following the ice breaker exercise, a brief overview of each of the white papers was presented to stimulate thinking about the range of issues facing jails.

Participants were then divided into five breakout groups. When making group assignments, it was determined that discussions would best be facilitated by keeping those from jails of similar size together.⁹ Group assignments were therefore made on the basis of the number of inmate beds contained in the participant's jail, (with Group #1 the smallest and #5 the largest).

During their breakout discussions, participants had two major assignments. First, each group was asked to list their top ten issues, in priority order. After presenting the results to all of the participants, groups then reconvened to develop their top five recommendations for BJA's future funding initiatives--for although there are many jail issues demanding attention, a considerably smaller number is within the scope of BJA's authority and responsibility.

⁹ After this approach was used in Las Vegas, those attending were asked if they would recommend changing it to random assignment in Orlando, but the majority voted to retain size-based small group assignments.

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Results

Identifying the Top Ten Issues Facing Jails

In developing their first ten issues, participants were instructed to think broadly, considering the total range of challenges, (not just those where federal action might help to provide a solution). The spokesperson for each group then presented these issues, resulting in more debate and discussion. Appendix C lists the top ten issues identified by each of the ten total groups, (five in Las Vegas; five in Orlando), which are summarized in Table 4.

Issue	Priorit y	1	2	3	4	5	6	7	8	9	10	# of Times Mentioned
Workforce (recruitment, hiring, r training, succession planning)	etention,	3	2	3	2	5				1		16
Medical care (pharmaceuticals; s infectious diseases)	taff;	1	3	2		1	1	1	1			10
Mental health (care, training, cost pharmaceuticals)	t,	2	1	2	3		1					9
Technology / management informa systems / fingerprint systems/ en security/communications			2			1	1	1	1	1	2	9
Funding (insufficient; unfunded m	andates)				1			2	1		1	5
Administrative issues (accountabi performance measures, long range oversight, internal culture, missio	e planning,			1			1	2	1			4
Facilities / physical plant		2			1	1						4
Immigration /illegal aliens / bi-lin	gual staff		1			1				1	1	4
Public education / awareness / po support / advocacy	litical	1						1		1	1	4
Re-entry / recidivism							2		1		1	4
Special needs inmates (women, cu diverse, transgendered, etc.)	lturally				1	1	1			1		4
Criminal justice system collaborat	ion		1	1				1				3
Juveniles							1	1		1		3

Table 4: Summary of the Top Ten Challenges Identified by Participants

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Strategic threat groups/gangs						2	1		3
Community support / social services			2						2
Crowding / population management				1			1		2
Inmate classification					1			1	2
Pandemic / disaster preparedness		1				1			2
Alternatives to incarceration				1					1
Americans with Disabilities Act (ADA)	1								1
Community corrections (improve effectiveness; stop using jail as only alternative to probation/parole violation)						1			1
Interagency cooperation							1		1
Lack of support for small jails								1	1

As noted in Appendix C, there was some divergence of priority issues based on the size of the jails that participants were representing. As might be anticipated, smaller jails were more concerned about the basics – e.g., adequacy of facilities, affordability of available technology, provision of medical and mental health care 24/7, and the impact of federal immigration policies. But all sizes of jails shared concerns regarding inmate medical and mental health, including the steadily increasing number of inmates with more serious physical and psychological needs, the ever-increasing costs of providing essential care, and the increasingly isolated position of the jail in terms of assembling community resources to address these issues. Jails of all sizes also shared two additional frustrations. One pertains to trying to recruit, hire, train, and retain qualified employees. The other relates to needing to educate the public and elected officials about the impact of public policy decisions (or inactions) on local jails.

Final Reporting Format

To develop the final recommendations to BJA, participants were again divided into five (5) small groups and asked to list their top five recommendations for BJA's future jail initiatives. (Although they were asked to consider the discussions they had heard thus far, instructions indicated that they were not limited to considering only those issues, and everyone was encouraged to add any new thoughts that had been generated by the prior discussions). At this point, the emphasis was on distinguishing between essentially local issues (such as recruitment, crowding, community support, etc.) and those where national action might have an impact. As the closing exercise, each group then presented their top five recommendations to all participants, (including BJA's representative), which again prompted additional discussion and debate.¹⁰

However, procedures for the closing exercise differed somewhat between Las Vegas and Orlando. Initially, the intent in both sessions was for the final topfive issues to be reported independently by each of the five small groups. Since the group formations were size-based, this would have enabled the reporting of overall results by organizational size. With five groups providing feedback, however, it became apparent on the second day in Las Vegas that there would be insufficient time remaining to maintain this process. Thus, in that session, the reporting format for making final recommendations to BJA was changed to a more time sensitive, round-robin style--with each group taking turns and describing one issue at a time, until all issues addressed by all groups were recorded on the

¹⁰ Based on feedback from participants in Las Vegas, a few modifications were made to the agenda for Orlando. These changes included extending the meeting time by a half-hour each day, taking more time to introduce BJA to participants, and reducing the time devoted to the overview of white papers in favor of more group discussion/interaction.

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flipchart. While this approach enabled proceedings to conclude on time, it diminished the ability to identify priorities according to jail size. Results described below therefore reflect these differential group reporting formats.

Group # (Jail Size)	Issue #1	Issue #2	Issue #3	Issue #4	Issue #5
#1 (81-114)	1. Employee health/ vaccination policies	6. Networking	11. Model programs	16. Info. Sharing	21. Mental Health Formula Grants
#2 (167- 340)	2. Medical	7. Mental health	12. Hiring/ retention	17. Technology	22. Funding jail initiatives
#3 (360- 1190)	3. ADA Design and Renovations	8. Medical/ Inmate Mental Health	13. Disaster planning	18. Best practices in jail mental health	23. Recruit- ment- and retention
#4 (1246- 2378)	4 Mental Health	9. Improve the image of jails	14. Medical	19. ADA standards	24. Data and resources for jails
#5 (2700- 6750)	5. Disaster planning	10. Medical/ mental health	15. Inmate Re-entry	20. Technology	25. Public relations

Table 5: Priority Issues for BJA¹¹

Explanatory Details for Table 5

Issue #1:

- 1. Take a role (in conjunction with Centers for Disease Control (CDC) to change the vaccination policy (regarding the flu pandemic) of correctional staff; (moving from Tier 2 to Tier 1).
- 2. Provide the capacity/strategies/protocols for jails to conduct a medical services needs assessment to see the "big picture"-identifying what types of problems inmates are bringing in, what services are available in the community,

¹¹It should be noted that although Table 5 reflects only the Orlando deliberations, (since the group reporting format in Las Vegas did not lend itself to this type of analysis), input from the Las Vegas groups is contained throughout the narrative of this report.

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how jails can partner with service providers, what pharmaceutical options can reduce costs, etc.

- 3. Assist with providing information and resources regarding the requirements of the Americans with Disabilities Act on renovations and new construction for jails; guidelines for architects; resources; staffing; equipment.
- 4. Develop a method for prioritizing mental health conditions resolve conflicts of what are "serious" mental health conditions versus "behaviors" of inmates.
- 5. Identify best practices to address man made and natural disasters which could impact jails.

Issue #2:

- 6. Sponsor networking opportunities around topics identified in Orlando and Las Vegas to create an open forum for these issues. (Maybe create DVD's that can be shared across the country).
- 7. Provide the capacity/strategies/protocols for jails to conduct a mental health needs assessment, (similar in format to #2); to identify what jails need, what is available in the community, what partnerships can be forged with providers, etc.
- 8. Provide assistance/conduct a study to determine a formulary for medications (e.g., psychotropics, pain management meds, etc.) Determine if jails can buy from a consortium (such as done by the Veteran's Administration) to lower costs of needed formularies.
- 9. Fund a public relations campaign to change the image of jails in America (to help with recruiting, so jails do not just end up with the people who have failed to get other jobs).
- 10. Address inmate medical care; the high cost of medications, unique diseases, etc., plus look at the technology aspect of post-release tracking--possibly an electronic monitoring devise that monitors released inmates to assure that the take their medications (particularly psychotropics), with a feedback response and information transmitted to a local mental health team via GPS, to prevent their re-arrest and incarceration simply because they did not take their medication(s).

Issue #3:

- 11. Provide technical assistance to improve hiring and retention practices; determining hiring levels; training of line officers and supervisors; employee relations
- 12. Develop a model disaster planning guide (evacuation plans, etc.)

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- 13. Provide resources for disaster planning for jails; CDs, DVDs, and multi-agency approaches.
- 14. Establish a collaborative process for supporting changes to Medicaid to prevent inmates from losing their eligibility when incarcerated pre-trial; and shorten the process of reestablishing their eligibility when released to prevent lapses in care/medications which can sometimes mean re-arrest.
- 15. Provide funding to expand resources for jails. Look at funding for caseworkers, managers, re-entry coordinators, etc., along with software and computer systems to help them, as well as evidence-based programs.

Issue #4:

- 16. Encourage information-sharing (ICE, FBI, DOJ, etc.) with jails, interfacing information so that everyone has access to necessary databases and model programs, (especially jails holding immigrants). Jails are often excluded because they do not meet some definitions of "law enforcement agency". Jails have lots of information to share with law enforcement regarding particularly strategic threat groups (gangs), as well as intelligence regarding criminal aliens.
- 17. Provide technology grants to jails to improve safety, security, staff efficiency, identification systems, inmate tracking, staff training.
- 18. Identify best practices for mental health services in jails; in all sizes and locations of jails; review use of psychiatric telemedicine, partnerships, etc.
- 19. Develop a list of what ADA architectural standards are applicable to jails, along with a process for creating a set of standards that is very specific about what is appropriate for jails, particularly older (pre-ADA) jails and smaller jails.
- 20.Use technology as alternatives to building jails; or as a means to build less expensive facilities by using implanted monitoring devices (vs. fences) and other emerging technology to keep inmates confined and reduce the population.

Issue #5:

21. Provide a formula grant to manage and treat the mental health population, setting aside a certain amount of bed space to dedicated mental health treatment. Smaller jails don't have the capacity to apply for and/or manage grants. Need to help smaller jails with strategies to leverage community resources to get and manage grants. [Note: This group also provided a sixth recommendation to BJA - Coordinate a national movement to make persons with mental illness a priority on the public agenda-addressing and getting the necessary funding and other resources whoever is going to be responsible.]

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- 22.Provide funding resources for jails for initiatives such as PREA, inmate reentry, pretrial diversion, sentencing alternatives, public awareness and understanding, etc.
- 23.Identify best practices in recruitment and retention for jails in all locations and of all sizes. [Note: This group also identified three additional recommendations for BJA: provide crisis management training (CIT) model for jails; facilitate central reporting for infectious diseases to protect inmates and staff when inmates are transferred from facility to facility; and provide for information exchange, training for gangs and strategic threat groups in jails including gathering and interpreting information, policy and practice, inmate management of gang members, recognition software for tattoos, strategies for information exchange.]
- 24.Maintain an ongoing database of available resources for released offenders to access in case of emergency, along with a template for emergency plans.
- 25.Get the "value-added" message out to communities about their jails, through private not-for-profit organizations; identify private foundations that fund creative initiatives to promote positive changes. [Note: this group also provided a sixth recommendation regarding identifying how private funding sources can be used to develop and implement jail programs.]

Recommendations

From the numerous discussions surrounding inmate medical and mental health care, it seems that much of the concern is related to such public policies as the deinstitutionalization of persons with mental illness¹² and the lack of universal health care. Together, these public policies are producing increasing numbers of people with untreated (or underserved) medical ailments and/or psychological problems. Since these patients are most often among the lowest socioeconomic levels, they are also among the most likely to become jail inmates. Thus, it is not surprising to find participants indicating that incoming inmates are now arriving in

¹² See Jeanne B. Stinchcomb, *Corrections: Past, Present, and Future* (Lanham, MD: American Correctional Association, 2005): pp. 150-155.

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jail with more numerous, serious, (and therefore), costly medical as well as mental health conditions – which jails then become Constitutionally, ethically, and fiscally responsible for treating.

In fact, inmate mental health care has become such a pervasive dilemma that serious consideration was given by some participants to determining how jails could obtain certification as mental health hospitals-in order to officially recognize their responsibility in this regard, and accomplish more effectively what they are now attempting to do unofficially in the absence of community support. As one group said, jails need to "move out of the role of being an asylum of last resort." On the other hand, it was also observed by another group that if jails do *too* good a job at providing mental health services, everyone from politicians to mental health advocates and community leaders may be satisfied with leaving the situation as it is - with jails functioning as the "defacto" provider of community mental health services.

In that regard, participants indicated that most inmates with mental disabilities "spend their entire pretrial time in jail because they have no means to bond out," and that these inmates become high suicide risks. While it was noted that jails may be able to do a relatively good job of stabilizing a person with mental illness who is in crisis, it was likewise observed that correctional facilities are "ill-equipped to deal with longer-term needs," and once such inmates are released, the jail has no control over them or ability to prevent their re-offending, re-arrest, or re-incarceration. As one group described the problem, "it becomes a game, with each of us [jails, mental health providers, etc.] pushing the problem off on someone else. Because no one else steps up to the plate, we [jails] do--which creates the ability of others to step down." The result has produced "mission

creep" for the jail, as well as "all sorts of blaming." But as participants pointed out, "the bottom line is funding."

Since mental health services require a substantial fiscal commitment, participants expressed concern that the question of "Whose responsibility is it?" keeps being asked but not answered. Most acknowledged that jails have "taken on things that we really shouldn't have," in the absence of any other public agency willing to do so. Thus, participants advocated taking a "different philosophy" about their jobs. As one group put it, "we have to stop looking at ourselves as just jailers, and look at ourselves as part of a social service provider system. Let's embrace this problem, fight for the funding, and *just do it*."

With regard to inmate health care, participants shared concerns related to aging populations, pregnant inmates, infectious diseases, the impact of long-term substance abuse, pre-existing medical conditions, chronic health care needs, finding qualified medical providers, providing 24/7 coverage, meeting infrastructure needs (e.g., negative air pressure rooms) and ADA compliance mandates, along with the skyrocketing medical costs associated with addressing these ever-growing issues. It was noted that inmates are entering jails with medical conditions ranging from diabetes to gangrene, which often result from a long life of inadequate, insufficient, or non-existent medical treatment. Yet some hospitals are refusing to admit inmates if jails are prohibited by state law from paying any more than the prevailing Medicaid rate for the inmate's care. As participants further explored the predominant medical and mental health issues facing local jails, they developed the recommendations described below. (Note that although items are numbered within categories for ease of reference, the numbers do *not* reflect priority order).

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CATEGORY 1: INMATE MEDICAL AND MENTAL HEALTH RECOMMENDATIONS

- Provide the means for communities to conduct a needs assessment to establish the "big picture" in terms of what types of medical/mental health problems jail inmates are bringing in, what services and standards of care are available in the community, how jails can partner with community service providers, what pharmaceutical options are available to reduce costs, how remotely-located jails can access necessary services, how responsibility for payment can be established, etc.
- 2. Coordinate with a national movement to raise public awareness and concerning the prevalence of mental illness in society, making this a national public policy item and a high political priority. This may include focusing on achieving parity for medical and mental health insurance coverage, as well as integrating case management to enable funding and services to follow the individual into the community upon release from jail.
- Facilitate an analysis to identify best practices in mental health (e.g., psychiatric telemedicine) for all sizes of jails and in different types of communities.
- 4. Develop a "how to" CD on model programs addressing inmate medical and mental health issues for mass distribution.
- Fund the management and treatment of inmates with mental illness, including training of jail employees.
- 6. Facilitate an analysis of design requirements, staffing, treatment

planning, etc. for an in-jail mental health facility, (anything from 4-5 beds to 1,000 beds).

- 7. Establish a dialogue between jail practitioners and mental health professionals to more clearly define what is truly a "mental illness" i.e., distinguishing between those who have some type of "mental health issues" and those who are "behavior problems."
- 8. Establish a means for determining common formularies for psychotropic, pain management, and other medications, (enabling bulk buying at Medicaid rates), to allow jails to purchase necessary pharmaceuticals more cost-effectively.
- 9. Facilitate the establishment of a crisis intervention team (CIT) approach in jails similar to the model now used by law enforcement (i.e., the Memphis model), along with the resources, (particularly in smaller jails), to enable staff to attend training sessions.
- 10. Establish protocols for central reporting of information regarding diseases to assure communication about health problems among jails.
- Provide support at the federal level for jails to effectively respond to pandemic flu, anthrax contamination, and other epidemics or emerging threats.¹³

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¹³ The knowledge about jail responses to the pandemic threat appeared to be uneven in the groups – with some participants aware of the Centers for Disease Control's priority for vaccinations for corrections staff, and others not fully briefed on the issue. The gap among what is known and what is not known speaks to the need for more consolidated federal assistance.

CATEGORY 2: WORKFORCE-RELATED RECOMMENDATIONS

The combination of workforce-related issues ranging from recruitment and retention to training and succession planning dominated much of the remaining discussion in Las Vegas, and surfaced among the final priorities of three of the five groups in Orlando. As one participant phrased it, jails "tend to settle for what we get rather than seek what we want." Recommendations in this category are listed below, (again not in any order of priority):

- 12. Provide resources to help jails explore more creative and innovative approaches to recruiting, hiring, and retaining employees, (e.g., streamlining the selection process, collaborating with community partners, hiring part-timers, performance matching, employee empowerment, participatory management, etc., including ways to work with unions on workforce issues that impact retention and morale).
- 13. Improve staff training, as well as succession planning and leadership development. In this regard, participants noted the need for enhancing the relevance, quality, and availability of pre-service, inservice, supervisory, specialized, and leadership training. For example, in Las Vegas, participants discussed the need for a "national corrections academy" modeled after the FBI's National Academy as a vehicle for training the future jail leaders who will be needed to replace the substantial number of upcoming retirements.

Especially in smaller jails, concern was expressed that staffing shortages and resource limitations relegate training to an infrequent luxury. (In fact, AJA

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indicates that few small jail representatives either attend their annual training conference or participate in AJA's regional training workshops).¹⁴ In addition to the prohibitive costs, sending even two employees to training can leave a smaller jail "working at 60% of staffing," thus generating overtime costs and creating the type of stressful environment that further promotes turnover. This link between training and retention in small jails is also manifested in other ways. For example, when someone becomes skilled in a specialization, they are often so "overworked and burned-out" that they leave.

CATEGORY 3: RECOMMENDATIONS RELATED TO SMALL JAILS

Whether the topic was addressing inmate healthcare needs, arranging for staff training, accessing information, or accommodating the impact of immigration policy, it was frequently noted that smaller jails operate at a considerable disadvantage. Not only do such facilities lack the fiscal resources of their larger counterparts, but they are often located in more remote rural areas that do not have access to the same supportive network of hospitals, treatment personnel, and even other correctional facilities that their urban counterparts enjoy.

Throughout discussions, the participants from smaller jails eloquently expressed their feelings about being left out of the mainstream of resource distribution and professional involvement. For example, they pointed out that the nation's large jails have formal networking opportunities hosted through NIC (i.e., the Large Jail Network) but small jails are not included in this information-sharing.

¹⁴ Ken Kerle, "The Plight of the Small Jail: Challenges, Problems, and Solutions," *American Jails* (May/June, 2007): 5.

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Representatives from smaller jails also spoke about their frustration with everything from aging facilities to out-of-date technology. Moreover, even when external funding is available to address some of their problems, they do not have sufficient resources to apply for or manage grants.

Not only are small jails often "at the bottom of the list" when new federal funding initiatives emerge, but they cannot compete effectively in terms of impact because of the limited size of their inmate and community populations. Yet, as one participant summarized it, "the same issues that affect large jails affect small jails-except small jails do not have the same power [as large jails] to take up the issues with the powers-that-be." In fact, this disparity on the basis of size was a significant issue for Las Vegas participants, who wanted to see BJA address "the challenges of tribal and rural jails." It is therefore recommended that BJA.

14. Consider developing federal funding initiatives specifically directed to smaller jails, including providing recommendations for collaboration with other local organizations to ease the burden of applying for and managing grants.

CATEGORY 4: PROGRAMMATIC RECOMMENDATIONS

The other recommendations for BJA which emerged at both sessions related to the need to more effectively manage inmate re-entry, security threat groups, technological changes, and immigration policy. More specifically, these included, (in no particular order):

- 15. Re-entry initiatives:
- Assure that federal funding is not targeted exclusively to state

departments of corrections, either by providing eligibility for local jails, or requiring state DOCs to work with jails and pass funding through to them.

- Provide the means to develop programs to make more productive use of "dead time" in jail to help prevent recidivism.
- Assist jails with developing transition plans (especially aftercare for persons with mental illness).
- Encourage jails to identify local resources and forge partnerships with other community services.

16. Security threat groups:

- Create a centralized information-sharing database clearinghouse, acknowledging that jails are part of law enforcement (since they are often excluded by Homeland Security and other agencies), that would enable jails to more effectively deal with terrorism and high-profile inmates, document decision-making about housing members of security threat groups (to avoid discrimination claims), and interpret jail intelligence.
- Conduct staff training on recognizing and responding to threat groups.
- Develop (or make available) software to help identify and track threat group members, including tattoo recognition.

16. Natural and Man Made Threats

 Provide resources to jail to prepare for natural disasters such as Hurricane Katrina (scenes of evacuated inmates on overpasses in New Orleans); and the challenges of responding to domestic and/or international terror threats.

17. Technology:¹⁵

- Create more timely and user-friendly information for jails (e.g., what new technology is in the pipeline; how it can be used in jails; how to assess it in terms of cost/benefit; and issues regarding purchase, staff training, and maintenance).
- Assist jails with obtaining more security with less structural cost.
- Help staff adapt to new technology.
- Develop a "consumer report" for jails, discussing such concepts as new communications systems, an automated fingerprint system linked to AFIS, improved security cameras, implantable chips, technological "walls," more integrated systems, etc.

CATEGORY 5: ADDITIONAL RECOMMENDATIONS

As the facilitators listened to the extensive feedback provided by the sheriffs and jail administrators at both work group sites, and subsequently, analyzed their comments in preparation of this report, four additional recommendations came to mind for BJA consideration:

18. Co-sponsor with federal partners "one-stop shopping" for jail resources and information.

In many cases, the resources already exist to begin to address any number of the issues, problems, and challenges discussed in these working groups. For

¹⁵ Participants were very appreciative of the National Law Enforcement and Corrections Technology Center's inclusion in the sessions. Many had never heard of NLECTC, and/or were unaware of the corrections implications of their work.

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example, the U. S. Department of Justice's Disability Rights Section has information about ADA compliance - both architecturally and programmatic guidelines on their web site. However, it appears that participants often were not aware of existing resources or how to access them (e.g., NIC's Information Center, the National Criminal Justice Reference Service, jail-related work of the National Institute of Justice, etc.). Particularly among smaller facilities, the multifaceted duties of the jail administrators often prevented them from finding even a few minutes in the day to conduct research or contact peers.

19. Develop models for jail and community collaboration.

The discussion of many issues surfaced the frustration that participants have with developing effective community collaborations. Assisting jails with models about how to develop collaboration, leverage existing resources, identifying private sources of funding for jail initiatives, establishing and maintaining community coalitions would be important additions to the participants' tool kits to address many issues raised by the working groups.

In many respects, jail administrators seem to view themselves as struggling in isolation against overwhelming obstacles and an unsupportive public. Assisting them with models for developing collaborative relationships, leveraging external resources, and establishing community coalitions would therefore be important additions to the toolkits that jail administrators can use to address many of the issues discussed in this report.

20. Immigration - Better coordination between federal agencies

responsible for immigration issues, and local jails.

Although this topic didn't make the priority list for BJA action, there are implications for a federal coordinative effort. Especially in the Orlando, where four jails from Florida discussed the impact of immigration policy of current and future jail populations, the topic gained interest. One sheriff shared his efforts to get federal assistance in terms of moving criminal aliens out of his county's jail – estimated to cost his county \$9 million this year. It was noted that smaller jails are at a considerable disadvantage with this issue because of the lack of resources in smaller jails for interpreters to communicate with inmates. Also highlighted was the lack of information about the arrestees [criminal aliens] to assure that both the inmate and staff are safe. Additionally, smaller jails, located in more remote areas are needed for federal detainees because of the lack of other federal facility.

21. Sponsorship of national forums for jail administrators.

As is generally the case when professionals get together, the feedback from both groups placed a high premium on the value of discussions (formal as well as informal) with their colleagues during these sessions. In Las Vegas, participants specifically mentioned the need for national forums about timely issues in which all jail administrators could participate. Especially in light of existing and emerging technology, pandemic threats, domestic terrorism, and other very time sensitive issues such timely information-sharing is highly advocated. Using new models from the private sector in conducting meeting and forums using digital and Internet resources makes networking easier and certainly most cost effective than travel by many jail administrators to one site for a meeting. Also, this approach

addresses the time gap that may exist in traditional or Web publishing of information for the field.

Summary and Conclusions

In summary, the priorities identified for BJA's attention by jail representatives from across the country clearly begin with the multitude of medical and mental health issues resulting from the displacement of community responsibility for physical and psychological health care. In that regard, participants suggested that jails need to explore nothing less than a "fundamental mission change" that extends their official role beyond traditional incarceration functions toward becoming an acknowledged medical/mental health service provider for an unserved segment of the local population. It was further recommended that discussion of this major philosophical and operational shift by key stakeholders should occur on an ongoing basis at the national level. Especially in terms of mental health issues, concern was expressed that the problem cannot be addressed effectively through an "ad hoc," community-by-community approach, but rather, will require the type of public attitude change and widespread commitment, with funding, that can only be accomplished with a national initiative.

In some respects, this discussion of expanding the jail's fundamental mission also relates to the issues that participants ranked next--i.e., workforcerelated concerns ranging from recruitment, selection, and retention to in-service training and succession planning. Inasmuch as uncompetitive salary structure (compared to other public service jobs) is an inhibiting factor in maintaining a highquality workforce, it was noted that jails will need to do "something that benefits the community, other than just locking someone up" for several weeks in order to

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demonstrate their value and thereby gain support for compensation improvements.

While not generating quite the same level of energetic discussion as medical/mental health issues and workforce concerns, a tertiary level of interest emerged around developing re-entry initiatives, as well as coping with technology, disaster planning, security threat groups, and immigration issues. Particularly with regard to re-entry endeavors, a similar theme was observed in terms of expanding the traditionally-recognized mission boundaries of the jail to encompass the transitional services that have heretofore remained relatively exclusively within the realm of state corrections systems. Again, jail representatives are looking not only to officially acknowledge and bring into the operational mainstream a role that has long been neglected, but also to employ it to enhance their value-added position in the community.

Aside from the substantive issues, there was also considerable sentiment expressed that the smaller jails most in need of help are not getting it, which becomes especially burdensome when coping with unfunded mandates, (such as PREA). Moreover, the feedback from these work groups likewise indicates that, regardless of size, the nation's jails are searching for procedural help in the form of guidelines, models, best practices, evidence-based approaches, and particularly, collaborative networking opportunities that embrace jails of all sizes.

Finally, it is notable that throughout discussions in both sessions, a strong underlying current prevailed in terms of the need to "raise public awareness and political support for jails at the local, state, and national levels." Whether it is familiarizing citizens with the jail's (in reality, the community's) mental health crisis, convincing the public that jail employees are worthy of respectable, competitive, salaries, or simply raising the awareness of jails on the community's

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radar screen, participants continuously expressed a necessity to educate the public, create collaborative partnerships, and bring jail-related issues to the forefront of the local policy-making agenda. For as long as jails are the unacknowledged resource for responding to such problems as mental illness, alcoholism, and drug abuse, "their role will continue to be unclear; their performance will continue to be less than satisfactory; and their space will continue to be filled beyond capacity."¹⁶

¹⁶ Stinchcomb, 2005: 159.

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