Appendix A Names of Participants

Bureau of Justice Assistance Jail Working Groups Las Vegas, Nevada – May 7-8, 2007 Orlando, June 4-5, 2007

<u>Arizona</u>

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<u>lowa</u>

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Appendix B Ice Breaker - Biggest changes in jail operations or administration

<u>Results of Ice Breaker Exercise - What is the biggest change you have seen in jail</u> <u>operations or administration since you began your career?</u>

[These responses are not in any type of priority order. Also the responses of some participants were more general, others quite specific. The number in parenthesis indicates the number of participants who specifically mentioned the change. So, for example, two participants specifically mentioned the increasing number of inmates with mental illness as a major change, and two other participants added the comments noted under that general topic - for a total of four participants.]

- Increasing number of inmates with mental illness (2)
 - Decreasing resources for management of inmates with mental illness
 - Mental health treatment needs
- The new workforce (3)
 - Their sense of "entitlement"
 - More sophisticated workforce (2)
 - Lack of teamwork among employees
 - More diverse careers sought
 - Specialization of employees
 - The diversity of the workforce more women workers, more workers from different cultures
 - Hiring and retention of younger workers
 - Lack of attractiveness of corrections to newest workers
 - Workforce dynamics
 - Generational differences
 - Impact of the new workforce on traditional management
- Fiscal Issues
 - Need for higher salaries
 - Budgets decrease as inmate population increases
- Transgendered inmates
- Inmate gangs and gang activity, strategic threat groups, young offenders (2)
- Improved public attitude about crime prevention
 - Community collaborations with jails
 - Community interest in alternatives to incarceration
- Challenges of female inmates
- Challenges of juvenile inmates charged as adults
- Improvements in corrections as a profession from inside the business

- Jails as a business with the administrator as a 'CEO'
- o Jails as a profession, like law enforcement
- Accreditation
- o Improvements in human resource management
- Improved accountability
- Business model, data driven
- Improved training; more complex training
- Training for supervisors
- Sophistication of jail managers
- Automation, paperless workplace, improving technology, security (8)
 - More information is available
 - Jail management information systems
 - Employees better able to adjust to technology
- Inmate management and behavior
 - Less punitive approaches
 - Holistic approach to inmate management
 - More programs for inmates (2)
 - Better offender management
 - Diverse inmate population; character of the inmate population
 - Trend to longer term inmates
 - Classification systems better
 - Recognition of the rights of inmates
- Community commitment/interest (2)
 - Re-entry programs
 - Interest in work release
- Sicker inmates
- Facility design changes from linear to direct supervision (2)
- Jail crowding (2)
- Better collaboration within the criminal justice system

Appendix C List of Top Ten Issues Identified by Participants

Working Groups - Report of Top Ten Jail Priority Issues

Las Vegas Group 1 (average inmate population: 34-104)

- 1. Aging facilities need for physical plant updating
- 2. Technology get funding that is still current when installed.
- 3. Need to hire diverse workforce
- 4. Recruiting and training; lack of resources to train; ability to hire and pay competitively; lack of tax base; small and limited labor pool; illegal immigrants need for space to house; ability of staff to communicate with inmates who speak many different languages.
- 5. Medical services to inmates; ability to afford full-time medical staff; aging inmate population will require more and more expensive care; female inmates require more care; lack of community support programs.
- 6. Re-Entry Programs; regionalization;
- 7. Educate the public / Enhance the professionalism of the field
- 8. Improve effective of community corrections by finding other alternatives to jailing probation/parole violators
- 9. Increasing number of juvenile offenders in jail
- 10. Lack of support for local jails generally; BJA needs to include tribal entities in funding solicitations.

Orlando Group 1 (average inmate population: 36 - 194)

- 1. Employees recruiting; retention; turnover; change in management philosophy; staff knowing inmates on the outside; not enough staff.
- Medical inability to provide 24/7 health care; access to appropriate health care - community doctors vs. correctional medical professionals; infectious disease control for staff and inmates;
- Mental Health jail is de facto mental health hospital; no treatment resources available; no access to limited beds in treatment facilities; inability to provide 24/7 mental health care; limited training for staff to manage the population; creates stressful situations for staff that effects turnover.
- 4. Physical Plant Issues not enough space; unable to meet code requirements; renovate/update old facilities; replace with newer facilities; unable to provide space for all classifications and services.
- 5. Training difficult to keep all staff current on training due to shortages, turnover, etc.; emergency training is difficult because they don't use it often enough; getting older staff to adapt to all technology improvements.

- 6. Alternative sentencing lack of programs available; lack of funding to initiate programs.
- 7. Juveniles management issues when based on age; lack of services available; management issues clearly with Millennial inmates.
- 8. Pandemic Flu Planning corrections not places at the top tier of the vaccination priority will create workforce issues in jails; lack of resources to plan, institute and train all employees/people involved.
- 9. Immigration increase the jail population; increased the need for services; no historical information available to adequately assess illegal aliens.
- 10. Bi-lingual services resources not available to provide bi-lingual services for many different languages in the small jail; funding and/or interpreters not available.

Las Vegas Group 2 (average inmate population: 221 - 528)

- 1. Mental health
- 2. Qualified workforce
- 3. Medical
- 4. Funding
- 5. Special needs
- 6. Re-entry
- 7. Oversight
- 8. STGs
- 9. Technology
- 10. Unfunded mandates

Orlando Group 2 (average inmate population: 222-392)

- 1. Inadequate facilities (size and antiquated)
- 2. Finding good in-house medical providers; costs of medications; costs associated with transporting inmates to medical facilities
- 3. Inmates with mental illness; training staff to recognize and deal with inmates with mental illness
- 4. Hiring, keeping, training a sufficient number of quality staff; especially true for tribes
- 5. Communications systems within the jail
- 6. Automated fingerprint systems linked to AFIS
- 7. Funding initiatives such as PREA, prisoner re-entry, pre-trial diversion, alternatives to incarceration

- 8. Improved facility security, more cameras
- 9. Improve public awareness and understanding of jails, public relations
- 10. Video visitation/conferencing; inmate-inmate; inmate-attorney; inmateprobation officer; etc.

Las Vegas Group 3 (average inmate population: 706 - 1166)

- 1. Workforce hiring qualified staff and keeping them; promote professionalism in our field; retention; parity of benefits; diversity of staff
- 2. Immigration
- 3. Health Care both medical and mental health issues; mental health; bridge medications; pregnancy; long term medical needs; rising medical costs.
- 4. Social Services Increased expectation that we jails are responsible for this. Reentry aftercare, vocational, mental health services, monitoring after release, etc. We need the funding, public support, and staff training to manage these issues.
- 5. Training for Staff Communication skills; Training for supervisors critical to have them mentor and mold our staff, and they need to have the skill to do this.
- 6. Performance measures Staff need the proper measures to know if they are doing well. And the measures need to be appropriate and fair and useful. We also measure things like the number of disciplinary reports in each unit, etc. This helps us analyze how effective staff are.
- 7. Funding "show me the money" for expansion, operations, technology and unfunded mandates (local, state and federal)
- 8. Culture creating a positive culture; maintaining a positive culture; it's all about relationships, accessibility, visibility, approachability; communicating values and mission/philosophy.
- Inter-agency cooperation lobbying and having a voice with the public and legislative body; politically influencing; courts; public defenders; prosecutors; municipal/state/federal law enforcement; probation/parole; state corrections; prisoner re-entry; human services; mental health.
- 10. Inmate management/classification STGs, gangs, gangs and more gangs; right inmate for right location; too many categories of inmates over which we have little or not control; ever increasing population of minorities and need for cultural competencies; pandemic event; crisis management for staff and inmates.

Orlando Group 3 (average inmate population: 500 - 642)

- 1. ADA design/renovations architectural guidelines; resources; staffing; equipment.
- 2. Medical formularies need a study; psychotropics and others.
- 3. Disaster planning guides CD, DVDs, multi-agency approaches
- 4. Best practices in mental health what are they? for urban, rural, suburban jails; use of psychiatric telemedicine; partnerships.
- 5. Recruitment and retention best practices what are they? for urban, rural, suburban jails.
- 6. Mental Health have "corrections CIT" crisis intervention teams (Memphis Model); technical assistance and training.
- 7. Central reporting of infectious diseases information exchange when inmates are transferred; coordination with local health departments.
- 8. STGs gathering information; interpreting information; classification issues; policy/practice issues; management of gang members; recognition of gang tattoos (software); strategies for information sharing with existing federal/local/state initiatives.

Las Vegas Group 4 (average inmate population: 1420 - 1589)

- 1. Raise public awareness and political support for jails commissioners, boards of corrections, sheriffs; through local, state, national associations.
- 2. Sufficient and well trained workforce minority recruitment; retention; positive environment; focused training; unions/labor groups.
- Collaborative criminal justice and community services en-entry programs; educational programs; vocational training; life skills; inter-agency intelligence; population management.
- 4. Mentally ill offenders improved community resources; diversion programs; raise public/political awareness; enhanced and trained staff; mental health courts.
- 5. Illegal aliens/immigration staff training; language barriers; ICE training; overcrowding issues; asset forfeiture.
- 6. Population management classification issues; faith-based initiatives for reentry; mental health ; ICE; juveniles; women; special needs groups.
- 7. Long range planning facilities/physical plant; succession planning; staffing; technology; population trends; crime trends.
- 8. Medical costs independent assessment; third party review; community standard of care; NCCHC/accreditation.

- 9. Gangs/threat groups information sharing; staff training; systems approach; juveniles tried as adults; classification.
- 10. Technology security systems; JMS; automated medical records; cell phone detection; more integrated systems; IT unit and support.

Orlando Group 4 (average inmate population: 736-1332)

- Medical severity of issues; multiplicity of issues; more ill offenders; high risk population; MRSA, TB, EBOLA, etc; escalating medical costs; pharmaceutical costs; increased infrastructure needs (negative air, AED, etc.); nurse and nursing home care; ADA compliance issues.
- Mental Health exploding population; severity of conditions; physical plant limitations; appropriate standard of care; staffing training; increased risk of suicide; need for diversion; transition to the community; economies of mental health - cheaper in jail!
- 3. Staff recruitment; retention; motivation; need for flexibility in jobs; shrinking pool of applicants; hiring criteria; expectations and reality; education and competency, qualifications; unions!
- 4. Female offenders increasing numbers; greater needs; more programming; child and family issues; vocational training.
- 5. Succession planning identify future leaders, leadership training; reinforce organizational philosophy; develop creative workplace.
- 6. Cultural diversity religious issues; diets; language and translation; culturally specific issues; limited family contacts.
- 7. Strategic threat groups (STGs)/Gangs identification, separation, personal threats; staff safety; documentation of decision making.
- 8. Budgets diminishing; competing interests; lack of taxpayer support; increased security needs and justification.
- 9. Capacity/Crowding "no build" mandates; limited control over intake; need to control inputs and outputs.
- 10. Re-entry/recidivism need for community partnerships; identification of community resources; greater community access to jails.

Las Vegas Group 5 (average inmate population: 1714 - 5401)

- 1. Mental health jails need to make the rest of the system work to avoid jails being the asylums of last resort; transition to effective community case management
- 2. Criminal justice system collaboration front to back management of resources

- 3. Hiring qualified candidates.
- 4. Using effective screening tools to divert inmates with mental illness to community resources system-wide look
- 5. Job satisfaction/retention impact of work place decision on female staff, families, 12 hour shifts, mandatory overtime
- 6. Communicable diseases TB, MRSA, Hepatitis, meth users sapping resources
- 7. Inmate classification systems review, reconsider, validate.
- 8. Special populations; mentally ill, STG, drug trade, identification and jail intelligence
- 9. Career development/training developing our replacements; early mentoring; development of supervisors and managers
- 10. Managing the correctional image advocating for national resources; e.g. executive level training/national academy for corrections (like the FBI NA)

Orlando Group 5 (average inmate population: 1919 - 6005)

- Staff issues generational issues; motivation; recruitment; retention; why do
 people stay? Maintaining the motivation of the new recruits; developing
 supervisors; who are field training officers? is pre-service training good and is
 it weeding out the new employees that should not stay? how effective are
 sergeants; how effective are performance appraisals; union issues include as
 stakeholders and work cooperatively; staff demographics; emergency
 preparedness in the face of the new workforce will they show up when we
 need them?
- 2. Technology technology/biology interface; what's coming in technology.
- 3. Fundamental Mission Change need to prepare for the future what will jails be? How will they relate to the community? Are they the new mental health hospitals? Need to ask questions and prepare.
- 4. Mental Health care affording it all, including psychotropic meds.
- 5. Physical Plant linking future new construction or renovation to mission change; identify options other than and cheaper than concrete; how can technology help? look at building with less life span.
- 6. Juvenile and Youth crime jails ability to respond to changing public policy regarding juveniles and crime.
- Justice system being overloaded and overcrowded pressure on the justice system - more inmates, fewer judges, prosecutors, public defenders; impact of public policy and law changes on flow [slower] of pre-trial inmates through the system.

8. Re-entry issues - gaining public support; more than just funding - need community attitude change; build sustainable programs.

Appendix D Agendas

AGENDA

Funding Initiatives for Jails – Now and the Future Bureau of Justice Assistance and the Center for Innovative Public Policies, Inc Las Vegas, Nevada May 7 – 8, 2007

Sunday, May 6, 2007Participants arrive. Dinner on your own;
save receipts!4:30 AdjoSave receipts!5:30 DinnMonday, May 7, 2007Tuesday, IBreakfast – Provided by HotelBreakfast –8:30 ConveneBreakfast –Introductions, Objectives8:30 ConvSchedule8:45 Sma

9:00 Presentation 1: Demographics Dr. Jeanne B. Stinchcomb

9:45 Break

- 10:00 Presentation 2: Inmate Management Susan W. McCampbell
- 10:45 Presentation 3: Special Populations Susan W. McCampbell
- Noon Lunch (Catered)
- 1:15 Presentation 4: Workforce Elizabeth Price Layman
- 2:00 Presentation 5: Technology Pete Cosgrove
- 2:45 Break
- 2:45 Small Group Work

 $\ensuremath{\mathbb C}$ Center for Innovative Public Policies, Inc.

3,	2007	
	4:30	Adjourn
	5:30	Dinner on your own
	Tuesc	lay, May 8, 2007
	Break	fast – Provided by Hotel
	8:30	Convene
	8:45	Small Group Work
	10:00	Break
	10:15	Reporting Recommendations
	Noon	Lunch (Catered) /Adjourn

Funding Initiatives for Jails – Now and the Future Bureau of Justice Assistance and the Center for Innovative Public Policies, Inc Orlando, Florida June 4 – 5, 2007 Salon 7/8

Sunday, June 3, 2007

Participants arrive. Dinner on your own; save receipt!

Monday, June 4, 2007

7:00 – 8:00 8:00 8:30	Continental Breakfast, Salon 7/8 Convene, Objectives, Schedule, Logistics, Overview of BJA Introductions
9:45	Presentation – Demographics, Dr. Jeanne B. Stinchcomb
10:10	Presentation -Technology, Peter Cosgrove, NLECTC
10:35	Presentation – Workforce, Elizabeth P. Layman
11:05	Presentation – Inmate Management, Susan W. McCampbell
11:25	Presentation – Special Populations – Beth Creager Fallon
Noon	Lunch - Salon 20
1:15	Instructions for Group Work
1:30	Small Group Work
3:15	Group Presentation 1
3:45	Group Presentation 2

- 4:15 End of Day Activities/Adjourn
- 5:30 Dinner Salon 20

Tuesday, June 5, 2007

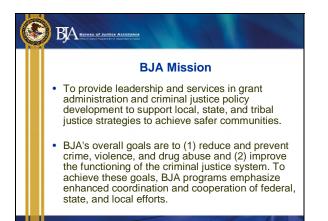
- 7:00 8:00 Continental Breakfast, Salon 7/8
- 8:00 Convene
- 8:15 Group Presentation 3
- 8:45 Group Presentation 4
- 9:15 Group Presentation 5
- 10:00 Instructions for Group Work
- 10:15 Group Deliberations
- 10:45 Report Out
- 11:15 End of Program Activities
- Noon Adjourn/Lunch Salon 20

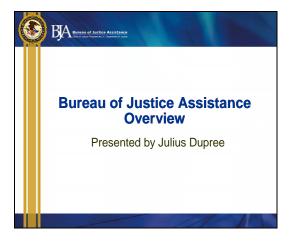
Appendix E Power Point Presentation



Facilitators

- Susan McCampbell, CIPP
- Jeanne Stinchcomb, FAU
- Elizabeth Layman, Price/Layman
- Beth Fallon, CIPP
- Pete Cosgrove, NLECTC
- Julius C. Dupree, Jr., Policy Advisor, BJA
- Mike Jackson, National Sheriffs' Association
- Gwyn Ingley, American Jail Association





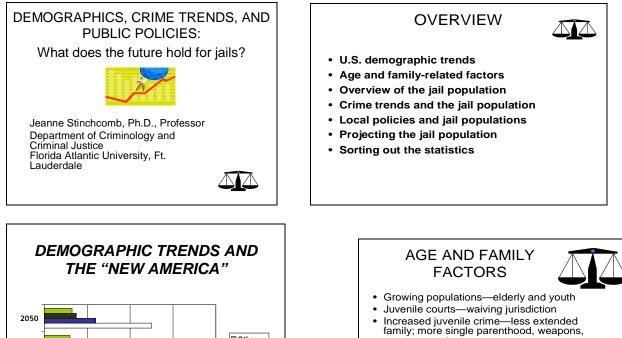
Overview

BJA has three primary components:

BA Bureau of Justice Assistance

- Policy Office Provides national leadership in criminal justice policy, training, and technical assistance to further the administration of justice. It also acts as a liaison to national organizations that partner with BJA to set policy and help disseminate information on best and promising practices.
- Programs Office Coordinates and administers all state and local grant programs and acts as BJA's direct line of communication to states, territories, and tribal governments by providing assistance and coordinating resources.
- Planning Office Coordinates the planning, communications, and budget formulation and execution; provides overall BJA-wide coordination; and supports streamlining efforts.







80

60

JAIL POPULATION OVERVIEW

40

• 9 of 10 = males

2040

2020

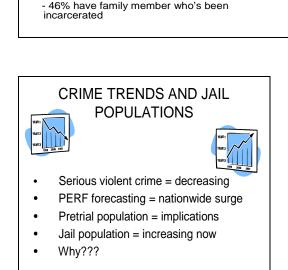
2000

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- 6 of 10 = racial/ethnic minorities
- 33% = alcohol users

20

- 29% = drug users
- Mental illness = double rate of general population
- 44% = less than high school
- Impact of drug enforcement and educational policies

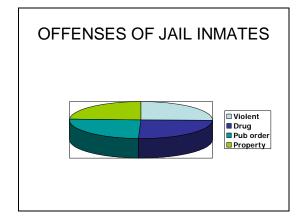


- 56% from single-parent family or guardian

1 in 9 lived in foster home or institution 1 of 3 had alcohol/drug abusing guardian

gangs, poverty

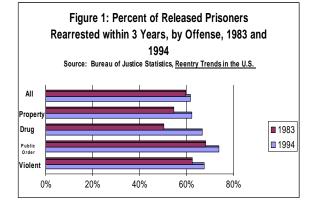
· Jail inmates:

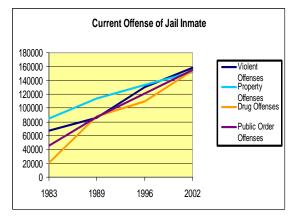


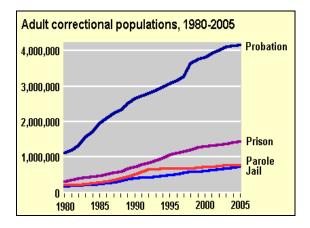


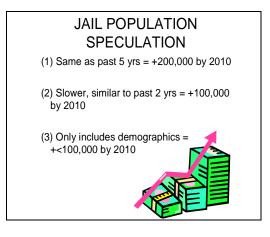
- Pretrial detention
- Case disposition
- Conviction data
- Sentencing
- Probation/parole violations

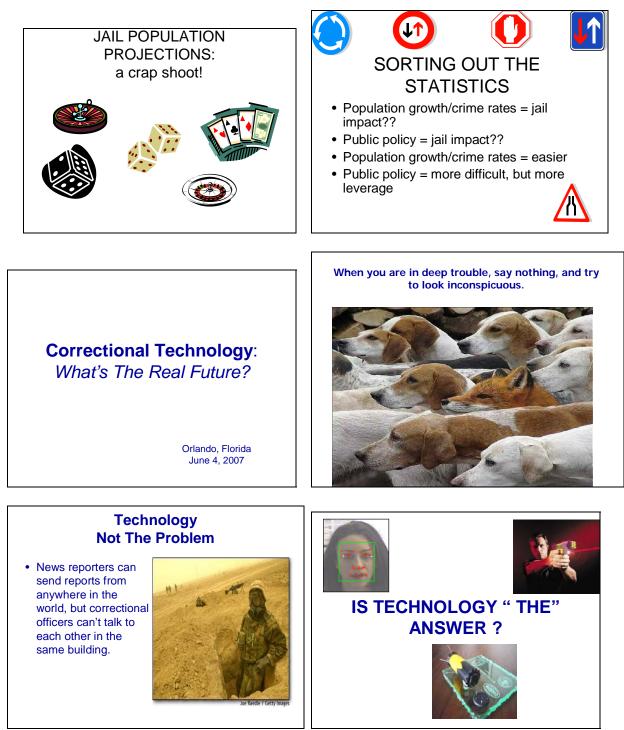












POSSIBLE TECHNOLOGIES

- Millimeter microwave
 - Replace pat downs and strip searches
- Video
 - Electronic eyes
 - "Intelligent" video
- Radio Frequency Identification (RFI) - Inmate and staff tracking

POSSIBLE TECHNOLOGIES

- Biometric Advancements
 - Human "bar codes"
 - Control access to certain areas
 - Determine if fed or medicated
- Telemedicine
 - Transmit vital signs via internet
 - Video conference with doctor
 - Reduce the cost and risk of transportation

POSSIBLE TECHNOLOGIES

- Information Sharing
 - Simplifying booking
 - Risk awareness
- · Computer Assisted Functions
 - Video visitation via internet
 - Hearing and arraignments via secure internet
- Non Lethal Weapons
- Using light, sound or magnetic fields
- Various Detection Devices
 - Help identify contraband

Questions for discussion

- · Would changes in the technology available to probation and parole affect technology needs for jails ?
- · What improvements in technology would improve the operations of your jail?
- · What type of medical monitoring might be useful?
- · Would audio monitoring be a useful tool, if either anger/fear detection or voice translation were possible?

WORKFORCE

Recruitment and Retention in the 21st Century

Elizabeth P. Layman

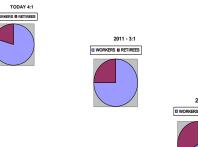
The Future Picture

- Today's new worker 9 jobs before age 32
- 40% of new police recruits will leave within 3 years
- 20,000 more corrections officers needed by 2012
- 40% minorities by 2020

Recruiting – Then and Now

MARKET	THEN	NOW
wнo	good soldiers, company-people	critical thinkers, independent
WHAT	benefits of job, job security	Growth, self- fulfillment, career mobility
WHEN	reactive	pro-active
WHERE	Traditional sources	non-traditional sources

Probable Workers vs. Retirees



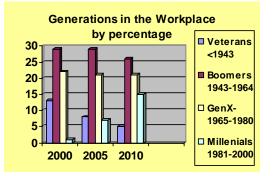


Finding Recruits

2004 Study of 20,000 organizations:

61% of external hires attributed to 2 sources:

- 1. Employee referrals (32%)
- 2. The Internet (29%)
 - Monster.com
 - Youtube.com recruiting videos
 - Agency websites



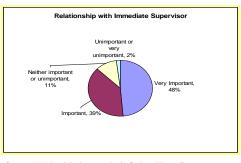
Why Employees Leave



- 88% say they leave for reasons other
- Job/person mismatch
- Little coaching or feedback
- Few opportunities for growth/development
- Don't feel valued; or devalued
- Overwork stress/life-imbalance
- Lack of trust/confidence in leaders

Workplace Perception

Veteran	Boomer	Gen X	Millenial
OK w/ bureaucracy	Seek harmony, consensus	Seek work/life balance	Achievement oriented
Direct	Like teamwork	Autonomous	Multi-taskers, bored with repetition
In for the long haul	Live to work	Work to live	Need change, challenges



Source: 2004 job satisfaction survey by the Society of Human Resources Management.

The CHALLENGES

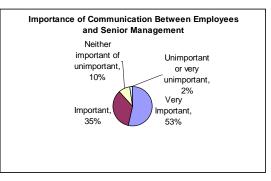
Re-think recruitment CONSIDER:

-who you are recruiting

-what they are looking for

-where to find them

-core competencies



Source: 2004 job satisfaction survey by the Society of Human Resources Management.

The CHALLENGES

Focus on retention - CONSIDER:

- why people leave or stay don't assume you know
- provide career growth and opportunity
- find, train and support competent SUPERVISORS
- improve succession planning

The CHALLENGES

Stay future-focused:

- Knowledge is power
 - Census information
 - -Current publications and materials
 - -Know trends in public policy
 - -Proactive efforts
 - -Break with tradition

Bottom Line

"Using the past to see the future is like driving a car by only looking in the rear view mirror."

Allen Beck 1996

Resources

- "Effectively Managing a Multi-Generational Workforce in Corrections"
 - 16 hour program; 2 hour transportable module
 - http://nicic.org/Library/019950
- FutureForce: A Guide to Building the 21st Century Community Corrections Workplace www.nicic.org

Inmate Management: Operational Challenges

Susan W. McCampbell Center for Innovative Public Policies, Inc.

Challenges

- # and trends
- Crowding
 Classification

Physical Plant

 Security

Re-entry
Limited local resources

Condition of inmates

- Medical, mental health, services

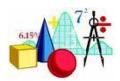
· Stakeholders, partners, community

Policy initiatives/Law Changes



Number of Inmates

- 747,529 in custody [static]
- ? Dynamic population
 Millions (duplicated)
- 47% increase since 1995



Conditions

- 46% of inmates report not having a high school diploma, and even more are functioning well below twelfth-grade level on measures of reading, writing, and/or math.
- Almost 70% of inmates admit to regular drug use, (up from 64% in 1996), with 29% reporting use at the time of the offense.
- 66% of jail inmates admit that they drink alcohol regularly, with 34.5% reporting alcohol use at the time of the offense

Medical Issues

- 33% current medical problem
 - Females, older
 - arthritis, hypertension, asthma, heart
 - Disability and impairments



Physical Plant

- Age
- Maintenance
- Replacement
- Cost, location
- Different functions
- Security



Policy/Law Changes

- Influence of jails vs. other constituencies, lobbyists
- Re-entry In Florida, 36,000 to be released from prisons this year – 1/3 expected to return



Expenditures

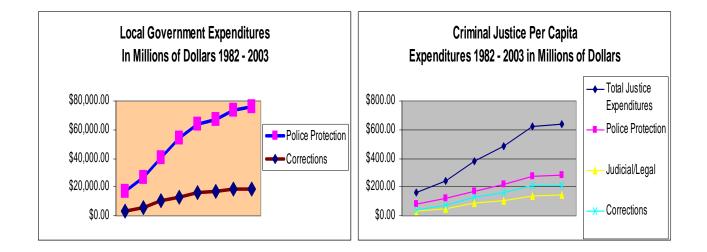
• 1173% increase from 1977 - 2003



Employment

- 249,888 employees
- \$842,000 March 2003 payroll





Other

- 91% in per pupil spending 1972 2001
- \$745 billion in education spending
- local expenditures (2000)
 - 14% education
 - 11% social services
 - 6% public safety



Public Attitudes

- Goal of "prison" (Gallup for BJS) - 48% rehabilitate
 - 15% punish
 - 33% deterrence
- 62% reducing crime a top priority (Pew -
 - 1/07) - Down from 76% in 1/2001
 - Down norm 76% in 1/20
 - Up from 53% in 1/2005



Public Confidence – Please tell me how much confidence, you, yourself have in: Gallup for BJS

	A Great Deal	Quite A Lot	Some	Very Little
Police	64%	26%	10%	-
State Prison Systems	7.9%	17.6%	42.2%	32.2%

Evidence Based Practice

- Is a definable outcome(s);
- 2. It is measurable; and
- It is defined according to practical realities (e.g. recidivism, victim satisfaction, etc.)





WOMEN OFFENDERS

- Escalating proportion of jail inmates, climbing to 12.7% of the population in 2005
- 1995 -2002, # of women increased by 50%
- # of women under supervision by a criminal justice agency is rising faster than arrest rates
- 1992 2001 arrests of women for drugrelated offenses increased by more than 50%

SPECIAL POPULATIONS:

COPING WITH THE CHALLENGES OF INMATES WITH NON-TRADITIONAL NEEDS Beth Creager Fallon, CIPP, Inc.

Female Offenders Are Typically



- · Women of color
- Undereducated/unskilled with below average income & sporadic employment background
- From fragmented families w/other family members involved in the criminal justice system
- Survivors of physical/sexual abuse
- Have significant histories of substance abuse
- Suffer from multiple physical/emotional problems

Operational Issues



- Special hygiene issues
- Accommodations for pregnant or nursing mothers
- Protection from sexual assault by other inmates (and/or staff)
- Emotional distress resulting as a result of being separated from their children (250,000 children whose mothers are in jail)
- Inappropriate male/gender-neutral classification procedures

MENTALLY-DISORDERED OFFENDERS

- · Embraces a wide range of behaviors from the mildly disoriented (or neurotic) to the severely psychotic
- More than 50% of all prison and jail inmates suffer from mental illness
- 479,000 people in local jails (64% of all jail inmates)



In Addition

- 25% of jail inmates with mental illness have been incarcerated 3 or more times
- Female inmates have higher rates of mental illness (75% of women in local jails)
- 76% of jail inmates with mental illness meet criteria for substance dependence or abuse
- Jail inmates who have mental illness are 3 times as likely to report past physical/sexual abuse



GERIATRIC INMATES

- · Lack of attention; big impact enormous long-term medical expenses associated
 - with aging inmates
- · Medical care costs for inmates over 55 is 3 times that of the younger population
- · 1 out of every 23 inmates is 55 or older
- 85% increase in the number of older inmates since 1995
- · # of inmates past the age of 55 is increasing at twice the rate of the total prison population

Geriatric Inmate Challenges

- Need for ADA accessible facilities, wider cel
- doors, Braille signs Inability to drop to floor for alarms, stand for long
- periods of time, walk to activities, hear instructions, climb onto a top bunk, etc.
- Vulnerable to being victimized by younger inmates
- Dietary requirements different from other inmates
- Physically unable to participate in institutional programs



SUBSTANCE ABUSERS

- Over two-thirds of jail inmates are dependent on (or abusing) alcohol or drugs (females have a higher rate)
- 1/2 of all jail inmates were under the influence of alcohol or drugs at the time of their offense
- 16% committed their offense to get money for drugs
- Jail inmates, who are substance abusers, are twice as likely as other inmates to have 3 or more prior probation or incarceration sentences

In Addition



- Alcohol abuse is more common in older offenders
- · Younger offenders are more likely to use drugs
- From 1996 2002, inmate drug use rose from 64% to 69%
- Marijuana and cocaine/crack most common
- Followed by heroin/other opiates/depressants, stimulants, hallucinogens and inhalants

Methamphetamine

- #1 drug problem throughout country
- Comparable to amphetamine but more potent, longer lasting, and more harmful to central nervous system
- Users vulnerable to serious psychological problems including psychotic symptoms that can last for months or years after use is ended
- "meth mouth", a dental condition caused from meth use, is draining jail facilities health care budgets



SEX OFFENDERS

- Presently, 250,00 offenders
- Communities increasingly concerned about sexual predators - creating new laws
- 19 states currently have laws mandating civil commitment of sex offenders -serving time beyond their sentences- including mandatory treatment
- 2,700 men are presently in "civil commitment" in U.S. costing, on average, 4 times more than regular incarceration
- Sexual offenders are extremely vulnerable to victimization while incarcerated

LGBTI

Gender identity

Transvestite

Gender orientation

Sexual minorities

PREA Implications

Medical issues

Plumbing = Housing?

MEMBERS OF GANGS (Security Threat Groups)

- Threaten institutional security
- Gang affiliations need to be documented, movements monitored, conflicts controlled
- Require caution in assigning housing, moving inmates, serving meals, and providing recreation
- Responsible for considerable violence, and can erode the quality of institutional life



- LesbianGay
- Bi-sexual
- Transgender
- Transman
 - Transwoman
 FTM
 - FTM – MTF
 - Intersex
- Gender Variant



Appendix F Summary of Recommendations

<u>Summary of Recommendations</u> (not in priority order)

- 1. 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.
- 3. 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.
- 5. 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 costeffectively.
- 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.
- 11. Provide support at the federal level for jails to effectively respond to pandemic flu, anthrax contamination, and other epidemics or emerging threats.
- 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, in-service, 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.
- 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.

- 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:
 - 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.

- 18. Co-sponsor with federal partners "one-stop shopping" for jail resources and information.
- 19. Develop models for jail and community collaboration.
- 20. Immigration Better coordination between federal agencies responsible for immigration issues, and local jails.
- 21. Sponsorship of national forums for jail administrators.