

Jackson County, Missouri

A CRIMINAL JUSTICE SYSTEM ASSESSMENT

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I. EXECUTIVE SUMMARY

In January 2018, Jackson County, MO (JCMO) issued a solicitation for a system-wide assessment and jail operations review that would address critical questions about its jail including how current deficiencies and capacities could be remedied.

From proposals submitted in response to this solicitation, in April 2018 Jackson County retained a team of consultants led by Shive-Hattery and HDR (consultant team) to conduct a rapid-turnaround, high-level review and analysis of the local criminal justice system, including (but not limited to) the jail, and to produce a final report of findings and recommendations. This document constitutes that report.

The scope for this project includes six areas of inquiry:

1. Conduct a high-level review and analysis of the Jackson County criminal justice system
2. Identify system drivers potentially affecting jail use
3. Using available data, conduct jail population analysis
4. Review current jail operations and staffing issues
5. Review current custodial mental and medical health systems
6. Develop jail capacity recommendations to inform projected scale and scope of potential jail facility needs

To understand how any system works, it is critical to understand not only the system's components, but the interactions among the constituent parts. As with any system, a criminal justice system is comprised of a "group of interacting, interrelated, and interdependent components that form a complex and unified whole."¹

Within that framework, a community's jail is just one component of the overall criminal justice system in which the jail exists. Its operations, including who enters the jail, for what reason and purpose, and for how long, are influenced by the policies and practices of other justice system actors, including local law enforcement, prosecutors, defense attorneys, and judges, as well as agencies responsible for pretrial and post-adjudication community supervision.

Thus, it is important to note and recognize that to a large degree, a community's jail is largely a "downstream" recipient of "upstream" decisions made by criminal justice policies and agencies beyond the control of a jail's administration.

It is also important to note and recognize the difference between "jail" and "incarceration." By this, we mean that a jail is a matter of infrastructure and operations; *incarceration*, on the other hand, is a criminal justice methodology used by entities that hold distinct roles and decision-making authority throughout the criminal justice continuum, beginning with arrest and carrying all the way through sentencing, custody, reentry, and post-release supervision.

In the context of this study, it is especially important to recognize that the Jackson County criminal justice system is shaped and affected by an unusually complex set of entities: By Kansas City Police Department, the Sheriff's Office, and local law enforcement agencies from surrounding towns and cities; by the municipal prosecutor and courts; by the county prosecutors and courts; and by state Probation and Parole, among others.

The region's governing authorities are equally complex: For example, the County Legislature is responsible for setting County budgets, while the County Executive is responsible for County operations, including managing the Department of Corrections. The Kansas City Police Department, which serves as

the law enforcement agency for Kansas City and is paid through its budget, does not report to the City Council for Kansas City but to a five-member Police Commission, of whom four are appointed not locally but by the Governor. And responsibilities for local probation and parole are under the authority of the Western Region for the Missouri Department of Corrections Board of Probation and Parole.

Even Jackson County's own jail facilities involve multiple authorities: KCPD holds jurisdiction over people it brings into the booking facility, the JCDOC is responsible for custody and operations in the JCDC and RCC, and the KCDOC contracts RCC beds to City of Kansas City/Municipal Court.

It is the consultant team's impression that this welter of authorities and duties has led to a highly disconnected and disjointed system in which entities typically operate largely in silos. While there are various multi-agency tables (such as the Kansas City Assessment and Triage Center work group and the multi-agency Population Control Group, among others), these efforts address only limited elements of the overall system.

Given these complexities, it appears that the region's criminal justice stakeholders have encountered longstanding, deeply entrenched, and highly fortified barriers that persistently interfere with their individual and collective abilities to gather sufficient foundational and common knowledge, deepen collective understanding, and develop meaningful agreements on philosophy, policies, and practices.

Despite such endemic barriers and divisions, the people involved in the Jackson County criminal justice system – both the people who are brought into the system and the agencies involved in criminal justice policy and operations – are in fact part of one single system. Whether a person is arrested by KCPD, brought into custody as a "municipal" inmate at the RCC or as a "state" inmate at the JCDC, prosecuted by the City Prosecutor or County Prosecutor, defended by public defenders or by nonprofit Legal Aid, heard before the Municipal Court or the District Court, supervised on County House Arrest or State Probation and Parole: *These are all one community, operating within one collective system.*

The intention of this report is to use objective, transparent, independent analysis to deepen shared knowledge and inform local decision-making regarding not just the jail but this larger system of which it is a part. To that end, this study takes a holistic approach to studying Jackson County's criminal justice landscape, using a Sequential Intercept model (see Figure 1) as a conceptual framework to guide its assessment of the Jackson County criminal justice system.

Using this framework, in this report we identify and analyze local criminal justice policies and practices that affect jail use; provide an analysis of the incarcerated populations in Jackson County facilities (calling on available data); review current jail staffing and operations; review current custodial mental health and medical health care; review current in-custody programming and identify opportunities for community-based interventions or services; and propose recommendations regarding potential future needs for jail bed capacity.

Based on our research, it is clear that Jackson County is wrestling with deeply rooted, highly visible, and intensely consequential issues of justice, safety, efficacy, cost, accountability, and politics. The jurisdiction has repeatedly witnessed sudden and unplanned shifts in leadership in multiple agencies and positions; the consequences of crowding the jail beyond its functional capacity for decades while deferring maintenance have overwhelmed the physical plant; under-investment in data infrastructure and data analysis have precluded the use of data-driven decision-making both for individual agencies and the system as a whole; and the lack of consistent, well-supported, and collective frameworks for shared learning and agreement have hobbled the system's capacity to examine deeply critical issues – such as racial and ethnic disparities in the criminal justice system, the role of both criminal justice fines

and money bonds in driving up incarceration, and the need to identify and develop intentional, shared priorities and approaches to address violent crime.

At the same time, it is also clear to us that Jackson County's stakeholders share a marked and noteworthy sense of commitment to improving what is widely perceived as a difficult and challenging system. Over and over again in our research, we were struck by the local stakeholders' dedicated, persistent, and urgent desire to recognize embedded challenges, push past roadblocks, and work together to build a better system, one that offers both safety and justice in equal measures.

To this end, it is our hope that this report's detailed analysis and recommendations enrich both planning and action in Jackson County.

II. A NOTE ON METHODS

To undertake this scope, the consultant team interviewed dozens of stakeholders to explore and document system-wide operations that affect the size and composition of the jail population, conducted multiple site visits, gathered and analyzed quantitative data, convened a half-day workshop to present our preliminary analyses and recommendations to a group of 17 criminal-justice policy-makers and agency heads from throughout the jurisdiction, participated in meetings with the Jail Task Force and the public, and made several presentations to the Jackson County Legislature.

Using quantitative data gathered with the help of multiple departments and agencies, we developed a quantitative analysis of the incarcerated population and current and historical jail usage. We toured the jail facilities, reviewed policy and operations documents for relevant agencies and functions, analyzed jail operations, and produced a jail staffing plan. Using both quantitative and qualitative data provided during continuous research and fact-finding, we produced a mid-project summary reference and resource guide and presented both preliminary recommendations and proposed action steps.

III. JAIL POPULATION ANALYSIS/PROFILE

The objectives of the Jail Population Profile analysis were three-fold: 1) to answer critical questions about who is in the jail, why, for how long, and how people detained in the Jackson County Department of Corrections (JCDOC) are released; 2) to identify potential factors or "drivers" of the jail population (i.e., "aging cases" or increasing lengths of stay, etc.) linked to overcrowded conditions; and 3) to identify potential cost-effective alternatives to safely reduce the jail population and improve jail operations (i.e., reduce overcrowding).

To address these three objectives, the consultant team drew on multiple data sources, but primarily the county's Booking and Release Information System (BARIS) and hand-coded tallies of internal jail population records, to obtain aggregated trend and snapshot data from the three secure adult facilities comprising the county's jail system.

A. SUMMARY OF JACKSON COUNTY'S JAIL FACILITIES

1. The **Jackson County Detention Center** (JCDC). The JCDC, referred to locally as "the Tower," is used to hold people awaiting trial on state-level charges, people sentenced to 364 days or less in the JCDC following conviction for a state-level criminal offense, people detained for violating court-ordered supervision, and people awaiting transfer (either pre-trial or postconviction) to another facility such as the Missouri Department of Corrections, a federal facility, or another county's jail. It has the capacity to house 760 people although the facility's functional capacity (85 percent of rated capacity) is closer to 549 beds; at times the JCDC has housed as many as 977 people. Typically, approximately 83 percent of the JCDC population is awaiting trial and

between 10-13 percent are sentenced to serve time in the JCDC. The JCDC population accounts for roughly 80 percent of people confined in the Jackson County jail system.

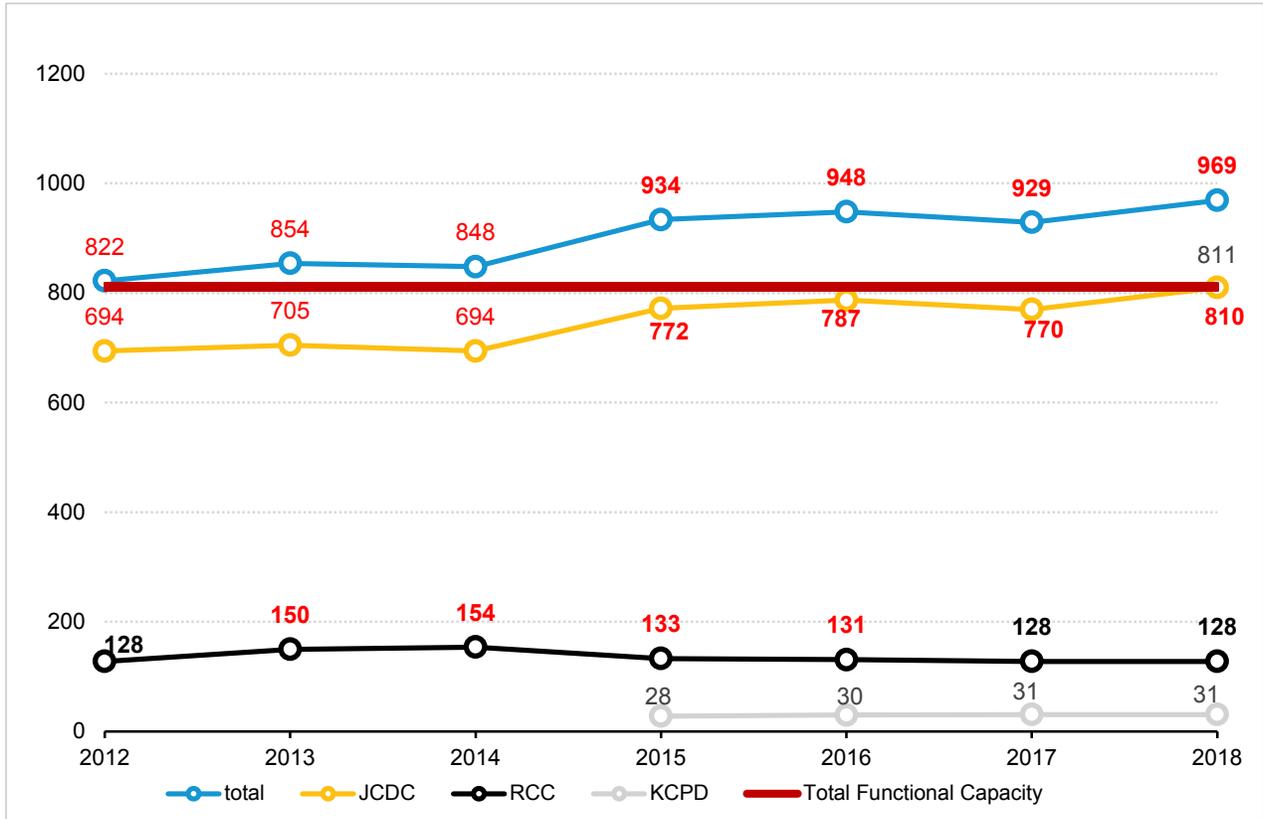
2. The 153-bed **Regional Correctional Center (RCC)**. The RCC houses both people charged with and convicted of municipal (Kansas City) offenses or low-level misdemeanor crimes. People convicted of a municipal offense may serve a maximum of six months (180 days); however, people convicted of multiple municipal offenses may serve their sentences sequentially resulting in stays of 18-24 months or longer (theoretically). Stakeholders estimate that people awaiting adjudication (pretrial detainees) currently comprise roughly 50 percent of the RCC population, up from one-third in recent years due to increased failure to appear rates. The RCC's functional capacity is 130 beds. The RCC population comprises approximately 14 percent of the Jackson County jail system.
3. The 132-bed **Jackson County Detention Center Annex (Annex)**. The JCDC Annex functions as a holding area for people arrested and detained by the Kansas City Police Department (KCPD). Most people brought to the Annex by KCPD are booked and released, often within 4 hours.

Data requests and analyses proceeded in an iterative fashion allowing the consultant team to engage stakeholders familiar with the data while also clarifying analytic output and documenting critical data limitations. To gauge the availability and quality of the county's jail data, the consultant team first asked the JCDOC to populate an Excel spreadsheet with monthly jail population counts for the 12-month period spanning April 2017-May 2018.² This exercise revealed several data challenges, including missing and unreliable data necessary to readily calculate or report on a variety of basic metrics such as average length of stay, inmate demographics, bond amounts, etc. In the absence of comprehensive and consistent data, the consultant team, in partnership with key local stakeholders, navigated these challenges by requesting a combination of data that could be produced reliably and verified.³ This included amassing a series of "snapshots" to effectively capture data with limited shelf life. Using historical data for average daily population for elements from calendar years (CY) 2012-2018, monthly booking and release counts and monthly ADP data (April 2017-May 2018), a six-month cohort analysis of people released from the JCDC (January-June 2018), and demographic data drawn from multiple one-day jail population snapshots provided by Jackson County stakeholders over the first seven weeks of the assessment period, a profile of the Jackson County jail population emerged along with several critical observations regarding system capacity and jail population characteristics. These observations form a mosaic of the Jackson County jail system that informs several recommendations and offers direction for future inquiry.

B. JAIL POPULATION TRENDS

Table 1 presents average daily population data for the Jackson County jail system and its three secure facilities spanning nearly six years. Two key observations are apparent. First, the system's total average daily population (ADP) increased 18 percent between CY2012 and CY2018. Second, the Jackson County jail system has consistently and persistently operated above its functional capacity for the past six years. The graph's red line denotes the system's functional capacity—i.e., optimal operating conditions defined here as using approximately 85 percent of all jail beds. Red figures indicate when ADP exceeds a facility's functional capacity.

Table 1. Average Daily Confined Population, 2012-2018

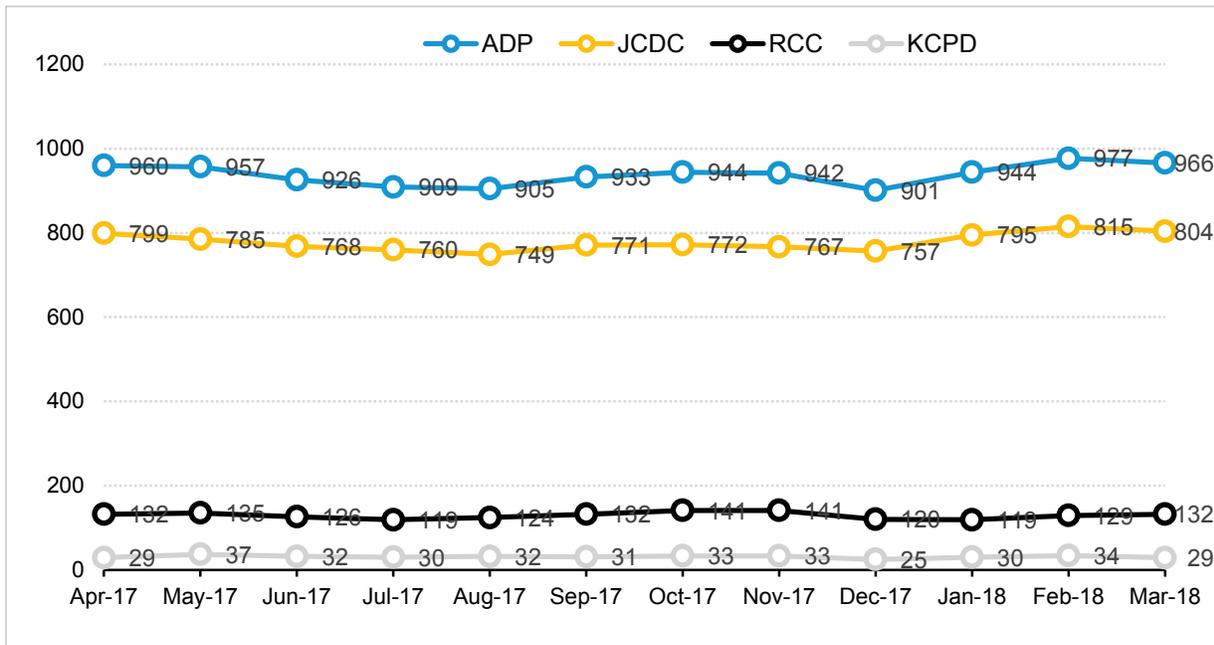


Source: Monthly Jail Population Report Excel spreadsheet updated July 2018. Note: Calendar Year (CY) 2018 data reflects January-April 2018. CY2015 KCPD data includes May-December 2015 consistent with the shift in operations.

As of March 2018, the average daily confined jail population in Jackson County was 966.⁴ Table 2 plots the monthly ADPs for March 2017-April 2018, serving as an extension of Table 1 with slightly more granular and current information.

As illustrated, the Jackson County incarcerated population has remained relatively stable since April 2017, with small fluctuations. In 2016, Jackson County’s ADP was 948 people, yielding a jail incarceration rate of approximately 139/100,000,⁵ which is lower than both Missouri’s jail incarceration rate (240/100,000)⁶ and the national jail incarceration rate (229/100,000).⁷

Table 2. Average Daily Confined Population, April 2017- March 2018



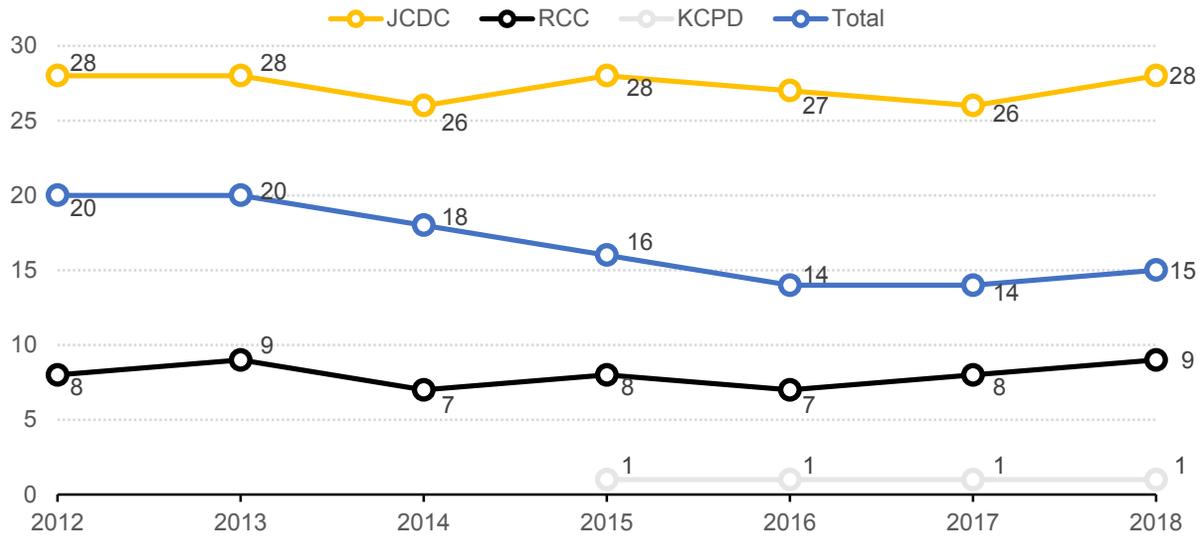
Source: Monthly Jail Population Report, Physical Headcounts, Received July 2018

Table 3 shows the expected average length of stay (ALOS) across the Jackson County jails overall and by facility over a nearly a six-year period spanning CY2012 and May 2018. The ALOS across Jackson County has been relatively steady over this period. Compared to national figures, Jackson County’s overall expected ALOS is relatively low at 15 days, but the JCDC’s ALOS of 27 days exceeds the national average; in 2013, the ALOS for jails nationally was 23 days.⁸

Lastly, analysis of aggregate monthly booking and release counts for June 2017-June 2018 indicates bookings into the Jackson County jails slightly exceeded releases: During the 12-month period, there were 25,821 bookings and 25,633 releases. Total bookings translate to approximately 2,151 bookings per month or roughly 72 bookings per day, of which 28 per day were remanded to the JCDC, 15 per day were remanded to the RCC, and 26 per day were arrested, booked and released by the KCPD within hours (Table 3).

On average, KCPD accounted for approximately 22 percent of JCDC admissions and 89 percent of RCC admissions.⁹ From January-June 2018, three local law enforcement agencies accounted for 87 percent (N=6509) of booked and released cases in the Jackson County DOC: KCPD comprised 59 percent (N=4384) of all booked and released cases, while the Jackson County Sheriff’s Office comprised 18 percent (N=1330) and the Independence Police Department comprised 11 percent (N=795). More than thirty entities, including city, county, state and federal agencies, brought people to the Jackson County jail facilities.

Table 3. Average Expected Length of Stay, CY2012-April 2018

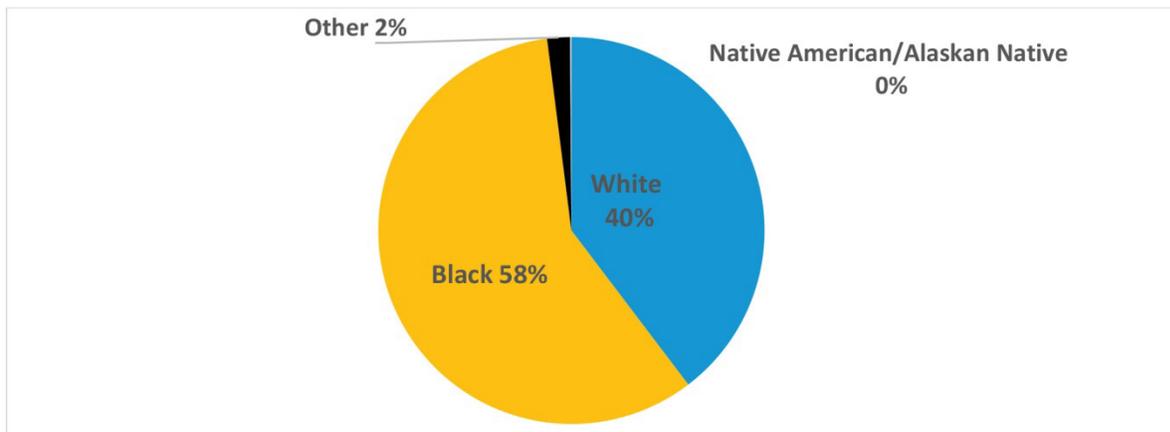


Source: Monthly Jail Population Report, Physical Headcounts, Received July 2018

C. JAIL POPULATION CHARACTERISTICS

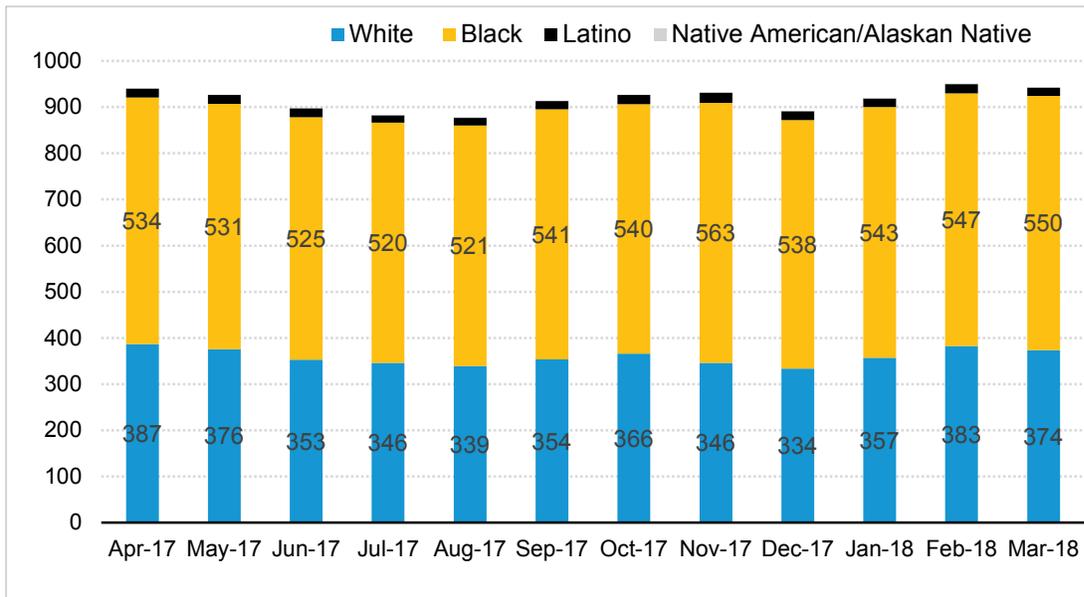
Twelve-month trend and snapshot data compiled at three points in time¹⁰ present a consistent picture of who is confined in the Jackson County DOC. The Jackson County jail population is predominantly male (88%) and black (58%). African Americans are disproportionately represented in the jail system, comprising 24 percent of the Jackson County population but nearly two-thirds of the jail population. This is substantially higher than the national average; African Americans comprise 36 percent of the nation’s jail population.¹¹

Table 4. Confined population by Race, March 2018



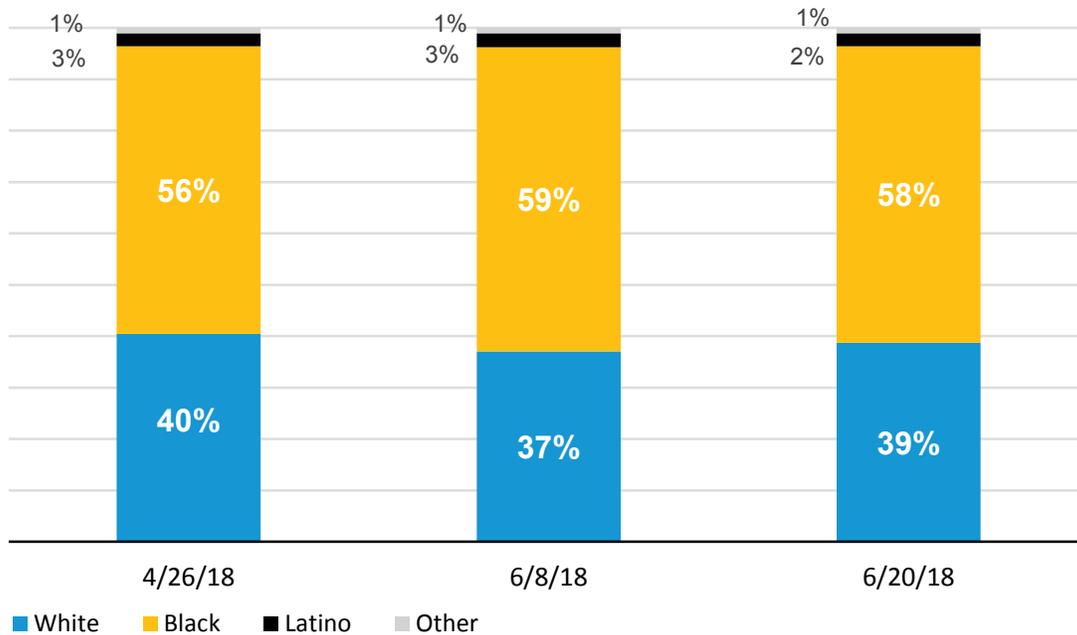
Source: Jackson County Monthly Jail Report, Excel Spreadsheet June 2018

Table 5. Confined Jail Population by Race, April 2017- March 2018



Source: Jackson County Monthly Jail Data Excel Spreadsheet, June 2018

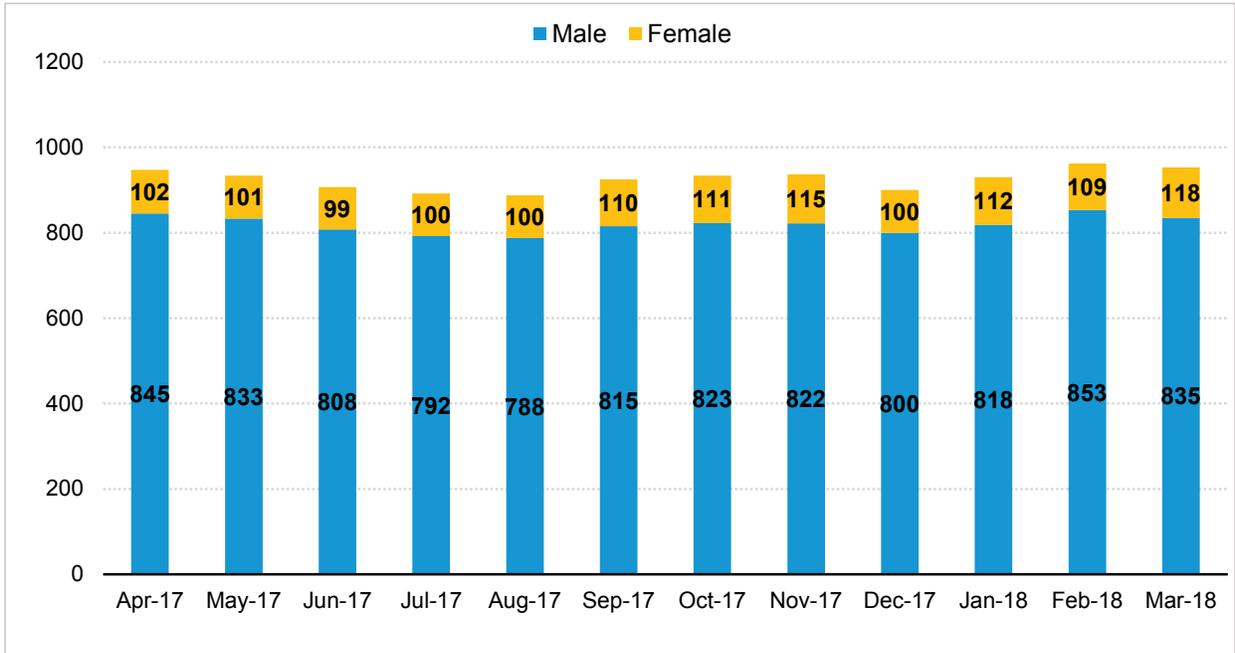
Table 6. Confined Jail Population by Race, Snapshots April and June 2018



Jackson County Department of Corrections Snapshots April and June 2018, received July 2018

As of March 2018, the confined jail population was 88 percent male and 12 percent female. This gender breakdown has remained relatively consistent since April 2017.

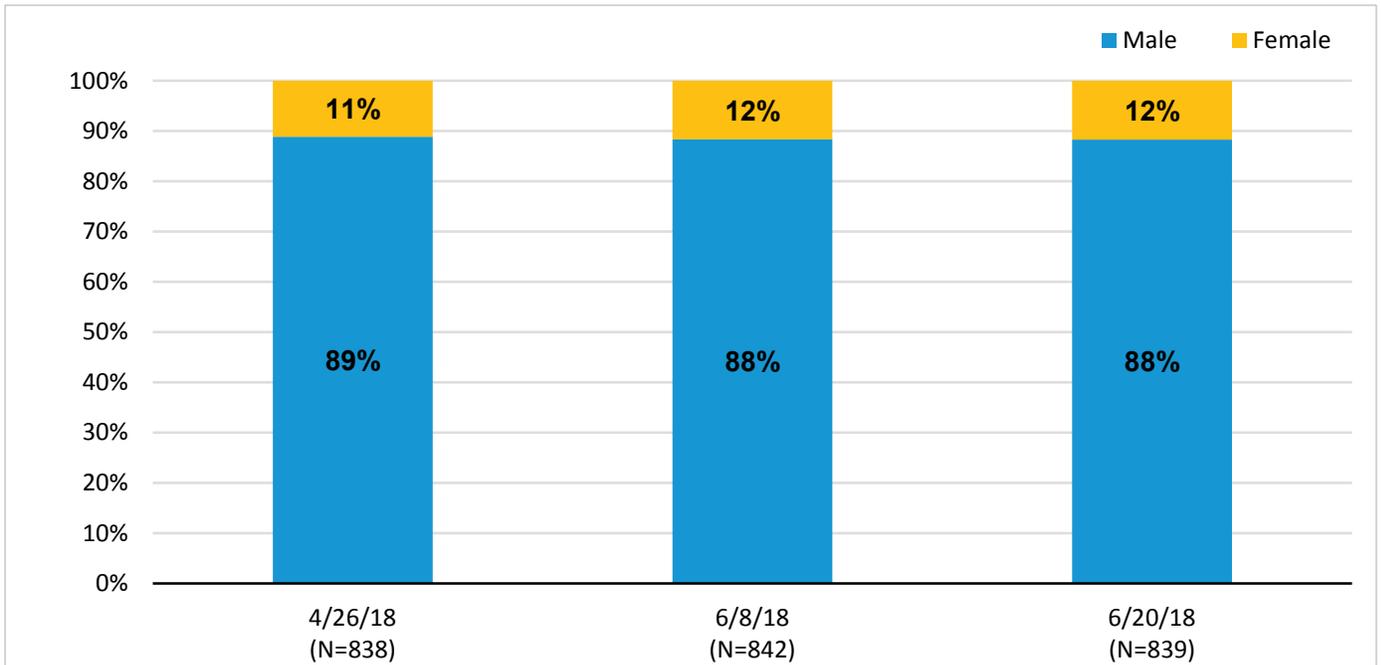
Table 7. Confined Jail Population by Gender, April 2017-March 2018



Source: Jackson County Monthly Jail Data Excel Spreadsheet, June 2018

More recent snapshot data for April and June 2018, respectively, suggest this gender composition largely stands (Table 8).

Table 8. Confined Jail Population by Gender, Snapshots April and June 2018



Jackson County Department of Corrections Snapshots April and June 2018, received July 2018

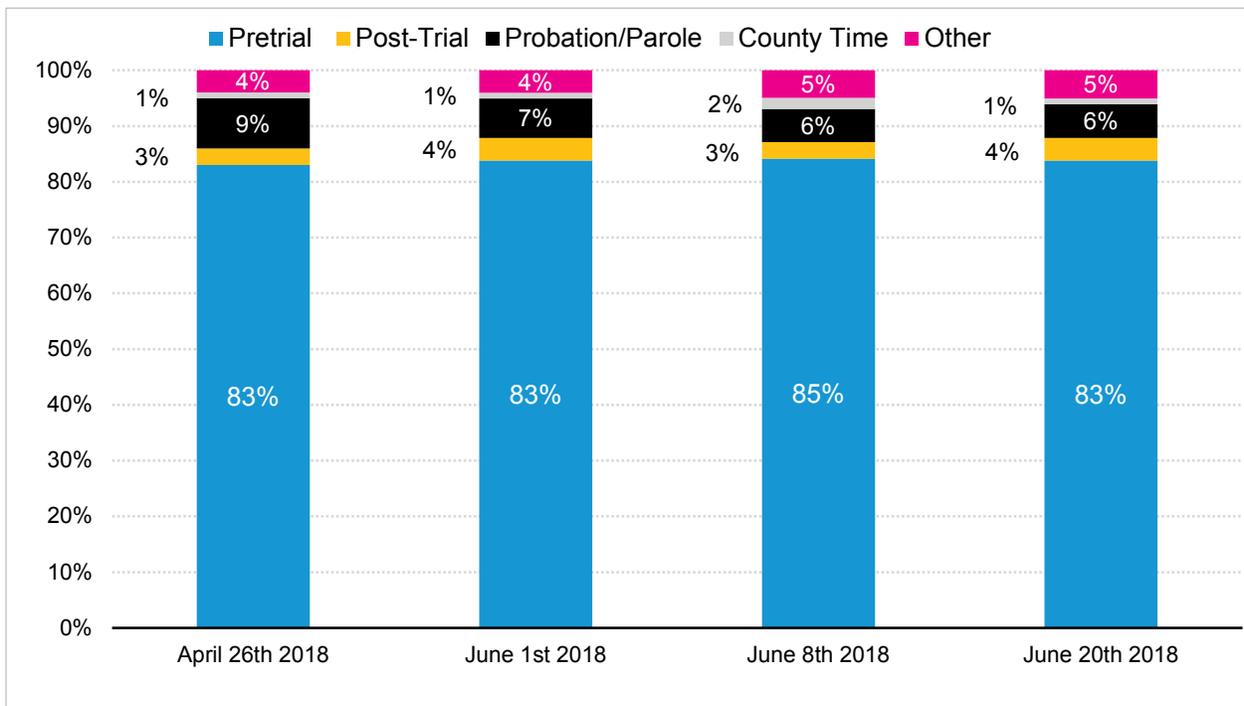
Additional data on the characteristics of the jail population are limited or, in some instances, unavailable. Average age, for example, could not be reliably calculated: initial data from the county offered age data for less than 10 percent of the jail population during the specified 12-month period for which monthly jail population data were requested.¹² Recidivism is also not routinely calculated, although in the past JCDOC staff compiled a monthly statistical report containing basic demographic, charge, status, program participation and recidivism data.

High Jail Utilizers. Despite the data challenges listed above, JCDOC staff recently identified a subset of High Jail Utilizers—people booked into the jail repeatedly and whose incarceration presumably requires a disproportionate amount of jail resources. Between January and June 2018, 83 people had been booked into the JCDC for a total of 358 times; this represents an average of four bookings per person, or roughly a booking nearly every month. Of these 83 high-utilizers, approximately 60 percent had an identified mental illness. During the same six-month period, approximately 50 people cycled through the RCC three to four times.

Confined Population Status. April and June 2018 snapshot data indicate approximately 83 percent (N=693) of the total confined Jackson County population was awaiting trial (Table 9). While pretrial rates are high in many jails, the pretrial population in the Jackson County jail exceeds national figures: Nationally, the pretrial population in jails comprises about two-thirds of a jail’s population.

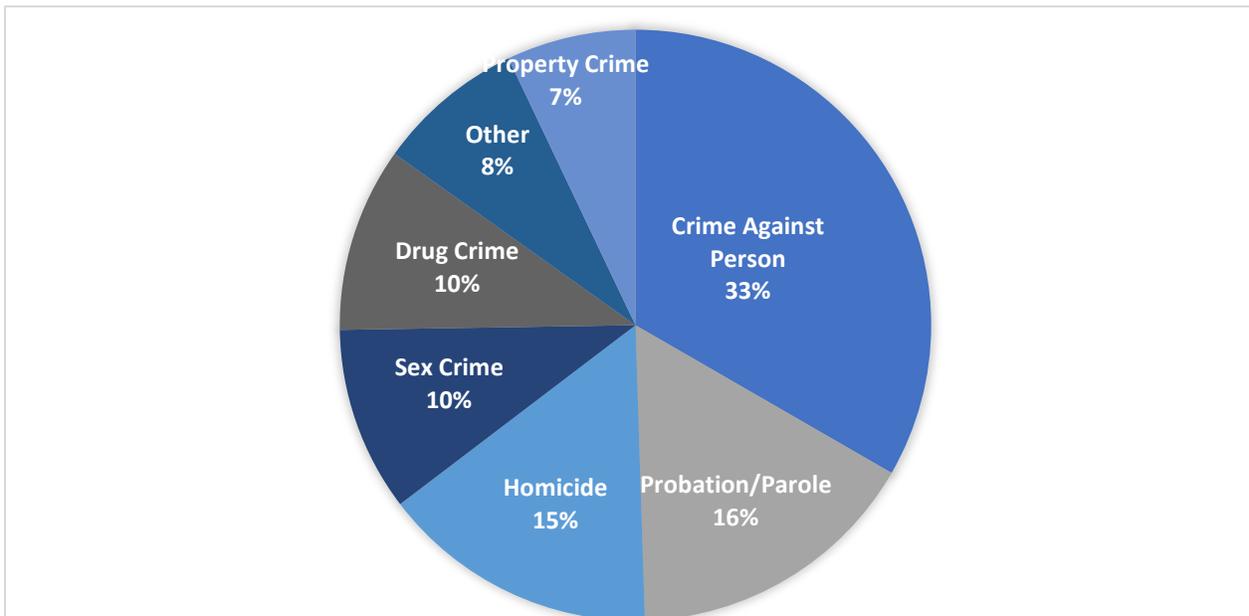
Of people held pretrial, 64 percent were held on charges for a serious offense (Table 10), while probation/parole violators comprised 16 percent, according to the April 26, 2018 snapshot.

Table 9. Confined Jail Population by Status (Snapshots from April and June)



Source: Jackson County Department of Corrections Memo, 6/4/18 and July 2018 Jail Report Data

Table 10. Confined Jail Population by Most Serious Charge, Snapshot in April 2018 (N=838)¹³



Source: Monthly Jail Population Report, July 2018

Analysis of the Pretrial Population

To better understand the substantial size of the pretrial population in the Jackson County jail, the consultant team obtained release data for a six-month cohort of people booked and released into JCDC between January 1 and June 30, 2018.¹⁴ Applying these parameters yielded approximately 7,749 JCDC pretrial releases for approximately 6,237 (unduplicated) defendants booked and released between January 1 and June 30, 2018. These 6,237 unique defendants were predominately male (79.9%), with approximately 49 percent White and 48 percent Black. The racial composition of female defendants also; 58 percent were identified as White while 40 percent were Black; the remaining 2 percent were Hispanic, Native American, Asian and “other.”

Release type was missing (none entered) for 32 percent of releases (N=2396) reducing the **valid cases for analysis to 5,053**.¹⁵ The distribution for the 5,053 releases with valid release type data suggests “release to other jurisdiction” is the most prevalent release type, comprising 28 percent (N=1433) of releases during the focal period followed by:

- Twenty-six percent Released on Own Recognizance (N=1328) after 12.83 days, on average, at the JCDC; this portion of the pretrial population accounts for approximately 17,264 jail bed days (1328*12.83) or roughly 96 beds per day (i.e., 13 percent of the JCDC’s capacity);
- Sixteen percent Bond (N=796) after 9.25 days, on average, at the JCDC; this portion of the pretrial population consumes 7,363 bed days or roughly 40 beds per day (five percent of the JCDC’s capacity);
- Thirteen percent Prison (N=645) after 105 days, on average, at the JCDC; this portion of the pretrial population consumes 67,725 bed days or roughly 376 beds per day (49 percent of the JCDC’s capacity);

- Six percent Probation (N=281) after 133 days, on average at the JCDC; this portion of the pretrial population consumes 37,373 bed days or roughly 270 beds per day (27 percent of the JCDC's capacity);
- Five percent Time Served (N=260) after approximately 37 days, on average, at the JCDC; this portion of the pretrial population consumes 7,363 bed days or roughly 40 beds per day (five percent of the JCDC's capacity);
- Two percent County House Arrest (N=188), a key pretrial option, after spending an average of 57 days in the JCDC; this portion of the pretrial population consumes 10,716 bed days or roughly 59 beds per day (eight percent of the JCDC's capacity).

Little can be said about the pretrial population's assessed risk or whether levels of assessed pretrial risk correspond with release decisions. Although Jackson County commissioned the design and validation of a pretrial risk assessment tool in 2013, stakeholders report that it rarely informs pretrial decision-making.

Poor data may also be a factor impeding the tool's use: Of the approximately 1519 lines of pretrial risk assessment score data provided for the six-month release cohort, 559 lines were coded as NULL. The remaining 964 records had combined scores spanning 0-18, of which approximately eight percent scored a 12 or higher, indicating a high risk of pretrial failure to appear or risk to public safety. This means the remaining 92 percent were assessed as moderate to low risk for pretrial failure to appear or public safety and could remain in the community. A review of the pretrial ALOS distribution for each charge suggests quite a range even within categories—arson, for example, was associated with the longest average length of pretrial stay at 384 days, followed by murder/ homicide/ manslaughter at 352 days (murder) to 65 days (manslaughter). Notably, people charged with Driving Under the Influence (DUI) had an ALOS of 123 days, while felony DUI had a lower ALOS, at 82 days. The reliability of these charge-ALOS data could not be verified during the truncated assessment timeline.

Overall, however, these data suggest the policies and practices related to pretrial detention is a significant driver of the jail use and contributes to overcrowding. As this data analysis makes clear, people eventually released on their own recognizance, bond, and county house arrest in Jackson County spend protracted periods in the jail awaiting release.

Analysis of Aging Cases

The JCDOC maintains a running list of individuals confined pretrial for more than 365 days. Referred to locally as the "aging cases" caseload, these cases are reviewed monthly at the county's Jail Population Control meeting. On average, the list consists of approximately 114 cases each month.

Analysis of the July 2018 aging cases caseload, which consisted of 111 cases (individuals), indicates 26 individuals (23 percent of the "aging" caseload) have multiple cases proceeding through the courts: 18 individuals on the "aging cases caseload" had two concurrent cases while two individuals had five cases proceeding concurrently. Virtually all cases on the aging caseload have multiple charges per case, with the number of charges per cases ranging from 1-15; the average number of charges per case is 3.2 while the average number of charges per person is 4.3. Overall, there are 478 charges associated with the 149 cases attached to these 111 aging cases.

Charges consist mostly of violent person crimes such as murder (40%), followed by property crimes (21%) and rape and other sex offenses (14%); approximately 10 percent consist of other "crimes against a person" and five percent are drug offenses. Of the 149 cases attached to these 111 aging cases, 20 involve "holds," of which eight appear to be holds for other jurisdictions and five are for Immigration

and Customs Enforcement (ICE). Lastly, 20 cases have noted “outcomes” including 16 guilty pleas with anticipated sentencing dates ranging from August 3, 2018 to June 14, 2019, which suggests a combination of case processing delays (i.e., multiple continuances, potentially sizeable gaps between disposition and sentencing) may account for these protracted periods of pretrial incarceration.

Continuances are also common: This aging caseload includes 248 continuances, or approximately two continuances per case per person; the number of continuances per case ranges from 0-10.

Between May-July 2018, 81 aging cases were disposed of and released from the JCDC after having been confined an average of 707 days or approximately 1.93 years. Days in custody ranged from 367 days to 1,429 days; median days in custody totaled 655 days. Individuals attached to these aging cases were 88 percent male and approximately 51 percent Black, 44 percent White, 5 percent other.

Analysis of aging case *releases* indicates:

- **Average days in custody varied considerably by race:** Cases (N=4) in the “Other” race category stayed 1,187 days on average, compared to Blacks at 628 days and Whites at 725 days.
- **The number of people released after spending 365+ days in the JCDC doubled** from May to July 2018, although the reason for this increase is unclear. Twenty people were released in May 2018 after spending an average of 828 days in the JCDC pretrial (approx. 2.26 years) and another 20 were released in June 2018 after spending an average of 606 days in the JCDC pretrial (approximately 1.66 years); in July, 41 people were released after spending an average of 682 days in the JCDC pretrial (approximately 1.86 years). No clear reason for this increase in case clearances was readily discernable, and stakeholders pointed to both the vagaries of court calendars and variation among judges’ thresholds for continuances.
- **Release type varied greatly across the 81 cases.** Approximately 44 percent (N=36) were released to the Missouri Department of Corrections, specifically the MDAI (prison), after disposition; on average, these people spent 580 days in the JCDC prior to release to MDAI. Another 37 percent (N=30) were released to Probation (N=21) after spending an average of 767 days at the JCDC or Discharged Probation (N=9) after 989 days in the JCDC, meaning these cases were resolved and either sentenced to Probation or a prior probation disposition was adjudicated as complete and the discharge ended the case. Approximately 19 percent (N=15) were released after an average of 728 days in the JCDC via Time Served (N=1), Acquittal (N=1), or Dismissal (N=6); seven people were releases on their own recognizance after 604 days.

The high percentage of people held for extended periods in custody, only to be released to probation (after an average of 2.1 years held in custody) or to “discharged probation” (after an average of 2.7 years held in custody), is noteworthy and warrants close attention.

In May 2018 the state of Missouri issued a report a justice policy brief that found “the average time from criminal case filing to sentencing increased 8 percent between FY2010 and FY2016 and now takes nearly 190 days on average in Missouri.”¹⁶ During this period, it reports, case processing delays in Jackson County increased by 41%, which suggests that such case processing delays may be a meaningful factor in unnecessary use of the jail.

In sum, the Jackson County jail system is overcrowded; it has been consistently and persistently operating above capacity for years. As the system’s largest facility, the JCDC contributes the lion’s share of this overcrowding, apparently due in part to the considerable population held pretrial and to system processing delays that result in lengthy pretrial custody stays and a relatively static aging cases caseload. While there are considerable data limitations and informational gaps that must be addressed, the

present analysis of the jail population suggests several opportunities to safely reduce the jail population by focusing on the pretrial population and identifying and systematically resolving bottlenecks to improve case processing efficiencies.

Jail Management Information System

Strong data systems, including powerful and customizable infrastructure and consistent data-entry and quality management processes, are essential to data-driven decision-making and improvement. The consultant team found that many data systems and processes throughout Jackson County are ill-equipped to provide useful, accessible, and reliable data reports. Further, it is our impression that the system as a whole has not developed intentional and meaningful data-sharing agreements or practices.

While we believe that the entire criminal justice system in Jackson County would benefit from increased attention to and investment in the elements necessary to enable data-driven decision-making, it is also true that as the agency responsible for jail management, the JCDOC's ability to provide reliable, timely data is absolutely essential to effective criminal justice processes. Currently, the JCDOC's management information system, also known as BARIS (Booking and Release Information System) is outdated and lacks key functionality. Further, as we understand it, JCDOC staff do not routinely receive formal, standardized training on BARIS data entry protocols, and the JCDOC has no data quality assurance protocol. As a result, data are missing, entered incorrectly, or unreliable.

We strongly recommend that the County prioritize the need to identify and implement a new jail information management system as an urgent, imperative, and time-sensitive obligation. According to our research, the JCDOC is developing a Request for Proposals (RFP) to accomplish this task, but it is not clear to us that the process is proceeding on a clear and fast-tracked timeline with a targeted implementation date. It is also not clear to us whether the effort to develop this RFP is being meaningfully informed by the insights and recommendations of staff who have primary responsibility for such a system's needs and efficacies.

We believe that JCDOC would benefit from retaining highly qualified external technical assistance to ensure that the data system is both designed and implemented to ensure maximum functionality and utility. In the meanwhile, stakeholders familiar with data operations suggest that a new data system should have the following features, at a minimum:

- Ability to take and store a photograph at booking, tied to an individual's Master Number, to foster accurate identification and data-integration at intake
- Ability to accurately enter dates and automatically calculate certain durations (such as length of stay); to enter current legal status while retaining prior legal status, rather than overwrite historical data; to automate date-stamps so status can be tied to date and duration
- The use of pick-lists and drop-down menus, and limit or eliminate the use of open text fields, to standardize data-entry
- The use of mandatory fields for booking information, such as race, gender, or date of birth
- The use of validation rules – i.e., identify mandatory fields that must be populated before the screen can advance
- Methods that limit and standardize comment fields related to cases and charges, and preclude ad hoc abbreviations

- The use of charge codes that align with state penal codes (currently, the JCDOC charge codes do not match state charge codes)
- The use of a “most serious charge” field in the intake process, to accommodate intakes that include multiple charges
- The ability to link/integrate police, court and jail data systems so records can be easily aligned

D. RECOMMENDATIONS FOR JAIL POPULATION ANALYSIS AND MANAGEMENT

Recommendation # 1: Reduce Avoidable Jail Intakes

KCPD, Jackson County Sheriff’s Office, and Independence Police Department collectively account for 83 percent of all Jackson County jail admissions. KCPD alone accounted for 4,384 jail bookings (59%) in the first six months of 2018; of these, the majority are arrested, booked and released within four hours. This process consumes limited resources (officer time, booking agent time) and is disruptive for both the officer and the individual. While KCPD is reported to use in-field “cite and release” procedures that do not require custodial booking, system stakeholders should examine jail “inputs” and law enforcement policies and processing data to identify additional opportunities to divert appropriate cases from unnecessary jail bookings.

Recommendation # 2: Expedite Pretrial Case Processing to Reduce Pretrial Lengths of Stay

Approximately 40 percent of the pretrial population (N=2572) is released after spending an average of 29 days in custody, of which 89.9 percent (N=2312) released on Bond, Own Recognizance (ROR or OR), and County House Arrest. These periods in custody for people released on limited conditions is unreasonably long and suggests the Jackson County criminal justice system could alleviate a great deal of pressure on the jail by expediting pretrial release by establishing a Case Expediter position¹⁷ and more implementing more systematic release processes: Reducing pretrial processing times for each of these three populations to just three days would free up 99 beds per day. Additionally, shorter pretrial release processing times reduce recidivism and minimize the instability (potential job loss, housing loss, and family disruption) associated with even very short periods of confinement.

Now may be a particularly critical time to address pretrial practices as there is strong momentum both at the national and state levels. In Missouri, the state’s recent Justice Reform Initiative effort notes not only that jail populations and court processing times have steadily increased over the past seven years¹⁸ but identifies enhanced pretrial procedures as focal strategy. Nationally, several organizations are advancing pretrial reform through training and technical assistance (TTA), including the Laura and John Arnold Foundation, which will soon launch a comprehensive initiative to provide TTA to nearly 200 jurisdictions nationwide.

Recommendation # 3: Strengthen Pretrial Releases Practices

Stakeholders across the Jackson County criminal justice system routinely reported that the county’s pretrial risk assessment is under-utilized. System stakeholders should collaboratively examine how to improve the administration, performance and utilization of the tool to inform pretrial release decisions. Likewise, Jackson County stakeholders should review the quality and completeness of available pretrial risk assessment data to discern the underlying patterns and decisions affecting pretrial release.

Recommendation # 4: Resolve Aging Cases; Reinstate Limits on Continuances

Cases held more than 365 days pretrial comprise roughly 10 percent of the JCDC population and consume an enormous number of jail bed days. In most cases, these involve multiple charges and

substantial processing delays as they move through the courts. About 20 percent of the 81 aging cases released between May and July 2018 were released via a combination of ROR or via dismissal or acquittal; disturbingly, these people had spent an average of 728 days in custody. That people were held for two years in pretrial detention, only to be released without a custodial sentence or transfer to prison, suggests opportunities to substantially reduce jail usage, increase efficacy and equity, and reduce unnecessarily protracted pretrial detention. Stakeholders should embrace a more robust case review process to identify opportunities to shorten processing times, and work to identify and limit unnecessary continuances.

Recommendation # 5: Expand Capacity for Diversion

To reduce the “inflows” to the jail, we recommend that JCMO identify and build alternative approaches to managing high utilizers of the jail system; this would include increased use of the Kansas City Assessment and Triage Center (KC-ATC) and other alternatives to jail detention for people with behavioral health issues. Jackson County stakeholders should examine these cases and determine what portion, if any, could have been safely diverted and effectively served by the KC-ATC or some other community-based treatment option. Data maintained by the KC-ATC suggest there is ample capacity for additional law enforcement referrals; currently, KCPD referrals comprise just one-quarter of all referrals to the KC-ATC.

Recommendation # 6: Address Data-Quality Issues in Jail Information Processes

Local stakeholders should work proactively to identify and address data quality issues, including the routine input of charge and release information necessary to monitor jail flows. In the past, JCDOC staff compiled a monthly statistical report containing basic demographic, charge, status, program participation and recidivism data; this report should be reinstated following the hire and onboarding of the newly approved Operations Analyst position. Furthermore, booking officers and ICS staff should be routinely trained on data entry procedures and quality assurance checks should be performed to minimize missing data and enhance both the reliability and utility of the DOC’s data for analysis and decision-making.

Recommendation # 7: Engage in System-Wide Data Analysis

Stakeholders should establish and staff a system-wide data working group to review case process and flow data across the system, identify inconsistencies or gaps, and implement solutions to remedy any shortfalls. This group should regularly review and analyze arrest, case filings and dispositions, and jail bookings and releases to monitor system performance and identify opportunities to implement options that reduce harm to individuals, enhance public safety and promote equitable and efficient criminal justice administration.

Recommendation # 8: Examine and Address Racial and Ethnic Disparities

Examine racial and ethnic disparities and address putatively “race-neutral” policies that exacerbate these issues. The Jackson County jail population is predominantly and disproportionately African American. Stakeholders should examine practices including diversion options that may be “race neutral” on their face but which, in practice, may be unintentionally limiting access to jail diversion options.

Recommendation # 9: Review and Address Role of Money Bond

IV. JAIL OPERATIONS AND STAFFING

In this section of the report, we provide an operational analysis, including a determination of staffing needs and/or staffing assignment patterns, for the JCDOC. We assess the adequacy of the existing

staffing based on current programs, task levels, and post assignments, provide an objective review of the level of efficiency at which personnel are assigned to the various functions of the jail, and provide recommendations for minimum staffing required to safely and efficiently operate the facilities.

A. JAIL PROFILE

The operations and staffing of the Jackson County detention facilities are directly affected by the operational philosophy of the JCDOC, the mission of the jail, the people held in the facility, the design of the physical plant, and the number and characteristics of those in custody. In addition, court decisions and state and professional standards influence operations and staffing.

Of note here is the expansion of the jail's mission with the establishment of the Regional Jail concept and the addition of the municipal corrections inmate population in 2012 and the later addition of the KCPD's arrestees in 2015. This brought about a substantial increase in the number of inmates under JCDOC supervision, the complications of providing supervision in an adjacent but separate building, and the challenges of managing both a short-term holding population and a longer-term municipal corrections population along with its traditional population of county inmates. It's not clear that the staffing implications of these changes were fully addressed at the time these additional population groups were added.

B. JAIL PHYSICAL PLANT

The Jackson County jail facilities consist of three structures directly connected by means of a lengthy corridor system.

1. The **Jackson County Detention Center (JCDC)**, constructed in 1981, has a current design capacity of 760 inmates. It is an eight-story building that consists of six levels of inmate housing, a top floor indoor and outdoor recreation area, a main floor with corridor tunnel access to the Jail Annex and Regional Correctional Center (RCC), and a below-grade basement level with additional detention holding cells for inmate transport to court, intake area for arrestees of the Kansas City Police Department (KCPD) and another corridor tunnel with direct access to RCC. The first floor of the main building houses the JCDOC Administration, Visitation Lobby, Master Control, and Men/Women Staff Lockers. At grade level, the KCPD municipal arrestees enter the Jackson County jail system for processing, starting at the sally port, intake and booking area, and group and individual holding cells.
2. The **Jail Annex** was constructed in 1997 and occupied in 1999. The building has three levels with partial below-grade basement. The Annex houses the detention infrastructure for JCDOC. The jail intake and release component of the jail for county arrestees is in the Jail Annex. The Intake and Release processing area includes the Sally Port, Intake/Book area, Classification, Records, and holding cells. Other elements within the Jail Annex on the ground/ main Level include: main Service Dock for the complex, Kitchen and Storage, Central Supply, Laundry, Bonding and Transport. The upper levels include open dormitory pods with a total bed capacity of 153, social work support offices, a north and south indoor gymnasium, visitation, program room, mechanical and storage space also occupy space on the upper level of the Annex.
3. The **Regional Correctional Center (RCC)** is located in an adjacent building that was constructed in 1934. The building has five levels with a below grade basement. The existing building houses County Population Control, Jackson County Sheriff's Department-Investigative Unit, County Circuit Court Records, the Circuit Court Information Technology (IT) Department, Records Administrator's Office, and the Professional Standards Office. The original basement level was

converted into two levels with the lower level housing the Jackson County Circuit Court IT Main Server and the level above housing Department of Civil Process and Court Information Technology Offices. The first floor houses Population Control, Professional Standards Office, Records Administrator's Office, and the Jackson County Investigative Unit. Within the building, as well, are the Inmate Program Services and Training Rooms. Housing people with Municipal charges, the facility has open dormitory pods with a total capacity of 153.

Jail Design: The layout and design of the multiple facilities that comprise the Jackson County Jail present significant staffing challenges and are extremely staff inefficient. Including the 8th-floor temporary housing in the North Gym, there are ten floors of inmate housing in three buildings, with 53 separate housing units of varying size and design.¹⁹ In addition, the physical plant includes two separate intake and release areas, each with temporary holding cells – one for county detainees in the ground level of the Annex and one for KCPD detainees in the ground level of the JCDC. Staff must be available to supervise and manage behavior in all of these areas and, in addition, manage internal inmate movement between housing and intake, program, and medical services areas.

In addition, correctional officers' ability to effectively supervise and manage the housing modules is hampered by the layout and design of the housing units in JCDC. Staff observation into housing areas is intermittent at best with officers stationed in security corridors where they observe dayroom areas through glazing in the dayroom walls. Staff are required, by policy, to enter each dayroom area to conduct well-being checks at least hourly, with secondary checks conducted in between by observation from the corridor. Electronic door controls for housing units are located in panels outside the units, requiring a second officer to be available to control access into and out of the units.

Jail Capacities: A detention facility is usually defined as "overcrowded" when the incarcerated population consistently exceeds the facility's design, or rated, capacity. However, symptoms of crowding may be apparent much earlier—once the jail reaches approximately 85 percent of rated capacity. At that level, properly housing and managing the diverse jail population begins to become much more difficult, compromising the jail's classification system.

Compromising a jail's classification capabilities is inconsistent with the safe, secure, and humane operation of the facility. It may lead to increases in violence, tension, and access to contraband. Basic functions (security, maintenance, sanitation, programs, recreation, etc.) begin to break down when they are stretched to their limit for extended periods of time due to crowding. These conditions increase the jail's liability exposure and jeopardize the safety and well-being of both incarcerated people and staff.

As suggested in Section 3, Jail Population Analysis, the number of people incarcerated in Jackson County's detention facilities has persistently exceeded the functional capacity and at times has exceeded its rated capacity. This has led to the use of 235 temporary beds, designated as "overflow" beds, which have been gradually added to housing unit dayrooms, program areas located adjacent to housing units and in the North Gym on the eighth floor of the facility. While these were originally designated as temporary "overflow" bed needed, they are now occupied on a regular basis.

Internal Standards: The Office of Professional Standards within JCDOC is responsible for reviewing employee involved critical incidents and investigating complaints of misconduct. The Office also works closely with Department and County Human Resources to recruit and hire correctional staff. The Professional Standards staff conducts background checks and coordinates much of the selection and hiring process for the JCDOC. The Office is also the primary point of contact for the legal department and does most of the work in securing copies of documentation in response to inmate litigation. The work of the Office generates a significant amount of sensitive information which must be processed and

maintained. The lack of administrative support assistance contributes to backlogs and heavy workloads on existing staff.

Facilities Standards and Accreditation: In the distant past, the Jackson County Detention Center had been accredited for more than a decade, by the accreditation standards of the time. However, this accreditation lapsed nearly 20 years ago. According to a September 2017 Jail Audit Report,²⁰ a Department of Corrections Task Force recommended that the JCDOC work to achieve accreditation through the Commission on Accreditation for Corrections, in accordance with the Performance-Based Standards for Adult Local Detention Facility Standards, 4th Edition.

C. JAIL STAFFING AND OPERATIONS

Master Activity Schedule: The nature and scope of activities within a facility are defined largely by the mission of the facility, size and characteristics of the incarcerated population, standards and case law, facility capabilities, and sound security practice. The scheduling, sequence, and interactions of these activities must be coordinated with the location and coverage of posts and positions in order to avoid unnecessary peaks and valleys in the workload. A Master Activity Schedule paints a picture of the workload so it can be better balanced through adjustments to the schedule or adjustments to staffing levels when the workload is greatest. The JCDOC has been operating with a basic building schedule, but not with a comprehensive Master Activity Schedule. We recommend that JCDOC complete the Master Activity Schedule currently in development, ensuring that it includes all functions and activities and considerations of workload efficiency.

Policies and Procedures, Post Orders, and Training: Written policies and procedures, post orders, training, and staff training are important elements of adequate staffing, institutionalizing practices to ensure that staff efficiently and accurately executing their tasks as assigned.

1. A review and update of the agency policies and procedures is currently in progress. Of the 236 policies in the jail policy and procedures manual, 119, or roughly 50 percent, have been revised/finalized and are considered current to 2018. As of August 2018, 46 additional policies have been revised and are in the internal review process. Approximately 117 remain to be updated.
2. While the policies and procedures manual provides staff direction for what is to be done, why it is to be done, and how it is to be done, post orders detail the responsibilities and tasks for each post and position included in the jail staffing plan: what tasks are to be done, when they are to be done, and who will do them. Some of the JCDOC's post orders date back to 1999. They are no longer in use, and some are not currently available on at least one of the housing posts.
3. Effective staff training is essential to optimizing staff performance. Training serves to improve consistency in operations, promote staff confidence and professionalism, improve morale, and reduce workplace stress, operational problems, and liability. Staff training contributes to effective operations by helping to ensure that staff understand and adhere to policies and procedures, know what to do while on duty and how to do it, and know how to operate complex jail systems and equipment. With new employees, training should focus on building entry-level knowledge and skills in the core tasks the performed in the course of duty. With existing employees, the focus is on addressing deficiencies and performance issues identified through an individualized performance analysis. To be of maximum benefit, the jail's training program should address the training needs of both groups.

Currently, the JCDOC training program includes the following:

Table 11: JCDOC Training Program

Pre-service and Associate Orientation	Approximately 40 hours	Monthly, with additional 40 hours of on-the-job training
Basic Academy	Approximately 160 hours, including weapons qualification training	Five to six times per year
Leadership Training for Sergeants	Approximately 40 hours	Twice a year
In-Service Training	JCDOC currently provides limited in-service training, due to the amount of new recruit training required and availability of qualified staff to conduct the training	

Overtime: Overtime usage in county detention settings varies by type and amount, depending on local policy, physical plant setting, staffing issues, and financial limitations. To avoid excessive costs for replacement overtime, agencies typically apply a relief factor in calculating they’re overall staffing needs. A Relief Factor or Net Annual Work Hours calculation accounts for time when staff are not available to work. Usually, three different types of overtime are found in detention facilities:

1. **Partial overtime**, or “spillage,” a common type of overtime, usually occurs when an officer must stay at work for part of an hour or for several hours beyond the scheduled eight-hour shift (or other work schedule) to finish an assignment. In this sense, it is work that “spills over” beyond the expected time on duty. If partial overtime occurs frequently, or in large amounts, it is a clue that some staffing problems exist. Otherwise, the use of partial overtime, when properly managed, is a normal and efficient method of delivering services.
2. **Non-replacement overtime** typically occurs when the agency requests that a line officer work an extra full shift because additional staffing is necessary, either because of special events or because not enough funded positions are available to complete the expected workload. In some cases, officers report for duty as scheduled, but unanticipated workloads require additional officers. Non-replacement overtime is a wise and efficient use of staff when it is used in limited quantities and for short periods of time, and not on a continuing basis.
3. **Replacement overtime** typically occurs when the agency has an established minimum staffing policy for each work period and each day of the week, but the required numbers are not present as planned or scheduled, perhaps due to vacation time, sick time or other normal losses. In such circumstances, the agency typically requests that some officers work additional shift hours. In this replacement scenario, the agency is paying straight time pay for an absent officer, and overtime pay for the second officer. The use of replacement overtime is healthy only when used in limited quantities. When replacement overtime is used frequently, it is possible the cost of overtime may exceed what would have been the cost for adding a position. An analysis of financial and scheduling records can identify such circumstances.

For this report, we analyzed the costs of JCDOC’s use of overtime from January through April 2018. The table below compares the total hours of overtime with the number of full-time equivalent (FTE) positions, based upon a 1692 Net Annual Work Hour calculation.

Table 12. Overtime Utilization

Jackson County Department of Corrections Overtime Utilization January - April 2018			
Month	Hours	Costs	FTE 's
January	14,850	\$363,569	105.3
February	10,515	\$234,950	74.6
March	12,430	\$289,625	88.2
April	11,331	\$294,271	80.4

Source: Jackson County Department of Corrections

It should be noted that the actual number of potential FTEs could vary from the numbers shown, since the overtime hours reflect all facility staff, not just correctional officer positions. The overtime information provided by Jackson County also does not clearly identify whether the overtime was “spillage,” non-replacement or replacement overtime. It’s also the case that over the four-month period studied, there were 45 terminations, including voluntary and involuntary resignations, which can increase overtime costs due to the demands of managing vacancy and training replacement officers. However, this analysis does suggest that a further analysis of the use of overtime would be appropriate.

The persistent use of overtime can cause a ripple effects, due to the strain of chronic short-staffing. When officers tire of working overtime, officer availability then drops to less than projected, producing increased stress levels on the officers on duty. For these reasons it is imperative to make every effort to maintain staffing at levels where this does not occur.

In general, staffing issues that adversely impact jail operations typically include (1) having too few staff, (2) not having staff members in the right types of jobs, (3) failing to provide staff with clear direction in the form of policies, procedures, and post orders, (4) not scheduling staff members efficiently, (5) not training staff properly, and (6) failing provide coaching and support to staff through proper supervision. These are the types of issues to be explored in a staffing study and addressed in a staffing plan; a well-conceived and properly implemented staffing plan will address many of these problems. Good staffing plans and practices contribute to safety for staff, inmates, and the public; enhances the jail’s ability to provide programs and services and supports efficient use of costly staff resources.

The types and frequency of facility operations and activities – such as routine custody operations, inmate services, and programs – influence the workload, schedule, and the number and type of staff required to manage the workload.

Current staffing levels present challenges in carrying out routine custody operations such as security checks, maintenance, sanitation, searches, admissions and releases, escorts, transports, surveillance and monitoring, etc. When the facility is short-staffed, routine (but critical) custody operations may not be completed, may not be completed as often as is required, or may be performed on a perfunctory level that does not accomplish the intended outcome. Failure to carry out routine custody operations at a high, consistent level may result in serious breaches of security and increases in incidents in the jail.

Staffing short falls and crowding present challenges in delivering essential services such as meals, laundry, sick call, medication rounds, visitation, mail, commissary, haircuts, recreation, etc. in a timely consistent manner.

The FY2018 budget for Jackson County authorized 362 Full Time Equivalent (FTE) positions. This figure excludes FTE for maintenance personnel who were transferred to the Public Works Department when

the responsibility for facility maintenance and upkeep was transferred to that County Department. Actual staffing levels as of August 2018 stood at 308, significantly below authorized strength levels.

The following table compared authorized staffing to actual staffing levels. The shortfall in staffing, particularly in the Correctional Officer position, has presented substantial challenges in covering essential custody posts responsible for inmate care and supervision. Gaps in coverage due to an insufficient number of Correctional Officers have led to increased overtime and activation of Transport Officers and Inmate Service Coordinators to cover posts in inmate housing. It should be noted that the number of vacancies decreased during the course of the staffing study due to a concerted effort on the part of the Administration to expedite hiring.

Table 13: Authorized and Current Staffing

JCDOC Staffing Study			
Authorized vs. Current Staffing Levels (as of 8/15/2018)			
	Currently Authorized	Actual Filled	Vacancies
Director	1	1	0
Deputy Director	2	1	1
Major	1	1	0
Captain	6	5	1
Lieutenant	13	10	3
Sergeant	26	26	0
Correctional Officer	218	185	33
Civilian/Other	95	79	16
Total	362	308	54
*includes 8 part-time officers			

Source: Jackson County Department of Corrections

Staff Supervision: Supervisors are responsible for managing officers, not for direct interaction with incarcerated people. Officers are key to the success of the organization, and supervisors are key to the officers’ success. Supervisors set and convey clear expectations, monitor and evaluate performance, visit housing units regularly to support and monitor officers, and they provide insights to the administration on the day-to-operations.

Within the JCDOC organizational structure, sergeants are front line supervisors. While they make assignments on the shift for specific duties, they do not do conduct performance management. They cannot issue disciplinary reports and do not author performance appraisals. They cannot authorize leave time and they are not responsible for managing time and attendance. They do not decide who works on their floor or in their unit. And due to the staff shortages, they currently perform many correctional officer tasks on the floor. With this scope of authorities and duties, these, sergeants serve more as lead shift officers than as true supervisors.

Table 14 provides a comparison of the estimated cost of the proposed staffing plan with current year (FY 2018) budgeted personnel costs. Based upon the cost estimates, full funding for the proposed staffing plan would represent an estimated increase of \$3,328,018²¹ over current funding levels for personnel.

Table 14: Comparison of Estimated Personnel Costs

Comparison of Estimated Personnel Costs			
Current (FY18) Personnel Costs vs. Estimated Cost of Staffing Plan			
	Salaries	Benefits/Other Costs	Total
Current Staffing Cost	\$ 16,451,946	\$ 5,761,703	\$ 22,213,649
Est. Cost of Proposed Staffing Plan	\$ 18,919,753	\$ 6,621,914	\$ 25,541,667
Difference			\$ 3,328,018

Source: See endnote²²

Staff and Population Management: The number and characteristics of the incarcerated population also influence staffing needs and operations. A facility’s classification plan should be based largely upon the risks and needs of the people it houses, as identified through intake assessments.

Staff must be sufficient in number and competency to respond to the characteristics of the facility’s incarcerated populations. This might include age, gender, sexual orientation, race and ethnicity, primary language, medical or behavioral health issues, custody levels, severity of current charge, housing risk classification, and prior incarcerations, among others. All of these factors should be identified and quantified, as they affect the type of staff required for their care, management, supervision, and services. Staff supervision should be consistent with and responsive to the varying levels of risks, variety, and needs presented by the people in custody.

D. RECOMMENDATIONS FOR JAIL OPERATIONS AND STAFFING

Recommendation # 10: Address Chronic Overcrowding

Growth in the incarceration population has led to persistent overcrowding and staffing levels have not kept pace with this growth. Recent trends include more incarcerated women, more people with significant medical and/or mental health needs; more people with higher housing-classification risk profiles.

- We recommend that JCMO, the local criminal justice stakeholders, and the JCDOC reach consensus on the maximum capacity of the jail (by housing area) and agree on relief measures to prevent the jail from exceeding the agreed-upon capacity. The overall goal should be to limit the maximum number housed at no more than the original design capacity and to maintain an average daily population of no more than 80-85% of design capacity to allow for proper classification and housing of inmates.

Recommendation # 11: Improve Operations and Activities

Operations and Activities. Current staffing levels present challenges in carrying out routine custody operations, delivering essential inmate services, and maintaining inmate access to needed programs.

- We recommend that program areas on housing floors and the inmate exercise areas be restored to their original use to allow people meaningful access to exercise and opportunities to participate in programming and other productive activities.
- We recommend that staff presence in housing units should be increased to facilitate more active supervision of the behavior of the incarcerated population.
- We recommend that the job description of the Sergeant position be reviewed and updated to include full supervisory responsibilities as front-line supervisors, including authority establish performance expectations of correctional officers assigned to them and to monitor and evaluate performance based upon those expectations.

- We recommend that sanitation continue to be a high priority.
- We recommend that the Master Activity Schedule be completed to include as many intermittent functions and activities as possible included on the schedule. We recommend that that scheduling of functions and activities be adjusted to make optimum use of available staff to level out the workload across the day.

Recommendation # 12: Improve Policies, Procedures, and Training

It appears necessary for JCDOC to provide current written directives for staff and sufficient levels of training consistent with Standards.

- We recommend that JCDOC update the Inmate Handbook to emphasize the effective inmate behavior management techniques.
- We recommend that JCDOC continue the review and update of policies and procedures to reflect current standards, sound correctional practices, and the facility's operational philosophy; update post orders and make them available on all posts; update the Inmate Handbook to reflect updated policy, schedules, and routines.
- We recommend that sufficient resources be allocated to training to provide the orientation, basic, in-service and specialized training required for a facility of this scale. An annual training plan should be developed and updated annually. The annual plan should cover all job classes, including custody staff, support staff, volunteers, contract workers, and the administration. Corrections staff members should receive a minimum of 40 hours of in-service training each year that relates specifically to the operation of the jail. A special emphasis should be given to **direct supervision training** and/or **inmate behavior management training** for line officers and supervisors. Staff should also receive training in the updated policies and procedures and post orders.

Recommendation # 13: Reduce Vacancies and Turnover

The JCDOC has had difficulty in recruiting and hiring to get staffing up to full authorized strength. Staff retention has been a problem. Turnover, however, has decreased from a high of 52% in 2015 to 38% in 2017.

- We recommend that the JCDOC continue to place high priority on filling vacancies as quickly as possible.
- We recommend that JCMO support an initiative to recruit, hire, and train a sufficient number of custody staff as expeditiously as possible to provide sufficient staffing levels to cover key custody posts and get staffing up to currently authorized levels as a first step. The JCDOC and JCMO should then use the staff coverage plan presented in the staffing study completed pursuant to this initiative to establish of a baseline of staffing for the jail. New posts or positions identified in the staffing plan should be filled as they are authorized and funding is provided – which should be as soon as is feasible.
- We recommend that JCMO support JCDOC and Human Resources efforts to streamline the recruitment and hiring process for correctional staff.

Recommendation # 14: Calculate Net Annual Work Hours

Staffing shortfalls are due, part, to an inadequate shift relief factor.

- We recommend that the Net Annual Work Hour computation developed in conjunction with this study should be applied to the staffing plan to accurately reflect number of FTE’s required to meet coverage requirements. NAWH computations should be updated regularly, both to keep the shift relief factor current and valid for use in estimating staffing needs and to spot emerging trends.

Recommendation # 15: Examine Overtime Usage

JCDOC over relies on overtime to mitigate staffing shortfalls. This leads to increased costs, contributes to burnout and increased leave usage, and staff turnover.

- We recommend that overtime use be better documented and tracked by reason for use. Strategies for reducing overtime such as filling vacancies quickly, better scheduling of vacation time by shift, stricter controls on the use of unpaid leave, updating the NAWH each year, and filling positions identified in this study should be considered and implemented.

Recommendation # 16: Develop Informed Staff Coverage Plan

Staff Coverage Plan. A full staffing study report has been prepared and submitted under separate cover. The staffing study includes a staffing plan for JCDOC which identifies coverage needs of all essential custody posts and positions. Administrative, support, and program positions are included in the staffing plan, but are not the primary focus of this study. Medical and mental health staffing needs are being addressed separately. The staffing plan includes a relief factor necessary to provide the number of FTE's necessary to provide the coverage indicated.

The number of authorized, actual current staffing levels, and recommended FTE levels by job classification or rank are summarized in Table 15.

Table 15: Staff Coverage Summary

JCDOC Staffing Study Staff Coverage Summary			
	Current Authorized	Actual 8/15/2018*	Recommended
Director	1	1	1
Deputy Director	2	1	2
Major	1	1	1
Captain	6	5	8
Lieutenant	13	10	17
Sergeant	26	26	57
Correctional Officer	218	185	309
Civilian	95	79	107
	362	294	502

- We recommend that JCMO establish an authorized staffing level for the jail using the information from the staffing study.
- We recommend that JCDOC develop an implementation plan that will provide for filling recommended posts and positions as expeditiously as possible as resources are made available.
- We recommend that JCMO use the staffing plan recommendations as a baseline for comparison of estimated staffing requirements for any new facilities or facility use options which may be considered.

V. IN-CUSTODY MEDICAL AND MENTAL HEALTH SERVICES

A. OBJECTIVES AND METHODS

This report provides a comprehensive analysis of the JCDC and RCC's medical and mental health systems and programs, including special population management practices, existing operational, policy and procedural strengths and deficiencies. This report outlines actionable, short and long-term solutions: to remedy deficiencies; to align inmate care with special population treatment and management practices with industry best practices; to build a stronger, sustainable mental health program with best practice components in place; to more effectively and efficiently manage and treat high-risk inmates.

Interviews and facility tours were completed with full cooperation and assistance from all frontline and administrative jail staff and officials including JCDOC Jail Administration, Correct Care Solutions (CCS)²³, Truman Medical Centers-Behavioral Health (TMC-BH), and security personnel. On-site activities occurred on May 29th, May 30th, and July 18, 2018.

At the time of the May to July 2018 assessment, the JCDOC leadership was active in addressing medical programming challenges with their previous medical vendor, CCS. These efforts resulted in JCDOC obtaining a more local, medical vendor, Advanced Correctional Healthcare (ACH)²⁴ who began services on July 16, 2018. Because ACH had just newly arrived, they were not included in the interview process; however, data later obtained from them were thoroughly reviewed.

Through interviews, facility tours, and procurement of data, the following domains were explored: Inmate demographics and special populations; medical and mental health processes for utilization of services; booking and Intake processes including screening practices; referral, triage, classification and housing practices; segmentation of special populations; programming and responsiveness to acuity levels of illness and special populations; system-wide crisis response and suicide prevention; substance intoxication, withdrawal and detox processes; behavior management and segregation practices; medical screening, treatment protocols, chronic care clinics and Infectious disease control; medication procurement, administration, and distribution; medical and mental health meeting/treatment spaces; re-entry and discharge planning services; multidisciplinary treatment, interdisciplinary communication and collaboration; staffing levels and staff training.

B. DATA ANALYSIS

The analysis of the medical and mental health data is grounded on nationwide standards and best practices in jail medical and mental health services as established by the National Commission on Correctional Healthcare (NCCHC).²⁵

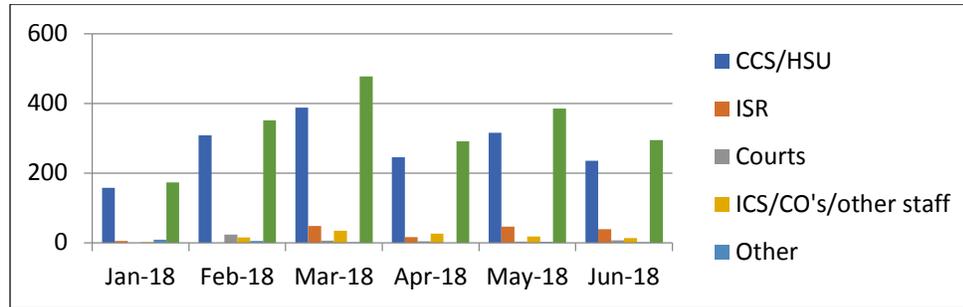
Medical Data Analysis. A comprehensive analysis was done on data received from CCS which included staffing levels and health services statistics. Policies and procedures were requested but not provided (see Medical Findings section).

ACH Data Analysis. Effective September 16, 2018, Advanced Correctional Healthcare (ACH) began their provision of the JCDC/ RCC medical services. Even though ACH's services were relatively new, an analysis was still done with the limited data provided by them (see Medical Findings section).

Mental Health Data Analysis. A study was conducted on the existing JCMO jails' mental health provider, Truman Medical Centers-Behavioral Health (TMC-BH), a community group publicly funded by the Jackson County Community Health Fund.²⁶

TMC-BH Mental Health Data for the JCDC and RCC

FIGURE 1: GROUPS REFERRING INMATES TO TRUMAN



Source: TMC-BH, 2018

Table 16: Number of 2018 Referrals from each Source

Referral Source	January	February	March	April	May	June
CCS/HSU	158	308	388	245	316	235
ISR	5	*	48	16	46	39
Courts	*	23	6	4	3	7
ICS/CO'S/Staff	1	15	34	26	18	13
Other	9	5	1	0	2	1

Key: CCS – Correct Care Solutions
HSU – Health Services Unit
ISR – Inmate Self-Referrals

ICS – Inmate Classification Services
CO's – Correctional Officers

Table 17: DISPOSITION OF INMATES REFERRED

Dispositions	January	February	March	April	May	June
Seen	38	39	93	38	97	107
OOF	135	171	199	134	163	128
N/A	*	87	115	63	83	30
Refused	*	9	5	2	6	12
Unknown	*	45	59	56	36	18
Total	173	351	471	293	385	295
Avg # of Days Between Referral & Seen	5	9	8	6	7	5

Key: N/A – Referral had no information to support a mental health
Unknown – Disposition left blank
OOF – Inmate out of the facility when clinician was to see inmate

As Figure 1 illustrates, TMC-BH received referrals from various sources including: CCS, Inmate Self-Referrals, the Courts, Security, Classification, and “other” sources. Table 16 shows that from January to June of 2018, TMC-BH received a total of 1,972 inmate mental health referrals. The number of referrals from each source breaks down to the following: 1,650 from the previous medical vendor CCS, 154 from Inmate Self-Referrals, 43 from the Courts, 107 from Classification and Security, and 18 from “other”

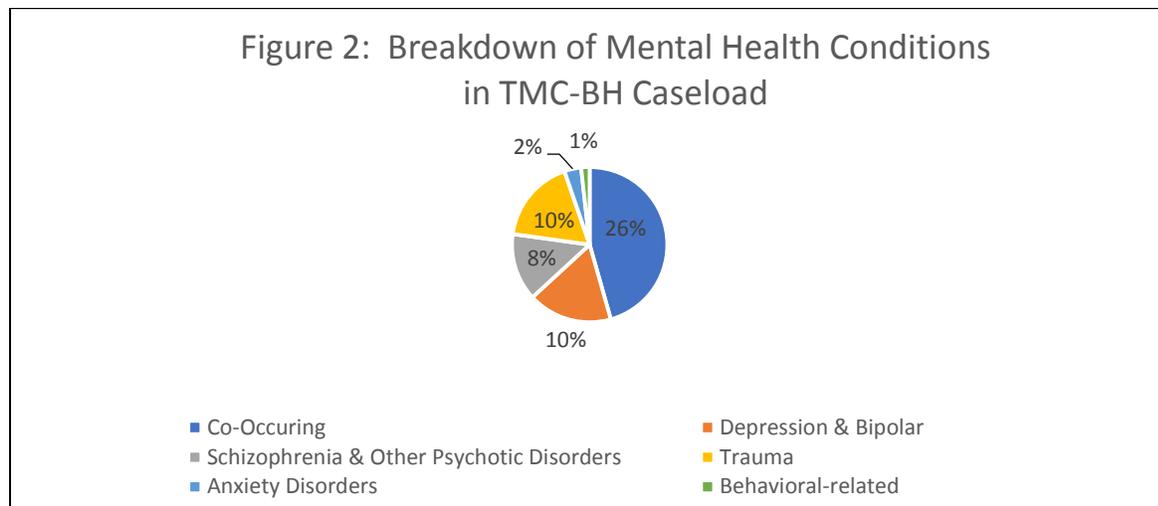
sources. Of 1,972 referrals, only a total of 412 were seen or evaluated. The remaining 1,560 inmates were not seen.

As Table 17 illustrates, evaluation from the time of referral occurred within 5-9 days of referral. Although 5-9 days may be sufficient for routine visits, response time frame for inmates in crisis with urgent needs should be reevaluated.

Jail Mental Health Population. Through further questioning, it was reported that once TMC-BH determined an inmate appropriate for intervention, the inmate is added to their list to be evaluated. Data showed the number of visits from January to June averaged 900 inmates. However, actual count of visits versus average visits (later submitted by TMC-BH) showed 1042 visits, which includes all active and nonactive inmates. An important note is that all inmate visits are counted towards the total, even if the inmate refused the visit or refused intervention.

Caseload Composition. In examining their caseload composition, 42% are not coded, which, per TMC-BH definition means those inmates that were seen once and received a deferred diagnosis or, refused services.²⁷ Worth noting is that their total visit or caseload count of 1,042 for the 6-month period, does not correlate with the 412 inmates seen, as reported in their data. This could support the presence of old, inactive, or duplicated cases which indicates the need for further examination by TMC-BH.

TMC-BH's caseload tracking methods and inclusion of active and inactive clients results in greater ambiguity when conducting a population analysis. TMC-BH acquiring a deeper understanding of their active caseload would better inform expectations on service delivery and ways to create workload and program efficiencies.



Source: TMC-BH, 2018

Mild to Moderate or Non-Acute Inmates Reported by TMC-BH. As Figure 2 illustrates, TMC-BH cited an array of mild to moderate psychological illnesses totaling 53% of the caseload including depression, trauma, anxiety-related disorders and behavioral-related issues (reflecting aggressive and disruptive inmates). Specifically, 26% have co-occurring disorders, 10% with depression and bipolar, 8% diagnosed with schizophrenia and other psychotic disorders, 10% with trauma, 2% diagnosed with anxiety disorders, and 1% behavioral-related issues.

Severely and Persistently Mentally-Ill (SPMI) or Acute/ Subacute Inmates. Forty-seven percent (47%) of inmates on TMC-BH’s caseload are reportedly diagnosed with Serious and Persistent Mental-Illness (as defined by the Missouri Department of Mental Health), with diagnoses of Schizophrenia, Bipolar Disorder, Borderline Personality Disorder, and Post Traumatic Stress Disorder.²⁸ Studies,²⁹ however, generally find sixteen (16) to twenty (20) percent of jail inmates to be seriously and persistently mentally ill.

The following table illustrates discrepancies between the acuity data provided by TMC-BH and national trends³⁰ (See Tables 18 and 19 below):

Table 18: COMPARATIVE DATA- ACUTE AND NON-ACUTE JAIL MENTAL HEALTH POPULATIONS

Mental Health Population	Reported by TMC-BH ³¹	National Trends ³²
Serious & Persistently Mentally Ill (Acute)	47%	16-20%
Mild to Moderate (Non-Acute)	53%	40-60%

Table 19: COMPARATIVE DATA JAIL MENTAL HEALTH CONDITIONS

Mental Health Disorders	Reported by TMC-BH ³³	National Trends ³⁴
Co-Occurring Disorders	26%	60-80%
*Depression and Bipolar Disorder	10%	30-50% (combined depression, bipolar, anxiety)
*Anxiety Disorders	8%	30-50% (combined depression, bipolar, anxiety)
Trauma	10%	20% (male)- 60% (female) ³⁵
Schizophrenia and Other Psychotic D/O		15-20%
Behavioral-Related Disorders	1%	20-30% ³⁶

As Table 18 shows, according to the Bureau of Justice Statistics, when substance abuse issues are considered, jails have as much as 60-80 percent of inmates with mental health conditions within the total jail population. Without consideration of substance abuse disorders however, jails could average 30-40 percent of inmates with mental health conditions within the total jail population.³⁷

As Table 19 suggests, the Bureau of Justice Statistics also indicate the following general levels of acuity in any given jail:³⁸

- Acute/ Sub-Acute (or SPMI) Levels: Psychosis 15-20% of the *mental health* population; Major Depression/ Severe Bipolar Issues 20-25% of the *mental health* population;
- Non-Acute (Mild to Moderate) Levels: Adjustment D/O (w/ Depression and Anxiety), Mild to Moderate Depression and Bipolar 30-50% of the mental health population;
- Behavior Management 20-30% of the mental health population;³⁹
- Substance Abuse Disorders 60-80% (or more) of total population.

Determining the JCDC and RCC Mental Health Population. The inability to evaluate 79% of individuals that were referred to TMC-BH, and their method of counting visits to track inmates treated and managed by them, posed challenges in reliably determining the following information: 1) The number of mental health inmates the JCDC and RCC facilities presently hold at any given day 2) The caseload that TMC-BH actively treats, provides services to, or manages while in custody 3) The percentage of acute and non-acute mental health inmates within JCDC and RCC’s total inmate population.

Worth noting is that data was provided by CCS regarding psychotropic medication utilization from January to April of 2018, which *did* offer insight into the jails' mental health population average. According to a 2018 CCS Health Services Report, within this 4-month timeframe, the number of inmates on psychotropic medications averaged around 317 for an ADP of 968⁴⁰. If each inmate on psychotropic medications is diagnosed with a mental illness, it can reasonably be concluded (at least within this period), that 32% of the jail population of 968 had some type of mental health condition.⁴¹

While difficult to determine the true mental health population at the JCMO jails based on TMC-BH's data, comparisons can be made with neighboring counties to JCMO. For example, Undersheriff Michael Stover of the Sedgwick County Jail reported nearly a third of its jail population (around 1,500 ADP) on psychotropic medications.⁴² Missouri's Boone County Sheriff, Warren Brewer, estimated his county's mentally inmates to be at least thirty percent⁴³ of his total population.

TMC-BH Staffing and Services. At the JCDC, and RCC, TMC-BH provides mental Health services on-site Monday to Friday from 8AM-5PM. TMC-BH staffing consists of 11.4 FTE's with all positions successfully filled. Specifically, these positions include: .6 FTE Director of Mental Health Services, Licensed Qualified Mental Health Professionals, 1.0 FTE Team Leader, 5.0 FTE Licensed Qualified Mental Health Professionals, 2.0 FTE Recovery Coaches, 1.0 FTE Administrative Assistant, 1.0 FTE Registered Nurse, .8 FTE Psychiatrist.

Determining if TMC-BH's level of staffing meets the mental health needs of the JCMO jails posed challenges, as the number of mental health inmates treated and managed was not reliably tracked by them. However, in comparing TMC-BH's level of staffing for 1,100 inmates to industry trends, their staffing levels appear consistent and appropriate for a jail population of this size.

Services Provided. TMC-BH reported the following services and their descriptions as of August of 2018: Psychiatric Evaluation and Follow-Up Appointments by the Psychiatrist; Mental Health Evaluation; Crisis Services; Individual and Group Therapy; Re-entry Case Management; Psychiatric Nursing.

TMC-BH Policies and Procedures. TMC-BH lacks established policies and procedures for mental health and behavioral health care delivery in the jail. JCDC's policies and procedures for intake and suicide intervention, however, were obtained and reviewed. Worth noting is that JCDC's policies and procedures, did not cover basic mental health services.

C. MEDICAL HEALTH CARE FINDINGS

At the time of this assessment in May and July of 2018, the previous medical vendor, CCS, was contracted for an FTE count of 31.65 with approximately 55% of their coverage being provided by temporary staffing agency personnel. Lacking permanent, correctionally-trained staff, coupled with security shortages, led to poor compliance in contractual services, as well as, deficits in operational and procedural requirements. It is important to note that, while custody staffing did appear to have played a role in *some* policy noncompliance, *it was not the single or primary cause for medical deficiencies:*

1. **Staff Schedule.** CCS's staffing plan and schedule for nursing was reviewed and appeared sufficient. However, appropriateness of provider hours and schedule was not determined due to insufficient data.⁴⁴
2. **Staff Training.** Throughout the assessment and analysis of JCDC and RCC's medical services, severe medical staff shortages were identified. CCS's services were reportedly impacted by

turnover and staff vacancies with 55% of staff positions filled by temporary agencies. Due to a high percentage of agency staff, orientation and training was a challenge to provide. The use of agency nurses appears to have been quickly remedied by the new provider, ACH. Since their start, they have eliminated all use of temporary agency nurses.

3. **Staff Meetings.** Based on interview with the HSA, staff meetings were not regularly conducted due to high turnover volume and use of temporary agency staff.⁴⁵ This practice prevented CCS from communicating regularly with their staff and correcting identified deficient practices.
4. **Electronic Medical Records.** Citing JCDC’s internet services as a barrier to implementation, CCS did not use an electronic medical record (EMR) system. They reported that manually managing medical records had resulted in inefficiencies and delays in care, such as missed appointments,⁴⁶ and delays in paperwork filing.
5. **Health Appraisals.** The number of health appraisals reported in January to June of 2018 averaged 58 per month.⁴⁷ The monthly average of intake screenings in that period was 1,697.⁴⁸ CCS data revealed health appraisals were only completed on 3% of the intakes.
6. **Nurse Sick Call.** Nurse sick call was performed in the medical area, housing units and cell side.⁴⁹ Because security understaffing contributed to an inability to safely deliver care, services were not consistent.⁵⁰
7. **Chronic Care Clinics.** CCS did not maintain initial or follow up diagnostic studies for chronic conditions listed in the 2018 Health Services Statistical Report.⁵¹ The number of chronic care visits, refusals, and compliance were not being measured. Statistics, however, were maintained for the following conditions:

Table 20: CHRONIC CARE PATIENTS JANUARY TO JUNE 2018 (ADP 968)

Condition	February	March	April	May	Monthly Average
Asthma/COPD	11	18	19	22	18
Diabetes	9	8	7	10	8
Dialysis	0	0	0	0	0
HIV	16	15	13	7	13
Pregnancy	3	3	1	4	2.75
Hypertension	13	24	22	18	19
Seizure Disorders	1	0	2	4	2

As Table 20 illustrates, during the months of February through May 2018, the average number of JCMO jails’ inmates being treated for chronic conditions was as follows: 18 patients with Asthma/COPD, 8 patients with Diabetes, 0 patients on dialysis, 13 patients with HIV, 11 pregnant patients, 19 patients with Hypertension, and 2 patients with seizure disorders.⁵²

Note: In addition to the dialysis data listed in the table, data from the JCDOC indicates that there were 10 dialysis off-site visits (by 1 patient) in the month of January, prior to the February to April, 2018 reporting period.

In this period the average daily population was 968 and the average number of intake screenings performed by CCS was 1,697.⁵³ This average number of inmates treated for chronic medical conditions was lower than expected for the jails’ population. These numbers reflect

that patients with chronic medical conditions were not being identified and treated at a similar level to jails of the same size.⁵⁴

Table 21: COMPARATIVE DATA-CHRONIC CARE CONDITIONS

Condition	CCS (monthly averages)	CCS Prevalence Rates (%)	BOJ 2016 Study Prevalence Rates (%)
Asthma/COPD	18	1.9%	20%
Diabetes	8	.08%	7.2%
Dialysis	0	0%	6.7%
HIV	13	1.3%	1.3%
Pregnancy	11	1.1%	*
Hypertension	19	2.0%	26%
Seizure Disorders	2	.02%	*

As Table 21 illustrates, the prevalence among the chronic care conditions reported by CCS during the 4-month period are as follows: Asthma 1.9%, Diabetes .08%, Dialysis 0%, HIV 1.3%, pregnant inmates 1.1%, and Hypertension 2%.⁵⁵

In comparison to national trends, in a Bureau of Justice Statistics report from October 2016 titled *Medical Problems of State and Federal Prisoners and Jail Inmates*, trends gathered in nationwide jails of prevalence of these same conditions were: Asthma/COPD 20%, Diabetes 7.2%, Dialysis 6.7%, HIV 1.3%, Pregnant inmates not reported, and Hypertension 26%.⁵⁶

The BJS reports that, forty percent (40%) of inmates in any given jail population show a history of a chronic medical condition.⁵⁷ The number of reported patients with chronic conditions in the JCMO jail was significantly lower than the reported averages in this 2016 BJS study. Additionally, there was no data to support that these patients were being monitored or treated while in custody.

8. **Diagnostic Services.** Lab statistics were not being maintained and there is no evidence of communicable disease reporting.⁵⁸ Statistics were not being maintained for chest x-rays to rule out tuberculosis (TB). Radiology exams were performed at an average of 44 per month for non-TB x-rays. Eighteen (18) percent of these exams required transportation off site.⁵⁹ Statistics were not maintained for forensic labs.⁶⁰
9. **CCS and JCDC Healthcare Policies and Procedures.** Copies of CCS policies and procedures were requested but not provided; however, copies of JCDC's policies on inmate health services were obtained and reviewed. The JCDC health services policies covered numerous essential medical care areas and are grounded on the American Correctional Association (ACA) standards. Worth noting however, is that, policies for basic mental healthcare were absent. Although JCDC policies meet ACA standards, a review of the CCS statistical report and interview with the HSA revealed that many of the policies were not being followed in practice.

10. **Infirmery.** There were service inefficiencies and safety concerns due to chronic care patients being housed in multiple locations throughout the facility.⁶¹
11. **Provider Medical Sick Call.** Medical Sick Call was performed in the medical area, with an average of 881 monthly sick calls.⁶² This number was less than the average for jails of a similar size. Because the chronic care population was not being monitored at a rate that was consistent with national averages, it is likely that there were additional sick calls resulting from untreated, chronic conditions such as hypertension and diabetes.
12. **Dental Sick Call.** Number of dental visits varied widely from month to month. In a four-month period, four patients went off-site for dental care; refusals were not documented; the facility averaged 34 dental exams; 30 dental sick calls; and 19 extractions.⁶³ There was insufficient data to determine if the dental needs of the population were being met.
13. **Pharmacy.** Pharmacy statistics revealed that the average number of patients on medications was 594.⁶⁴ The average number of patients on psychotropic medications was 317 which represented 30% of a 968 ADP. There was insufficient data to determine other pharmacy practices.
14. **CQI Process.** Statistical data was maintained by CCS, however in multiple areas, the numbers captured were lower than expected averages for jails of similar sizes.⁶⁵ Based on interviews with the HSA, there was no evidence of ongoing quality improvement projects.
15. **Medication Protocol.** Medication passes were scheduled twice daily at 8am and 8pm. It was reported that these medication passes could take 2-3 hours. During an interview with the HSA, it was also reported that medication passes are not always completed due to inadequate custody staffing levels.
16. **External or Outside Referrals.** At any time that a patient's needs could not be addressed by CCS's on-site medical staff, outside referrals were made including: emergency room referrals, mental health referrals and specialty physician referrals. In the four-month reporting period of January to June 2018, there was a monthly average of: 60 emergency on-site responses; emergency room visits (44 of which were transported by ambulance).⁶⁶ Of these visits, 22% resulted in hospital admissions.⁶⁷
17. **Inefficiencies in Use of the Second Floor to Stabilize Acute Populations.** Currently, medical and mental health housing is located on the 2nd floor of the JCDC Tower with two separate sections (Medical Side 1 and Medical Side 2) holding numerous office and clinic space, modules and pods. Although intended for the management and stabilization of chronic and acute populations, existing medical and security operations of this floor appear inconsistent and inefficient, leading to less than optimal use.

Note: For full details on findings for all Medical Care items above, see Falcon Original Needs Assessment Document.

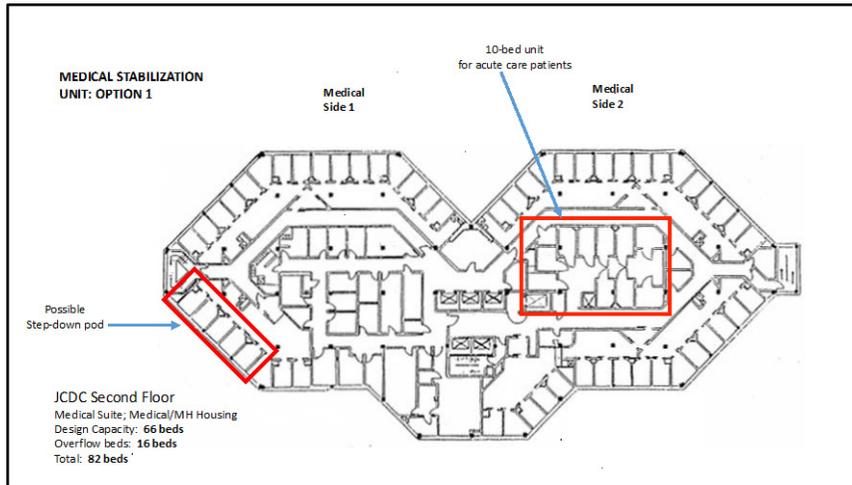
D. MEDICAL HEALTH CARE RECOMMENDATIONS

While the medical findings above reflect service deficiencies occurring under CCS, ACH as the new vendor, is now responsible for the ongoing service gaps they've inherited. Further, as the early stages of vendor transition is the most critical, it becomes that much more important for JCDOC to understand the current state of their medical program and ACH's potential for addressing previously, unidentified deficiencies that require immediate attention.

Taking immediate measures and developing a plan to implement the following is recommended:

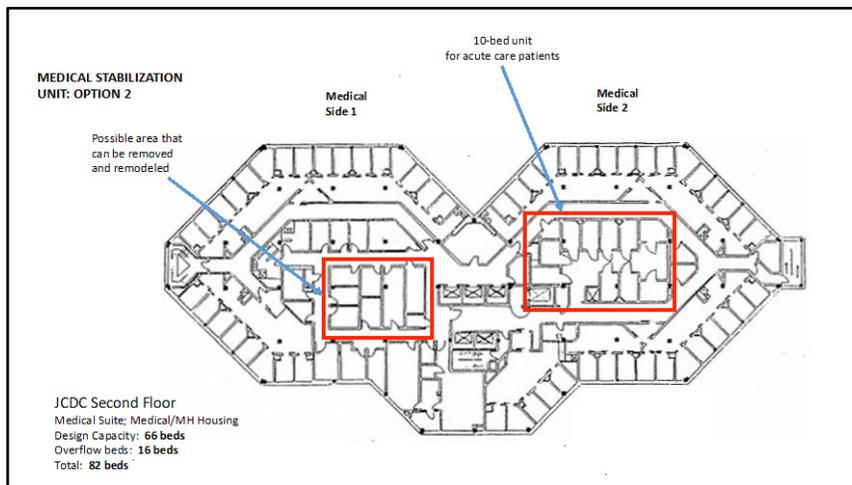
1. **Address Staff Shortages.** ACH should continue to proactively strategize to retain staff and create a culture of ongoing learning to foster professional competence.⁶⁸ A methodical, detailed and thorough onboarding process should be created for all new staff members along with a mentorship process as employees adapt to their new positions.
2. **Health Appraisals and Chronic Care.** It is recommended that ACH ensure health appraisals are completed within 14 days from intake on all inmates.⁶⁹ The medical provider should access the "days in" count via the Alphabetical Inmate Roster Report in BARIS which is available to them by JCDOC.
3. **Chronic Care.** It is recommended that ACH develop an action plan for the management of patients with chronic medical conditions. This topic should be an ongoing focus of CQI. The number of patients identified with chronic medical conditions should be captured and should be measured against prior months and national standards. It is recommended that a plan be developed for training staff on the identification of patients needing chronic care clinics.
4. **Continuous Quality Improvement (CQI).** It is recommended that ACH monitors and compares statistical data monthly. Data should be analyzed for trends and changes. It is recommended that ACH develops a CQI team. This team should be multidisciplinary and meet monthly to discuss trends and identify new areas of interest.
5. **EMR.** All of the above areas could be improved with the implementation of an electronic medical record (EMR) system. As such, it is recommended that ACH in collaboration with the JCDOC, immediately implement an EMR system.
6. **Transition Plan for Priority Areas.** It is highly recommended that a transition plan is developed to ensure ACH immediately address identified and ongoing service gaps for the following priority areas: Staff training and orientation; Health Appraisals, Chronic Care and CQI.
7. **Utilization of Second Floor as Stabilization Unit.** For optimal use, assessment and study of the 2nd floor supports the feasibility of one of the following two options (or both), as short-term solutions:
 - a. **Option 1: Revamping the 2nd Floor Program and Procedural Operations to Reflect More of a Stabilization Unit.** This option requires identification of a step-down pod where all stabilized inmates from the 10-bed unit (in Side 2) can be stepped-down for further observation. Stepping down stabilized inmates to a designated observation pod will eliminate backlog in the 10-bed unit, allowing for more use of this intensive treatment area. This option would require carefully identifying an appropriate pod for use as a "step-down" for inmates released from the 10-bed unit.

DIAGRAM 1: MEDICAL STABILIZATION UNIT- OPTION 1



- b. *Option 2: Spatial Restructuring and Consolidation with Limited Renovation to Make More Efficient Use of Side 1 (Medical).* In restructuring Medical side 1, it is possible to remodel the center structure which currently holds medical records offices and exams rooms. Depending on the size of the “stabilization” beds, this space could potentially support 5-10 beds. This would require removing walls and other structures in the adjoining rooms to create this center space. The exam rooms removed by the remodeling of this space can be consolidated to the outer offices. Relocating and storing old records to another part of the jail and keeping only active records, will eliminate the need for the 5 medical records offices accommodating other exam rooms needed.

DIAGRAM 2: MEDICAL STABILIZATION UNIT- OPTION 2



Note: For full details on recommendations for all Medical Care items above, see Falcon Original Needs Assessment Document.

Further Recommendations Based on ACH Data Review

Additional actions are recommended based on information obtained from ACH:

1. **Health Services Statistics.** Statistical data was requested from ACH for the first 6 weeks of their transition. However, data was not available as ACH reports data collection only occurs quarterly.⁷⁰ It is highly recommended that they begin data collection and maintain accurate data from the beginning.
2. **Detoxification Policy and Protocols.** ACH provided their new detoxification policy and treatment protocols. The protocols are built in question format with a section for security staff to evaluate patients when nurses are not available. It is highly recommended that new forms are created for nursing staff to use and that the security forms are removed from JCDC. JCDC is scheduled with 24/7 nursing staff and when 24/7 nursing is available, custody staff should not be assessing for withdrawal symptoms.
3. **Medication Formulary.** A pharmaceutical formulary was not provided with ACH stating that, "they make medication decisions based on individual cases."⁷¹ It is recommended that ACH along with their pharmacy vendor and Medical Director develop a comprehensive formulary for the JCMO jails.
4. **Mental Health Referral Policy.** ACH provided a partial Mental Health referral policy. Per ACH, this policy is not final and is still being reviewed by ACH, JCMO County and County counsel.⁷² It is highly recommended that these policies be developed with the inclusion of and in partnership with TMC-BH. The combined input of ACH and TMC-BH is essential for the effectiveness of JCDC's referral system.

E. MENTAL HEALTH CARE FINDINGS

1. **Mental Health Intake and Classification Findings.** Deficiencies at intake and classification were evident through: use of flawed identification and referral processes for mental health; reported composition of mentally-ill inmates housed in some form of segregation or isolative setting (50% per TMC-BH reports);⁷³ and the abundance of mixed populations which may also reflect spatial deficits. Additionally, there is a lack of reliable screening tools and a formalized triage process to determine the timeframe and level of acuity response. Where special population housing is concerned, understanding of mental health groupings and appropriate segmentation of inmate categories could be further enhanced.
2. **TMC-BH Policies and Procedures.** An analysis of TMC-BH's program reveals that if they develop a jail-based service model that aligns all program components to jail mental health standards, their services will reach new, improved levels. This will require commitment to developing site-specific policies and procedures grounded on best practices (i.e. NCCHC) and restructuring job functions to meet the needs of the jails.
3. **Lack of Delivery of Evidence-Based Treatments.** TMC-BH is capable of delivering an array of group treatment services, however, delivery of these programs are impacted by security staffing shortages. Even when security understaffing is resolved and therapeutic services are being delivered, findings suggest that TMC-BH can benefit from strengthening their offerings of results-based treatment curriculums and modalities.

4. **The JCDC and RCC Suicide Prevention System.** The JCDOC suicide prevention program is in need of a progressive analysis aimed at corrective actions and future prevention of suicidal behavior. Unidentified deficiencies within a suicide prevention system can result in unmanaged, high-risk inmates, ultimately depleting facility resources (i.e. available crisis beds and staff attention) and increasing the likelihood of legal exposure. The Jackson County Department of Corrections' Policy Statement on *Suicidal Inmates: Identification/Prevention/Intervention*, was reviewed. While reflecting numerous industry best practice standards, updates and improvements in some areas are necessary.
5. **Lack of Coordination, Collaboration, and Alignment between the Jail and Community Partners.** At the time of this assessment, efforts between CCS, TMC-BH, and Security in establishing discharge planning and a reentry process were inconsistent. If a collective and collaborative discharge process for release or community follow-ups did exist, then more efforts to establish a reliable process was needed. A critical issue that remains is ensuring that appropriate alliances (jail and community) begin collaboration and hand-off efforts while the inmate is detained and in advance of their release.

Note: For full details on findings for all Mental Health Care items above, see Falcon Original Needs Assessment Document.

F. MENTAL HEALTH CARE RECOMMENDATIONS

1. **Strengthening the Intake Process for Mental Health.** It is recommended that:
 - a. Stronger, more reliable screening tools are implemented;
 - b. TMC-BH, ACH, and JCDOC Administration work to clearly define identifying and classifying criteria for the mental health population and align intake practices to meet industry standards;
 - c. With clearer criteria, re-examine mental health population numbers; and ensure all mental health cases are seen (in a timely manner);
 - d. This multi-disciplinary team should work to streamline and appropriately triage and house their mental health populations (which is critical in reducing incident rates).
2. **Strengthening Housing and Classification Practices for the Mental Health Population.** A greater focus is now placed on needs-based classification for special populations. Industry best-practices also provide guidance for triaging, streamlining, and housing mentally-ill and developmentally-disabled inmates.⁷⁴ It is recommended that, the JCDOC, medical and mental health team collaboratively establish best practice housing options for: Unstable SMI or Acute Inmates (see 2nd floor recommendations in medical section); Stabilized SMIs or Sub-Acute Inmates; Non-Acute Inmates or Inmates with General Mental Health Conditions; Transition or Step-Down Units for Safe Return of Suicide Watch Inmates into the General Population.

While these options above are more longer-term suggestions for the JCDOC and need to be integrated in future design considerations for the new facility, it is recommended for the short-term that JCDOC focus on refining their Intake and Classification processes with the goals of:

- Clearly identifying criteria for identification of mental health inmates.
- Streamlining and organizing the facility's special populations, which will be critical in reducing incident rates.

- Following the recommendations regarding the 2nd floor (see next section) and utilizing the 2nd floor optimally.
- Strengthening the intake process by implementing best practice screenings and assessments.
- Training Intake, Classification, medical and mental health staff.
- Establishing appropriate processes for formalized triaging and determining acuity of needs, and timeliness of mental health intervention.

3. ***Aligning Practices with Jail Mental Health Standards.*** It is highly recommended that, with the assistance of a Correctional Mental Health Specialist, TMC-BH's mental health model is restructured to align more closely with correctional standards and best practices for jails nationwide.⁷⁵ Program realignment with industry best practices and corresponding mental health policies, procedures, and job functions will result in a more robust mental health system of delivery producing:

- Increased strength and reliability in population identification, placement, triage, crisis observation and housing; enhance treatment for inmates that are the most severe and high risk (i.e. suicide risk), diagnosed with various levels of psychiatric disorders, having special needs, and substance addictions;
- Increased manageability, reduce suicides, safety issues, stress and strain on staff;
- Expanded JCDC population eligibility for reentry services.

4. ***TMC-BH Mental Health Policies and Procedures.*** Lack of clarity or structure of critical program components impedes in the effectiveness of service delivery. As such, there is a need to more clearly develop and operationalize certain program areas that are considered standard of care or best practice for mental health care in jails.⁷⁶ With the assistance of a Correctional Mental Health Specialist, it is recommended that the JCDOC and TMC-BH (in collaboration with ACH), develop a full set of mental health policies and procedures grounded on jail mental healthcare standards (i.e. NCCHC's 2015 Jail Mental Health Care Standards).

5. **Enhanced Management and Treatment of Mentally-Ill Populations.**

Treatment Plans. It is recommended that the JCDOC develop a communication forum through multidisciplinary treatment team meetings with, security, healthcare, and classification staff. An individualized treatment plan (ITP) should be developed for all inmates that follow best practice format and should be completed within established timeframes.

Management of Segregated Inmates. Visits should be made by mental health staff daily for high-risk or acutely psychotic inmates on close observations. Rounds should be made by mental health staff at least every 2-3 days for inmates on Administrative Segregation. Prior to transfer to close observations or segregation, inmates should be evaluated by a Mental Health Professional to determine whether existing mental health needs contraindicate placement in an isolative setting.

Use of Evidence-Based Treatments and Programs. It is recommended that staff use individual contact sessions to proactively target and reduce inmate symptomology. Identify and establish several evidence-based treatments that best fits the facility's mental health population and

deliver these treatments in individual and group therapies with fidelity (see section VI for a thorough discussion on EVP).⁷⁷

6. ***A Stronger Suicide Prevention System and System-wide Response To Suicide Attempts and Completions.*** Industry standards dictate that the highest level of suicide prevention programming must be employed as much as possible. NCCHC Standards, as well as, State established policies and procedures should be utilized when developing a suicide prevention program. The JCDOC should incorporate components of best practices set forth by the NCCHC and ensure processes for these components are in place and executed. All security, mental health and health services staff should be oriented to the suicide prevention policy, trained and guided throughout implementation. Copies of the policy should be available to all staff.

The following short-term solutions are highly recommended:

- 1) Strengthen the intake process by having mental health clinicians administer a thorough screening and suicide risk assessment for all inmates.
- 2) Optimize use of alert systems in the Facility's Jail or Offender Management System (JMS or OMS). Activate flag alert in JMS or OMS for each inmate identified as a suicide risk, followed by a referral to mental health.
- 3) *Restructuring of Housing and Management Practices.* Develop a committee for the purpose of rethinking the efficacy of suicide watch locations and suicide watch practices. Restructure housing and management procedures for suicidal inmates and other special populations with the goal of aligning with industry best practices as much as possible.
- 4) For inmates being released from watch, examine options for a transition or step-down pod or unit and integrate this process into the site-specific suicide prevention policies.
- 5) Assess the strength of treatment plans, ensure that all inmates discharged from suicide precautions receive a treatment plan developed by a Qualified Mental Health Care Professional.
- 6) Develop and implement policies and procedures for suicide precaution that set forth the conditions of the watch, incorporating a requirement of an individualized clinical determination of allowable clothing, property, utensils. These conditions should be altered only on the written instruction of a Qualified Mental Health Professional, except under emergency circumstances or when security considerations require.
- 7) Ensure yearly training requirements are met with site-specific, tailored curriculums that are skills-based.
- 8) *Strengthen Overall Communication.* Establish multidisciplinary meetings and enforce consistency and frequency of these meetings with the goals of increasing communication for high-risk, high-management inmates, and strengthening mental health staff relationship with Security/Classification.
- 9) Implement feedback and communication with security as part of the QMHP's process for inmate assessment. Develop mechanisms to enable easy communication between mental health, security and Classification (e.g. JMS, email, etc.). Strong collaboration and communication between mental health and classification on the frontend (intake) will be key in management and housing of mental health inmates throughout their stay.

- 10) *Establishment of a Strong Mortality Review Process.* Reinforce learning opportunities and active remedial planning from serious attempts or suicides. Utilize suicide cases as opportunities for training, staff proactivity, and preventative measures.
 - 11) Require psychological autopsies by the mental health team, and its consistency in timing and content for use in the Mortality Review Process. Reinforce learning opportunities and active remedial planning from autopsy findings.
 - 12) *JCDC Suicide Policies and Procedures.* While most components of a best practice suicide prevention program are addressed in the JCDC policy, updates and improvements in some components are necessary:
 - a) Modify the characterization of classic completers of suicide and high-risk time periods to reflect current research;
 - b) Thoroughly define Close⁷⁸ and Constant Observations⁷⁹ in suicide precautions, based on best practice standards;
 - c) Modify the “After-Action Review” section to be in full compliance with the *Review* component of NCCHC’s standard by including requirements for a psychological autopsy⁸⁰ following completed suicides;
 - d) Bolster clinical descriptors and revise dated terminology (i.e. “homosexual panic”).
 - 13) *Training.* In collaboration with JCDOC and TMC-BH, provide at least 4-hours of suicide prevention training for all new security, medical and mental healthcare staff. Annual refreshers of at least 2-hour sessions are recommended for existing staff.
7. ***Coordination, Collaboration, and Alignment between the Jail and Community Partners.***
Providing a “best practice” model for linkage services is vitally important to the overall success of any jail mental health program. Discharge planning should begin at intake and facilitated through in-reach and out-reach activities during treatment plan meetings. Consider the following short-term recommendations:
- Establish a multidisciplinary committee to collectively develop a site-specific plan for discharge planning, aftercare, and a hand-off process from the jail to the community. This plan begins with increased collaboration between the new medical vendor, Security and TMC-BH to focus on;
 - Identifying and establishing a process by which all inmate treatment and reentry planning is initiated upon admission to the facility;
 - Identifying and establishing a process by which inmates’ cases are actively managed throughout their detainment and care is coordinated through in-reach and out-reach activities which are facilitated in multidisciplinary treatment team meetings;
 - Identifying and establishing a process that is reliable and effective; that leverages known resources or networks, while building or establishing new community relationships; and geared towards an inmate’s recovery and successful transition into the community.

Note: For full details on recommendations for all Mental Health Care items above, see Falcon Original Needs Assessment Document.

G. GENERAL FINDINGS - MEDICAL AND MENTAL HEALTH CARE DELIVERY

1. **Lack of Coordination, Collaboration, and Alignment between CCS, TMC-BH, and Security.**
Moving forward, there is a need for more robust coordinated and collaborative efforts between the new vendor ACH, TMC-BH and security.
2. **Security Staffing Shortages.** Addressed in the Grand Jury findings, security staffing shortages continued to be an ongoing problem for CCS and TMC-BH. Due to security staffing shortages, it was reported by CCS and TMC-BH that medication passes, intakes, health appraisals were often delayed, and treatment services (groups and individual) were not delivered. Security shortages also created safety issues for nursing and mental health staff.

Note: For full details on findings, see Falcon Original Needs Assessment Document.

H. RECOMMENDATIONS TO ENHANCE MEDICAL AND MENTAL HEALTH CARE DELIVERY

1. **Coordination, Collaboration, and Alignment between JCDOC Administration, JCDC and RCC Security Staff, ACH and TMC-BH.** With the new medical vendor entering the facility dynamics, JCDOC administration must ensure a precedent of cooperation, collaboration, and close partnerships. Consider the following short-term recommendations:
 - a. JCDOC should leverage its close relationship with TMC-BH by increasing efforts to solidify their relationship.
 - b. Centralize medical and mental health office space or location to improve proximity and collaboration while enhancing sense of team work.
 - c. Streamline information-sharing by use of facility-wide electronic medical records.
 - d. ACH, as a new entity, should initiate efforts of engagement and demonstrate a spirit of collaboration and partnership with *all* care providers within the jail.
2. **Security Staff Shortages.** As JCDOC Administration continues to plan successful hiring and retention initiatives, they will benefit from: ensuring a more trauma-informed workforce, as well as, incorporating an overall trauma-informed stance into facility leadership; allocating and dedicating security staff for the sole purpose of supporting medical and mental health services; conducting a cultural and organizational needs assessment, with specific goals for cultural intervention, ongoing change and cultural management.

Note: For full details on recommendations for enhancement of medical and mental health care delivery, see Falcon Original Needs Assessment Document.

VI. IN-CUSTODY PROGRAMMING

While Section V of this report assesses services specific to medical and mental health care within Jackson County's detention facilities, in this section we discuss custodial programming more broadly defined, to include therapeutic, vocational, substance use, educational, recreational, parenting/family, and transition/reentry services. For the purposes of this report, we will refer to these, collectively, as "rehabilitative programming."

This section has three primary components: 1) Key principles and best practices for the development and management of effective and appropriate custodial programming; 2) Review of the array, structure, and management of Jackson County's rehabilitative programming; and 3) Useful resources.

A note on terminology: In recent years, the phrase "behavioral health disorders" has come to serve as an umbrella term encompassing both mental illness and substance use issues. The term "co-occurring disorders" (previously known as "dual diagnosis") refers to the co-existence of both a mental health and a substance use disorder in a given individual. In light of this fact, we use phrase "behavioral health disorders" throughout this section of the report, since the programming and principles addressed here recognize the intersection of mental health and substance use disorder.

A. KEY PRINCIPLES AND BEST PRACTICES FOR CUSTODIAL PROGRAMMING

Governance: Detention facilities are, by nature, complex organizations responsible for the care and secure custody of people held within them. In many ways, jails resemble small cities organized into multiple departments, with potentially dozens of external entities responsible for performing specific services or duties within the jail facility. Coordinating and integrating this complex assortment of agencies and duties, while cultivating both consistency and efficiency, is a challenging and ongoing task.

To support cross-agency learning, efficiency, consistency, and unifying purpose, some jurisdictions have developed and institutionalized models of shared governance. Weaving together key decision-makers and other stakeholders, such collaboratives advance both operational and philosophical goals, serve as problem-solving bodies, and invest in shared planning and evaluation.

For example, in response to high recidivism rates and the increasing numbers of both women and young men incarcerated in their jails, in 2000 Allegheny County (PA) established and institutionalized a Jail Collaborative, a joint effort of the Allegheny County Jail, the Allegheny County Department of Human Services, the Allegheny County Health Department, and the Allegheny County Courts. The Collaborative was established to improve public safety and reduce recidivism by improving inter-agency coordination, improving capacity to manage information across systems, and coordinate programs and services both within the jail and between the jail and community. In the years since, the Collaborative has identified and stewarded substantial systems changes among the many stakeholders who operate inside or in external partnership with the jail and the people it houses; it has established and achieved shared goals; and it has launched new programs.⁸¹ In 2014, Urban Institute produced a Findings and Recommendations research report evaluating the outcomes of two reentry programs launched by the Collaborative in 2010 and 2011.⁸²

Transition from Jail to Community: The analysis found in this section is grounded in the principles developed through the National Institute of Correction's Transition from Jail to Community (TJC) project. Launched by the NIC and the Urban Institute in 2007, the TJC model aims to improve public safety and reintegration outcomes by instituting collaborative and formalized relationships between jails and community partners.⁸³ TJC seeks to achieve four primary benefits: Long-term public safety, cost effectiveness, improved individual outcomes, and resource expansion by improving multi-system efficiencies.

A key premise of the TJC model is that "[detention-related] systems change must be coupled with concrete intervention efforts."^{84,85} Thus, TJC models require the development of shared vision across multiple agencies; changes in organizational cultures; collaboration and joint ownership; and data-driven understanding of local criminal justice and reentry systems, including the use of incarceration as a criminal justice methodology.

In the TJC model, successful transition, reentry, and reintegration should be a primary focus of activity from the moment that someone is brought into custody. It stands to reason, therefore, that “reentry” should not be perceived as a brief, discrete, and impromptu set of activities in the final weeks or days of incarceration, but should be infused into each stage of the custodial process: screening, assessment, case-planning, progress mapping, family support, and post-release resource identification, taking into account the potential length of stay, acuity of needs and risks, and the presence (or absence) of supportive resources.

While the model’s implementation is more complex, TJC involves three primary elements:

1. Properly assess and match to appropriate and effective in-custody programming, using validated assessment tools and evidence-based approaches matched to the appropriate level of need;
2. Proactively identify and develop plans to address anticipated post-release issues;
3. Develop a reentry-focused, agencies inside/outside service continuum of service by operating in coordinated, intentional partnership with community-based providers and public agencies.

We touch on each of these elements in this section of the report.

Risk/Need/Responsivity: The TJC model recognizes that if time in custody is to be constructive, it is imperative to swiftly and efficiently identify an individual’s needs in order to develop an appropriate program and reentry plan.

Reducing recidivism while enhancing outcomes by effectively matching risks and interventions is at the heart of the principles of Risk/Need/Responsivity (RNR). First formalized in 1990,⁸⁶ today RNR is widely recognized as a primary framework by which to mitigate risk and foster success.⁸⁷

Research demonstrates that positive outcomes are maximized when service concentrations are correlated to RNR scores, so that people with high RNR scores are matched with proper program plans, including type, sequence, and “dosage” (program length, duration, frequency).^{88,89} To determine the right level of interventions, RNR rests on three critical principles of assessment:

1. *Risk principle:* Assess the person’s risk of re-arrest after release and match the level of service, support, and supervision to reflect those risks. It is essential to note that risk is a dynamic measure, not a static condition; risk levels can change over time, depending on the status of a person’s underlying criminogenic needs, so it is important both to reassess risk over time and to incentivize and recognize progress.
2. *Need principle:* Rather than defaulting to assessment of static elements of risk (such as age at first arrest, number of arrests, most serious charge), assess *dynamic* criminogenic needs – those that can change in response to support and intervention, such as employment, financial issues, housing status, literacy levels, family dynamics, prosocial or antisocial activities, adherence to treatment for substance use disorder or mental illness, and emotional self-regulation – and target them in the individual’s service plan.
3. *Responsivity principle:* Maximize the person’s ability to benefit from a rehabilitative intervention by tailoring the intervention to the person’s learning style, motivation, abilities, strengths and cultural framework.⁹⁰

Therefore, as people first come into the facility, it is essential to screen, triage, and assess individuals efficiently and accurately. In fact, to obtain an optimum level of efficiency and effectiveness, quick screening tools should be used to identify people who screen with medium- and high- risk RNR scores.

The key is to match higher risk individuals with more intensive interventions, the jail, during transition, and aftercare in the community. Using the RNR scoring process, a “Service Matching Tool”⁹¹ should be used to create individualized activity schedules. An RNR Simulation Tool is available online at George Washington University’s Center for Advancing Correctional Excellence.⁹²

Just as RNR suggests that program plans should be customized to match the level of needs, and just as reentry starts at intake, it is also true that effective rehabilitative programming requires that jail administrators develop efficient and reliable methods to triage and serve the people in their jails.

It’s not enough to understand just the overall characteristics of the incarcerated population, such as total number, gender, housing classification, and judicial status (detained and eligible for release on bond or own recognizance, charged and awaiting trial, or sentenced, for example). Good programming requires that jail administrators be able to swiftly develop a more informed profile for each individual immediately upon entry to the facility.

It is also important to note that a jail housing risk & classification assessment is not the same as an RNR, and it should not be used for this purpose.

Population Categories: In most jurisdictions across the country, criminal justice systems use jails to house people being held under varying judicial conditions and circumstances. In addition to the most obvious categories – arrestee, pretrial, or sentenced – includes a flurry of far more complex and nuanced categories: awaiting arraignment, subject to pretrial release on bond, held pretrial without bond, held awaiting determination of competency, held awaiting release to a treatment, held on warrant, held for transfer to another authority, held pending completion of custodial programming, sentenced to a defined term, sentenced awaiting transfer to another facility; repeatedly entering/releasing to complete “weekend” sentences – among others.

But populations can and should be categorized in a variety of other ways, including gender and gender identity, ethnicity, sexual orientation, age, extent of criminal history, developmental or physical disability, medically fragile or vulnerable, and veterans, among others. To properly understand the specific populations they house, it is imperative that detention facilities design and implement robust and thoughtful jail information systems, which include data infrastructure, data-collection processes (including both data input and quality assurance), and data analysis practices.

Screening, Assessment, and Service-Matching: Given the diversity of the jail population and unpredictable lengths of stay, many jails limit their intake screens to a few basic domains, such as current criminal charge, medical or mental health needs, and characteristics related to custodial housing classifications (such as “keep aways”), suicide risk, or other specialized management.

But it is important to note that screening is not a “one and done” activity. While safety and housing classification screenings provide important information for operational management of the facility, they are not sufficient for maximizing opportunities for rehabilitation during a person’s time in custody, and for proper planning and support during transition out of custody.

Therefore, as part of the ordinary booking process, facilities should also universally conduct an objective, quick “risk to reoffend” screen; this practice both reflects the principle that reentry planning starts at intake and provides a simple method to triage people who warrant a secondary, more in-depth risk/needs assessment. Such a screen should be used, in part, to triage program access to reflect an individual’s probable duration in custody, the acuity of their challenges, and the urgency of their planning.

Among the best-known “quick risk” screening instruments is the Proxy Risk Triage Screener,⁹³ a three-question instrument that is available at no cost and can be completed in five minutes or less. For people who screen at high risk to reoffend, a secondary, somewhat more detailed assessment can help clarify key dynamic criminogenic needs, the results of which can be used to map program duration, dosage, and frequency. Two of the most well recognized secondary screening tools are the Wisconsin State Risk Assessment instrument, an 11-item questionnaire that takes approximately 15-30 minutes to complete and is available at no cost,⁹⁴ and the Level of Service Inventory Revised Screening Version (LSI-RSV), an eight-item instrument that takes about 15 minutes to complete.⁹⁵

In addition to these intake screenings, prior to an individual’s first appearance at court an objective, validated pretrial release assessment should be conducted to identify the risk of either criminal conduct or failure to appear at court if released from custody; along with a decision-making matrix, such an assessment should serve as a primary basis for a Court’s decision on pretrial release.

In order to ensure validity and enable data-driven decision-making, facilities should develop and train staff on the accurate implementation of these screening protocols, conduct regular quality control, and regularly review data to test the alignment between the Proxy screen and the Assessment results, and between Assessment results and case plan results. Screening information can also be used to facilitate discussion about the general system practices that might be utilized to ensure the most effective and efficient use of system resources and the best long-term public safety outcomes.

Differing Programming for Differing Needs. While statistics vary, consensus is clear that incarcerated people have disproportionately high rates of mental illness. A special report issued by the US Department of Justice’s Bureau of Justice Statistics in June 2017 found that of people incarcerated in jails, 64 percent met the threshold for serious psychological distress or had been diagnosed with a mental disorder.⁹⁶ The Center for State Governments reports that rates of serious mental illness are three to six times the rates in the general population, further reporting that nearly 70 percent of people in local jails (68 percent of men and 69 percent of women) are dependent on alcohol or drugs.⁹⁷ And SAMHSA reports that more than 82 percent of people incarcerated in local jails meet criteria for having either mental health or substance use disorders, and 48 percent meet the criteria for both.⁹⁸

Reflecting these important realities, the American Psychiatric Foundation, Bureau of Justice Assistance, Justice Center of the Center for State Governments, and National Association of Counties have joined together to form *Stepping Up*, a national initiative to reduce the number of people with mental illnesses in jails.⁹⁹ *Stepping Up* provides a wide array of training, resources, and information to counties committed to this effort, including a list of six questions county leaders need to ask¹⁰⁰ and an online self-assessment to assist counties interested in evaluating the status of their current efforts to reduce the prevalence of people who have mental illnesses in jails.¹⁰¹

But while it is important to recognize and respond to the fact that rates of mental illness and substance use are disproportionately high in jailed populations, it is equally important to recognize that these broad statistics do not differentiate levels of acuity. Mental health disorders, for example, may range from anxiety and mild depression to serious and persistent mental illnesses (SPMI) such as psychosis that, if untreated, substantially impair daily functioning, self-care, and social functioning.¹⁰² Similarly, psychological dependence on marijuana, for example, does not present the same needs – or risks – as physical dependence on far more addictive substances such as opioids or methamphetamine.

Finally, the challenges of diagnosis, acuity, and treatment are further compounded by the existence of coexisting disorders (also known as co-occurring disorders or dual diagnosis). According to SAMHSA, “People with mental health disorders are more likely than people without mental health disorders to

experience an alcohol or substance use disorder. Co-occurring disorders can be difficult to diagnose due to the complexity of symptoms, as both may vary in severity. In many cases, people receive treatment for one disorder while the other disorder remains untreated.... [T]he consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, or even early death.¹⁰³

The evidence is clear: “People with co-occurring disorders are best served through integrated treatment. With integrated treatment, practitioners can address mental and substance use disorders at the same time, often lowering costs and creating better outcomes. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Early detection and treatment can improve treatment outcomes and the quality of life for those who need these services.”¹⁰⁴

Yet in the effort to identify and meet the acute needs of people with SPMI in custody (including attention to suicide prevention, crisis management, restoration of competency, and specialized housing), many custodial facilities, especially local jails, may fail to identify and develop differentiated approaches to meet the array of other needs that – though less acute – affect a larger percentage of the people in custody and represent great opportunities for effective interventions.

Therefore, and notwithstanding the important commitment to managing the needs of people with SPMI, jurisdictions and jail administrators are well advised to ensure equal attention (of time, money, and professional expertise) to developing appropriate custodial and reentry programming for the majority of the population who do not live with SPMI. The range of such programming would include in-custody substance-use disorder treatment, educational and vocational opportunities, family and parenting contact and support, recreational and expressive outlets, substance use disorder treatment (including Medication Assisted Treatments^{105,106}), therapeutic programs, work-release programs, and coordinated pre-release planning.

With appropriate screening and assessment protocols and a well-managed triage system, it is possible to develop a core curriculum of programs using short “modular” units, to allow people to benefit from these resources even in the context of very short stays, unpredictable durations of stay, and high transience.

Trauma-Informed Practices and Institutions: Recognizing that history of trauma is profoundly present in justice-involved populations, with estimates ranging as high as 88 percent of men and 95 percent of women,¹⁰⁷ detention facilities should strive to establish a trauma-informed environment in all aspects and activities. As a core component of their ongoing programmatic array, facilities should provide trauma-specific groups that help clients develop basic awareness of trauma-related self-care, including techniques of de-escalation and emotion regulation.

But operating as a trauma-informed institution involves more than simply providing trauma-focused services and curricula. Just as importantly, it also requires attention to staff selection, staff training and supervision, and facilities design and management. The Bureau of Justice Assistance notes that “experts recommend that all systems (e.g., medical, mental health, corrections) be trauma-informed and that professionals in these systems adopt ‘universal precautions’ when working with individuals. Universal precautions means that we assume a trauma history is present with all individuals we interact with (and that we interact with them in a trauma-informed manner).”¹⁰⁸

“A trauma-informed correctional organization,” according to Kubiak et al., “is one in which administration [has] committed to creating a trauma-informed setting and will facilitate an infrastructure to initiate, support, and guide changes.”¹⁰⁹

Parents and Children: Research consistently confirms that fostering family connections during a parent’s incarceration benefits children, parents, and the public. During a parent’s incarceration, it is important to advance family connections, reduce trauma for children, and support reunification by developing programs and policies that acknowledge that an incarcerated person doesn’t stop being a parent during their time behind bars, and that children don’t stop needing their mothers and fathers during incarceration, whether pretrial or serving a sentence.

Across the nation, jails are working to establish inside/outside parenting programs that foster positive relationships (including contact visitation) for children and incarcerated parents; that help incarcerated parents develop skills to manage the complex task of parenting while incarcerated and to prepare for reunification; and that reduce frustration and improve outcomes by working with adults caring for children of incarcerated parents.

Parenting Inside Out, for example, is an evidence-based parenting skills training program developed for justice-involved parents. A randomized controlled trial demonstrated that PIO reduced parental recidivism; improved parents’ participation in the lives of their children; increased the use of positive parenting techniques; reduced parental stress and parental depression; and raised parents’ prison adjustment scores.¹¹⁰

Parenting From Prison,¹¹¹ Strengthening Families Program,¹¹² and One Family¹¹³ are just a few examples of programs that embody these practices.

Evidence-Based Programs: While the term “evidence-based programs” (EBP) has become commonplace, the phrase has developed a misleadingly elastic definition. EBPs are programs and practices whose effectiveness has been demonstrated through rigorous evaluations, has been demonstrated in large studies with diverse populations in multiple settings, and has demonstrated significant and sustained effects.

In selecting curricula and therapeutic programs, it is imperative that jail administrators consult highly qualified, experienced clinicians with expertise in selecting and supervising EBPs that are appropriate for the setting, purpose, and population. A substantial body of resources is available to support jurisdictions in their efforts to develop and implement evidence-based programming and practices to maximize in-custody rehabilitative opportunities, improve pre-release and transitional practices, and support post-release success. SAMHSA, for example, has established the Evidence-Based Practices Resource Center, a searchable, online clearinghouse of EBPs for program that address mental illness and substance use;¹¹⁴ the Center also provides treatment improvement protocols, resource guides, clinical practice guides, and best-practice standards, along with other resources.

The National Institute of Justice (NIJ) provides a similar on-line searchable database comprised of two components — a web-based clearinghouse of programs and practices and a process to identify and rate the effectiveness of those programs and practices as Effective, Promising, or No Effects.¹¹⁵

Literally hundreds of programs have been recognized as Effective or Promising; one of the best known and most widely used is Thinking for a Change (T4C),^{116,117} an integrated cognitive behavioral change program authored by Jack Bush, Ph.D., Barry Glick, Ph.D., and Juliana Taymans, Ph.D., under a cooperative agreement with the National Institute of Corrections (NIC). T4C incorporates research from cognitive restructuring theory, social skills development, and the learning and use of problem-solving skills. Intended to be delivered by trained facilitators over 30 sessions, T4C is validated for use in prisons, jails, detention centers, community corrections, probation, and parole settings. The NIC has trained more than 10,000 individuals as T4C group facilitators.

Effective Program Array: Despite – or because of – the highly variable average lengths of stay (ALOS) that characterize jails, programming should be carefully designed, intentional, evidence-based, well-integrated, matched to the needs of the population as assessed, incentivized, and deliverable in flexible, short-term modules to reflect the transient nature of jail populations.

Programs should be organized and scheduled to reflect the highly variable ALOS typical of county jails. The majority of services should be open enrollment, to foster the greatest access. In order to provide meaningful services to as many as possible, activities should be built on two- to four-week intervals, maximizing participants' opportunities to complete modules even during relatively brief periods of detention. By designing program arrays and schedules into program "tracks," jails can increase the efficiency of matching needs, risks, custodial status, and resources.

Using RNR as a foundational framework that matches services to needs, a three-track system, for example, might be designed as follows:

Track 1 (Reentry Track): A "Reentry" track would be designed for sentenced individuals who score medium to high on the RNR assessment, who are likely to be in custody for up to six months (either because they are serving sentences with predictable release dates or because their high-level charges or ineligibility for bond are likely to result in substantial pretrial detention). Such a Reentry Track would provide a robust curriculum of academic education, behavioral health, parenting, workforce readiness, and reentry planning resources, supplemented with parent/child visitation programming. Consistent with best practices for high RNR scores and program dosage and fidelity,¹¹⁸ and in addition to academic coursework, the Reentry Track should provide each participant with 300 hours of appropriate behavioral health, education, workforce training and readiness, and transition-planning services over the course of six months. While more than 80 percent of the people incarcerated at JCMO are held pretrial, those who are held in custody pretrial or who are serving sentences derive substantial benefit from intentional release-readiness supports.

Track 2 (High-Risk/Unsentenced): A "High-Risk/Unsentenced" track offering concentrated services and reentry planning would be designed for high-risk unsentenced people who have been in custody for at least 30 days. Given the uncertain length of stay common to the pretrial phase of the criminal justice process, the High-Risk/Unsentenced track should be structured to provide each client with at least 10 hours of programming weekly, with the intent to provide at least 150 hours of programming over four months.

Tracks 3 (Open Enrollment, Medium/Low Risk): An "Open Enrollment" track would be open to all people incarcerated in jail. Program duration, dosage, and frequency would be determined by participant interest and programs would be open to all, regardless of anticipated length of stay. However, the Open Enrollment track would be designed to provide each individual with at least five hours of programming weekly and at least 80 hours of programming over four months.

B. IN-CUSTODY PROGRAMMING IN JACKSON COUNTY JAILS: KEY FINDINGS

As discussed earlier in this report, TMC-BH does attempt to provide mental health services to people incarcerated at Jackson County facilities, although it appears that the number of referrals for mental health care has sharply declined since ACH replaced the prior medical provider.

In addition to these mental health services, JCDOC provides an extremely limited array of in-custody programming. This array has been substantially reduced in recent years, apparently due to four primary factors:

1. Reduced external funding (especially reductions in COMBAT funding);
2. Shortages in correctional staffing that have inhibited the facility's ability to transport people to the facility's programming spaces
3. Overcrowding, which leads to increased cell time and reduced opportunities to participate in programming;
4. Changes in policy (such as eliminating mixed-gender programs), which have had the unintended consequence of further limiting access to custodial programs and appear to be increasing the average length of stay for people whose time in custody is tied to mandatory completion of in-custody programs such as Sober Me.

In examining the current state of jail programming, we note the following:

1. Design and Management
 - a. Lack of overarching programmatic strategy (to ensure variety, alignment, appropriateness, metrics)
 - b. No clinical administrator responsible for design, implementation, or supervision of rehabilitative programming
 - c. Limited or nonexistent capacity to maintain or assess programs' fidelity, efficacy, or utilization
2. Suitability of and Access to Services
 - a. Very limited number and variety of rehabilitative programs
 - b. Recent changes in intake referral protocols causing declines in access to custodial rehabilitative services
 - c. Low and declining program "dosage" in terms of program hours and frequency
 - d. Very limited numbers of people connected to services
 - e. Complete lack of gender-responsive services
 - f. Absence of adequate vocational training
 - g. Absence of adult basic education classes
 - h. Lack of programming in any language other than English
 - i. Lack of self-help or peer support groups
 - j. Lack of parenting classes or child/parent visitation or reunification support
3. Cultivating Reentry Readiness, Transition Planning
 - a. Lack of consistent, system-wide method to assess and track client needs
 - b. Lack of established processes by which to identify appropriate services based on client needs
 - c. Lack of coordinated, system-wide attention to reentry planning, readiness, and transition
 - d. Failure to leverage capacities and maximize benefits of in-custody community-based providers

Administration and Reporting

As of this report, the organizational structure regarding population analysis and programs and services is summarized in Table 22: Programs and Services Administration

Table 22: Programs and Services Administration

Operations			Administration	
Deputy Director: Isaac Johnston			Deputy Director: Vacant	
Population Control Coordinator		Inmate Services Administrator	Command Staff: Technology and Innovations Strategy Health and Behavioral Services Compliance Manager	
Assistant Population Control Coordinator		Inmate Services Coordinators (ISCs)	Community Outreach Coordinator	Program Services Supervisor
Population Control Supervisor	Bond Investigator	Lead CHA Officer		Librarian, volunteers, chaplain, grant-funded programs, FEC

As this chart suggests, under the current organizational structure, related areas of work (healthcare services management, program services, community outreach, and population control) are divided across several units within two different reporting hierarchies.

Further, most grant-funded programs are managed by one staff member,¹¹⁹ community outreach is handled by another, and health services (both contracted physical health-care and grant-funded mental health care) are managed the unit’s supervisor.

C. REVIEW OF JACKSON COUNTY’S CURRENT AND RECENTLY ELIMINATED IN-CUSTODY PROGRAMMING

It should be mentioned that the state of programming in Jackson County detention facilities has apparently been inadequate for a considerable time and predates the appointment of the current Director of the Department of Corrections and of the current County Executive. In addition, and even before the program cuts of recent years, the array of in-custody programs appears to have been modest and to operate without clear intentional design.

Current Programs

The programs currently operating in Jackson County Detention Facilities are shown in Table 23: In-Custody Programs Currently Offered in Jackson County Detention Facilities:

Table 23: In-Custody Programs Currently Offered in Jackson County Detention Facilities

Program	Frequency/ Duration	Populations Served	Locations Provided	Provider/Funder	Note
Anger Management ¹²⁰	Two-hour group, once weekly	Men	JCDC (no longer provided at RCC)	TMC/ nonprofit's budget	Universal eligibility – open to anyone
Focus Plus	One-week in-custody program structured as four consecutive daily sessions of 90 minutes each	Men and women	JCDC	Heartland Center for Behavioral Change/COMBAT	Court-ordered by District Drug Court (Division 50). Changes in custodial policies are affecting dosage.
Community Outreach Coordinator	One meeting per referred individual to complete a needs assessment, and development of a list of post-release resources	Men and women, primarily sentenced people in RCC	NA – no central group-program location	JCDOC staff/JCDOC budget	
Full Employment Council	Two staff on-site, one is a counselor and the other is a work-readiness instructor	Men and women: Had been open all day and to mixed genders; now serves men three mornings and women two mornings/week	Mini-Career Center located inside JCDC, serving RCC people only	Workforce Development Board/nonprofit's budget	Two staff-career counselor and work-readiness instructor. Provides career-readiness and job counseling services
Me First	Motivational Interviewing, designed as 90-minute group sessions twice a week for ten weeks	Men and women: MW for women, TTh for men	JCDC	First Call is the provider/COMBAT	Had been offered twice-daily in mixed-gender groups. Changes in custodial policies are affecting capacity to complete all 20 sessions in 10 weeks

Sober Me	Court-ordered for completion within 21 calendar days Designed as 15-session program to be conducted in 90-minute groups, five days/week for three weeks	Men and women: MW for men, TTh for women (previously had been available to coed groups five days/ week	JCDC and RCC	First Call is the provider. COMBAT funds JCDC services, while Muni Drug Court's budget funds RCC services	Court-ordered by District and Muni Drug Courts. Changes in custodial policies are affecting dosage.
Religious services (Catholic, Muslim, nondenominational)	Weekly (Friday and Sunday for Catholic and nondenominational; Friday for Muslim	Men and women	JCDC and RCC	Volunteer	RCC provides only non-denominational services
Law library and book cart	M-F library, weekly book cart	Men and Women	JCDC and RCC	Staff librarian (county employee)	

Anger Management. Provided by TMC-BH at no cost to the County, Anger Management is a manualized cognitive-behavioral treatment program recognized by SAMHSA.¹²¹ Designed on a 12-week, closed-group cycle, Anger Management is conducted by a Licensed Master Social Worker who is a Qualified Mental Health Professional on staff with TMC-BH. Although anyone incarcerated in Jackson County jails is eligible for this program,¹²² because of the current staffing-related scheduling restrictions TMC-BH is currently able to provide only one, two-hour Anger Management group per week, serving a maximum of 12 people in each program cycle. Although in the past TMC-BH also provided it at RCC, currently it is available only to men and only at JCDC. According to our research, the current schedule does not begin to meet demand, and the program is entirely unavailable to women housed in Jackson County jails.

Community Outreach Coordination. A full-time employee of the JCDOC who reports to the Technology and Innovations Strategy/Health and Behavioral Services Compliance Manager, the Community Outreach Coordinator conducts pre-release assessments and identifies referral resource; the primary population served by the Community Outreach Coordinator are people serving sentences for municipal charges in the RCC and who are scheduled for release within approximately two weeks. As reported to us, it is estimated that the Community Outreach Coordinator speaks with an average of 40 clients per week.

Primary engagement with the Community Outreach Coordinator consists of one face-to-face meeting conducted in the individual's housing unit. During the meeting, the Community Outreach Coordinator conducts a service assessment, using the Rutgers "Reentry Readiness Manual," a 10-question self-help "readiness" manual produced in 2008.¹²³ This document is used in an effort to identify client needs in an array of domains, including job readiness, employment, and housing, among others. According to information reported to us, the Community Outreach Coordinator also reviews medical notes and social notes collected by JCDOC at intake.

Using the information gleaned from this assessment, the Community Outreach Coordinator will identify and make referrals for any individuals eligible for the in-custody Full Employment Council program. In addition, using the information provided through the assessment, she works to identify appropriate

post-release referral resources; this information is provided to the individual upon exit. The Community Outreach Coordinator also serves as the in-custody recruiter for the Builders Association.

The Community Outreach Coordinator provides monthly reports to JCDOC administrators; these reports, while requested, were not provided to the consultant team prior to the completion of this report. The JCDOC does not track post-release outcomes.

Full Employment Council. Provided by the Full Employment Council of Kansas City (which is the Administrative Entity/Fiscal Agent for the Kansas City & Vicinity Workforce Development Board and the Eastern Jackson County Workforce Development Board), the in-custody Full Employment Council (FEC) program was originally funded by a 2015 federal Second Chance Grant Second Chance from the Department of Labor Act. Through the Linking to Employment Opportunities Pre-Release (LEAP), A Reentry Employment Opportunities program, FEC opened an in-custody Specialized American Job Center, which includes a program room with 12 computer stations, on the 6th floor of the JCDC. With a two-person staff, FEC provides career counseling and workforce readiness support. FEC can serve any adult (17 years or older) who is serving a sentence in the Jackson County jail and who is between 30 and 90 days of scheduled release; people who are subject to sex-offender registration are excluded, based on federal guidelines. Referrals can be made by any jail staff member, including ISCs and the Community Outreach Coordinator; self-referrals are also accepted.

Originally, the FEC site was open and staffed five days a week during ordinary business hours; it was open for mixed-gender use and served both men and women at both JCDC and RCC; it also offered OSHA 10 Certifications. However, due to a change in funding source, the OSHA program is no longer offered; due to changes in JCDOC policies for mixed-gender groups and staffing-related termination of afternoon programming, it now operates only in the mornings, serves only people incarcerated in the RCC, and is available to men three mornings a week and to women twice a week. In fiscal 17/18, FEC served 30 men and 12 women; so far in fiscal 18/19, it has served seven men and four women.

Focus Plus. Focus Plus is designed to operate as a one-week, brief-intervention custodial psychoeducation program focusing on substance use. Referred by the District Drug Court (Division 50), participants are ordered into custody to complete this program; upon completion, and depending on the court's order, they are then generally released from custody and returned to Drug Court's non-custodial supervision and direction.

Provided by Heartland Center for Behavioral Change, funded by COMBAT, and delivered by a sole contractor on a small-group format, Focus Plus provides four, ninety-minute sessions on consecutive-day cycles, in single-gender groups for both men and women in JCDC. Using a curriculum selected by Heartland Center, the course includes four modules: 1) Signs and symptoms of addiction; 2) Understanding the recovery process; 3) Building a solid foundation for recovery; 4) Spirituality.

According to our additional research, there appear to be two primary circumstances in which people are ordered into custody to complete Focus Plus as an element of diversion:

- An individual has been enrolled in and complying with Drug Court for some time but has fallen out of compliance. In such a case, the Drug Court Commissioner may order the individual to be booked into custody as a short-term (oftentimes five day) disciplinary action; the order will direct the individual to complete Focus Plus. Upon completing the program, the individual is generally eligible for release, which (depending on circumstance) may be a matter of a single day or multiple days in custody.

- An individual is eligible for Drug Court but hasn't completed the required first steps, which include an orientation and substance use disorder assessment at one of Heartland's community-based sites. In such cases, the Drug Court may order the individual to be booked into custody to complete the intake assessment in custody. After completing the assessment, the individual is typically eligible for release; again (depending on circumstance), this may be a matter of a single day or multiple days in custody.

The consultant team made several attempts to request information and data from the Office of the Prosecuting Attorney, which partners with the District Court to operate Drug Court; however, we received no response.

However, from information gathered from other sources, it appears that an estimated 100 (unduplicated) individuals complete Focus Plus each year. In addition, it is estimated that the same sole contractor conducts 50 in-custody assessments, which are conducted one-on-one (not in groups) and which require about 90 minutes to complete.

Although each group can include up to a dozen participants or more, the typical cohort is much smaller (reportedly two to four people), apparently due to low rates of referral by the District Court. In addition, JCDOC's recent policy changes eliminating mixed-gender groups and afternoon programming have affected capacity to provide Focus Plus.

Sober Me/Me First. "Sober Me" and "Me First" are in-custody programs provided by First Call Kansas City, a nonprofit community-based provider.

1. **Sober Me:** Sober Me is a three-week, in-custody substance use program ordered by the Courts. Sober Me operates in both the JCDC (for people ordered by District Drug Court) and in RCC (for people ordered by Municipal Drug Court). JCDC's Sober Me services are funded by COMBAT, while the RCC's Sober Me services are funded by the Municipal Court.

In its full implementation, Sober Me is designed to provide 90-minute groups, held either once or twice a day, Monday through Friday, for a program "dosage" of 15 or 30 sessions during its three-week duration.

Historically, Sober Me has been conducted in mixed-gender groups. But the new policies prohibiting mixed-gender groups and eliminating afternoon JCDC programs have resulted in several changes to program delivery for Sober Me:

- In JCDC, rather than holding mixed-gender groups five mornings a week, women's groups are held on Mondays and Wednesdays and men's groups are held on Tuesdays and Thursdays. As a result, instead of participating in 15 group sessions (a total of 22.5 program hours) during their three-week in-custody cycle, participants now engage in six sessions (nine programming hours).
- In RCC, Sober Me has long conducted its program on a "two-a-day" basis, with participants attending both morning and afternoon groups, five days a week for three weeks, providing a total of 30 sessions, each of 90 minutes (45 programming hours). Under the new policies, First Call continues to hold groups both mornings and afternoons in the RCC, although now on a single-gender basis, serving women in the morning and men in the afternoon. As a result, participants now engage in 22.5 programming hours during the three-week cycle.

2. **Me First/JCDC:** In addition to Sober Me, First Call KC also provides Me First at JCDC, funded by COMBAT. Unlike the Court-ordered programs, Me First is open to anyone incarcerated at JCDC. It is not offered at RCC.

Designed to provide 90-minute group sessions twice a week for ten weeks (20 sessions total, or 35 programming hours), Me First uses Motivational Interviewing to support participants' motivational identification and motivation enhancement. A well-recognized clinical modality commonly used to support people in making positive behavioral changes, Motivational Interviewing upholds four principles— expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy.¹²⁴

Until 2018, mixed-gender Me First groups were conducted at JCDC twice daily, allowing both men and women substantial opportunity to both enrich dosage and complete the series in the 10-week cycle. Under the new policies, Me First is no longer offered in the afternoons, and it is no longer conducted in mixed-gender groups. Women's groups are on Monday and Wednesday mornings, men's groups are on Tuesday and Thursday mornings. While this schedule still, in principle, permits an individual to complete all 20 sessions within 10 weeks, as we understand it this schedule makes completion more difficult, since any interruption (due to a participant's illness, scheduling changes for the provider, and so on) disrupts the schedule.

According to First Call's annual report,¹²⁵ Sober Me and Me First served 233 clients in 2017, an increase of 55% from the prior year. However, as with Focus Plus, the capacity and availability of Sober Me and Me First have been diminished due to issues of space, staffing, and scheduling.

Truman Medical Center-Behavioral Health (TMC-BH). As discussed in Section V, TMC-BH is the official mental health service provider inside both the JCDC and the RCC. Its staff of 11.4 FTE includes 5 FTE licensed qualified mental health professionals (LQMHP), a .8 FTE psychiatrist, 1 FTE registered nurse, 2.6 FTE supervision and support staff, and 2 FTE Recovery Coaches.

Funded through a grant made by the Jackson County Community Health Fund, operating at no cost to the JCDOC, and without imposing a fee on the people it serves, the TMC-BH program accepts every in-custody referral it receives.

Referrals come from several sources: through screenings conducted by the JCDOC's contracted medical provider at intake; through self-referral requests by incarcerated people; through ISCs or other detention staff; and through the courts.

Through this program, TMC-BH provides a comprehensive, flexible, and dedicated array of mental health services, including case management, evaluation, psychiatry, crisis response and services for people on suicide precaution, psychoeducational groups, group therapy, and individual therapy, many of which have been reduced or eliminated due to shortages in correctional staffing and newly instituted policies prohibiting mixed-gender groups and eliminating afternoon programming. With its in-custody services, TMC-BH, well-known and well-respected for its community-based services, strives to bring into the facility the full array of services it provides outside the walls.

But – consistent with the TJC model – TMC-BH provides intensive, customized, comprehensive and structured pre-release reentry planning for people while they're in custody. In addition to the program's array of therapeutic services, TMC-BH's Recovery Coaches are tasked to focus specifically on reentry-readiness and post-release success, providing case management, transition planning, and one-on-one aftercare services.

While working with people in custody, Recovery Coaches provide hands-on reentry-focused case management: completing applications for Medicaid, food stamps, and housing; identifying and developing continuity strategies to address medical care and medication; and developing both “day of release” and post-release plans. Under this model, Recovery Coaches provide after-care services for up to six months after an individual’s discharge from the facility. Under the policies established by TMC-BH, Reentry Coaches will not terminate post-release services until the client is successfully connected to – and has been seen by – an appropriate community-based provider.

Eliminated Programs

Due to staff shortages that interfere with the ability to provide coverage to escort and remain with incarcerated people during programming, as well as the loss of dedicated funding, JCDOC has eliminated a distressing array of programs in the past year or so. The eliminated programs are detailed in Table 24.

Table 24: In-Custody Programs Recently Eliminated from Jackson County Detention Facilities

Eliminated program	Populations that were served	Where services were provided	Provider/Funder	Discontinuation
Anger Management	Men	RCC	TMC/nonprofit budget	Discontinued summer 2017 due to detention staffing issues
Art Therapy	Men	RCC	TMC/nonprofit budget	Discontinued summer 2017 due to detention staffing issues
Basic literacy	Men and women	JCDC and RCC	Volunteer/no cost	Discontinued May 2017
Chaplain	Men and women	JCDC and RCC	Volunteer/no cost	Discontinued spring 2017 due to frustration related to client access
Exodus Cry	Women	JCDC and RCC	Nonprofit group/nonprofit’s budget	Discontinued in May 2017 due to detention staffing issues
High School Equivalence¹²⁶	Men and women	JCDC and RCC	Kansas City Missouri School District/ Detention budget	Discontinued est. five years ago due to budget considerations
Jail Anti-Drug Movement (JAM)	Men and women, primarily referred by District Drug Court, as well as probation violators	JCDC	TMC/COMBAT	Funding was discontinued for calendar 2018. Provided services through May 2018, for which costs were later reimbursed.
Narcotics	Men and women	JCDC and RCC	Volunteer/no cost	Discontinued in May

Anonymous/ Alcoholics Anonymous				2017 due to detention staffing issues
Seeking Safety	Women	JCDC	TMC/nonprofit budget	Discontinued summer 2017 due to detention staffing issues
Thinking for a Change	Men and women	RCC	AdHoc Group Against Crime/ COMBAT	Discontinued in December 2017; had been universally open to all people in custody

It should be noted that the Community Backed Anti-Crime Tax (COMBAT), funded since 1989 by an earmarked sales tax, has historically represented an important source of funding for several in-custody programs. However, COMBAT’s funding for two of these programs (Thinking for a Change and Jail Anti-Drug Movement, or JAM) was not renewed in 2018. As a result, these programs are no longer available inside the jail.

Providing psychoeducation and relapse prevention, JAM was intended to assist people in addressing substance use disorder. Although JAM accepted both referrals from the District Drug Court and self-referrals, priority of placement was provided to people referred by the Court. Operating on a Monday-Friday schedule, this 15-day program was designed to be completed in 21 custodial days. The program included assessments, daily group sessions, individual weekly sessions, and discharge coordination. After successful completion of the curriculum, JAM staff notified the Drug Court, after which the individual was released from custody.

COMBAT’s website explains that “The 3 pillars of the COMBAT program are prevention, treatment & criminal justice,” with a focus on “law enforcement, prosecution and diversion.”¹²⁷ In 2018, it reduced its funding for in-custody prevention, treatment, and diversion opportunities such as JAM and T4C.

The loss of T4C and Seeking Safety¹²⁸ are especially unfortunate: As discussed earlier in this section, T4C is a well-recognized and highly effective evidence-based practice specifically designed to improve decision-making and emotion regulation, while Seeking Safety is a SAMHSA-recognized integrated treatment designed to address the unique and powerful relationship between PTSD and substance use.

Finally, it should be noted that, unlike in many facilities, the limited availability of custodial staff – not lack of program space or willing providers – appears to be a primary driver determining or limiting availability of in-custody programs; in fact, many of the program spaces, as described in Section 4, Jail Operations and Staffing, appear under-utilized. This is another consequence of inadequate staff and overcrowding.

Notwithstanding the difficult conditions and reduced schedules for in-custody programming, it appears that all of the nonprofit service agencies currently operating in the Jackson County jails are committed to providing, and are capable of providing, valuable services to support their clients’ success. This also seems to have been the case for those providers whose programs have been recently cut.

AdHoc Group Against Crime, First Call KC, Full Employment Council, Heartland, and Truman Medical Center/Behavioral Health: Each of these is a well-recognized, longtime partner in the Jackson County community-based service system. Each of them has the capacity to hold a pivotal place in a coordinated, public/private continuum of care, both inside and outside.

While in-reach services are an invaluable component of reentry success, they should not be substituted for services that either are available or could be funded in community-based settings. Rather than sending drug-court participants into custody to complete low-dose programming better suited for community settings – while denying such opportunities to the hundreds of people who are held in custody pending trial or serving a sentence – it would likely be far more appropriate, efficacious, and cost-effective to develop specific strategies to meet the needs of drug-court participants without sending them into custody to get services, and to meet the needs of people compelled to remain in custody, without denying them access to a full array of intentional, coordinated, and integrated services, including in-custody, transitional, and community-based.

D. CRIMINAL JUSTICE IMPROVEMENT AND “TRANSITION FROM JAIL TO COMMUNITY” PLANNING

As discussed in Section V.A of this report, the TJC model recognizes that effective reentry planning begins not a few weeks prior to release, but at intake into a jail facility. As we further detailed in Section V.A, developing a robust array of custodial programs, operated in partnership with both public and nonprofit community agencies, can serve to maximize the opportunity for rehabilitative benefit for people during their time in custody, while also establishing a coordinated, familiar, and consistent system of resources, services, and relationships to support people both during the reentry transition and post-release reintegration. It is important to remember that depending on the individual circumstance, “reentry” can take on one of a variety of meanings, each presenting associated challenges and opportunities.

The types of judicial status under which are people can be held in jail is a deceptively long list. It’s not simply a matter of whether a person is “pretrial” or “sentenced”: A person may be brought into custody for booking and released on bond or recognizance in the same day, or held in custody awaiting an arraignment hearing, or held pending release on bond, or held pretrial throughout a case’s duration, or held on a probation or parole violation, or held due to court-ordered custodial programming, or held pending determination of competency, or held pending placement in a residential treatment facility, or detained on an immigration hold, or convicted and awaiting sentencing, or convicted and serving a custodial sentence, or sentenced and awaiting post-conviction transfer to prison, or sentenced and awaiting release to probation or parole.

Given even this list of complexities, it is not feasible – or necessary – for a detention facility to attempt to develop custodial programming and reentry planning for every person brought into a jail. It is precisely for this reason that effective, efficient intake procedures, coupled with robust, easy-to-use, and well-designed jail information management systems and analytic processes, are essential to building an effective reentry system and process. Quick-screening instruments such as those discussed elsewhere in this report are a cornerstone of efficient and effective reentry systems, *allowing staff not only to record information but to utilize it to identify, triage, and prioritize.*

Through disciplined intake, screening, assessment, and triage systems, jail programming staff can best match valuable jail resources to the individuals who need them most, developing structured custodial case plans customized to the person’s judicial status, potential length of stay, and complexity of needs – the most suitable programmatic track.

Further, such case plans can help identify people who (due to acuity of needs, frequent incarceration, judicial status and anticipated length of stay, or other specific circumstances) warrant the greatest attention to support prerelease planning and reentry success.

It is widely understood that people living with acute behavioral illnesses (such as the “high jail utilizers” discussed in Section III) have disproportionately high rates of incarceration, repeated incarcerations, and

frequent incarceration. Therefore, jail systems can reap substantial benefits by devoting specific attention to developing the ability to identify these high utilizers, provide rapid-response planning, and implement transition, reentry, and aftercare partnerships to interrupt this cycle.

It's also increasingly well understood that behavioral illness can be a persistent and chronic condition, and relapse is increasingly recognized as a predictable and normative element of recovery. Repeatedly arresting, fining, or incarcerated people for their illnesses too often represents a costly and ineffective approach. The revolving door from community to jail and back again simply repeats the cycle.

Recognizing this reality, many jurisdictions are working to implement multiple-intercept models, in which they develop, coordinate, and integrate an array of new policies and practices. Such holistic systems can include community-based prevention, law-enforcement assisted diversion, targeted rehabilitative and practical support in custody (including in-reach services and mentoring provided by community-based entities), structured reentry preparation and service coordination, "at the gate" transition support, and case-managed aftercare.

It appears that neither Jackson County nor the JCDOC administration have developed intentional or adequate approaches, policies and practices to support successful transition planning, reentry management, or recidivism reduction efforts.

While many jurisdictions and conceptual models mark "reentry" as the *end* of criminal justice process, reentry success truly start at the moment of incarceration, and it doesn't end on release.

Instead, smart justice requires jurisdictions to develop, implement, and assess a strategic, consistent, and system-wide plan to achieve several interlocking goals: improve public safety, advance both efficacy and equity in the local criminal justice system, reduce the cycle of criminalization, arrest, incarceration, and unsupported reentry, and invest scarce resources not in what's familiar or traditional but in what has been proven to work.

Indeed, the state of Missouri has formally embraced the concept of "justice reinvestment"; with the support of the Council of State Governments' Justice Center, in June 2017 the state established a Justice Reinvestment Task Force (JRTF) to study and improve the state's criminal justice system. In May 2018, the JRTF released a Policy Framework report,¹²⁹ which outlined key challenges, key findings, and policy options and impacts.

The three key challenges identified in the report were increases in violent crime, behavioral health treatment insufficient to meet the need, and high recidivism rates – *and of all the people returned to state prison while on parole or probation, 50% of these readmissions were due not to new crime but to technical violations of supervision conditions.*

Inadequate or absent custodial services, unsupported reentry planning, and inadequate community-based services are a time-tested recipe for predictable recidivism. It is precisely these conditions that the Transition from Jail to Community model attempts to rectify, using a four-factor process that starts at intake:

1. Assessment and Programming

- Screen and assess risks, needs, and resources using appropriate assessment instruments for the appropriate decision-making points
- Based on these assessments, triage level of need and develop structured customized case planning

- Under direction of a clinical professional with deep expertise in working with forensic populations, develop and schedule a menu of evidence-based, in-jail programming that addresses the most prevalent needs
 - Train custodial staff on core principles (like their role in creating trauma-informed, gender responsive environments) or practices (such as motivational interviewing and stages of change theories) to create a culture of rehabilitation that reinforces and provides opportunities to model constructive problem-solving/responses, etc.
2. Identify Needs to Foster Reentry Readiness
 - Time inside should not be wasted. Build internal practices and multi-agency relationships to identify and meet the basic needs that are essential for people’s success upon release. This would include not only identifying the need for housing, but also using the time in custody to help people identify and complete tasks that take time and are subject to delay or interruption on the outside.
 - This might mean developing protocols to help people apply for state identification or driver license reinstatement, identify options for health home and to apply for medical insurance or Medicaid, understand their restitution or child support orders, and prepare to apply for public benefits, such Social Security Disability
 3. Cultivate Reentry-Focused Custodial Culture and Systems
 - As part of the menu of programs, devote substantial attention and investment to provide in-custody services provided by community-based entities that work both inside and outside the facility, to include inside/outside service planners
 - Establish a continuity of care that begin inside the jail and continues on the outside to ensure continuity and access to needed resources
 - Ensure ready access to accessible, easy to read information about primary reentry-related resources; these may include printed booklet, a central information line, or a first-stop reentry center that serves as a hub with facilitated access to multiple public and private agencies
 - Develop systems that flag and triage high-utilizers of public systems, including the law enforcement, jail, psychiatric and medical emergency rooms, and the homeless care system. Establish policies and practice agreements among such systems to flag and track utilization by such individuals, permit cross-agency information through Release of Information practices, and develop intervention capacities, both outside of custody and inside the jail.

E. TECHNICAL ASSISTANCE AND TRAINING RESOURCES

1. Collaborative Structures
 - The National Network of Criminal Justice Coordinating Councils (NNCJCC) resource center via the Justice Management Institute and Bureau of Justice Assistance (BJA).
<http://www.jmijustice.org/network-coordination/national-networkcriminal-justice-coordinating-councils/>
2. Screens and Assessments
 - Criminogenic Risk/Need Assessment. University of Cincinnati Corrections Institute.
<http://cech.uc.edu/centers/ucci.html>

- RNR Simulation Tool. Council of State Governments' Justice Center, <https://csgjusticecenter.org/substance-abuse/rnr-simulation-tool/>
 - Public Safety Risk Assessment Clearinghouse. The Urban Institute and BJA. www.urban.org
 - Public Safety Assessment (pretrial) via the Laura and John Arnold Foundation. <https://www.psapretrial.org>
3. Jail Transition and Case Planning
- National Reentry Resource Center, a project of the Council of State Governments, serves as an extraordinarily rich hub of resources, including publications, announcements, webinars, newsletters, and topic briefs on issues as diverse as performance measurement, clean slate and record-clearance, and tribal affairs. <https://csgjusticecenter.org/nrrc>
 - Transition from Jail to Community Initiative online implementation toolkit. <http://tjctoolkit.urban.org/>
 - Transition from Jail to Community Initiative technical assistance via NIC. <https://nicic.gov/transition-from-jail-to-community>
 - John Jay Prisoner Reentry Institute. <http://johnjaypri.org/>
4. Evidence-Based Practices and Programs
- The Criminal Justice Targeted Research and Application of Knowledge (CJ-TRAK) website works to translate evidence-based practices (EBPs) from research into practice to improve both client-level and system-level outcomes in the justice and treatment systems, at <https://www.gmuace.org/tools/>
 - The federal Substance Abuse and Mental Health Services Administration (SAMHSA) provides a repository of evidence-based practices to provide communities, clinicians, policy makers, and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. The Resource Center contains a collection of science-based resources and is part of SAMHSA's new comprehensive approach to identify and disseminate clinically sound and scientifically based policy, practices, and programs. <https://www.samhsa.gov/nrepp>
 - SAMHSA's Evidence-Based Practices (EBP) Web Guide features research findings and details about EBPs used to prevent and treat mental and substance use disorders. EBPs integrate clinical expertise; expert opinion; external scientific evidence; and client, patient, and caregiver perspectives so that providers can offer high-quality services that reflect the interests, values, needs, and choices of the individuals served. <https://www.samhsa.gov/capt/tools-learning-resources/finding-evidence-based-programs>
 - The United States Department of Justice's National Institute of Corrections maintains a webpage devoted to implementation of evidence-based practices at <https://nicic.gov/assign-library-item-package-accordion/evidence-based-practices-ebp-ebp-implementation?page=1>
5. Mental Illness, Substance Use Disorder, and Medication-Assisted Treatment
- The GAINS Center for Behavioral Health and Justice Transformation (GAINS Center),¹³⁰ a division of the federal government's Substance Abuse and Mental Health Services

Administration (SAMHSA), exists to support jurisdictions' ability to better address issues at the intersection of behavioral health and criminal justice systems. A national clearinghouse for the development, collection, and dissemination of studies, data, informational materials, and implementation guides, the GAINS Center provides training and technical assistance to help jurisdictions implement effective, integrated programming to transform criminal justice and behavioral health systems.

- The Council of State Governments' Justice Center provides an array of information, reports, resources, tools, and opportunities to support improvements in the criminal justice system overall, as well as to improve the intersection of criminal justice and behavioral health. Among its work are substantial resources related to opioid addiction and Medication Assisted Treatment (MAT) <http://csgjusticecenter.org/corrections>, <https://csgjusticecenter.org/substance-abuse>
- SAMHSA's Center for the Application of Prevention Technologies (CAPT) is a national training and technical assistance system committed to strengthening prevention systems and building the nation's behavioral health workforce. SAMHSA's Center for Substance Abuse Prevention (CSAP) supports the delivery of effective prevention programs and practices to address these problems. <https://nrepp.samhsa.gov>
- Stepping Up is a national initiative to reduce the number of people with mental illnesses in jails. Stepping Up provides a wide array of training, resources, and information – including county self-assessments – for jurisdictions committed to this effort. <https://www.stepuptogether.org>

F. RECOMMENDATIONS FOR IN-CUSTODY PROGRAMMING

Recommendation # 17: Provide Detoxification Support Both In-Custody and In-Community

As we understand it, participants ordered to complete Focus Plus or Sober Me may be under the influence and substantially impaired by active substance use; whether they are high or already in withdrawal at intake, being ordered to spend four or five days to complete this program will involve a period of acute withdrawal, which should be appropriately supported and managed following detoxification protocols which should be developed by the JCDOC and which should be a required element incorporated into contracts and evaluation for the facility's contracted health providers.

According to SAMHSA's Treatment Improvement Protocol 45, "the detoxification process consists of three essential components, which should be available to all people seeking treatment: evaluation, stabilization, and fostering patient readiness."¹³¹

We are not aware that JCDOC has established such protocols or required contracted health care providers to abide by such protocols; this is of concern as an overall medical practice, and it is essential if individuals are expected to meaningfully participate in and benefit from in-custody programming such as Focus Plus.

Further, given that detox is an important prerequisite for meaningful involvement, and given that detox services are best and most efficiently provided in community settings (rather than in custody), and given that jail overcrowding is a persistent reality in Jackson County, it is appropriate for JCMO to identify community-based alternatives to this approach.

Recommendation # 18: Restore, Expand, and Leverage Value of Foundational Programming

As reported to us, the JCDOC has allocated limited space and time for programming in the daily schedule and has disallowed any mixed-gender groups. As a result, access to programs has been curtailed, in several cases (as with the Court-ordered programs) substantially reducing program dosage.

To take just one example: It appears that the JCDOC provides Focus Me in weekly cycles of one group a day for four days. However, this schedule can be interrupted on occasions when the Drug Court sends a referral to the contracted provider to complete an assessment. Because only one room is apparently available for use for both the Focus Me groups and the assessments, in such cases the day's Focus Me class is cancelled to allow the contractor the time and physical space to conduct the assessment. According to our research, custodial short-staffing is once again a factor in this situation.

We recommend that Jackson County identify funding and make any operational changes sufficient to reinstate foundational in-custody programming, including:

- Thinking for a Change groups for men and for women at both JCDC and RCC
- Anger Management groups for women at JCDC
- Anger Management groups for men and for women at RCC
- NA/AA groups for men and for women at JCDC and RCC
- Daily Sober Me and Me First for men and for women at JCDC and RCC
- Seeking Safety group for men and for women at JCDC and RCC
- Full-day access to the FEC workforce program for men and for women at both JCDC and RCC
- Reinstate in-custody Adult Basic Education classes for men and for women at both JCDC and RCC
- Develop partnerships with available local or online resources to enable incarcerated people to make progress towards, or earn, their High School Equivalency diplomas.^{132,133}

Recommendation # 19: Replace Short-Term Custodial Programs with Community-Based Services

Ordering people into custody in order to complete a total of three hours of programming each week for three weeks (as is the current schedule for Sober Me), or to complete a total of four hours during a one-week stretch in custody, is an astonishingly resource-intensive approach to provide basic substance use disorder treatment. For example, to complete the six hours of programming that constitutes the in-custody Focus Me program requires the following: full booking and intake, housing classification placement, at least four bed nights, at least 12 jail meals, at least four transports between housing and programming, multiple administrative tasks related to program scheduling and tracking, multiple administrative tasks related to program completion notifications to the Court and to the jail staff, and jail discharge processing.

Currently, it also appears that low numbers of referrals from the Drug Courts limit the use of such programs. However, given the consultant team's considerations regarding inadequate supported detoxification in custody, and the benefits of community-based alternatives, along with issues of gender, space, and scheduling, it may be more appropriate for the Courts to identify non-custodial options to meet needs that could be better addressed through intentional community-based services and partnerships.

Recommendation # 20: Remove Barriers, Restore, and Enhance Services and Reentry Planning

Consistent with the TJC model, in partnership with the Criminal Justice Coordinating Council, and with the support of external technical assistance, develop inside/outside reentry partnerships, as detailed in Section VI: Key Principles and Best Practices for Custodial Programming.

Recommendation # 21: Implement Transition from Jail to Community

We strongly recommend that the leadership of JCMO direct staff to prepare an informational report about the TJC model, its elements, its benefits, and its implementation steps, for consideration by the County Executive, County Legislature, and local law enforcement agencies.

It is worth noting that multiple resources are available to support jurisdictions interested in improving their own justice systems. Among others, the NIC and Urban Institute have launched an online learning toolkit;¹³⁴ this comprehensive site includes nine online implementation modules and provides information on jurisdictions (both large and small) that have been chosen as TJC Learning Sites.

Recommendation # 22: Implement Screening, Assessment, and Service-Matching

We recommend that JCDOC, supported by external technical assistance, develop and implement objective, well-recognized, validated screening and assessment tools and protocols at intake and use them as part of a decision-making matrix to triage individuals with appropriate program intensity, array, sequence, and duration.

To accomplish this also requires JCMO and JCDOC to identify and implement a robust, customizable, industry-standard jail information system database; ensure access to technical assistance to develop; retain and properly support a jail data operations analyst; supervise training and implementation of data-related protocols; and institutionalize the use and utility of data gathered.

Recommendation # 23: Develop Jail as Trauma-Informed Institution

We recommend that, with the support of external technical assistance, JCDOC train and continually assess both leadership and line staff in the principles and practices of creating a trauma-informed institution, including training to maintain alertness and sensitivity to environmental triggers, consistently demonstrate trauma-informed attitudes and behaviors, and identify and immediately coordinate appropriate care for safe stabilization of any client in crisis.

Recommendation # 24: Improve Program Design and Clinical Management

We recommend that healthcare services management, program services, community outreach, and population control be reorganized into a single Office of Rehabilitation and Reentry Services, operating under the authority of a qualified Licensed Clinical Social Worker (LCSW) who has substantial expertise working in multi-disciplinary services, with expertise in clinical forensic program design and management working inside jails, and serving as clinical supervisor and manager for rehabilitative programming.

Recommendation # 25: Design and Manage an Integrated, Evidence-Based Program Array

We recommend that JCDOC retain a clinical professional with deep expertise in designing and managing service systems for forensic populations, to be tasked with designing a comprehensive in-custody program design of evidence-based, in-jail programming that addresses the most prevalent needs and that can be delivered on a flexible, modular style basis.

Recommendation # 26: Spearhead Program Funding and Sustainability

We recommend that the Jackson County Legislature and County Executive direct their respective staffs to prepare a joint report on the costs and activities necessary to institute and support an Office of Rehabilitation and Reentry Services and to fund, increase, and continuously improve an appropriate array of rehabilitative custodial, transitional, and community-based programs.

VII. SYSTEM OVERVIEW

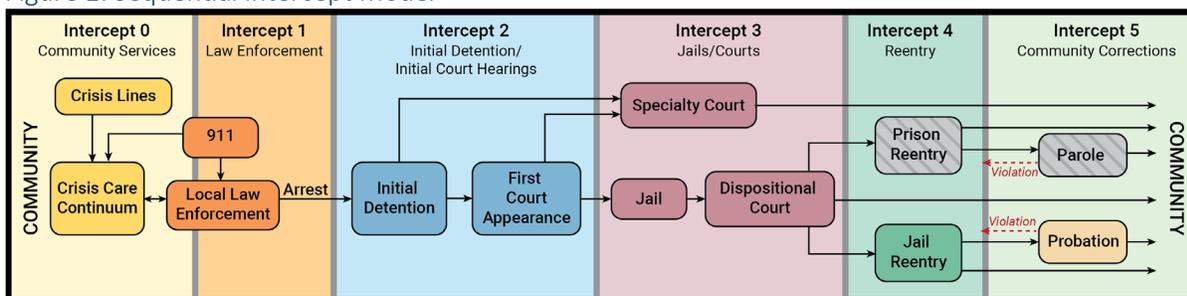
A. OBJECTIVES

To understand how the various agencies comprising Jackson County’s criminal justice system interact with and influence jail operations, the consultant team conducted dozens of in-person and phone interviews with criminal justice stakeholders and staff from community-based service organizations responsible for addressing the needs of justice-involved people in Jackson County, as well as members of the county’s Jail Task Force; the team also collected relevant policy guidelines and program materials. A chief aim of these interviews was to document current justice operations – primarily the justice system’s “front end” – at a high level, and to identify factors affecting the county’s use of its jail and potential cost-effective alternatives the county could implement to enhance public safety, improve jail operations, and increase justice system equities and efficiencies.

B. APPROACH

The team used the Sequential Intercept Model (SIM) as a conceptual framework to guide its assessment of the Jackson County criminal justice system. As shown in Figure 1, the SIM identifies six Intercepts (0-5) that correspond to criminal justice decision points at which people, particularly those with behavioral health issues, could be safely and appropriately diverted from either the justice system entirely or from jail custody specifically into appropriate community-based treatment or services. Although designed specifically to help communities “address concerns about the criminalization of people with mental illness,”¹³⁵ the SIM is equally well-suited to examine general justice system processes and identify viable alternatives to reduce unnecessary arrest or incarceration; leading to more effective use of limited criminal justice resources.

Figure 1: Sequential Intercept Model



Source: Policy Research Associates, Inc., <https://www.prainc.com/sim/>

Consistent with this approach, members of the consultant team interviewed Jackson County criminal justice stakeholders from agencies relevant to each Intercept to explore agency operations, policies and practices, interactions with and use of the county jail, extant alternatives to traditional criminal justice processing, the challenges facing the Jackson County justice system, and system successes (i.e., what’s working well). Some stakeholders were interviewed multiple times to clarify policies or procedures, or to obtain additional information. More than four dozen interviews were conducted between May and

August. Information from across these interviews was synthesized to compile the descriptions below and to identify common themes and inform recommendations.

The “front-end” of the criminal justice system includes the agencies whose policies and practices shape decisions regarding how to define and respond to certain actions and behaviors, within the larger context of state and federal laws.

C. JACKSON COUNTY, MO: KEY CRIME-RELATED STATISTICS

Spanning 616 square miles¹³⁶ and with an estimated 2017 population of 698,895,¹³⁷ Jackson County reported 34,154 crimes in 2016,¹³⁸ yielding a Uniform Crime Reports rate (UCR) of 4,887 crimes per 100,000 people.¹³⁹

With an adult population of 533,257 people and 24,886 reported adult arrests in 2016, Jackson County has an adult arrest rate of 47 adult arrests per 1,000 adults. As detailed in Section 3, Jail Population Analysis/Profile, in 2016 (the most current annual data available) Jackson County held an average of 948 people in custody each day, the great majority of whom were held pretrial.

Mapping these statistics against the County’s jail population yields further insights:

- With an average daily population of 948 people in custody and 34,154 reported crimes, Jackson County has an incarceration-to-crime ratio of 28 people per 1,000 reported crimes.¹⁴⁰
- With an average daily population of 948 people in custody and 24,886 adult arrests, Jackson County has an incarceration-to-arrest ratio of 38 people per 1,000 adult arrests,¹⁴¹ which is 45 percent lower than the national average of 67/1,000.
- With an average daily population of 948 people in custody and a total population of 698,895, Jackson County has a per-capita incarceration rate of 136/100,000 people.¹⁴²
- As a summary of these statistics, Jackson County’s Combined Index is 67,¹⁴³ 45.6 percent lower than the national Combined Index of 123.¹⁴⁴

The direct costs of incarceration are perhaps most easily measured through the costs of running the JDOC. In 2018, the JDOC’s approved budget was \$28,987,673.¹⁴⁵ Assuming a functional capacity of 810 people (see Figure 1), the cost of incarceration in Jackson County is \$98.05 per person, per day.

Of course, this does not begin to reflect the direct costs of other critical elements of the “front end” of the criminal justice system: law enforcement agencies, municipal and district prosecution, public defense, nonprofit legal aid (which provides representation for municipal clients), and municipal and district courts.

In this section of this report, we outline some findings and recommendations for these various entities.

D. LAW ENFORCEMENT

Local law enforcement – namely city and county police departments and sheriffs’ offices – are critical front-end entities that determine when to admonish, arrest, refer, or detain people suspected of unlawful behavior. Across the nation, many law enforcement agencies now employ a range of options to divert people from incarceration through the use of such practices as “cite and release,” issuing summons in lieu of arrest, or making referral to diversion or community services. For people exhibiting behavioral health needs, for example, many law enforcement agencies are working to develop policies to divert these individuals to community-based resources rather than to jail. Given this, community services including local emergency rooms, crisis hotlines, assessment and triage centers, and multi-

service resource centers can play a critical role in the way in which law enforcement responds to people with substance use or mental health disorders (collectively referred to as “behavioral health disorders”).

Jackson County is home to approximately 14 local law enforcement agencies. The Kansas City Police Department (KCPD), Jackson County Sheriff’s Office (JCSO), and Independence Police Department (IPD) are among the county’s largest agencies, although at least 12 police departments in the county¹⁴⁶ use Jackson County’s detention facilities. In 2016, the County reported 34,154 crimes and 24,886 adult arrests,¹⁴⁷ or an adult arrest rate of 38/1000, which is substantially below the national rate of 67/1000.

KCPD, which is responsible for public safety across Kansas City, MO, is the largest municipality in Jackson County; its geographic reach extends to three other counties, and it is the largest contributor to the Jackson County jails. Yet KCPD is unique in its system of governance: While it serves and is funded by Kansas City, it is overseen by a state-level, five-person Police Commission, which includes four gubernatorial appointees as well as the Mayor of Kansas City.¹⁴⁸ As such, the KCPD does not “report” to the city it polices.

KCPD consists of six patrol districts, which encompass 319 square miles. Its staff of 1,852 people include 1,337 sworn officers. Notably, in 2018 KCPD also began embedded one social worker in each of its six district stations, collectively managed by a social work supervisor, to assist and support officers with service referrals, particularly for at-risk youth¹⁴⁹ (see discussion below).

In 2017, KCPD handled approximately 239,463 calls for service, issued 115,491 traffic citations including 757 for Driving Under the Influence (DUI), and investigated over 46,000 Uniform Crime Reporting (UCR) offenses; larceny, aggravated assault, and non-aggravated assault were the three most prevalent.¹⁵⁰ Murder, forcible rape, and robbery across Kansas City increased in 2017, up by 17 percent, 8 percent and 7 percent, respectively, from 2016.¹⁵¹ According to KCPD’s 2017 annual report, murder rates for 2017 were 27.8/100,000 which is substantially higher than the CY2016 national murder rate (5.6/100,000) published by the Federal Bureau of Investigation (FBI).¹⁵²

Cite-Release (Intercept 1). KCPD can arrest people for municipal or state offenses. Municipal offenses typically consist of “low level” municipal ordinance violations such as traffic offenses, public intoxication, disorderly conduct, driving without insurance or on a suspended license, misdemeanor assault, and misdemeanor domestic violence,¹⁵³ while state offenses include an array of serious misdemeanor and felony crimes, ranging from low-level drug charges to murder and other violent crimes against a person.

As reported to the team, KCPD uses “cite and release” and other diversion options when possible, primarily for municipal offenses. As reported to the team, KCPD generally does not divert people from jail who are arrested for state level charges. *“Cite and release” data, arrest rates, and official KCPD policies on cite-and-release or diversion could not be obtained during this study.*

Crisis Intervention Training (Intercepts 0/1). Widely used by law enforcement across the nation, Crisis Intervention Training (CIT) is a 40-hour course that helps officers identify the manifestations of mental illness, trains them on effective communication techniques to use with individuals in crisis to de-escalate and stabilize interactions, and incorporates role-playing so officers can practice applying key CIT principles.¹⁵⁴ When used with fidelity, CIT can increase public safety and reduce unintended harm to individuals and the community.

Additional available CIT courses include CIT-Vet, which focuses on de-escalation techniques for working with veterans, and CIT-Telecommunications, which is designed to help for dispatchers identify a mental health caller in crisis and to respond effectively.

Presently, half of all KCPD officers have been exposed to CIT; the department's goal is to train all officers in basic CIT by 2020. KCPD's CIT training schedule consists of the basic 40-hour CIT class, as well as a three-day advanced CIT course for officers with at least two years' experience serving as CIT officer, along with a specialized 4-day CIT-Youth class offered in partnership with Kansas City's National Alliance on Mental Illness (NAMI-KC), which trains officers in how to respond to youth with behavioral health needs.¹⁵⁵

Four trained KCPD officers comprise the department's Crisis Intervention Team, which works to improve interaction between law enforcement and persons with mental illness and to prevent the inappropriate restraint, incarceration, and stigmatization of persons with mental illness. CIT Officers help reduce injury to officers, family members, and people in crisis, and link people with mental illness to appropriate treatment and resources in the community.

Research suggests that CIT, when implemented in concert with community resources, can safely reduce the number of people with mental illness in jail by diverting them to community-based services and treatment.¹⁵⁶

Site-Based Social Worker (Intercepts 0/1). Supported by a three-year grant from the Hall Foundation along with funding from the City of Kansas City, KCPD recently created a seven-member social work unit,¹⁵⁷ which assigns one social worker in each of the department's six district offices, supervised by a social work supervisor. Designed to support and assist officers with direct service referrals, the six social workers attend weekly crime meetings and regularly communicate with officers about residents in need of assistance.¹⁵⁸ The social workers are available to assist the entire unit to meet the needs of community members in contact with the KCPD.

While the county clearly has several resources in place that could likely impact the county's efforts to reduce jail overcrowding, it appears that these resources are not being fully leveraged, potential resulting in unnecessary use of custodial facilities. Yet additional resource and interventions are likely needed.

E. COURTS

Both the Municipal Court and the District Court have substantial roles in the local criminal justice system and in the use of the jail facilities in Jackson County.

Municipal Court (Intercept 3)

The 16th Judicial Circuit Court of Missouri – Kansas City Municipal Division is largest municipal court in the state of Missouri. With eight full-time divisions and one part-time division, the Municipal Court has eight full time judges, one part-time judge, one Court Administrator, and approximately 75 employees.¹⁵⁹

According to a report released in May 2015 by the National Center for State Courts (NCSC), the Kansas City Municipal Court handles about 200,000 cases per year, both ordinance violations and misdemeanor offenses. Dispositions for both ordinance violations and misdemeanor convictions may include custodial sentences of up to six months in jail, probation, and monetary fines of up to \$1,000.

Municipal city ordinances are established by Kansas City's 13-member City Council, which is the City's legislative and policy-making body; municipal court policies are determined not by the Presiding Judge but by vote or consensus of all of the municipal court judges *en banc* (NCSC p. 7).

The most common ordinance cases managed by the Municipal Court include traffic violations, general ordinance violations (such as littering, stealing, drunk in public), building code and nuisance violations,

and animal-related health and public safety violations. In addition to ordinance violations, the Municipal Court also addresses a variety of misdemeanor criminal cases, including domestic violence.

As reported to the consultant team, the Kansas City Municipal Court handles an average of 500-600 traffic tickets and 60-120 general ordinance violations per day. Of the nine courtrooms, one court is dedicated to domestic violence, one is dedicated to animal and housing violations, and the other seven courts address all other types of ordinances and misdemeanors. Staffed by 25 attorneys, Kansas City’s City Prosecutor’s Office prosecutes all City ordinance violations, appearing in both the general and specialized courtrooms. The City Prosecutor’s Office also makes recommendations to the City Council regarding proposed changes to ordinances that are frequently prosecuted in municipal court.

Municipal Court Case Processing: As described to the consultant team, local law enforcement agencies (including but not limited to KCPD) can initially refer cases for prosecution to the Office of the County Prosecutor. If the County Prosecutor declines to file, the case can be sent to the municipal system for prosecution by the municipal prosecutor, defense provided by Legal Aid, and proceedings held in the Municipal Courts.

In 2015, at the Court’s request, the National Center for State Courts (NCSC) produced a report on the practices of the Municipal Court. The NCSC cited various aspects of Kansas City municipal case processing as factors in court delays, reporting that less than 10 percent of cases proceed to trial at the first appearance, with 75-80 percent of cases moving to trial at a subsequent date (NCSC, 11).

In its report, the NCSC grouped case types into three categories (NCSC, 19-22):

Table 25: Volume and Case Types in Kansas City Municipal Court

Statistics from July 2011- October 2014	Alcohol/Drug-Related Traffic	Other Traffic	Non-Traffic Ordinances
Avg. pending	1,400	220,000	45,000
Monthly filings/dispositions	80-100	9,000-23,000	1,000

The report noted that during the course of the period studied, Other Traffic pending cases had increased by about 38 percent and Non-Traffic pending cases had increased by 50 percent.

The report also noted varied and inconsistent practices for continuances, finding that traffic cases required a median of three court appearances (with up to 25 appearances), and that general offenses required a median of four court appearances (and as many as 20 appearances).

A full assessment of the current operations for the City Prosecutor and the Municipal Court is beyond the scope of this inquiry. Such an analysis would provide opportunities to examine the ways in which the criminal justice system’s approaches to ordinances and misdemeanor crimes are imposing avoidable burdens on the local justice system burden, increasing jail use, or levying inequitable economic impacts on low-income people. Such conditions may run counter to the goals of public safety, operationally and economically efficient public systems, and jail-bed availability.

Municipal Court Misdemeanor Filings: Misdemeanor filings were essentially static overall from 2013 through 2017, but this masks a wider variation, with an increase of 15.5 percent in 2016 and a decline of 14.6 percent in 2017. Of the misdemeanor filings by charge code, the top three charges are as follows:

Table 26: Top Three Misdemeanor Filings in Kansas City Municipal Court

Filing charge	Percentage of filings	# of cases filed
Driving While Intoxicated	17%	580
Operating Motor Vehicle w/o Financial Responsibility/1 st Degree	16%	525
Driving While Restricted or Suspended/First Offense	8%	250

As with the felony filing statistics, however, it should be mentioned that in addition to the filings enumerated in this report, 1,036 cases, or 31 percent, were listed as “Other Misdemeanor Filings,” which makes it impossible to discern the types or patterns of the filed charges it contains.

In 2017, fifteen percent of misdemeanor dispositions (those that were not dismissed or acquitted) resulted in a sentence at the RCC. Nearly 50 percent resulted in a money fine (presumably, in addition to Court costs). However, the report does not provide deeper analysis of the convictions that resulted in each of these dispositions; it does not provide analysis of the number and types of filings that were dismissed or acquitted; and it does not provide analysis of the range of money fines, or their associated charges.

Table 27: Misdemeanor Dispositions in Kansas City Municipal Court

Fine	Probation/SIS	Probation/SES	Jail
47%	25%	13%	15%

District Court (Intercept 3)

In contrast to the Kansas City Municipal Court, *the 16th Judicial Circuit Court of Jackson County, Missouri* is a court of general jurisdiction, handling criminal, civil, probate, juvenile, and small claims matters; this means that, except for municipal matters, most cases are filed with this court. The Jackson County Circuit Court is comprised of 19 circuit court judges, nine associate circuit court judges and eight commissioners.¹⁶⁰

District Court Felony Filings: According to the 2017 Annual Statistical Report: 16th Judicial Circuit, Jackson County,¹⁶¹ felony filings in Jackson County increased by 31 percent between 2013 and 2016,¹⁶² but decreased by 10 percent between 2016 and 2017; this resulted in a net increase of 17.6 percent¹⁶³ from 2013 to 2017. At the same time, pending felony cases rose throughout both intervals, for a total increase of 13 percent from 2013-2017.

Reporting on felony filings by Independence and Kansas City, the Court noted while the rate of felony filings in Independence has stayed almost flat between 2013 and 2017 and in fact trended down in 2016 and 2017, the rate of filings by Kansas City from 2013-2017 increased by 74 percent and in fact rose every year throughout that period.

Of the felony filings by charge code, the top three charges are as follows:

Table 28: Top Three Felony Filings in Jackson County District Court

Filing charge	Percentage of filings	# of cases filed
Possession of a Controlled Substance	32%	978
Tampering with a Motor Vehicle/First Degree	6%	184
Robbery/First Degree	4%	136

Notably, filings for what might be categorized as serious or violent crime against a person represented very small percentages and numbers of cases filed:

Table 29: Percentage of Violent/Serious Filings in Jackson County District Court

Filing charge	Percentage of filings	# of cases filed
Domestic Assault/Second Degree	2%	75
Assault/Attempted Assault/First Degree	2%	67
DWI/Aggravated	2%	51
Murder/Second Degree (note: no 1 st Degree filings were reported in this report)	2%	48

However, it should be mentioned that in addition to the filings enumerated in this report, 858 cases, or 28 percent, were listed as “Other Felony Charges,” which makes it impossible to discern the types or seriousness of the filed charges it contains.

In terms of sentences for felony cases that were not dismissed or acquitted in 2017, 25 percent resulted in a Suspended Imposition of Sentence (SIS), 42 percent resulted in a Suspended Execution of Sentence (SES), 12 percent were sentenced to JCDC, and 21 percent were sentenced to the Missouri Department of Corrections. The percentage of filings that resulted in state or local custodial sentences rose throughout that period: rising from eight percent in 2013 to 12 percent in 2017 for JCDC sentences, and from eight percent to 21 percent for Missouri Department of Corrections.

District Drug Court. According to the 2017 Annual Statistical Report of the Sixteenth Judicial Circuit, Jackson County, MO, from 2013 through 2017 the number of drug cases filed in Jackson County rose by 256 percent, from 655 cases in 2013 to 1,674 cases in 2017. The report does not analyze the elements underlying this statistic. While drug case filings more than doubled, the percentage of cases diverted to Drug Court did not keep pace. As a result, the percentage of drug cases diverted in 2017 was 25 percent lower than the percentage diverted in 2013 ($(38.3-28.5)/38.3=25.56\%$ decline).

Table 30: History of Drug Case Filings and Diversion in Jackson County District Court

Year	Drug Cases Filed	Drug Cases Diverted	% of all Cases Diverted
2017	1,674	477	28.5%
2016	1,755	344	19.6%
2015	1,156	333	28.8%
2014	948	272	28.7%
2013	655	251	38.3%

It is worth noting that drug charge filings increased by 51.8 percent in 2016, even while the lowest percentage of cases was diverted. The report does not provide insight into this finding.

District Court: Early Disposition Docket.

For several years, Jackson County operated an Early Disposition Docket (EDD), which provided a mechanism for key stakeholders to bargain towards early resolution of a defendant’s case. Cases selected for this docket were identified as “low hanging fruit,” specifically cases in which the prosecutor’s office and the public defender’s office could easily agree on a plea deal. The EDD met about once per week to review an estimated ten to fifteen cases, which were pre-identified by the Jackson County Jail’s Population Control Unit. Many key stakeholders were involved in these meetings, including representatives from the public defender’s office, prosecutor’s office, probation and parole, county legislature, County Executive’s office, Director of the Department of Corrections, Population Control Unit, County Counselor, County Court Administrator, and Criminal Court Judge. Some stakeholders viewed the meetings as effectively preventing cases from stalling, saving the county money, and

reducing the overall jail population. However, while the group of stakeholders identified still meet, the EDD has not been used since 2017. The most prevalent reason cited for why the EDD is no longer operational was a concern by the public defender's office regarding adequate the time needed for adequate due diligence and discovery in each case: there is insufficient time for proper discovery, which could place their clients at risk of making unnecessary plea deals.

In keeping with the consultant team's earlier recommendations, we strongly recommend that Jackson County stakeholders consider reinstating the Early Disposition Docket. Doing so, however, will likely require stakeholders and policymakers from across the justice system to collectively review and identify factors that may be impeding the system's ability to fairly and effectively process cases¹⁶⁴ such as large caseloads, and to brainstorm viable solutions.

F. STATE PROBATION AND PAROLE

Community supervision, inclusive of both probation and parole, is a statewide function of the Missouri Department of Corrections, specifically the Division of Probation and Parole (Probation and Parole). In 2017, approximately 57,000 people statewide were under community supervision in Missouri.¹⁶⁵ Individuals may be sentenced to probation, sentenced to community supervision in addition to incarceration, or receive community supervision as Suspended Imposition of Sentence (SIS – successful completion of probation supervision negates conviction); individuals may also receive a Suspended Execution of Sentence (SES), which attaches and will invoke a predetermined period of incarceration should the individual's community supervision be revoked for noncompliance including conviction of a new crime.

Jackson County is one of 10 counties that comprise the Western Region of the Missouri Division of Probation and Parole. Approximately 166 Probation Officers supervise roughly 8,658 individuals across the region.¹⁶⁶ Officers assess an individual's risk for reoffending and corresponding needs using the Department's Field Risk Reduction Instrument to determine the appropriate level of supervision, including the frequency and nature of contact required to monitor and serve cases and to ensure public safety. Depending on an individual's assessed needs and immediate offense, people under supervision may be assigned to one of two specialized Probation caseloads: the Mental Health caseload for people with serious mental illness and who are involved in the Circuit Court's drug treatment court; and the Domestic Violence caseload for people convicted of domestic violence, which focuses on addressing and mitigating abusive behaviors and links individuals to a Batterer's Intervention Program.

Missouri's Probation Officers use both an Incentive Response Matrix and a Violation Response Grid to address the behavior of individuals under supervision. The former provides options to acknowledge compliance and to encourage continued positive behavior change through various responses, including potential reductions in mandated conditions such as community service and early termination of supervision. In contrast, the Violations Response Grid offers sanctions commensurate with an individual's noncompliance, ranging from imposition of additional drug testing to revocation of supervision and imposition of sentence. Individuals who violate the mandated conditions of supervision (i.e., are noncompliant) may be remanded to jail or, depending on the severity of the violation, incarcerated in prison.

Although the current Jackson County criminal justice assessment focuses primarily on the "front end" of Jackson County's justice system, it is important to note that the consultant team's snapshot analysis of the jail population indicated that nearly 16 percent of individuals in the JCDC were held for probation or parole violations.

G. PUBLIC DEFENDER OFFICE AND LEGAL AID OF WESTERN MISSOURI

In Jackson County, individuals facing criminal charges who cannot afford legal representation may retain the assistance of a qualified attorney through either the Kansas City office of the Missouri State Public Defender or through Legal Aid of Western Missouri, depending on the nature and seriousness of their charges. The Missouri State Public Defender, for example, “provides legal representation to poor persons who are accused or convicted of state crimes in Missouri’s trial, appellate, and Supreme courts.”¹⁶⁷ In contrast, Legal Aid of Western Missouri works with people with Kansas City Municipal Court cases who are facing “jailable offenses,” meaning criminal or traffic violations that can result in a sentence to the Regional Correctional Center.

Legal Aid of Western Missouri

Established in 1964, Legal Aid of Western Missouri (Legal Aid) provides free legal assistance on selected civil and criminal matters to low-income individuals (i.e., those who meet federal poverty guidelines) residing in and around the western Missouri communities of Kansas City, Joplin, St. Joseph, and Warrensburg.¹⁶⁸ Although the office identifies eight core practice areas¹⁶⁹ ranging from family law/domestic violence protection (with assistance spanning protection orders to divorce and custody proceedings, to community economic development, health care benefits and immigration issues), the majority of Legal Aid cases in 2016 focused on family law/domestic violence prevent (N=1,970), housing matters (N=951), and access to health care (N=723).

The city of Kansas City contracts with the Court Defense Unit within Legal Aid’s Kansas City-Central Office¹⁷⁰ to provide legal services to qualifying low-income individuals (i.e., those who meet specified income thresholds) with Municipal Court charges. The Unit reportedly works with approximately 11,000 individuals (unduplicated) annually, although the consultant team cannot independently verify that figure.¹⁷¹ These cases typically consist of “general ordinance violations” such as driving with a suspended license, driving under the influence (DUI), low-level domestic violence charges, drug possession and possession of drug paraphernalia, and property damage, for which a person can be sentenced to the Jackson County jail system’s Regional Correctional Center. Persons in need of a Legal Aid attorney are often identified during arraignment, by which point the court will have reviewed the individual’s application for indigent defense assistance and determined if the threshold is met. Once eligibility is determined, the court assigns the individual with a Legal Aid attorney; the case(s) are then transferred to the Municipal Court’s Legal Aid Status/Trail Docket for processing. According to local stakeholders, most Legal Aid defendants spend at least a few days in the Jackson County jail system awaiting a pretrial release determination; cases that proceed to trial may spend up to week in jail awaiting pretrial processing. Comparatively speaking, stakeholders believe Municipal Court case processing times are relatively short, crediting policies limiting the number of continuations for processing efficiencies.

Legal Aid’s Court Defense Unit consists of 11 attorneys. Five of the eleven work with the Municipal Court’s specialty courts: two attorneys are assigned to its drug court, two work with the mental health court, and one is assigned to the veterans’ treatment court. As discussed in earlier sections of this report, the Municipal Court’s specialty courts serve as that system’s primary diversion mechanism. Although case processing times may be perceived as short, the consultant team points out that developing additional diversion options would likely enhance the court’s case processing and reduce its pretrial contribution to the Jackson County jail system; it might also reduce the incidence of reoffense. Additionally, options for post-adjudication jail diversion would likewise alleviate jail population pressure, and the consultant team encourages Jackson County to consider these options.

Kansas City Office of the Public Defender

The Missouri State Public Defender's office in Kansas City (MSPD-KC) operates with a staff of 35 attorneys who are supported by five legal assistants, four investigators, and four administrative assistants. The MSPD-KC office is one of 33 MSPD offices statewide responsible for providing legal representation to low-income adults and juveniles who cannot afford to retain a private attorney. Unlike Legal Aid of Western Missouri, which provides misdemeanor legal representation at no cost, MSPD services are provided for a fee. Varying according to the nature of the case, such fees range from \$1,500 for capital murder cases to \$125 for misdemeanor and probation violation cases.¹⁷²

In 2018, the office handled approximately 2,992 cases, down from 4,928 in 2017. Cases involved both adult and juveniles charged with or convicted of state offenses ranging from homicide to felony sex offenses, drug offenses, and violent crimes such as felonious assault. Additionally, probation violations comprised a not insignificant portion of MSPD-KC cases: in 2018, probation violations (N=585) were 20 percent of the office's assigned caseload.

As alluded to above, the MSPD-KC caseload has decreased markedly in recent years. According to the MSPD 2018 annual report, the volume of cases handled by MSPD-KC dropped by nearly 63 percent in the past ten years,¹⁷³ from 8,077 cases in Fiscal Year (FY) 2009 to 2,992 cases in FY2018. Nonetheless, the Kansas City office maintains the second highest caseload in the state; only St. Louis County has a larger caseload, at 4,490 cases. However, the decrease in the number of cases in Kansas City MSPD division may reflect the office's efforts to obtain more manageable caseloads by holding or wait-listing cases. Recent litigation protesting untenably large caseloads, and 2013 legislation that prohibits MSPD attorneys from rejecting to take on new cases or, ostensibly, to place them on a wait list, are likely contributing factors. The MSPD system is reportedly under-funded and under-staffed statewide; as a result, individual defenders manage upwards of 200 cases. In turn, defenders are being professionally reprimanded for failing to provide adequate counsel. Citing such concerns, in November 2017 the MSPD-KC office filed a motion with the 16th Circuit Court for caseload relief; the issue was still being litigated in the courts at the time of this assessment.

Multiple sources cite that MSPD caseloads generally exceed national standards. The consultant team believes that caseload levels should be reviewed and that alternatives, such as assigning cases to private counsel, should be identified, in the interest of justice.

H. INTERCEPTS: LAW ENFORCEMENT, PROSECUTION, AND COURTS

Kansas City Assessment and Triage Center (Intercepts 0/1)

In 2016, Kansas City opened the Kansas City Assessment and Triage Center (KC-ATC), a public-private partnership of the Missouri Department of Mental Health, the Missouri Hospital Association, Ascension Health, Kansas City police department, fire department, and emergency services), and the nonprofit agency ReDiscover.

As an assessment and triage center, the KC-ATC has two primary goals: reduce unnecessary emergency-room visits and hospitalizations among people experiencing either mental health or substance use disorder crises and divert similar individuals from needless jail stays.

Offering 18 patient slots, operating on an approximate \$3 million annual budget, and staffed by a registered nurse, licensed clinicians, psychiatric nurse practitioners, discharge planners, outreach case managers, the ability to write prescriptions and access to pharmacy services, the KC-ATC operates 24 hours a day, 365 days a year. Its comprehensive protocol provides people in crisis with immediate triage and assessment of medical conditions, mental health and substance use issues, and suicide risk;

psychiatric evaluation; case management that includes collaborative crisis planning, discharge planning, and bridge medications as well as housing assistance and helping meet basic needs; and after-care services. The KC-ATC also includes a sobering unit. According to ReDiscover, it takes an officer an average of 7 to 10 minutes to drop off an individual at KC-ATC.

Given the KC-ATC's role as a stabilization and triage center, clients may remain at the facility for up to 23 hours, during which time they are stabilized, assessed, and triaged to allow case managers to develop appropriate discharge and aftercare service plans. The average length of stay is 13.5 hours. As part of discharge, KC-ATC staff arrange linkage back to home/family or friends, into or back to medical and mental health care, bridge case management and medications, and emergency housing until permanent housing is available. Case management continues until the client is sufficiently stable in the community. Budgeted follow-up funds may be used for core services or as flexible funds to be used as needed for services such as residential or outpatient treatment, detoxification stays, housing, respite, utility support, food, clothing, dentures, medications, hygiene items, and transportation, among others.

Primary KC-ATC referrals sources include KCPD, EMS, and approved hospital Emergency Departments (EDs),¹⁷⁴ but people may also self-refer by requesting diversion from the EDs. All referrals, however, must meet specific medical and clinical eligibility criteria in order to be admitted into KC-ATC.¹⁷⁵

During the Center's first year of operation (2016-2017), it served a total of 2,818 clients, of whom 64 percent¹⁷⁶ were referred by referred by Emergency Departments (EDs) while about 25 percent originated from KCPD.

In 2016-2017, approximately 242 (unduplicated) officers made referrals to KC-ATC; 47 percent of officers made just one referral and 22 percent made two referrals. The majority of KCPD referrals were made by officers in the Central and East Patrol Divisions. On average, officers spent an average of 20 minutes at KC-ATC on the client referral process.

From its opening in October 2016 through June 2018, the Center had received nearly 5,700 referrals.¹⁷⁷ In June 2018, the Center received 424 referrals, of which just 12 percent originated from KCPD, while referrals from Emergency Departments accounted for 67 percent of the month's referrals. An additional 18 percent were self-referrals,¹⁷⁸ while three percent were from Emergency Medical Services.

These data points suggest not only that KCPD referrals have diminished since the KC-ATC opened, but also that very few people are being sent to the KC-ATC in lieu of custodial detention.

Other key highlights from the KC-ATC's Fact Sheet include:

- 56 percent of referrals listed drugs and/or alcohol as the primary presenting concern, while mental health was the presenting concern for 39 percent of referrals.
- People referred to the Center were predominantly male (67%), homeless (69%) and unemployed (91%); 49 percent were between the ages of 25 and 44; and 61 percent were uninsured.
- Three KCPD arrestees were diverted to KC-ATC from the jail.
- KCPD's Central and East Patrol Districts accounted for 53 percent of the department's referrals that month, in keeping with prior findings. These patrol units are most proximate to the KC-ATC. As reported to the team, an officer's physical distance from the KC-ATC at the time of an arrest may have substantial impact on their decisions to divert to the KC-ATC.
- Cost savings were calculated as \$2,263.50 per visit.

It should be noted that the Center's first-year evaluation yielded several promising results specific to the Center's primary goal of diverting people from emergency departments: Truman Medical Center (TMC), for example, reported that, following referral to the KC-ATC, utilization rates at TMC were reduced for 55 percent of clients; it also reported decreases in the overall number of clients visiting TMC and in the mean number of visits by clients to TMC.¹⁷⁹ Fifty-seven percent of clients referred by law enforcement to KC-ATC demonstrated similar improvements in TMC utilization rates.¹⁸⁰

Drug Court (Intercept 3)

In partnership with the Jackson County Office of the Prosecutor, the Jackson County District Court operates a specialty Drug Court, a 12- to 18-month, post-filing program for people arrested on and charged with non-violent drug-related crimes.

Once the Prosecutor's Office determines an individual's eligibility and the defendant agrees to participate, prosecution is deferred while the individual works to comply with the activities required by the Court. These can include several weeks in custody in order to comply with Court-ordered custodial substance use programming. After fulfilling the Court's requirements, participants "graduate" from Drug Court and the charges against them are dismissed. All services are provided by the Drug Court's Client Advocacy Center.¹⁸¹

County Pretrial Diversion/New Start Project (Intercepts 2/3)

In late 2016, the County Prosecutor's Office implemented a pretrial diversion program for people charged with felonies such as property crime and burglary. According to the Prosecutor's Office, the intended goal is 40-50 participants. Following an initial interview, the consultant team has repeatedly requested additional information from the County Prosecutor's Office, but it has not been provided.

County Restorative Justice/Diversion Project (Intercepts 2/3)

In late 2017, the Jackson County Prosecutor's office was awarded a federal "Smart Prosecution" grant to inaugurate the New Start diversion program. Combining pre-filing and post-filing diversion and operating in partnership with the nonprofit agency Center for Conflict Resolution (CCR), this program combines elements of restorative justice with a Neighborhood Accountability Board model. Participants are required to acknowledge harm caused (although, as we understand it, their statements cannot be used in court and none of the participants can be called as witnesses); under direction from the Neighborhood Accountability Board, participants develop and complete a six- to eight-month program of activities. There is no cost to participate in the program. According to our research,¹⁸² the program has engaged few participants to date (which is not uncommon, given its relatively recent grant award). California State University at Fullerton has been engaged as the project's external evaluator. Following an initial interview, the consultant team has repeatedly requested additional information from the County Prosecutor's Office, but it has not been provided.

Municipal Pre-Filing Diversion (Intercepts 2/3)

In 2012, prior to the Prosecutor's Smart Prosecution project, the Municipal Court established the region's Neighborhood Accountability Board model, also in partnership with the CCR. Unlike the County project, which is free to participants, the municipal project charges a \$100 fee for participation. Eligibility is determined by the Court; in general, participants are facing a first-time charge and may have no prior criminal record. According to our research, since 2013 CCR has received 520 referrals from the Municipal Court; of these, 246 (47%) went on to be heard by a Neighborhood Accountability Board. According to information provided by CCR, of these 246, only 42 people (17%) have been later charged with a new offense.

Models for Expansion or Reinstatement. In addition to these programs, Jackson County is also home to current or former programs that provide examples and opportunities for expansion, replication, or reinstatement. For example, the **Kansas City Metropolitan Crime Commission (KCMCC)** serves as an umbrella for several programs to support people returning from prison (Intercept 5). In partnership with Missouri Probation and Parole, and largely funded by the federal Second Chance Act, the KCMCC's Second Chance Risk Reduction Center provides employment readiness and job referrals, housing support, and support to meet basic needs, including mental health or substance use treatment, access to educational opportunities, and access to basic health needs. To advance collective capacity to mitigate barriers to employment for this population, the KCMCC's Second Chance Training Program, partially supported by COMBAT, provides 50-60 reentry direct service providers with Reentry Employment Specialist training.¹⁸³ **The Bridges Project** is another example. Started in 2009 and initially funded by a three-year, \$900,000 grant from the Health Care Foundation of Greater Kansas City,¹⁸⁴ the Bridges Project was a partnership of the Kansas City Municipal Correctional Institution (MCI), Truman Medical Centers, and the Resource Development Institute (RDI), a local evaluation firm. An intensive case management project for people with mild to moderate mental health diagnoses, the Bridges Project was designed to end the cycle of incarceration by supporting clients to attain stable housing, managed physical and mental health care, and sustainable legal income (Intercept 4). Project participants were typically incarcerated for crimes such as prostitution, stealing and/or possession of drug paraphernalia; many also lives with histories of severe trauma, homelessness, and poverty. As a housing-first model, the program was designed to include diagnosis, counseling, and intensive case management. Intensive case management focused on five primary areas: stable housing, sustainable legal income, managed mental health care, managed physical health care, and recovery from substance use disorders. Case managers utilized community-based treatment programs and self-help groups, and linked participants to appropriate community resources. RDI developed client baseline, discharge interviews and a client satisfaction survey, implementing a pre and post Quality of Life instrument to measure change in clients' overall satisfaction with quality of life.¹⁸⁵ Bridges was terminated in 2013, when a grant was not renewed.

I. INTERCEPTS: NON-CUSTODIAL SUPERVISION

County Supervision (Intercept 2)

The Jackson County criminal justice system also includes a variety of options that allow for non-custodial supervision, both pretrial and as a term of conviction. For individuals under the authority of the District Court, the JCDOC's Population Control Unit (PCU) is responsible for providing pretrial, non-custodial supervision for people ordered by the District Court onto supervision as a condition of pretrial release from custody.

Among other duties, PCU is responsible for producing a daily report to inform the "Population Docket" of the which is a daily determination by the Court of people being considered by the Court for pretrial release from custody. The Court has the authority order pretrial release at arraignment or at subsequent appearances; defense attorneys can also request pretrial release. In practice, according to our understanding, pretrial release, when ordered, is usually ordered by the Arraignment Court (Criminal A).

In setting terms and conditions of pretrial release, the Court has multiple options: The judge may order that an individual be released pretrial on Own Recognizance, on money bond, or on terms that may include participation in one of three forms of supervision provided by the PCU: County House Arrest, Courtesy Supervision, or Pretrial Supervision.

- **County House Arrest:** Under County House Arrest, the most restrictive option, individuals are required to submit to electronic monitoring throughout the duration of the pretrial process, in addition to other terms and conditions, including restricted schedules involving home confinement. The JCDOC budgets provides for a total of 100 electronic monitoring units for use by both County House Arrest and Courtesy Supervision (the second rung of supervision).
- **Courtesy Supervision:** As the second rung of pretrial supervision, individuals on Courtesy Supervision begin their supervision term with an initial period on electronic monitoring, along with drug testing and regular check-in appointments. In part to conserve the availability of electronic monitoring units, individuals on Courtesy Supervision are typically released from electronic monitoring after four to six weeks of successful compliance with the terms and conditions of their release.
- **Pretrial Supervision:** As the lowest rung of supervision, Pretrial Supervision imposes very few supervision conditions and does not involve electronic monitoring. On Pretrial Supervision, individual are not required to participate in drug testing or comply with electronic monitoring; they check-in on a weekly basis with PCU's case managers and agree to appear for all court dates. The JCDOC has established a limit of 200 Pretrial Supervision slots; as of, May 31, 2018, only 70 of these slots were being utilized.

An analysis of open Pretrial Supervision cases provided by PCU in August 2018 indicates that the longest term of Pretrial Supervision (of current open cases) is 239 days to date. Averages for 2018 are not currently available.

It is not possible under the current scope of inquiry to analyze the trends or reasons related to rates of pretrial release. It may be that judges may not be fully aware of the options; that they decline to release any individual who is not yet represented by counsel, that they lack confidence in the assessment of the individual's risk of committing a crime while out of custody or of failing to appear at subsequent court dates, or that they see pretrial detention as an appropriate element of the criminal justice process, regardless of risk.

Given our analysis of rates of pretrial release (as discussed in Section III), it appears probable that rates of pretrial detention and ALOS prior to release on recognizance or on money bond may be affected by delays in appointment of counsel, the apparent under-utilization of pretrial supervision by the Courts, and their possible combinatory effects. It has been reported to us that the Arraignment Court has recently requested that the PCU begin tracking the length of stay in custody prior to appointment of counsel. In addition, there appear to be no standardized practices by which judges regularly conduct mid-supervision case review to consider whether a "step down" to a lower supervision level is appropriate.

It should be noted that individuals ordered onto any of these three levels of supervision are not charged fees; costs are covered by the JCDCO. This is consistent with emerging national practices. Nonetheless, in the absence of recognized, validated, and widely adopted risk assessment tools and decision-making processes, it is almost certainly the case that JCMO is imposing unnecessary detention on defendants who pose no assessed risk to public safety, who are likely to comply with requirements to appear at court, and who are being wrongfully deprived of due process and the presumption of innocence. It is also highly probable that unnecessary detention in JCMO causes disproportionate harm to people of color and to low-income people. Scholarly research is clear: Pretrial detention, even for periods of only one or two days, has substantial negative effects on outcomes and racial equity; further, it has detrimental effects on public safety.¹⁸⁶

Therefore, we deeply believe that JCMO would substantially benefit from developing pretrial risk assessment tools and decision-making processes accepted and used by all of the relevant criminal justice stakeholders (JCDOC, prosecutors, defense attorneys, and courts), as we recommend in Section X of this report.

Municipal Supervision (Intercept 5)

According to our research, non-custodial supervision on probation is an option for people convicted on municipal charges; the municipal system does not appear to provide pretrial supervision. According to public information, the Municipal Court probation office governs City ordinance violators who are found guilty and ordered by the court to complete probation. A term of probation in Municipal Court can last up to two years. Further, it is reported that the Municipal Court probation office processes 15,000 to 20,000 new probations a year; people on municipal probation are required to regularly report to municipal probation officers who monitor their compliance with conditions of probation and may provide referrals for housing, employment, or medical services. Terms of probation may include drug testing, completing court-ordered classes and participating in counseling or treatment.¹⁸⁷

J. RECOMMENDATIONS FOR SYSTEM-WIDE CHANGES

Recommendation # 27: Commit to Data-Driven Whole-System Improvement

- We recommend that Jackson County improve its capacity for all-system collaboration by forming and institutionalizing a holistic Criminal Justice Coordinating Council (CJCC), jointly authorized and supported by the County Legislature and County Executive. Establishing this body to serve as champions, stewards, and decision-makers is an essential, foundational element of progress for Jackson County.
- We recommend that as an element of the CJCC, Jackson County form a multi-agency data group to institutionalize the shared use of data. Designed to foster a system-wide understanding of justice operations and to enhance collective, data-driven decision-making, this data group would initially identify critical key metrics that could substantially facilitate faster case processing.
- We recommend that the JCDOC staff, train, and leverage the position of Operations Analyst to address several data-related issues of concern specific to the reliability of the jail's data, and to serve as a primary source of information and analysis to drive other justice-system processes, such as pretrial release, aging-cases, population control docket, and diversion opportunities.
- We recommend that JCDOC solicit and select a vendor/consultant to assist in the identification, customization, and implementation of a modern, powerful, web-based jail information system to replace the existing, outmoded database.

Recommendation # 28: Engage Courts in Addressing Custody

- We recommend that Kansas City and Jackson County undertake an analysis of municipal ordinances, arrests, prosecutions, and dispositions, along with ordinance violations and dispositions, to assess their efficacy and utility.
- We recommend that criminal justice stakeholders examine their use of the pretrial risk assessment tool to inform pretrial release.
- We recommend that the District Drug Court work with Heartland or other community providers to identify community-based residential resources to provide residential detox for Drug Court

clients. Further, and for similar reasons, we recommend that the District Drug Court explore options for providing Focus Plus in non-custodial settings.

- We recommend that Jackson County explore opportunities to provide community-based approaches to detox and mandatory substance-related psychoeducation.

Recommendation # 29: Establish Diversion Policies for Law Enforcement

- We recommend that stakeholders track and publicly report cite-and-release data, along with arrests rates to paint a richer portrait of Kansas City's crime issues and the KCPD's public safety efforts.
- In order to determine arrestees who could be effectively served by the KC-ATC rather than in a custodial setting, we recommend that the county's criminal justice leaders work collectively to examine patterns associated with people who are repeatedly arrested and returned to custody (whether for municipal or for state charges). Such an examination would identify and quantify the charges and circumstances in which these people are returned to the JCDC and RCC, including unaddressed behavioral health needs.
- We recommend that criminal justice leaders explore why KCPD referrals to the KC-ATC have apparently declined over time to identify any barriers that may be impeding referrals, such as the lack of formal departmental policies or analysis.
- We recommend that city, county, and state criminal justice leaders, in concert with relevant community-based providers, identify opportunities to increase non-custodial alternatives, including increased cite-release, supportive programs to reduce rates of failure to appear, and both law enforcement-led and prosecutor-led diversions for people who commit low-stakes offenses or whose anti-social patterns are associated with behavioral health disorders.

VIII. CAPACITY AND FACILITY PROJECTIONS

Given the numerous variables that affect jails and the frequent lack of detailed historical data, jail capacity planning is as much an art as a science. The approach herein using methodologies recommended by the National Institute of Corrections (NIC) uses available data to examine broad trends to derive estimates about future needs. The value of jail capacity planning can be measured as much in regard to the role it serves as an impetus for examination and change within the criminal justice system as in regard to mapping future capacity.

Available beds in any correctional facility have a tendency to become filled – no matter what the size of the facility. As mentioned previously, jail crowding is a symptom of the policies and practices of the larger criminal justice system and these have been thoroughly studied by the Urban Institute as part of this study. There is generally no correlation between crime rates and incarceration rates. Instead, policies across adjudication decision points in the criminal justice system largely drive jail bed usage.

In the end, the jail population is a function of two factors: the number of admissions and the average length of stay.

Table 31: Factors that influence Jail Population

Factors that Influence Jail Population	
Number of Admissions to Jail	Average Length of Stay
County population	Access to timely pretrial assessments
Number of law enforcement officers	Early appointment of counsel
Booking and cite-and-release policies	Pretrial release options
Availability of pre-booking alternatives	Pretrial bond review procedures
Access to comprehensive pretrial services	Early case resolution procedures
Failure to appear rate	<i>Case Processing times*</i>
Pretrial supervision, monitoring and tracking	<i>Availability of jail alternatives*</i>
Contracts with other agencies	Sentencing mandates
Availability of alternative sanction and diversion options	Stepdown options from jail to alternative facilities/programs
Quality of system intervention	Sentence Length
	Prevailing philosophy regarding punishment vs. treatment
* Key modifiers identified in the study	

A. CONSEQUENCES OF JAIL OVERCROWDING

As noted previously crowding can create serious management problems and can compromise the safety of inmates and staff as the jail environment becomes increasingly volatile. The dynamics of a jail, with unpredictable inputs and daily fluctuations in population, require management flexibility in the form a few empty beds. Because of this, a jail is at capacity before reaching design limits. Because of this, a jail is at capacity before reaching its design limits. Beds have to be set aside for classification (a male inmate cannot be housed in a female bed, nor can a maximum security inmate be housed in a minimum security bed), and sufficient beds need to be set aside to handle the population during peak periods. For projection purposes, the consultant team is recommending a 15% classification and peaking factor be applied to all average daily population forecasts for Jackson County.

A crowded jail can result in the loss of system integrity. This occurs with inmates are turned loose from the jail through “forced releases.” It does not take long for this to become common knowledge.

At a national level, and this is true for Jackson County, the loss of integrity of the criminal justice system can be seen in the shrinking proportion of the jail population made up of sentenced inmates and the corresponding increase in proportion of pretrial inmates. Since 2000, the relative percentage of pretrial offenders in jails has increased from 56% to 65% in 2016.¹⁸⁸ In Jackson County, the percentage of pretrial inmates is even higher. Analysis by the consultant team revealed that 83.5% of the County jail population is pretrial (April 26 to June 20, 2018).

Inefficiencies in adjudication can extend the time needed to resolve cases contributing to a rise in the percentage of pretrial inmates that, in turn, squeezes the availability of beds for the sentenced population.

B. A SYSTEMS APPROACH

Because the jail population is constantly changing, jail planning is not a one-time process. The process of developing a master plan for managing the jail population includes determining how efficiencies in the criminal justice system can be realized, what alternatives to jail should be in place, and how jail beds (existing and/or new) will be used. The approach to capacity planning that the consultant team focused on and has presented in this study includes the following information:

- Jail snapshot data
- Case processing analysis
- Jail and County population trends
- System assessment

The data gleaned from these sources has generated a number of system recommendations designed to make the most efficient use of existing resources and manage change.

C. JAIL CAPACITY FORECAST DATA

Jail capacity forecasts are built on an analysis of four data types:

- Admissions
- Average Length of Stay (ALOS)
- County Population Trends
- Average Daily Population (ADP)

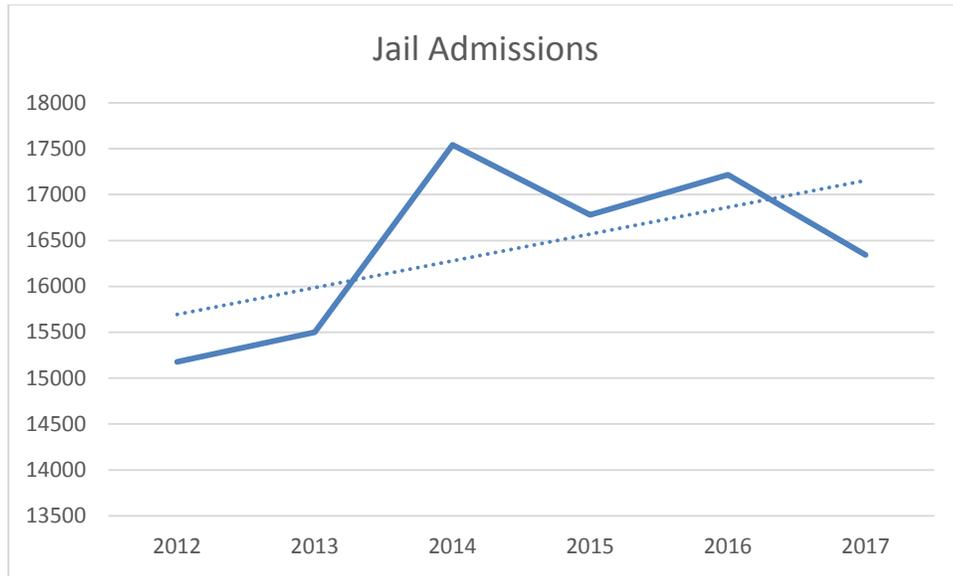
Jail capacity forecasts are compared against local and state incarceration rates to determine where local practice falls within historical and regional contexts.

Admissions

Jail admissions provide an indicator of workload, and over time, they help gauge changing pressures on the jail. Factors that influence the number of admissions include the population of the jurisdiction, police resources, availability of pre-booking alternatives, pretrial failure rate, and supervision failure rate.

From 2012 to 2017 (See Table 32), jail admissions have increased 7.7%. Between 2013 and 2014 there was a sharp increase in admissions jumping from 15,499 admissions in 2013 to 17,542 in 2014 (an increase of 13.2%). After 2014, admissions have declined. Overall during this time period admissions have trended up approximately 292 admissions year over year.

Table 32: Historical Jail Admissions



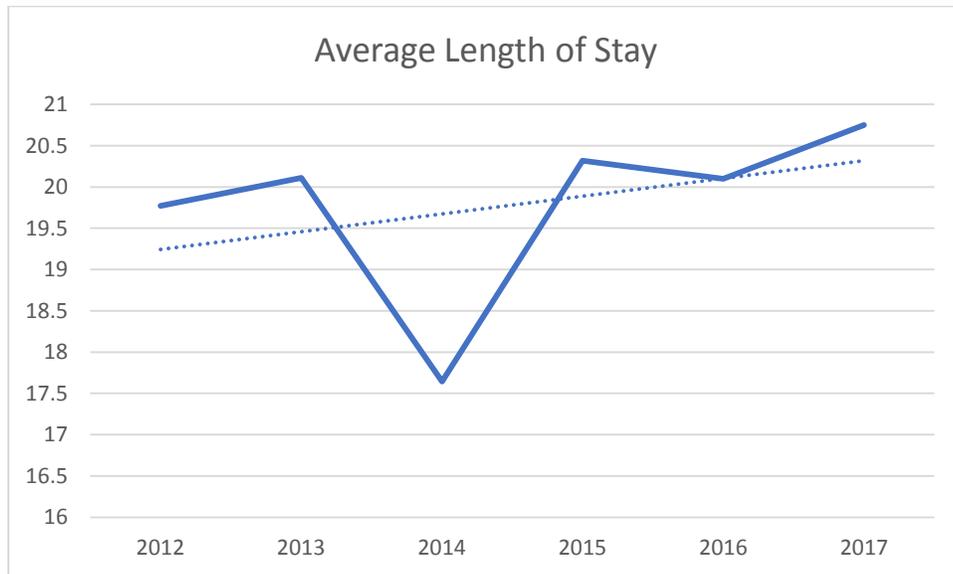
Source: Jackson County, MO

Average Length of Stay

ALOS data can be a measure of system efficiency reflecting, for example, the time needed to move from booking to pretrial release or from booking to case disposition. ALOS can indicate the seriousness of offenses that counties prosecute or reflect changes in policy.

From 2012 to 2017 (See Table 33), ALOS increased 4.9%. Between 2013 and 2014 there was a sharp decrease in ALOS. This coincides with the sharp increase in admissions over the same time period. After 2014, ALOS increased. Overall during the 2012-2017 time period ALOS trended up approximately .22 days year over year.

Table 33: Historic Average Length of Stay



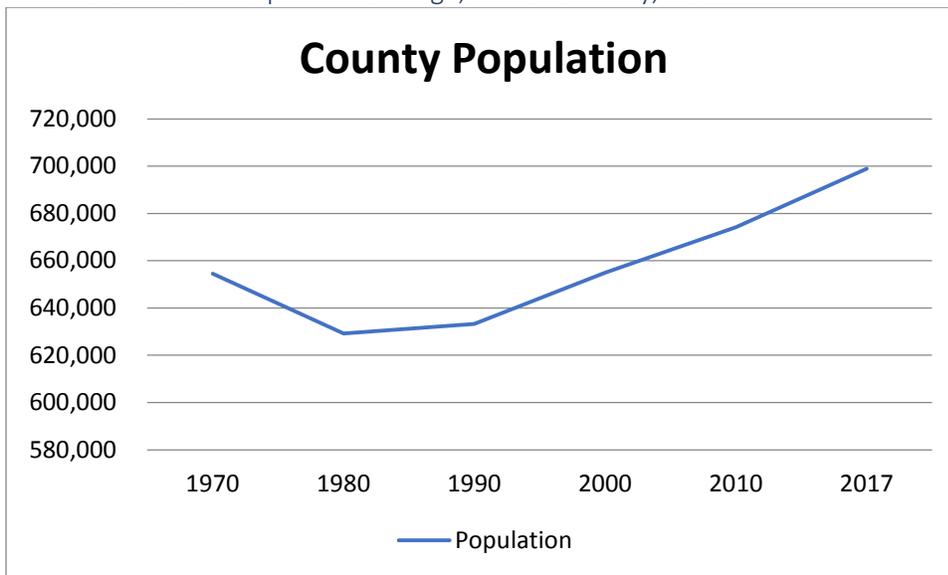
Source: Jackson County, MO

County Population Trends

County population is an especially important variable to study the relation to jail admissions. Tracking population growth rates helps anticipate future demands on the jail; average daily population per 100,000 county population (i.e., the number of persons in jail per 100,000 residents of the county) provides a rate that allows for the examination of trends in ADP. As a county’s population grows, the average daily population most likely will increase.

Following a ten-year decline from 1970-1980, the population of Jackson County has grown consistently since 1980; since 1990, population has increased steadily at an average annual rate of 0.6%. According to state of Missouri estimates,¹⁸⁹ the County’s population is expected to grow at an annual rate of 0.4% to the year 2040.

Table 34: Historical Population Change, Jackson County, MO



Source: US Census

Table 35: Projected Population Change, Jackson County, MO

Jackson County Population Projections		
Year	Projections	Extrapolated Trend
2015	678,274	677,724
2020	689,226	689,794
2025	701,350	701,864
2030	714,467	713,935
2035		726,005
2040		738,075

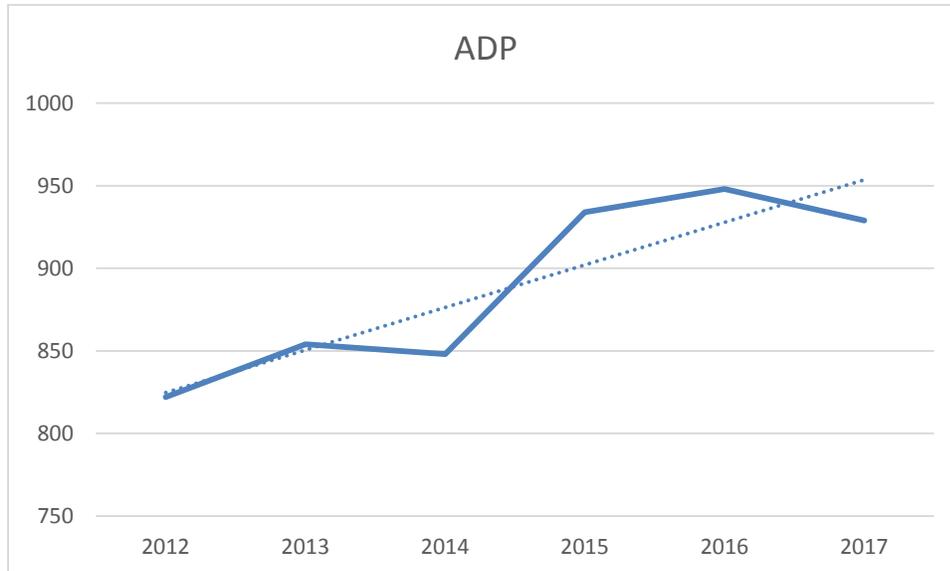
Source: Projections through 2030 from Missouri Office of Administration, Division of Budget and Planning. Projections from 2035-45 are extrapolated from State Projections.

Average Daily Population

ADP is a general indicator of jail bed need. ADP is a direct function of admissions and length of stay and all factors and variables that contribute to admissions and length of stay.

From 2012 to 2017 (See Table 36), ALOS increased 13%. Over that time period, ADP increase the most between 2014 and 2015 when there was a sharp increase in ALOS and admissions was relatively flat. Overall during the 2012-2017 time period ADP trended up 25.8 inmates year over year.

Table 36: Historic Average Daily Population



Source: Jackson County, MO

D. ARREST DATA

Rates of arrest generally do not correlate with jail bed use, but they are sometimes used to provide context. (For more detail about arrest and crime rate, see Section VII.C, Jackson County, MO: Key Crime-Related Statistics.)

Consistent with this approach, members of the consultant team interviewed Jackson County criminal justice stakeholders from agencies relevant to each Intercept to explore agency operations, policies and practices, interactions with and use of the county jail, extant alternatives to traditional criminal justice processing, the challenges facing the Jackson County justice system, and system successes (i.e., what’s working well). Some stakeholders were interviewed multiple times to clarify polices or procedures, or to obtain additional information. More than four dozen interviews were conducted between May and August. Information from across these interviews was synthesized to compile the descriptions below and to identify common themes and inform recommendations.

The “front-end” of the criminal justice system includes the agencies whose policies and practices shape decisions regarding how to define and respond to certain actions and behaviors, within the larger context of state and federal laws details rates of violent crime and property crime in Jackson County from 2007 to 2017. As it shows, property crime has been on a downward trend over the past decade has declined 28% since 2007.

Violent crimes too were trending down over a 7-year period from 2007 to 2014 but have risen sharply, 41.4%, since 2014. This increase in violent crimes tracks the increase in the average daily population of the JCDC (Table 37 shows an increase of 16.7% from 2014 to 2017) where persons arrested for violent crimes are likely held. Since violent crimes typically take longer to adjudicate, as expected, there was a corresponding increase in average length of stay (Table 37 shows an increase of 17.6% from 2014 to 2017). It would seem that violent crime arrests are driving up capacity demand even though other non-violent arrests and overall jail admissions are trending downwards.

Table 37: Rates of Violent Crime and Property Crime

Historical PART 1 Crimes				
Year	Violent Crimes		Property Crimes	
	Actual	Trend	Actual	Trend
2007	9,640	7497.3	49464	46602.8
2008	7,725	7563.6	44714	45285.0
2009	7,700	7629.9	41872	43967.3
2010	6,767	7696.2	42656	42649.5
2011	6,690	7762.5	40213	41331.8
2012	6,989	7828.8	41081	40014.0
2013	6,962	7895.1	39095	38696.2
2014	6,896	7961.4	36476	37378.5
2015	7,781	8027.7	34221	36060.7
2016	9,215	8094.0	34156	34743.0
2017	9,752	8160.3	36206	33425.2
Annual Trend Change		66.3		-1317.8
Violent Crimes include: murder (manslaughter), rape, robbery & aggravated assault				
Property crimes include: burglary, larceny-theft, motor vehicle theft & arson				
Source: Missouri Uniform Crime Reporting Program				

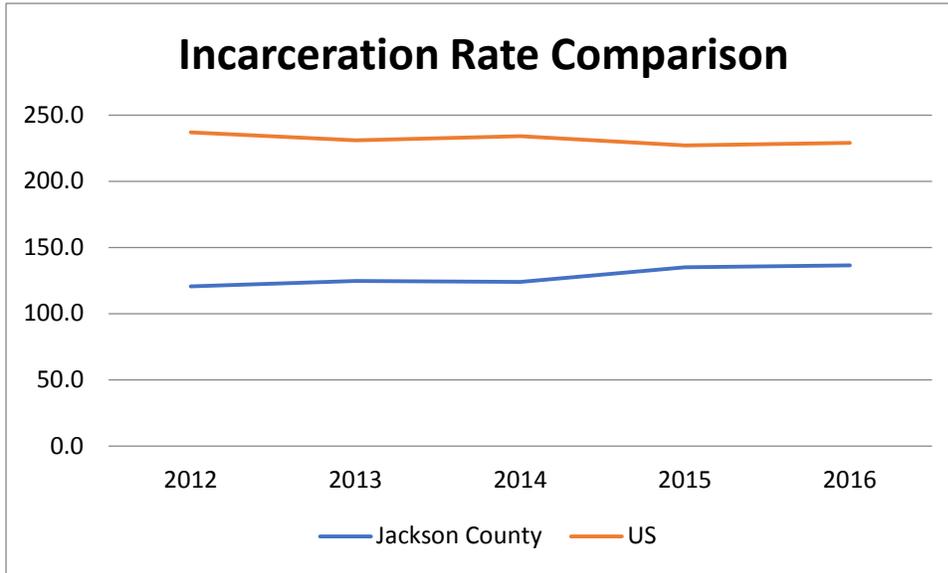
E. INCARCERATION RATE

A jurisdiction's incarceration rate (IR) is calculated by dividing the average number of people held in a jail facility each day (the Average Daily Population, or ADP) divided by the jurisdiction's overall population and multiplied by 100,000, to produce a per capita ratio of 1:100,000.

Using this metric, Jackson County had a local incarceration rate of 136.3 in 2016. By comparison, the national incarceration rate for local jails in 2016 was 229; in the same year, Missouri's incarceration rate for jails was 240.¹⁹¹ Thus, when compared to both national and state trends, Jackson County's incarceration rate is substantially lower than the national (-41%) and state (-43%) rates.

But it should also be noted that while the national incarceration rate increased an average of 4% per year between 1995 and 2007, national rates have declined steadily since then,¹⁹² reflecting both state-level and federal policies to reduce the use of incarceration; in contrast to this national decline, however, the incarceration rate for Jackson County increased by an annual rate of 2.03% over the last six years.

Table 38: National and Jackson County: Comparative Incarceration Rates



F. PROJECTED JAIL CAPACITY NEEDS: TWO SCENARIOS

To estimate projected jail capacity needs for Jackson County for the year 2040, we outline two scenarios: An ADP Trend Projection and an Incarceration Rate Projection.

As detailed in Table 39, the ADP analysis uses the jail’s historic annual average daily population data (2012-2017) and linear regression to develop an ADP trend line, which is then extrapolated to the year 2040. Note that this projection includes a 15% peaking/classification factor to provide bed capacity need at 5-year increments through 2040.

Using this method, the projected jail capacity need is calculated at 1,779 beds.

Table 39: Method 1, ADP Trend Projection

Method 1		
2012-2017 ADP Trend		
Year	ADP	Capacity (x1.15)
2020	1031	1186
2025	1160	1334
2030	1289	1482
2035	1418	1631
2040	1547	1779

As shown in Table 40, the second method utilizes historic incarceration rates. A trend line was applied to the incarceration rates from 2012-2017 and extrapolated to the year 2040. The incarceration rate is then multiplied times the forecast County population. A 15% peaking/classification factor has been applied to provide bed capacity need at 5-year increments through 2040.

Table 40: Method 2, Incarceration Rate Trend Projection

Method 2		
Incarceration Rate Trend		
Year	ADP	Capacity (x1.15)
2020	1006	1157
2025	1131	1301
2030	1260	1449
2035	1392	1601
2040	1529	1758
Incarceration rate trend 2012-2017		
x County Population Projection		

Using the second method, the projected jail capacity need is calculated at 1,758 beds.

Notwithstanding the two differing approaches, the methods produce capacity projections for the year 2040 that vary by only 21 beds – a difference of just over one percent.

G. JAIL PROJECTIONS: ADDITIONAL FACTORS

As indicated in Section III - Jail Population Analysis/Profile, the number of people incarcerated in Jackson County’s jails has consistently exceeded the facilities’ functional capacity. When a jail is crowded, counties typically seek ways to reduce overcrowding by evaluating characteristics of the population and recommending opportunities to reduce unnecessary incarceration (for example, by eliminating or reducing money bond), increasing case-processing expediency to reduce avoidable delays, and implementing more robust and standardized pretrial release protocols.

Reflecting this intention, about 20 years ago Jackson County’s established a Population Control Group, a committee of criminal justice stakeholders whose purpose is to identify opportunities to reduce unnecessary incarceration and relieve overcrowding. With representatives from the Office of the County Executive, County Counselor, Prosecuting Attorney, Public Defender, Presiding Judge, Criminal “A” Judge, Associate Judge, Probation and Parole, Director of the Department of Corrections, the DOC’s Population Control Unit, Court Administrator, Sheriff, and County Legislature, the Population Control Group continues to meet bi-weekly to discuss and attempt to resolve issues within the Criminal Justice system that delay moving of cases..

Participants in the Population Control Group consistently report that the group’s meetings have come to have little productive value; while various statistics are reported, there seems to be little or no capacity or methods for the group to engage in meaningful analysis or determine specific decisions of either policy or practice. Given the uncommonly high levels of aging cases (including cases in which people are held in pretrial custody for years; see Section III), this is both noteworthy and an urgent opportunity for immediate improvement.

In our study and analysis, the consultant team has identified multiple opportunities to reduce unnecessary incarceration, which are discussed and noted as recommendations in Section III. For the purposes of the jail capacity projects, the consultant team has identified and analyzed three of these opportunities, which we offer here as examples that illustrate the potential quantifiable impact of systemic reform on the jail’s average daily population.

Moreover, these three changes could be immediately implemented as part of whole-system reform, immediately reducing the jailed population while increasing efficiency, improving procedural justice and equity, and without diminishing public safety:

1. **Reduce time in custody for people granted Release on Own Recognizance (ROR).** Our examination of release data from January 1 through June 30, 2018 revealed that during this time, 1,328 people were granted ROR; on average, they had spent 12.83 days in jail; this is an unacceptably protracted period in custody for people who prove to be of so little risk that, when released, it is without restriction or supervision. These protracted delays are costly, inconsistent with equity and justice, and detrimental to public safety, since using the jail this way limits bed availability for people who are deemed to pose a higher risk. To accomplish this, a good pretrial risk assessment tool and universally accepted decision-making process to inform pretrial decision-making could assist in lowering the time in jail before release. In terms of quantifiable impact, this population of 1,328 people, each held for 12.83 days, represents 17,038 detention days, for an ADP effect of 94.5 beds (17,038 detention days/180 days). If the time period between admission and release on ROR were reduced from 12.83 days to three days (a reasonable and readily achievable goal), **the ADP would be reduced by 72.4 beds, reducing jail capacity need by 83.3 beds.**
2. **Reduce the time before a person is granted release on cash bond.** The review of the release data revealed that 796 individuals were released on cash bond after having been held in custody for an average of 9.25 days. Again, a good pretrial risk assessment process could expedite release on cash bond, reduce the bond imposed, or eliminate cash bond, thereby reducing unnecessary incarceration. This population represents 7,363 detention days and an ADP of 40.9 (7,363 detention days/180days). If the time period between admission and release on cash bond were reduced from 9.25 days to 3 days, **the ADP could be reduced by 27.6 beds, reducing jail capacity need by 31.7 beds.**
3. Expand the use of Courtesy Supervision and County House Arrest, which includes electronic monitoring. Because the JCDOC limits the number of people placed on House Arrest (due to the number of electronic monitoring units it budgets), individuals who are eventually released on pretrial House Arrest remain in custody an average of 57 days. A review of release data revealed that 188 people were assigned to House Arrest represented 10,716 detention days and an ADP of 59.5 (10,716 detention days/180days). If House Arrest were expanded and the wait period in jail reduced to 7 days from 57 days, **the ADP would be reduced by 52.2, reducing jail capacity need by 60.0 beds.**

Taken together, just these the three preceding modifiers could potentially reduce ADP by 152.2 and necessary jail capacity by 175 beds. Projected forward, such modifications could reduce the necessary jail bed capacity in 2040 by over 200 beds.

Table 41: Potential Reforms and Effect on ADP and Capacity

ADP/Capacity Modifiers		
Modifier	ADP Reduction	Capacity Reduction
ROR time reduction	72.4	83.3
Cash Bond time reduction	27.6	31.7
Expand EHM	52.2	60.0
Total	152.2	175.0

Table 42: Projected Implication of Such Potential Reforms

Method 1 with Modifiers			Method 2 with Modifiers			Capacity Projections
2012-2017 ADP Trend			Incarceration Rate Trend			
Year	ADP	Capacity (x1.15)	Year	ADP	Capacity (x1.15)	Average of Methods 1 & 2
2020	879	1011	2020	858	986	999
2025	1008	1159	2025	984	1132	1146
2030	1289	1482	2030	1115	1282	1382
2035	1137	1307	2035	1249	1437	1372
2040	1395	1604	2040	1387	1596	1600
			Incarceration rate trend 2012-2017			
			x County Population Projection			

If Jackson County’s criminal justice system continues operating at its current status quo, we estimate that by the year 2040, Jackson County will require an estimated 1,700 to 1,800 jail beds. If Jackson County chooses to make systemic commitments to examining and addressing policies and practices such as those analyzed here, the County could both improve the jail’s current utilization and reduce future bed capacity needs to approximately 1,600 beds if not less for the year 2040.

H. JAIL PROJECTIONS LESS THE PARTICIPATION OF KANSAS CITY AND KANSAS CITY POLICE DEPARTMENT

On June 22, 2018 (during the course of this study), Jackson County gave notice to terminate an agreement whereby the County processes and houses Kansas City arrestees arrested on municipal charges. As mentioned previously, these arrestees held on municipal charges are held at the JCDC Annex and the Regional Correctional Center. From 2015 through mid-2018, the City’s use of jail beds on average was 17% of the average daily population of the Jackson County jail system.

With the removal of inmates held on municipal charges, the jail population projections for Jackson County are revised downward by 17% as seen in Table43. The jail capacity need for the year 2040 is 1,328 beds.

Table 43: Jail Population Projections

Capacity Projections		
Jackson County Inmates Only		
Year	ADP	Capacity
2020	721	829
2025	827	951
2030	998	1147
2035	990	1139
2040	1155	1328

IX. CONCLUSION AND SYSTEMIC RECOMMENDATIONS

A. A NEW FACILITY VERSUS REUSE OF THE EXISTING FACILITIES

As noted in Section VIII, Capacity and Facility Recommendations, approximately 1,800 beds are needed to meet the County’s future capacity needs for the year 2040 if no changes are made to the criminal justice system. During the County’s Fact-Check review, it was requested that the consultant team consider projections if KCMO/municipal violation inmates are not included.

The following section analyses the construction and operational cost of new facility options that would be built on a yet to be determined green site and would fully comply with current codes, standards, and modern jail design and compare these options to renovation and expansion of the current facility. The following options were explored:

Option 1 is to build a new 1,328-bed facility with a core sized to support a 1,828-bed jail on a green site. This option predicts the implementation of some of the system adjustments and alternative program recommendations identified in this study. It also assumes that this facility will not house inmates accused of Kansas City municipal violations.

Option 2B (1,828 bed capacity) assumes no changes to the criminal justice system or the adoption of alternatives to incarceration and also assumes the County will house KCMO municipal violation inmates.

Option 2A (1,578 bed capacity) is the recommended capacity if KCMO municipal violation inmates are not housed by the County *or* the County adopts system changes and develops alternatives to incarceration.

Option 3 is an option that looks to renovate the existing jail complex and build an 828-bed expansion to bring the total capacity of the complex to approximately 1,828 beds.

In addition to analysis of capital costs and on-going staffing costs, pros and cons for each option are presented.

B. NEW FACILITY OPTIONS: KEY ASSUMPTIONS

A new jail facility presents opportunities that are difficult to achieve by re-using the existing jail physical plants. Such missed opportunities include enhanced staff efficiencies (lower staff to inmate ratios), the ability to match housing with current inmate risk characteristics and classifications, the ability to provide enhanced inmate behavior management (that lowers incidents of violence and increases safety for

inmates and staff), the ability to provide better medical and mental health care, and provide more robust rehabilitation and treatment programming to inmates.

In modern, large (+1,000 beds) local jails, inmate housing is distributed between Special Needs housing and General Population housing to best fit the needs of today’s jail population. From a gross square footage point of view, housing represents 65% of the square footage and support space such as Intake/Release, Administration, Food Service, Laundry, and Centralized Programming.

Housing

Special Needs Housing is set aside for acute medical and transition, acute mental health and step down, and restrictive housing for behavior management. Generally speaking Special Needs housing represents approximately 20% of a jail’s overall bed capacity. From a supervision point of view, Special Needs housing uses indirect supervision (sometimes called podular-remote or indirect supervision). Within the housing units, program rooms such as multipurpose rooms and individual counseling rooms are provided to give inmates rehabilitative programming opportunities on the pod. In addition, access to visitation and recreation is provided at the pod as well.

General Population housing for minimum, medium, and maximum security classifications is generally a mixture of dormitory and multiple occupancy cell housing with dormitories used for lower, minimum security housing and multiple occupancy cells (two-person and four-person) used for medium and maximum security classifications. General Population housing is typically 80% of a facility’s overall bed capacity. Direct supervision is the preferred method of supervision for these classifications as it offers the best opportunity of inmate behavior management. Housing units in General Population generally have programming rooms, visitation capabilities, and access to spaces for large muscle exercise.

Support Spaces

The Intake/Release area (sometimes called booking) is a key support space. It is very similar to an emergency room in a hospital. It is here that people first arrive at the jail and they are processed and triaged. A new consolidated Intake/Release area could not only be more staff efficient but it could support a new mission of care and behavior management of the inmates. Other jail support spaces include Administration, Food Service, Laundry, and Centralized Programming.

Gross Square Footage Needs

A large jail in the range of 1,000 to 2,000 beds requires approximately 275 to 325 Gross Square Feet (GSF) per bed to account for all jail housing, jail support space, circulation, and mechanical space assuming that it has one or two operational levels. Generally speaking the larger the capacity, less square feet per inmate is required. Table 44 shows the gross square feet rough order of magnitude (ROM) for the three options. Please note that the actual square footage will be refined during the Phase III Program / Planning Assessment phase, and further refined during the Programming Phase and then refined again in the Schematic Design Phase.

Table 44: New Facility Options – Square Feet ROM

New Facility Options - Square Feet ROM		
Option	Capacity	Gross Square Feet
1	1,328	400,000
2A	1,578	435,000
2B	1,828	475,000

Construction Cost

Construction costs again will vary according to: the market conditions; timeframe to start of construction; mix of single-occupancy cells, multiple-occupancy cells, with a minimal number of dormitory beds is anticipated. Given the probable cost of construction materials based on industry standards and labor, the cost of a new jail with approximately 400,000 GSF (Option 1) to 475,000 GSF (Option 2B) would range in cost **from \$230,000,000 to \$270,000,000 respectively** if the project were to bid in the spring of 2020.

Staffing Costs

Table 45 shows staffing estimates for the new facility options. Staffing will range from approximately 427 civil and correctional staff for Option 1 (1,328-bed capacity) to 506 staff for Option 2B (1,828-bed capacity). The estimates are based on the following assumptions: a 1:64 staff to inmate ratio in a direct supervision model for all General Population housing; special needs housing will be made up of smaller housing units with indirect supervision; a single intake/release area will be used instead of the two (2) intake/release areas in the current facility. The staffing estimates will be refined as the nature and design of the facility is developed during Programming and Schematic Design.

Table 45: Staffing Estimates for New Facility Options

Staffing Estimates			
Position	Option 1 1,328 Beds	Option 2A 1,578 Beds	Option 2B 1,828 Beds
Director	1	1	1
Deputy Director	2	2	2
Major	1	1	1
Captain	8	8	8
Lieutenant	8	8	8
Sergeant	47	54	59
Correctional Officer	253	291	320
Civilian	107	107	107
Total	427	472	506
Salary and Benefits*	\$ 20,766,718	\$ 22,955,248	\$ 24,608,804
*2018 dollars			

Table 45 also shows the annual staffing cost for the new facility options based on today’s average salary and benefits of \$48,634 annually.

Renovation and Expansion: Option 3

Option 3 looks to reuse and renovate the existing buildings of the jail complex – JCDC (tower), Annex, and RCC and add a building comprised primarily of 828 beds of housing to bring the capacity of the jail complex to 1,828 beds overall.

Construction Costs

The August 31, 2017 HOK Facility Condition Assessment report focused on physical plant deficiencies in all three jail buildings and concluded, “Based on our Assessment, the buildings are in POOR or FAILED condition based upon many factors including:

- Age
- Outdated detention design of buildings
- Differed maintenance over 30 years
- Long term lack of investment in the facilities
- Safety and security
- Changes to building Code/Life Safety
- Outdated technology and data
- Changes in ACA
- PREA standards
- Lacking adequate ADA overall cell county by classification
- Outdated Mechanical/Electrical/Plumbing/Fire Protection systems”¹⁹³

The cost of full renovation, for the three buildings that make up the jail complex, was estimated at the time of the report, to be \$140,686,977.¹⁹⁴ The report goes on to conclude, “even if the county were to decide to accomplish the needed repairs, the buildings would have many design flaws, code compliance issues, inadequate intake-booking-housing, and be 30 years plus behind current detention standards.”¹⁹⁵

If a building containing 828 beds of housing is added to the complex, such an addition will require a 275,000 GSF based solution when industry standards are applied. The square footage per bed multiplier in this scenario is higher to reflect the smaller capacity. The construction cost for such an addition will vary again according to: the market conditions; timeframe to start of construction; mix of single-occupancy cells, multiple-occupancy cells and dormitories; and construction materials. In jail construction, the housing component is the most expensive of all the jail components thus a higher cost per square foot is used. In addition, the cost to build on the existing site may require phasing that will extend the construction time period and thus increase cost. The estimated cost of an 828-bed addition is estimated to be in the range of \$150,000,000 to \$165,000,000. This estimate will be refined in Phase 3 and schematic design.

Combining the cost of renovation of the existing facilities (\$140,686,977) and an 828-bed expansion (\$150,000,000-\$165,000,000) it is estimated that such a project would cost approximately **\$290,686,977 to \$305,686,977**. Which represents a probable increase in costs of \$35,686,977 over the cost of building a new 1,828 bed facility. The cost differential is even greater, if the alternative program recommendations in the report are fully implemented. Realistically, without a new facility the ability to fully implement the alternative program recommendations is extremely limited.

Staffing Costs

As noted in Section IV, Jail Operations and Staffing, the layout and design of the multiple facilities that comprise the Jackson County Jail present significant staffing challenges. If the existing buildings were

fully renovated, it would be difficult to remedy the fundamental flaw that makes the jail one of the most staff intensive the consultant team has encountered and the primary flaw is that the jail has ten (10) floors, in three (3) buildings, with fifty-three (53) housing units and two (2) separate intake and release areas. Moreover, the staff to inmate ratios to supervise housing illustrates the staffing inefficiencies of the jail. While newer and modern jail facilities have staff ratios of between 1:48 to 1:64 for housing pods, the Jackson County Jail has the following inefficient staff to inmate ratios:

- JCDC Tower: Ranges from 1:24 to 1:36.
- Jail Annex: 1:32
- RCC: 1:25

As noted in Section VIII, 502 is the recommended staffing (correctional officers and civilian) for the existing three (3) buildings at an annual cost of \$25,541,667. If an 800-bed building is added to the jail complex, the County would need to add at least 110 correctional officers (including sergeants) to cover the additional housing (assumes a 1:64 staff to inmate ratio for the housing). *In addition, other staff would be duplicated between the new and old facilities including: Captains, Lieutenants, Master Control, Transportation officers, and administrative staff to name a few. Approximately 30 to 35 of additional support staff would be required bringing the total staff of an expansion to at least 140-145 overall.*

Combining the recommended staffing of the existing facilities (502) and the staff needs of an 828-bed addition (a minimum of 145 personnel), this will bring staffing to 647 with an annual staffing cost of approximately \$31,466,198.

Comparison between a New Facility (Options 1 &2) versus Renovation and Expansion (Option 3).

Pros of the Renovation and Expansion Option

- If the expansion could be situated on the current city block on County-owned property, then the time and expense of finding and buying a new site could be eliminated. Moreover, finding a site is often made difficult if there are surrounding neighbors who oppose the project.

Cons of the Renovation and Expansion Option

- Construction Cost for Option #3 would be more compared to Options 1, 2a or 2b.
- After renovation, the existing facilities would still not meet modern jail standards including clear sight-lines, the ability to use direct supervision, and the opportunity to provide more programming space.
- Renovation will be extremely disruptive to the daily operation of the jail. It will require that floors be vacated during remodeling and inmates will likely need to be housed outside of the County and will be an added expense. The HOK remodeling estimate includes approximately \$6 million for boarding inmates in other counties during the renovation.
- Most importantly, re-use of the existing staff intensive jail facilities will cost about \$5.5 million more annually compared to a new facility. Projecting the staffing costs to the year 2040 and assuming an annual inflation factor of 2.5%, staffing costs associated with reusing the jail facilities would cost the County approximately \$168 million more compared to a new facility.

Pros of the New Facility Option

- Building a 1,328-bed facility now, expandable in increments of 250 to 1,828-beds in the future, provides great flexibility for future growth and options with regard to housing KCMO/municipal arrestees.
- A new facility will be more staff efficient. An estimated 141 fewer staff will be required to manage and operate a new 1,328-bed facility; 175 fewer staff to manage and operate a new 1,578-bed facility and 141 fewer staff to manage and operate a new 1,828-bed facility, compared to the renovation and expansion option. Annual savings in staffing costs are estimated to be \$9.72 million for a 1,328-bed facility; \$7.53 million for a 1,578-bed facility and \$5.88 million for a 1,828-bed facility. Overall savings on staffing would be over \$117.6 million for a 1,328-bed facility; \$150.6 million for a 1,578-bed facility and \$117.6 million for a 1,828-bed facility by 2040.
- There is no phasing required with a new facility. Inmates would not have to be boarded in other counties while the jail was renovated.
- A new facility could be purpose built to match the risk and characteristics of today's inmates.
- A new facility would be in compliance with current American Correctional Association standards offering the County a measure of protection from litigation.
- A new facility could incorporate the most current thinking with regard to jail design and behavior management including:
 - *Reduced use of Solitary Confinement and Restrictive Housing.* In 2016 the US Department of Justice (DOJ) developed a list of "Guiding Principles" to guide limiting the use of restrictive housing across the American criminal justice system including jails. A primary emphasis of the principles is increasing time out of the cell. Current designs of restrictive housing utilize sub-dayrooms that surround a central dayroom. The smaller dayrooms allow inmates more time out of their cell. It also allows 2-3 inmates to be released in the sub-dayroom for socialization under the supervision of staff. Socialization opportunities can be part of an overall step-down strategy to return the inmate to general population. As the inmate progresses, he is permitted access to the main dayroom and with more socialization opportunities and to amenities including recreation, board games, visitation, and programming.
 - *Creation of a Continuum of Housing to enhance Inmate Behavior Management.* Restrictive housing should be part of an overall continuum of housing to enhance and support inmate behavior management. Under the continuum housing strategy, housing units/pods are differentiated by the amenities they offer. Minimum security classifications would have the most amenities and fewer amenities are available in higher classifications. Amenities can include movable furniture and access to ice machines and microwave ovens. Amenities can be operational such as greater access to television, more visitation opportunities, and special events like watching football and movie nights. The point of the continuum is to encourage good behavior and reward good behavior with less restrictive housing environments. The housing continuum works especially well with an effective behavior-based classification system.
 - *Expanded Medical and Mental Health Care.* The most current best practices to support mental health treatment includes dedicated mental health housing where acute inmates can be stabilized under close observation and transition to specialized units

that provide for supervised socialization with the goal of returning the individual to general population.

- *Response to the Opioid Epidemic.* The opioid epidemic has impacted jail designs. Designs now include special housing units for detoxification. These units are dormitory designs with medical staff integrated with the correctional officers using direct supervision. In these setting close medical care is provided.
 - *Response to More Women in Jail.* Women are the fastest growing inmate cohort. According to a BJS report from 2016, women now make up 14.5% of jail populations throughout the country. In areas of the country where opioid use and addiction are high, the percentage of women in jail exceeds 30%. Women in jail tend to have experienced trauma in their lives and the design of their housing should utilize trauma informed design principles. These include: reduce or remove adverse stimuli; provide connectedness to the outside (this can be views to the outside as well as murals); and cool color palates such as blue, green, and purple.
 - *The Creation of Treatment Programs.* As illustrated in Section VI, In-Custody Programming, there are many treatment programs that could be utilized to help inmates reintegrate back into the community and reduce recidivism. A new facility would allow the design of the programming spaces to match programs that would be most effective to Jackson County Inmates.
- A new facility would be more energy efficient as it would be built to more stringent modern energy codes and the County could seek LEED certification to increase energy efficiency even more and reduce long-term utility costs.
 - A new facility would be new with a life expectancy of materials, furnishings, and equipment in the range of 30 years. Maintenance requirements would be less in the early years compared to the re-use of an existing facility.

Cons of the New Facility Option

- A new facility would require a new site. Site selection is sometimes a difficult process especially if the site under consideration is located near residential neighborhoods. Typically, acceptable areas for jails are rural areas or sites zoned for industrial use.
- County will need to decide how they plan to reuse the existing facilities.

Cost and Life Cycle Cost Analysis - Summary

Overview:

Option #1: New 1,328-Bed replacement facility, has been used a Baseline to compare each of the other options to. We have included conservative Project Costs, in the Options shown here. *Please note, Final Project Costs will be refined during the Phase III programming phase and then refined again in the schematic design phase.*

Option 1: New 1,328-beds (Core of Facility planned for 2,000 beds in LCC)

Project Cost:

400,000 sf + FF&E + Project Soft Costs =Range \$215million to \$230million

¹30-Year Life Cycle Cost Analysis:

30-year capital, Utilities, Maint. trans., Medical and 427 FTE's = \$1,588,828,000

Option 2a: New 1,578-beds (Core of Facility planned for 2,000 beds in LCC)

Project Cost:

435,000 sf + FF&E + Project Soft Costs =Range \$225million to \$250million

¹30-Year Life Cycle Cost Analysis:

30-year capital, Utilities, Maint. trans., Medical and 472 FTE's = \$1,762,567,000

Option 2b: New 1,828-beds (Core of Facility planned for 2,000 beds in LCC)

Project Cost:

475,000 sf + FF&E + Project Soft Costs =Range \$240million to \$270million

¹30-Year Life Cycle Cost Analysis:

30-year capital, Utilities, Maint. trans., Medical and 506 FTE's = \$1,920,202,000

Option 3: ²New 828-Beds (Core of Facility planned for 2,000 beds in LCC) and Remodel Existing

Project Cost:

New: 275,000sf, include infrastructure for future beds =Range \$150million to \$165million

Remodel ³(100% of CMR estimate in HOK study) = \$140,686,977

TOTAL =Range \$291 million to \$306 million

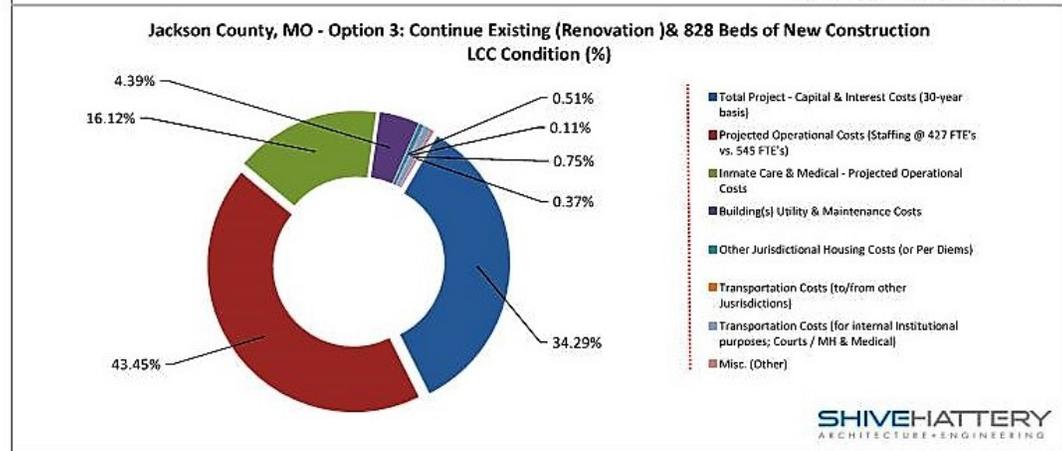
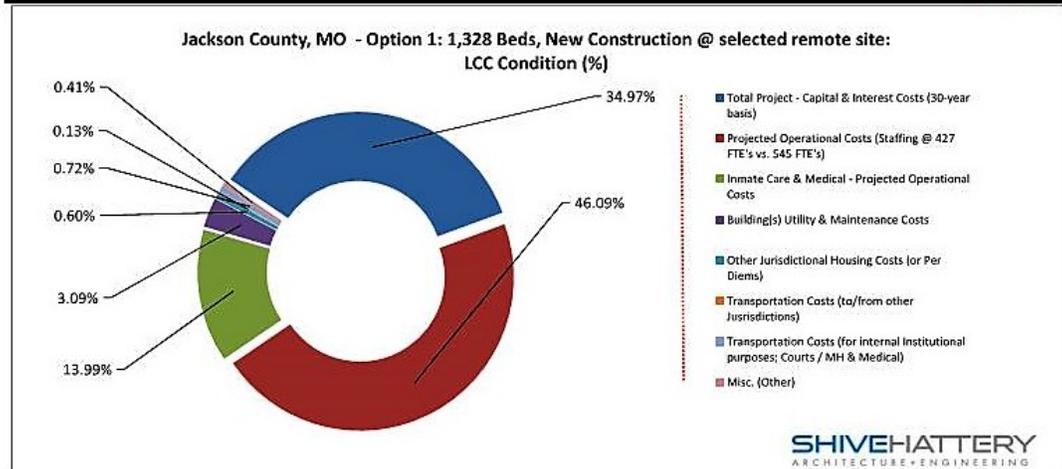
¹30-Year Life Cycle Cost Analysis:

30-year capital, Utilities, Maint., trans, Medical, ³647 FTE's = \$2,168,277,000

(\$579,449,000 - \$248,075,000 differential)

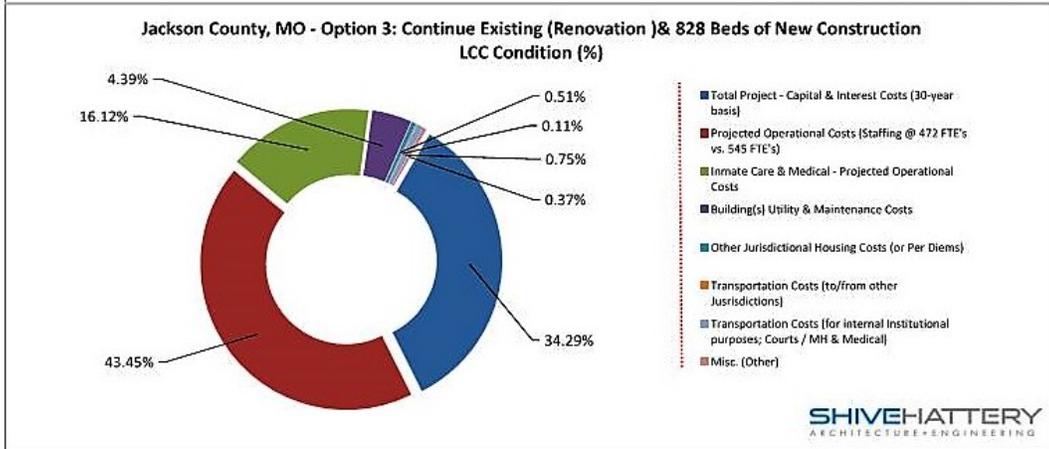
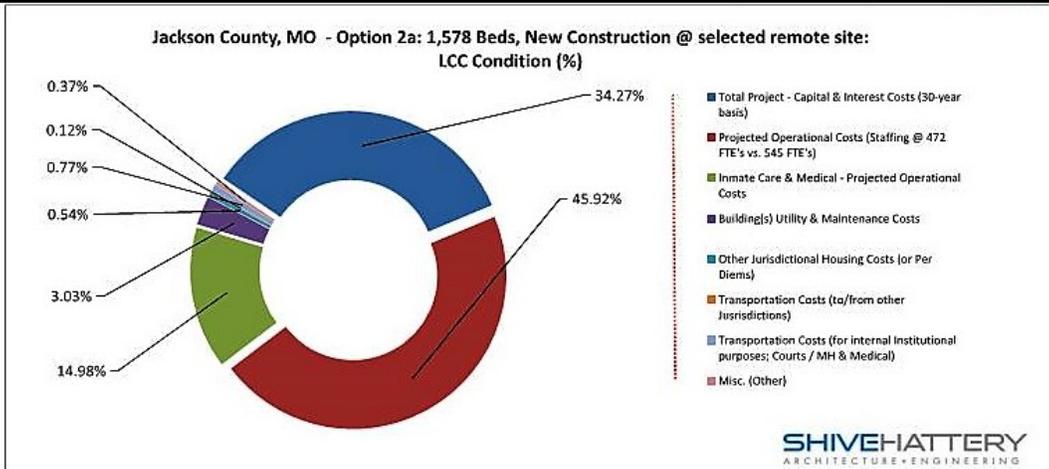
LCC Chart Option 1 and Option 3 Comparison

Jackson County, MO - Option 1 vs. Option 3 LCC Condition	Option - 1,328 Beds (New) LCC Condition (\$)	Option 2a - 1,328 Beds (New) LCC Condition (%)	Option 3 - 828 Beds (Existing Reno + New) LCC Condition (\$)	Option 3 - 828 Beds (Existing Reno + New) LCC Condition (%)
Total Project - Capital & Interest Costs (30-year basis)	\$555,647,000	34.97%	\$743,600,450	34.29%
Building(s) Utility & Maintenance Costs	\$49,173,000	3.09%	\$95,152,000	4.39%
Projected Operational Costs (Staffing @ 427 FTE's vs. 545 FTE's)	\$732,218,500	46.09%	\$942,010,900	43.45%
Inmate Care & Medical - Projected Operational Costs	\$222,235,900	13.99%	\$349,610,400	16.12%
Other Jurisdictional Housing Costs (or Per Diems)	\$9,529,500	0.60%	\$11,151,500	0.51%
Transportation Costs (to/from other Jurisdictions)	\$2,118,300	0.13%	\$2,479,000	0.11%
Transportation Costs (for internal Institutional purposes; Courts / MH & Medical)	\$11,377,800	0.72%	\$16,320,000	0.75%
Misc. (Other)	\$6,528,000	0.41%	\$7,952,750	0.37%
LCC Projected Costs - 30 Years (Operations & Financing)	\$1,588,828,000	100%	\$2,168,277,000	Potential LCC Differential =
(Assumes 2% Inflation Rate / Year)	Option 1 -New (Remote Site)		Existing (Remodel & New)	\$579,449,000



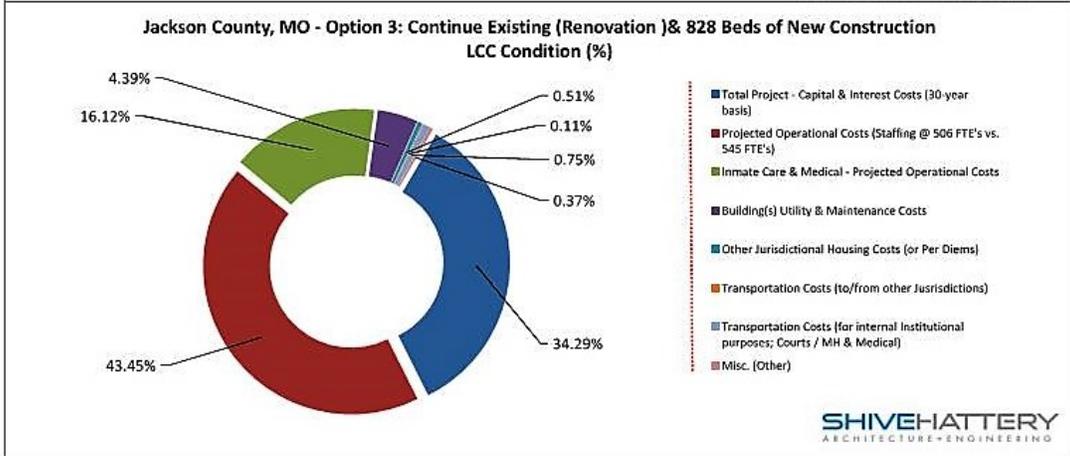
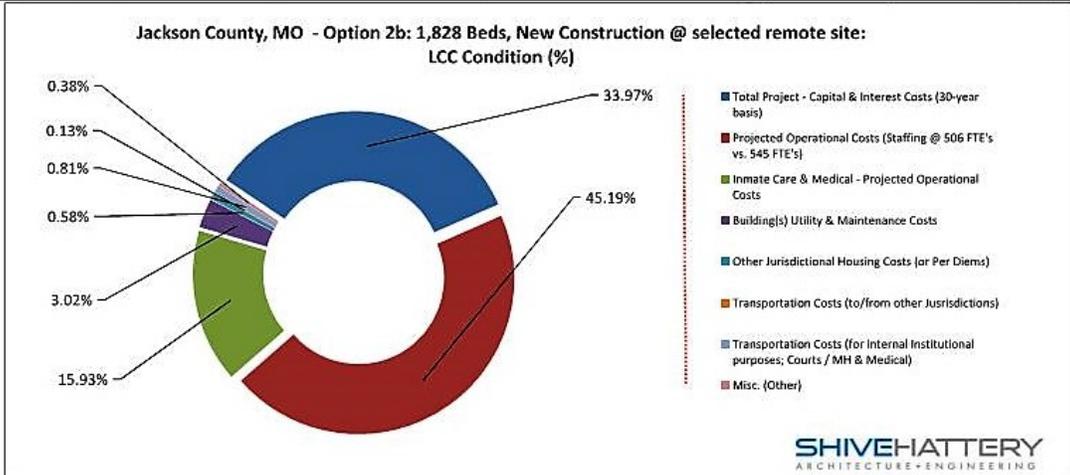
LCC Chart Option 2a and Option 3 Comparison

Jackson County, MO - Option 2a vs. Option 3 LCC Condition	Option 2a - 1,578 Beds (New) LCC Condition (\$)	Option 2a - 1,578 Beds (New) LCC Condition (%)	Option 3 - 828 Beds (Existing Reno + New) LCC Condition (\$)	Option 3 - 828 Beds (Existing LCC Reno + New) LCC Condition (%)
Total Project - Capital & Interest Costs (30-year basis)	\$603,964,000	34.27%	\$743,600,450	34.29%
Building(s) Utility & Maintenance Costs	\$53,448,800	3.03%	\$95,152,000	4.39%
Projected Operational Costs (Staffing @ 472 FTE's vs. 545 FTE's)	\$809,384,300	45.92%	\$942,010,900	43.45%
Inmate Care & Medical - Projected Operational Costs	\$264,072,500	14.98%	\$349,610,400	16.12%
Other Jurisdictional Housing Costs (or Per Diems)	\$9,529,500	0.54%	\$11,151,500	0.51%
Transportation Costs (to/from other Jurisdictions)	\$2,118,300	0.12%	\$2,479,000	0.11%
Transportation Costs (for internal Institutional purposes; Courts / MH & Medical)	\$13,521,600	0.77%	\$16,320,000	0.75%
Misc. (Other)	\$6,528,000	0.37%	\$7,952,750	0.37%
LCC Projected Costs - 30 Years (Operations & Financing)	\$1,762,567,000	100%	\$2,168,277,000	Potential LCC Differential =
(Assumes 2% Inflation Rate / Year)	Option 2a -New (Remote Site)		Existing (Remodel & New)	\$405,710,000



LCC Chart Option 2b and Option 3 Comparison

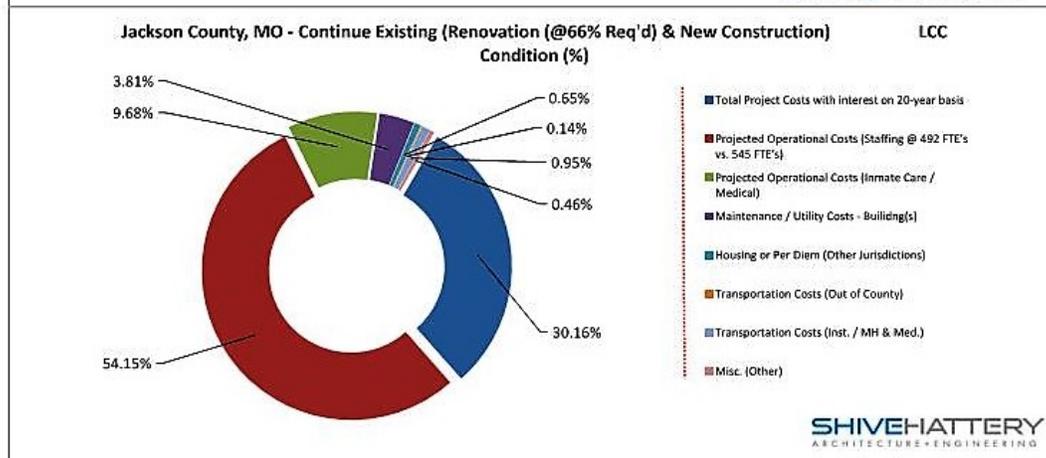
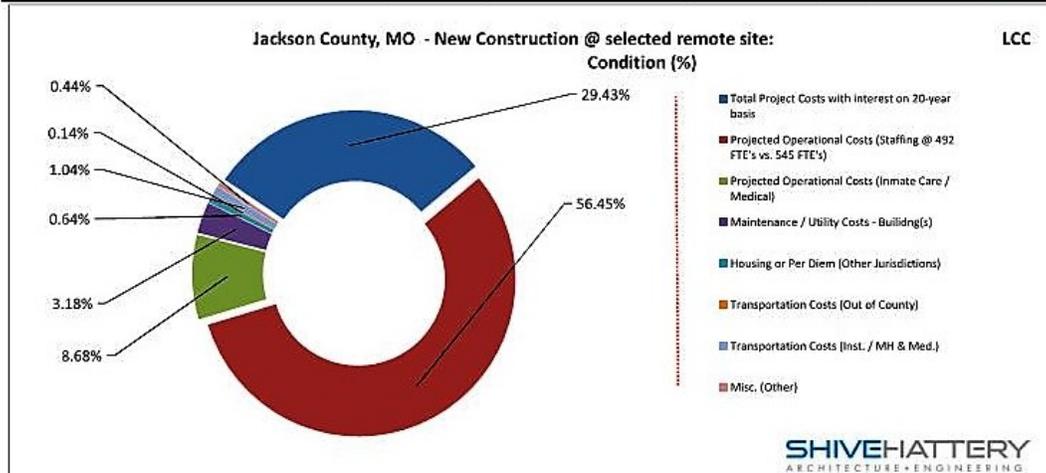
Jackson County, MO - Option 2b vs. Option 3 LCC Condition	Option 2b - 1,828 Beds (New) LCC Condition (\$)	Option 2b - 1,828 Beds (New) LCC Condition (%)	Option 3 - 828 Beds (Existing) Reno + New LCC Condition (\$)	Option 3 - 828 Beds (Existing) Reno + New LCC Condition (%)
Total Project - Capital & Interest Costs (30-year basis)	\$652,281,100	33.97%	\$743,600,450	34.29%
Building(s) Utility & Maintenance Costs	\$57,922,500	3.02%	\$95,152,000	4.39%
Projected Operational Costs (Staffing @ 506 FTE's vs. 545 FTE's)	\$867,687,400	45.19%	\$942,010,900	43.45%
Inmate Care & Medical - Projected Operational Costs	\$305,909,100	15.93%	\$349,610,400	16.12%
Other Jurisdictional Housing Costs (or Per Diems)	\$11,151,500	0.58%	\$11,151,500	0.51%
Transportation Costs (to/from other Jurisdictions)	\$2,479,000	0.13%	\$2,479,000	0.11%
Transportation Costs (for internal Institutional purposes; Courts / MH & Medical)	\$15,542,600	0.81%	\$16,320,000	0.75%
Misc. (Other)	\$7,228,800	0.38%	\$7,952,750	0.37%
LCC Projected Costs - 30 Years (Operations & Financing)	\$1,920,202,000	100%	\$2,168,277,000	Potential LCC Differential =
(Assumes 2% Inflation Rate / Year)	Option 2b -New (Remote Site)		Existing (Remodel & New)	\$248,075,000



- ¹ *Life Cycle Cost Analysis assume 2% Inflation Rate / Year*
- ² *The existing facilities capacity will not meet the county needs, therefore when considering the option to remodel, we must also include construction of a fourth building to accommodate Jackson County's full bed needs.*
- ³ *More FTE's due to inefficiency of existing facilities*

LCC Chart – Option 2 and Option 3 Comparison

	Jackson County, MO - 1,504 Beds (New) LCC Condition (\$)	Jackson County, MO - 1,504 Beds (New) LCC Condition (%)	Jackson County, MO - 768 Beds (Existing Reno + New) LCC Condition (\$)	Jackson County, MO - 768 Beds (Existing Reno + New) LCC Condition (%)
Total Project Costs with interest on 20-year basis	\$439,814,120	29.43%	\$520,510,430	30.16%
Projected Operational Costs (Staffing @ 492 FTE's vs. 545 FTE's)	\$843,680,570	56.45%	\$934,564,500	54.15%
Projected Operational Costs (Inmate Care / Medical)	\$129,806,830	8.68%	\$167,091,700	9.68%
Maintenance / Utility Costs - Building(s)	\$47,598,050	3.18%	\$65,707,300	3.81%
Housing or Per Diem (Other Jurisdictions)	\$9,529,520	0.64%	\$11,151,560	0.65%
Transportation Costs (Out of County)	\$2,118,320	0.14%	\$2,478,880	0.14%
Transportation Costs (Inst. / MH & Med.)	\$15,542,590	1.04%	\$16,319,720	0.95%
Misc. (Other)	\$6,528,000	0.44%	\$7,932,910	0.46%
LCC Projected Costs - 30 Years (Operations & Financing)	\$1,494,618,000 New (Remote Site)	100%	\$1,725,757,000 Existing (Remodel & New (Partial))	Potential LCC Differential = \$231,139,000



Summary of Capital and Life Cycle Cost Findings

A new jail facility would be the best option for Jackson County. A new facility would save the County over \$168 million over the next 22 years in staffing costs and a new facility would be more energy efficient and have lower utility costs. Moreover, a new facility could be designed using the most current thinking in justice design including – direct supervision, inmate behavior management, gender and trauma informed design, and robust programming opportunities to reduce recidivism.

A new jail facility could also be built in phases. The consultant team has estimated that 1,800 beds are required if no modification recommendations are adopted. If recommendations are adopted then initial bed capacity can be reduced and more beds “plugged in” when needed. This would not be the case if an addition is built next to the jail complex as it would be difficult to expand the addition.

X.	REFERENCE LIST OF ALL SPECIFIC RECOMMENDATIONS	
	Recommendation # 1: Reduce Avoidable Jail Intakes	15
	Recommendation # 2: Expedite Pretrial Case Processing to Reduce Pretrial Lengths of Stay.....	15
	Recommendation # 3: Strengthen Pretrial Releases Practices.....	15
	Recommendation # 4: Resolve Aging Cases; Reinstate Limits on Continuances.....	15
	Recommendation # 5: Expand Capacity for Diversion.....	16
	Recommendation # 6: Address Data-Quality Issues in Jail Information Processes	16
	Recommendation # 7: Engage in System-Wide Data Analysis	16
	Recommendation # 8: Examine and Address Racial and Ethnic Disparities.....	16
	Recommendation # 9: Review and Address Role of Money Bond	16
	Recommendation # 10: Address Chronic Overcrowding.....	23
	Recommendation # 11: Improve Operations and Activities.....	23
	Recommendation # 12: Improve Policies, Procedures, and Training.....	24
	Recommendation # 13: Reduce Vacancies and Turnover	24
	Recommendation # 14: Calculate Net Annual Work Hours.....	24
	Recommendation # 15: Examine Overtime Usage	25
	Recommendation # 16: Develop Informed Staff Coverage Plan	25
	Recommendation # 17: Provide Detoxification Support Both In-Custody and In-Community	62
	Recommendation # 18: Restore, Expand, and Leverage Value of Foundational Programming.....	63
	Recommendation # 19: Replace Short-Term Custodial Programs with Community-Based Services.....	63
	Recommendation # 20: Remove Barriers, Restore, and Enhance Services and Reentry Planning	64
	Recommendation # 21: Implement Transition from Jail to Community	64
	Recommendation # 22: Implement Screening, Assessment, and Service-Matching	64
	Recommendation # 23: Develop Jail as Trauma-Informed Institution.....	64
	Recommendation # 24: Improve Program Design and Clinical Management.....	64
	Recommendation # 25: Design and Manage an Integrated, Evidence-Based Program Array	64
	Recommendation # 26: Spearhead Program Funding and Sustainability	65
	Recommendation # 27: Commit to Data-Driven Whole-System Improvement.....	79
	Recommendation # 28: Engage Courts in Addressing Custody.....	79
	Recommendation # 29: Establish Diversion Policies for Law Enforcement	80

XI. ENDNOTES

- ¹ Coffman, J. 2007. *A Framework for Evaluating System Initiatives*. Accessed online: <http://www.buildinitiative.org/Portals/0/Uploads/Documents/Framework%20for%20Evaluating%20Systems%20Initiatives.pdf>
- ² The spreadsheet collected monthly counts for (1) average daily confined population; (2) the average daily population held for another jurisdiction (if any); (3) demographics (race, gender, age) of the confined population; (4) total confined population snapshot for the last day of the month including the number held pretrial, sentenced, held for another facility, admissions/total bookings for the month; releases for the month; average length of stay; and (5) number assessed for pretrial risk and risk to reoffend.
- ³ Where possible, our analysis also drew from extant county reports as indicated in subsequent footnotes.
- ⁴ When reporting their ADP, Jackson County did not differentiate between their contracted population, pretrial, or sentenced populations.
- ⁵ Calculated using Jackson County's 2016 ADP (N=948) and available US Census figures: 948/683643 * 100,000
- ⁶ *Sentencing Project*, accessed online at <https://www.sentencingproject.org/the-facts/#map?dataset-option=SIR>
- ⁷ Zeng, Z. February 2018. *Jail Inmates in 2016*. Bureau of Justice Statistics: Washington, DC.
- ⁸ Subramanian, R., Delany, R., Roberts, S., Fishman, N., and McGary, P., *Incarceration's Front Door: The Misuse of Jails in America*, Vera Institute of Justice: New York City, 2015.
- ⁹ During the 13-month period (May 2017-June 2018) for which monthly booking and release data were provided for analysis, KCPD bookings remanded to JCDC comprised approximately 22 percent of JCDC admissions, on average, for any given month (KCPD bookings remanded to JCDC/ total JCDC admissions in a month). As noted on page 6, KCPD bookings remanded to RCC as a percentage of RCC admissions were calculated separately. KCPD's total contribution to the Jackson County jail system (i.e., KCPD remands to both the JCDC and RCC as a percentage of total combined JCDC and RCC admissions) was, on average, approximately 43 percent.
- ¹⁰ April 26, June 8, and June 20, 2018
- ¹¹ "Subramanian, R., Delany, R., Roberts, S., Fishman, N., and McGary, P. 2015. *Incarceration's Front Door: The Misuse of Jails in America*, Vera Institute of Justice: New York City.
- ¹² Follow-up discussions suggested inmate age could not be reliably calculated due to data quality issues therefore, is not reported here.
- ¹³ Data from this figure are drawn from a snapshot count on 4/26/18.
- ¹⁴ Analyses focused on the JCDC as it comprises the largest share of the Jackson County jail system (i.e., roughly 80 percent of the confined jail population is in the JCDC). A comparable data request for the RCC population yielded two aggregate data files, which indicates there were 5,149 bookings into the RCC between January 1 and June 30, 2018, representing 4673 individuals; likewise, there were 2264 releases during that period, corresponding to 2030 unique individuals who were predominantly male (82%) and black (61%). Release type information was missing for 2252 of the 2264 releases recorded.
- ¹⁵ County stakeholders dispute the composition of these cases: some suggest the 32 percent are RCC (municipal) releases from the JCMO system for which no release date is ever entered. Sources close to the data indicate that the 32 percent comprise JCDC-specific releases. Consistent with our recommendations, we encourage county stakeholders to review these data together to explore and determine the nature of any inconsistency.
- ¹⁶ https://csgjusticecenter.org/wp-content/uploads/2018/05/JR_MO_Policy-Framework.pdf
- ¹⁷ Many jurisdictions have created and staffed a case expeditor position to ensure criminal justice cases are processed in a timely manner. Although the name of the position may vary by jurisdiction (i.e., case expeditor, jail release coordinator, etc.), it functions to improve case processing, to shorten pretrial lengths of stay in jail thereby reducing jail bed day use, and to better allocate finite resources. The case expeditor is typically embedded either in the courts or the jail but coordinates with stakeholder across the justice system (police, prosecutors, defense attorneys) to proactively identify and track pretrial defendants who could be safely released to the community and/or engaged in services while their cases are pending. Under the Justice Reinvestment Initiative, for example, Alachua County, Florida, and Yamhill County, Oregon both established Jail Release Coordinator positions to identify and release qualifying cases (see <https://www.urban.org/research/publication/justice-reinvestment-initiative-experiences-local-sites> and also https://www.urban.org/sites/default/files/publication/83546/2000903-3-local-justice-reinvestment-strategies-outcomes-and-keys-to-success_1.pdf). Some jurisdictions also designate staff to review court cases to determine, in conjunction with judges and/or other key court personnel, if multiple cases of a similar nature (i.e., criminal cases) involving the same defendants can be consolidated and heard at the same hearing rather than processed separately across multiple dockets. Both case expeditor and case consolidator positions can streamline justice processing to the benefit of the system and the individual.

¹⁸ For felony cases, the average days from filing to original sentence is up 41 percent in Jackson County. Barbee, A., Call, G, Druckhammer, R. and Sherlor, B., November 2018. *Justice Reinvestment in Missouri*, Council for State Governments Justice Center: Washington, DC.

¹⁹ Eight of the housing areas are direct supervision pods. The remaining housing units are indirect modules. In the intake holding areas, there are two direct supervision pods with the remaining holding areas of linear design with intermittent supervision.

²⁰ *Jackson County, MO Jail Audit Report*, September 2017, CRA Inc., page 4, accessed at <https://www.jacksongov.org/DocumentCenter/View/4599/Jail-Legislative-Audit-Report?bidId=>

²¹ Amounts used for the current (FY 2018) personnel costs were based upon the combined totals in the three fund sources in the budget – Fund 001 General Fund, Fund 002 Health Fund, and Fund 008 Anti-Drug Sales Tax Fund allocated for personnel. The cost estimates for the proposed staffing plan were based on filled current salaries and the minimum amounts for any vacancies using the Corrections salary schedule or the general salary schedule for the positions. A 35 percent benefit rate (FICA, Insurance, Pension, Unemployment, Etc.) was added to the salary cost to calculate the total salary and benefit costs.

²² Amounts used for the current (FY 2018) personnel costs were based upon the combined totals in the three fund sources in the County budget – Fund 001 General Fund, Fund 002 Health Fund, and Fund 008 Anti-Drug Sales Tax Fund allocated for personnel. The cost estimates for the proposed staffing plan were based on filled current salaries and the minimum amounts for any vacancies using the Corrections salary schedule or the general salary schedule for the positions. A 35% benefit rate (FICA, Insurance, Pension, Unemployment, etc.) was added to the salary cost to calculate the total salary and benefit costs.

²³ <http://www.correctcaresolutions.com/our-care/>

²⁴ <https://www.advancedch.com/company/overview/>

²⁵ <https://www.ncchc.org/>.

²⁶ <https://www.jacksongov.org/347/Community-Mental-Health-Fund-Board>.

²⁷ Email from TMC-BH, August 13, 2018.

²⁸ Email from TMC-BH, August 13, 2018.

²⁹ http://csgjusticecenter.org/wp-content/uploads/2013/05/CTBNYC-Court-Jail_7-cc.pdf.

³⁰ <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>.

³¹ As reported by TMC-BH in August 2018, reflecting current acuities.

³² <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>.

³³ As reported by TMC-BH in August 2018, reflecting current acuities.

³⁴ <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>.

³⁵ Adams, S., Kolnik, J.H., Bosworth, H.B., & Reichert, J., 2017.

³⁶ Cuyahoga County Common Pleas Court, Ohio Key Definitions as cited in ***Behavior Management of Justice Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice*** (Carter, M., prepared for the National Institute of Corrections, January 2015). Retrieved from <https://s3.amazonaws.com/static.nicic.gov/Library/029553.pdf>.

Carter, M. (2015). Behavior Management of Justice Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice. *National Institute of Corrections*. Retrieved from <https://s3.amazonaws.com/static.nicic.gov/Library/029553.pdf>.

³⁷ <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>.

³⁸ <https://www.bjs.gov/content/pub/pdf/mhppji.pdf> (Although a 2006 study, reported patterns of jail mental health populations and acuity types continue to be relevant.)

³⁹ Carter, M. (2015). Behavior Management of Justice Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice. *National Institute of Corrections*. Retrieved from <https://s3.amazonaws.com/static.nicic.gov/Library/029553.pdf>.

⁴⁰ CCS Health Services Report, 2018.

⁴¹ <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>.

https://www.sedgwickcounty.org/media/29200/2015_annual_report.pdf.

<https://www.sedgwickcounty.org/about-sedgwick-county/demographics/>.

⁴² https://www.sedgwickcounty.org/media/29200/2015_annual_report.pdf.

<https://www.sedgwickcounty.org/about-sedgwick-county/demographics/>.

⁴³ Torrey, E., et al. More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States. (2010). *Treatment Advocacy Center*.

Retrieved from file:///C:/Users/Harmony/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/OYVIC0JO/final_jails_v_hospitals_study.pdf.

⁴⁴ CCS Jackson County, MO Nursing Staffing Plan, 2018.

⁴⁵ As stated by CCS Healthcare Administration, Interview May 2018.

⁴⁶ As stated by CCS Healthcare Administration, Interview, May 2018.

⁴⁷ CCS Health Services Statistical Report, 2018.

⁴⁸ CCS Health Services Statistical Report, 2018.

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- ⁴⁹ As stated by CCS Healthcare Administration, Interview, May 2013.
- ⁵⁰ As stated by CCS Healthcare Administration, Interview, May 2013.
- ⁵¹ CCS Health Services Statistical Report, 2018.
- ⁵² CCS Health Services Statistical Report, 2018.
- ⁵³ CCS Health Services Statistical Report, 2018.
- ⁵⁴ Medical Problems of State and Federal Prisoners and Jail Inmates, Bureau of Justice Statistics 2016.
- ⁵⁵ CCS Health Services Statistical Report, 2018.
- ⁵⁶ Medical Problems of State and Federal Prisoners and Jail Inmates, Bureau of Justice Statistics 2016.
- ⁵⁷ Medical Problems of State and Federal Prisoners and Jail Inmates, Bureau of Justice Statistics 2016.
- ⁵⁸ CCS Health Services Statistical Report, 2018.
- ⁵⁹ CCS Health Services Statistical Report, 2018.
- ⁶⁰ CCS Health Services Statistical Report, 2018.
- ⁶¹ As state by CCS Healthcare Administration, Interview May 2013.
- ⁶² CCS Health Services Statistical Report, 2018.
- ⁶³ CCS Health Services Statistical Report, 2018.
- ⁶⁴ CCS Health Services Statistical Report, 2018.
- ⁶⁵ Medical Problems of State and Federal Prisoners and Jail Inmates, Bureau of Justice Statistics 2016.
- ⁶⁶ CCS Health Services Statistical Report, 2018.
- ⁶⁷ CCS Health Services Statistical Report, 2018.
- ⁶⁸ Healthcare Network. <https://www.amnhealthcare.com/latest-healthcare-news/best-practices-retaining-nurses/>.
- ⁶⁹ NCCHC Healthcare Standards for Jails, 2014; JCDC Health Services Policy, 2013.
- ⁷⁰ As reported from ACH Administration-Western Division through JDOC email, 9-5-18.
- ⁷¹ As reported from ACH Administration-Western Division through JDOC email, 9-5-18.
- ⁷² As reported from ACH Administration-Western Division through JDOC email, 9-5-18.
- ⁷³ As reported by TMC-BH, Interview 5/30/18.
- ⁷⁴ NCCHC Standards for Mental Health Services in Correctional Facilities, 2015.
- ⁷⁵ NCCHC Standards for Mental Health Services in Correctional Facilities, 2015.
- ⁷⁶ NCCHC Standards for Mental Health Services in Correctional Facilities, 2015.
- ⁷⁷ Robinson, K. Overcoming the Challenges of Ineffective Inmate Behavioral Healthcare: How to Establish a Strong Jail System of Mental Health Care Delivery Using Evidence-Based Models Proven to Work, Washington D.C., 10 February 2018.
- ⁷⁸ Per NCCHC, Close Observation is reserved for inmates who are not actively suicidal but express suicidal ideation or have recent prior histories of self-destructive behavior; Staff to observe such inmates at staggered intervals not to exceed every 10 to 15 minutes <https://www.ncchc.org/filebin/Resources/Suicide-Prevention-2017.pdf>.
- ⁷⁹ Constant Observation is reserved for the inmates who are actively suicidal; staff to observe such s on a continuous, uninterrupted basis. Ibid.
- ⁸⁰ Additional information and guidelines on Psychological Autopsies can be found at <https://www.ncchc.org/filebin/Resources/Psychological-Autopsy.pdf>.
- ⁸¹ <http://www.naco.org/sites/default/files/documents/Allegheny%20County,%20PA%20-%20Allegheny%20County%20Jail%20Collaborative.pdf>
- ⁸² Buck Willison, J., Bieler, S., and Kim, K., October 2014, *Evaluation of the Allegheny County Jail Collaborative Reentry Programs*, Urban Institute, accessible at <https://www.urban.org/sites/default/files/publication/33641/413252-Evaluation-of-the-Allegheny-County-Jail-Collaborative-Reentry-Programs.PDF>
- ⁸³ <https://www.urban.org/policy-centers/justice-policy-center/projects/transition-jail-community-tjc-initiative>
- ⁸⁴ "Transition from Jail to Community, Module 5," accessed at www.tjctoolkit.urban.org/module5
- ⁸⁵ Ibid.
- ⁸⁶ Andrews, D.A., and Hoge, R. "Classification for Effective Rehabilitation," in *Criminal Justice and Behavior*, 1990, 17, 19-52
- ⁸⁷ Bonta, J. and Andrews, D.A. 2006, *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*, Public Safety Canada, Government of Canada.
- ⁸⁸ "Three Core Elements of Programs that Reduce Recidivism: Who, What, and How Well," Justice Center, Council of State Governments, July 7, 2015.
- ⁸⁹ Latessa, E. 2008. *Improving the Effectiveness of Correctional Programs Through Research*, Center for Criminal Justice Research, Division of Criminal Justice, University of Cincinnati.
- ⁹⁰ Guevara, M., and Solomon, E., October 2009. *Implementing Evidence-Based Policy and Practice in Community Corrections*, second edition, National Institute of Corrections, US Department of Justice.
- ⁹¹ Duran, L., et al., 2013. *Integrated Reentry and Employment Strategies: Reducing Recidivism and Promoting Job Readiness* Council of State Governments Justice Center.

- ⁹² George Mason University, Center for Advancing Correctional Excellence, <https://www.gmuace.org/tools/>
- ⁹³ More information about the Proxy Risk Triage Screener can be found at www.j-sat.com.
- ⁹⁴ More information about the Wisconsin State Risk Assessment can be found at <https://csgjusticecenter.org/corrections/projects/wisconsin-state-risk-assessment-validation/>
- ⁹⁵ More information about the Level of Service Inventory instrument can be found at <https://www.mhs.com>
- ⁹⁶ Bronson, J., and Berzofsky, M. *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12*, US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, accessible at <https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf>
- ⁹⁷ <https://csgjusticecenter.org/substance-abuse/faqs/#q2>
- ⁹⁸ Hyde, P., April 5, 2011, "Behavioral Health and Justice Involved Populations," National Leadership Forum on Behavioral Health/Criminal Justice Services, available at <https://store.samhsa.gov/shin/content//SMA11-PHYDE040511/SMA11-PHYDE040511.pdf>
- ⁹⁹ <https://stepuptogether.org>
- ¹⁰⁰ Haneberg, R. et al. January 2017. *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask*, The Stepping Up Initiative, available at https://stepuptogether.org/wp-content/uploads/2017/01/Reducing-the-Number-of-People-with-Mental-Illnesses-in-Jail_Six-Questions.pdf
- ¹⁰¹ "The Stepping Up County Self-Assessment," Stepping Up Initiative, <https://stepuptogether.org/updates/new-online-resource-stepping-up-county-self-assessment>
- ¹⁰² SPMI can be defined as a mental, behavioral, or emotional disorder that is diagnosable within the past year, is chronic or long lasting, and results in a significant impairment in social, occupational, or other important areas of functioning.
- ¹⁰³ <https://www.samhsa.gov/disorders/co-occurring>
- ¹⁰⁴ Ibid.
- ¹⁰⁵ <https://www.samhsa.gov/medication-assisted-treatment>
- ¹⁰⁶ <https://csgjusticecenter.org/substance-abuse/webinars/medication-assisted-treatment-in-jails-and-community-based-settings/>
- ¹⁰⁷ Steadman, H.J. 2009. *Lifetime experience of trauma among participants in the cross-site evaluation of the TCE for Jail Diversion Programs Initiative*," cited in Policy Research Associates, "Toward Creating a Trauma-Informed Criminal Justice System."
- ¹⁰⁸ Benedict, A. 2014. *Using Trauma-Informed Practices to Enhance Safety and Security in Women's Correctional Facilities*, CORE Associates, National Resource Center on Justice Involved Women, available at <https://www.bja.gov/publications/nrcjiw-usingtraumainformedpractices.pdf>
- ¹⁰⁹ Kubiak, S., Covington, S., Hiller, C., "Trauma-Informed Corrections," *Social Work in Juvenile and Criminal Justice*, Chapter 7, p. 96, available at <https://www.centerforgenderandjustice.org/assets/files/soical-work-chapter-7-trauma-informed-corrections-final.pdf>
- ¹¹⁰ <http://www.parentinginsideout.org>
- ¹¹¹ <http://communityworkswest.org/program/parenting-from-prison/>
- ¹¹² Miller, A., et al., "Parenting While Incarcerated: Tailoring the Strengthening Families Program for Use with Jailed Mothers," *Children and youth services review* 44 (2014): 163–170, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4657561/>
- ¹¹³ <http://communityworkswest.org/program/one-family/>
- ¹¹⁴ <https://www.samhsa.gov/ebp-resource-center>
- ¹¹⁵ https://www.crimesolutions.gov/about_starttofinish.aspx
- ¹¹⁶ https://s3.amazonaws.com/static.nicic.gov/Library/_t4c31/default.html
- ¹¹⁷ <https://nicic.gov/thinking-for-a-change>
- ¹¹⁸ Markarios, M., Gentry Sperber, K., and Latessa, E. 2014. *Treatment Dosage and the Risk Principle: A Refinement and Extension*, available at <https://www.tandfonline.com/doi/abs/10.1080/10509674.2014.922157>
- ¹¹⁹ The current JCDOC Program Services Supervisor is certified by the Missouri Credentialing Board as a SATOP Qualified Professional with REACT (SQP-R) and as a Registered Alcohol Drug Counselor.
- ¹²⁰ <https://store.samhsa.gov/product/Anger-Management-for-Substance-Abuse-and-Mental-Health-Clients-Participant-Workbook/SMA14-4210>
- ¹²¹ <https://store.samhsa.gov/product/Anger-Management-for-Substance-Abuse-and-Mental-Health-Clients-A-Cognitive-Behavioral-Therapy-Manual/SMA15-4213>
- ¹²² Except people who are subject to safety exclusions or disciplinary restrictions by JCDOC
- ¹²³ Wolff, N. 2008. *Reentry Readiness Manual*, Center for Behavioral Health Services & Criminal Justice, manual date cited at <http://bloustein.rutgers.edu/wp-content/uploads/2010/01/CVWolff.pdf>
- ¹²⁴ <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>

- ¹²⁵ First Call Annual Report 2017, Accomplishments, accessed at https://docs.wixstatic.com/ugd/6e3223_14f5900b65d041d3a8510e3db64de382.pdf
- ¹²⁶ Prior to change in state law in January 2014, known as General Equivalency Diploma, or GED
- ¹²⁷ <https://www.jacksoncountycombat.com>
- ¹²⁸ Seeking Safety is an integrated treatment designed to address the unique relationship between PTSD and substance use in either individual or group settings. This approach centers on five principle philosophies: 1) safety is the highest priority to begin the recovery process and throughout the recovery process, specifically focusing on attaining safety in relationships, thinking, behavior, and emotions, 2) integrated treatment of PTSD and substance use concurrently, 3) focus on ideals to counteract loss occurred through PTSD and substance use, 4) addressing four major content areas: cognitive, behavioral, interpersonal, and case management, and 5) attention to the clinical process. The concept of safety is interwoven into each unit, with the idea that safety allows for forward movement in the trauma-recovery process. Safety is defined as discontinuing substance use, eliminating suicidality and suicidal ideation, minimizing exposure to high-risk behavior, letting go of unhealthy relationships (platonic and romantic), gaining control over PTSD symptoms (depression, dissociation, hyper-arousal, anger, etc...), and ending self-harming behaviors. Clients learn to both prioritize their own safety, in addition to taking responsibility for their own safety. Information was adapted from the sources below. <https://www.samhsa.gov/nctic/trauma-interventions>
- ¹²⁹ "Justice Reinvestment in Missouri: Policy Framework," https://csgjusticecenter.org/wp-content/uploads/2018/05/JR_MO_Policy-Framework.pdf
- ¹³⁰ <https://www.samhsa.gov/gains-center>
- ¹³¹ "Detoxification and Substance Abuse Treatment, a Treatment Improvement Protocol TIP 45," Substance Abuse and Mental Health Services Administration, revised 2013, <https://store.samhsa.gov/shin/content/SMA13-4131/SMA13-4131.pdf>
- ¹³² In 2014, the Missouri Department of Elementary and Secondary Education selected a new high school equivalency test, the High School Equivalency test (HSE), to replace the GED. The Developed by the Educational Testing Service (ETS), the test that earned a HSE is called the HiSET.
- ¹³³ The HiSET exam consists of five subtests (Math, Science, Social Studies, Reading, and Writing), which can be taken independent of one another. The Missouri Adults Education & Literacy program (MO Learns)¹³³ is a free, online adult education classroom available to all Missouri residents, age 17 or older. Recognizing the benefits of fostering adult education, many jurisdictions across the nation are investing in custodial education. An excellent report on a multi-site demonstration project, *Reentry Education Model Implementation Study: Promoting Reentry Success Through Continuity of Educational Opportunities*, was released in June 2015 by the US Department of Education.¹³³
- ¹³⁴ "The Transition from Jail to Community Online Learning Toolkit," produced by the National Institute of Corrections, the Department of Justice, and Urban Institute, can be accessed online at <http://tjctoolkit.urban.org/index.html>
- ¹³⁵ Munetz, M.R. and Griffin, P.A. 2006. "Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness." *Psychiatric Services* 57 (4): 544–49.
- ¹³⁶ Jackson County, MO, https://en.wikipedia.org/wiki/Jackson_County,_Missouri
- ¹³⁷ United States Census Bureau, <https://www.census.gov/quickfacts/fact/table/jacksoncountymissouri/PST040217>
- ¹³⁸ Missouri Uniform Crime Reporting Project, http://www.mshp.dps.missouri.gov/MSHPWeb/SAC/data_and_statistics_ucr_query_backup.html
- ¹³⁹ UCR calculation: $34,154/698,895 * 100,000 = 4,887$
- ¹⁴⁰ Incarceration-to-crime calculation: $948/34,154 * 1000 = 28$
- ¹⁴¹ Incarceration-to-arrest calculation: $948/24,886 * 1000 = 38$
- ¹⁴² Per-capita incarceration rate calculation: $948/698,895 * 100,000 = 135.6$
- ¹⁴³ Combined Index calculation: $(\text{Per capita} + \text{per crime} + \text{per arrest})/3; (136+28+38)/3 = 67$
- ¹⁴⁴ Calculations were derived from formulas routinely used but the JFA Institute (<http://www.jfa-associates.com/>) to calculate and compare local rates to national averages. These formulas draw on national arrest figures from the FBI (FBI.GOV) including UCR data; custody figures are drawn from BJS.
- ¹⁴⁵ "Adopted Budget by Department Line Item, Fiscal Year 2018, Adopted: December 28, 2017," accessed at <https://www.jacksongov.org/DocumentCenter/View/4963/2018-Adopted-Budget-Completed-Department-Book-PDF>, page 184.
- ¹⁴⁶ In addition to these Jackson County-specific police departments, the Jackson County jails house people referred by surrounding counties including Johnson County, Kansas.
- ¹⁴⁷ Missouri Uniform Crime Reporting Program
- ¹⁴⁸ Missouri Revised Statutes §84.020, <http://revisor.mo.gov/main/OneSection.aspx?section=84.360&bid=3999&hl=>
- ¹⁴⁹ KCPD "Informant Newsletter," January 2018 as accessed online: <http://kcmo.gov/police/wp-content/uploads/sites/2/2018/02/InformantJanuary2018.pdf>
- ¹⁵⁰ Kansas City Police Department 2017 Annual Report as accessed online: <http://kcmo.gov/police/wp-content/uploads/sites/2/2013/10/ANNUALproofReducedsize.pdf>
- ¹⁵¹ Ibid.

¹⁵² FBI UCR Table 1 as accessed online: <https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/topic-pages/tables/table-1>

¹⁵³ Cornell, J.G., Titus, R., and Hall, D.J., 2015, "Evaluation of Kansas City Municipal Court's Case Management and Operational Efficiencies," National Center for State Courts: Williamsburg, VA.

¹⁵⁴ Police-Mental Health Collaboration Toolkit as accessed online: <https://pmhctoolkit.bja.gov/home>

¹⁵⁵ For more information on KCPD's CIT training calendar see <http://kcmo.gov/police/crisis-intervention-team-cit/#tab-firs2>

¹⁵⁶ Police-Mental Health Collaboration Toolkit as accessed online: <https://pmhctoolkit.bja.gov/home>

¹⁵⁷ KCPD "Informant Newsletter," June 2018. As accessed online: <http://kcmo.gov/police/wp-content/uploads/sites/2/2018/02/InformantJanuary2018.pdf>

¹⁵⁸ Ibid.

¹⁵⁹ Cornell, J.G., Titus, R., and Hall, D.J. 2015. *Evaluation of Kansas City Municipal Court's Case Management and Operational Efficiencies*. National Center for State Courts: Williamsburg, VA.

¹⁶⁰ <https://www.16thcircuit.org/about-the-court>

¹⁶¹ "2017 Annual Statistical Report: 16th Judicial Circuit, Jackson County," available at <https://www.16thcircuit.org/Data/Sites/1/media/2017-annual-report.5.30.2018.pdf>

¹⁶² Calculation: 4537/3462 filings

¹⁶³ Calculation: 4072/3462 filings

¹⁶⁴ A recent analysis by the Council of State Government's Justice Center identified Jackson County as among the top ten counties with the longest case processing times: on average, 228 days elapsed between filing and sentencing in Jackson County. Source: justice Reinvestment in Missouri, November 2017 presentation to the Missouri State Justice Reinvestment Task Force (<https://csgjusticecenter.org/jr/missouri/publications/justice-reinvestment-in-missouri-fourth-presentation/>).

¹⁶⁵ 2017 Profile of the Institutional and Supervised Offender Population. June 2017. Missouri Department of Corrections. Available online: https://doc.mo.gov/sites/doc/files/2018-06/Offender-Profile_2017_2.pdf

¹⁶⁶ Western Region Special Report, compiled August 30, 2018 for the consultant team by the Western Region Division of Probation and Parole.

¹⁶⁷ State of Missouri Public Defender Commission: Fiscal Year 2018 Annual Report, p.1. As accessed online:

<https://publicdefender.mo.gov/wp-content/uploads/2018/10/MSPD-2018-Annual-Report-Print-Copy-Color-10172018.pdf>

¹⁶⁸ Legal Aid in Action 2016 Impact Report as accessed online: <https://lawmo.org/annual-report/>

¹⁶⁹ According to Legal Aid of Western Missouri's 2016 annual report, core practice areas include family law/domestic violence; housing assistance; foreclosure prevention; economic development; federal benefits and state health care benefits; consumer law assistance; and immigration issues. Ibid.

¹⁷⁰ Legal Aid operates two Kansas City offices: Kansas City-Central and Kansas City-West; reportedly only the Kansas City-Central location handles Kansas City municipal court cases.

¹⁷¹ In 2016, the Kansas City Central Office, which is comprised of 35 attorneys, 15 paralegals, 11 administrative staff and three volunteer attorneys, handled 9,282 cases encompassing approximately 28,000 charges or roughly 3.1 charges per case. Source: Legal Aid in Action 2016 Impact Report as accessed online: <https://lawmo.org/annual-report/>

¹⁷² Application/Affidavit for Public Defender Services and Promise to Pay form available online:

https://publicdefender.mo.gov/wp-content/uploads/2018/06/Application_Services.pdf

¹⁷³ State of Missouri Public Defender Commission: Fiscal Year 2018 Annual Report, as accessed online:

<https://publicdefender.mo.gov/wp-content/uploads/2018/10/MSPD-2018-Annual-Report-Print-Copy-Color-10172018.pdf>

¹⁷⁴ Approved participating hospitals from year 1 include: Research Medical Center, Research Psychiatric Center, Saint Luke's Hospital (Kansas City, Barry Rd, and Smithville), Truman Medical Center (Hospital Hill), North Kansas City Hospital, St. Joseph Medical Center, and Liberty Hospital.

¹⁷⁵ Exclusion criteria include: under the age of 18, blood pressure over 190, heart rate over 120 or less than 45, blood glucose under 60 mg/dL or over 250 mg/dL, acute or traumatic medical needs (i.e. bleeding, unconscious, seizures, etc.), combative and requiring restraint or field sedation, adaptive equipment (i.e. IV, catheter, oxygen tanks, etc.), or inability to self-transfer.

¹⁷⁶ Twillman, N. and Zawodny-Belon, A., December 6, 2017, *Kansas City Assessment and Triage Center Annual Evaluation Report: 2016-2017 Program Year*, Resource Development Institute, Received from the KC-ATC.

¹⁷⁷ KC-ATC Monthly Fact Sheet. June 2018. Received from the KC-ATC.

¹⁷⁸ "Self-referral" is not the same as a "walk-in"; self-referrals are those circumstances when an individual in contact with Emergency Management Services or KCPD asks to be transported to the KC-ATC instead of jail or the psychiatric emergency room.

¹⁷⁹ Twillman, N. and Zawodny-Belon, A., December 6, 2017. *Kansas City Assessment and Triage Center Annual Evaluation Report: 2016-2017 Program Year*. Resource Development Institute, Received from the KC-ATC.

¹⁸⁰ Ibid.

¹⁸¹ <http://www.jacksoncountycombat.com/168/Drug-Court>. Following an in-person interview, the consultant team made multiple attempts to gather substantive and detailed information from the Office of the Jackson County Prosecutor, but responses to our written requests for additional information were not provided.

¹⁸² <http://www.jacksoncountycombat.com/168/Drug-Court>. Following an in-person interview, the consultant team made multiple attempts to gather substantive and detailed information from the Office of the Jackson County Prosecutor, but responses to our written requests for additional information were not provided.

¹⁸³ <https://www.kc-crime.org/second-chance/>

¹⁸⁴ <https://hcfgkc.org/news/hcf-awards-nearly-8-million-in-mental-health-grants-3/>

¹⁸⁵ <http://www.rdikc.org/pdf/Law%20&%20Justice/Bridges-Project.pdf>

¹⁸⁶ The research on this point is massive and clear; see, for example, Leslie, E. and Pope, N. August 2017. *The Unintended Impact of Pretrial Detention on Case Outcomes: Evidence from New York City Arraignments*. "The Journal of Law and Economics," 60:3, available at <https://www.journals.uchicago.edu/doi/10.1086/695285>; more research has been aggregated at https://www.prisonpolicy.org/research/pretrial_detention/.

¹⁸⁷ <http://kcmo.gov/court/specialty-courts-and-programs/probation/>

¹⁸⁸ Zhen Zeng, *Jail Inmates in 2016* (Washington DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, February 2018)

¹⁸⁹ Missouri Economic Research and Information Center

¹⁹¹ Bureau of Justice Statistics, US Department of Justice

¹⁹² Ibid.

¹⁹³ *Jackson County Department of Corrections Facility Condition Assessment" Final, 31 August 2017 pg. 16*

¹⁹⁴ *Jackson County Department of Corrections Facility Condition Assessment", Final|31 August 2017 pg. 17. The full estimate for renovation was \$149,777.072 which included the Albert Riederer CJC. Though not specifically part of this CJS Assessment, the county should consider doing these upgrades as well if the Albert Riederer CJC is expected to continue to be used.*

¹⁹⁵ *Jackson County Department of Corrections Facility Condition Assessment", Final|31 August 2017 pg. 19*