U.S. Department of Justice
National Institute of Corrections

January 2005

Proceedings of the Large Jail Network Meeting

Core Competency Model Project

Training as a Strategic Management Tool

Mental Health: Legal Issues, Management, and Diversion

Justice and the Revolving Door

Corrections in the Next Decade

NIC Jails Division

Large Jail Network Meeting

Winter 2005

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MEETING HIGHLIGHTS: LARGE JAIL NETWORK MEETING, JANUARY 30 – FEBRUARY 1, 2005

This document summarizes a meeting of NIC's Large Jail Network held in Longmont, Colorado, on January 30 - February 1, 2005. Approximately 50 administrators of the nation's largest jails and jail systems attended the meeting, which focused on the following topics:

- Preparing leaders for the future;
- Training as a strategic management tool;
- Mental health issues and the jail;
- Justice and the revolving door; and
- Corrections in the next decade.

HIGHLIGHTS OF PRINCIPAL MEETING SESSIONS

- **Preparing Leaders for the Future.** Robert Brown, Chief of NIC's Academy Division, described NIC's Core Competency Model Project, which is designed to identify core competencies needed by correctional executives, senior level leaders, managers, and supervisors.
- **Training as a Strategic Management Tool.** Tom Reid of NIC's Academy Division highlighted the problems in current corrections training practices. He focused on the importance of tying training to performance management and offered suggestions for implementing training as a strategic management tool.
- **Mental Health Issues and the Jail.** This topic was the focus of several sessions at the meeting. Attorney Bill Collins summarized key mental health legal issues for jail administrators, focusing on recent case law, and highlighting jails' obligation to identify mentally ill inmates, protect them from injury, and treat them. Mental health expert Dr. Joel Dvoskin pointed to necessary service components and highlighted service delivery issues for dealing with the mentally ill in jail. He focused especially on suicide prevention, as well as on the needs of special populations. In an open forum session on mental health issues, attendees had the opportunity to ask questions of the two speakers and to make additional comments on the topic.
- **Announcements by Representatives of Professional Associations.** Tony Callisto, President of the American Jail Association, Mike Jackson, Project Director at the National Sheriffs' Association, and Jim Gondles, Executive Director of the American Correctional Association, highlighted recent news of their organizations.
- **Justice and the Revolving Door: The Jacksonville Experience in Recidivism Intervention.** Gordon Bass, Duval County (Jacksonville), Florida, presented information on Jacksonville's approach to the problem of repeat misdemeanants. Following efforts by Sheriff John Rutherford, state legislation was passed that stops the "revolving door" and makes intervention and treatment possible. Following a fifth conviction in a year for a misdemeanor, an offender is classified as a "habitual misdemeanor offender" and serves a sentence that includes treatment either in the jail, in a community-based treatment program, or in home detention.

- **Corrections into the Next Decade: Where Are We Headed?** Three administrators pointed to new trends in jail management. Tom Merkel, Hennepin County Sheriff's Office, noted the ways in which jail data is being used not only by other local criminal justice entities, but also by mental health agencies, the media, and Federal law enforcement, including its use in the terrorism and intelligence context. Scott Bradstreet, Orange County, Florida, Corrections Department, pointed to how the county used data presented to the courts to greatly improve case processing efficiency. Robert Hinshaw, Sedgwick County, Kansas, Sheriff's Office, summarized the ways in which core values and a mission statement, developed effectively and made easily accessible to officers, can guide every aspect of a department's operations.
- **Discussion of Issues for the Next Meeting.** Richard Geaither, NIC Jails Division, led participants in a discussion of potential topics for the next Network meeting, to be held July 10-12, 2005. Topics selected were the following: Ethics, Human Resources Issues; and Federal Benefits for Inmates.

NIC'S CORE COMPETENCY MODEL PROJECT: PREPARING LEADERS IN CORRECTIONS FOR THE FUTURE

ROBERT BROWN, CHIEF, NIC ACADEMY DIVISION

THE ORIGINS OF THE PROJECT: A QUESTION

I arrived at the Academy in 1996 and was assigned to the Correctional Leadership Development Program, long the backbone of Academy programs. One observation I made about the program was that we spent two days discussing vision. Current writers all talk about the importance of vision, but John Potter made us aware that most effective administrators are responsible not only for vision but for creating an agenda. Everyone understands the notion of "vision," but the real issue is how we can put it into practice.

Our project began with a question: How can we develop curricula if we aren't sure what skills and abilities are required for success at the various levels of correctional management?

FOCUS ON COMPETENCIES

> "The demands and challenges of the new century will be very different than they were in the past, or even today. Our ability to take the government forward will depend on the leadership skills and values of our senior executives." *OPM Director, Janice LaChance*

In 1997, the NIC Academy put together a team to brainstorm how to address the issue of core competencies in our leadership development programs. Those who attend the Academy's programs are looking for focus, a way to change the direction of their organizations. For our project, we decided to use a competency model.

WHAT IS CHANGING ABOUT OUR ENVIRONMENT?

- National Demographics—The population of the U.S. has grown faster than that of any other industrialized country in the world and is now about 290 million. Twenty-six percent of the population are under age 18; 17% are 18-29, 31% are 30-49; and 25% are 50 and older.
- Globalization—It is important to understand global issues, especially since 9/11. What happens elsewhere affects us, and crime itself is being defined globally. The war on terror is also certainly affecting your budget. Therefore, business as usual is not the answer.
- Changing Workforce Demographics—We in the corrections field have jobs, but people can't qualify for them because of ethical and skills problems. In addition, people now work in a single organization for only a median of 4 years, 30% of workers are "non-standard," and 20% don't work 9-5. A great deal of change is taking place.
- Boomer Retirement—The retirement of the Baby Boom Generation also affects our workplaces. The Federal Bureau of Prisons, for example, is facing a challenge, as 30% of employees will retire soon.
- Changing Values of Generations X and Y—Values of Generations X and Y have affected the workplace as well. In essence, employees in the same workplace can be

characterized by significant differences in norms, beliefs, and values, depending on the generation to which they belong.

- Technology—Technology has changed al of our workplace environments.

CHANGING TIMES, CHANGING COMPETENCIES

- Until the 1960's, success was often a result of specific managerial techniques.
- The turbulent 1970s and '80s required new skills to adapt to uncertainty and rapid change.
- Today, the focus is on outcomes, on accountability, on doing whatever works.

WHAT IS A COMPETENCY?

- A human characteristic associated with performance;
- A cluster of attitudes, traits, motives, skills, abilities, knowledge and behaviors;
- Can be measured against accepted performance standards.

WHAT DRIVES BEHAVIOR?

- Behaviors are driven by attitudes, traits and motives, skills and abilities, and knowledge.

HOW DO YOU KNOW COMPETENCY WHEN YOU SEE IT?

Leaders identify key skills, knowledge, and attributes. They then develop a set of broad competencies, which they link to a set of behaviors. The first thing you as a leader need to know is who you are—what are your values and beliefs—and what you convey.

USES FOR COMPETENCIES

- Selection and placement
- Succession planning
- Training and development
- Personal growth and development

COMPETENCY DEVELOPMENT STRATEGIES: THE PURPOSE DRIVES THE STRATEGY

The Core Competency Model Project used the following strategies to define competencies:

- **A Literature Review**—The literature review revealed the following elements of competency: partnering, resilience, political savvy, a service focus, and entrepreneurship.
- **Focus Groups**—The focus groups gathered the opinions of current and past participants in NIC Academy training, especially from 1998-2001.
- **Behavioral Indicators and Testing**—The project is attempting to describe these indicators. Tests will need to be different from those used in a work setting.

ACADEMY DIVISION GOALS

The project is important to the Academy and to all of NIC. It will help in:

- Selection and placement in Academy programs as well as in programs of other NIC divisions to be sure that the best participants are selected.
- Relevant training for today and the future. The training should serve people as they move up in an organization.
- Leadership development.
- Support of state and local programs. We hope that the project will create a template for measuring local training programs.

PROJECT TEAM

- Nancy M. Campbell, Project Director
- Project Managers—Dee Halley and John Eggers
- Core Team—Robert Brown, Jr., John Eggers, Marie MacTavish, Nancy Campbell
- Practitioner Review Team—Janie Jeffers, Chase Riveland, David Savage, Donna Stringer, Eldon Vail
- Authors, Phase I—Nancy Campbell, Patrick Dobel, Paul Katsampes, Marie Mactavish, Cindi Yates
- Editors—Teddi Edington, Chele Shepard

PROJECT METHODOLOGY: QUALITATIVE

- Planning meetings held at the Academy Division winter 1997 through spring 1998;
- Leadership programs represented—Executive Excellence, Correctional Leadership Development, Management Development for Women and Minorities, Supervisory Programs (no longer offered in Longmont);
- Representatives included Academy staff, program trainers, and corrections practitioners.

PROJECT METHODOLOGY: QUANTITATIVE

- Survey of executives and senior level leaders developed to determine the top ten competencies (Phase I);
- Survey of senior level leaders, managers, and supervisors to determine the top 10-11 competencies (Phase II); and
- Surveys administered to three groups selected with equal representation based on gender, race/ethnicity, and disciplines.

PHASE I COMPETENCIES

- Executive Competencies:
    - Self-Awareness
    - Ethics and Values
    - Vision and Mission—driven by values
    - External Environment—spending time with constituencies
    - Power and Influence—generating enthusiasm for what the leader wants to accomplish
    - Team Building
    - Collaboration

- Strategic Thinking

- Senior Level Leader Competencies
  - Self-Awareness
  - Ethics and Values
  - Vision and Mission
  - External Environment
  - Power and Influence
  - Team Building
  - Collaboration
  - Strategic Planning/Performance Measures—a key difference from Executive Competencies. The senior level leader is responsible for determining what has been accomplished within the organization.
  - Strategic Thinking

PHASE II COMPETENCIES

- Manager
  - Ethics and Values
  - Interpersonal Skills
  - Team Building
  - Collaboration
  - Managing Conflict
  - Developing Direct Reports
  - Problem Solving and Decision-Making
  - Knowledge of Criminal Justice
  - Planning and Evaluation
  - Strategic Thinking
  - Change Management
- Supervisor
  - Ethics and Values
  - Interpersonal Skills
  - Team Building
  - Collaboration
  - Managing Conflict
  - Developing Direct Reports
  - Problem Solving and Decision-Making
  - Knowledge of Criminal Justice
  - Oral and Written Communication

MANAGEMENT PROFILES

Publications and a videotape of a conference on the project are available from the NIC Information Center.

- Management profiles define responsibilities for a range of leadership roles. They provide examples only. It is impossible to represent accurately the range of corrections systems.

- The methodology for developing profiles included: a DACUM review, a comparative review, "good old experience," and teamwork.
- The four profile levels include: Executive, Senior Level Leader, Manager, and Supervisor.
- Management level profiles include example positions, the source of authority, typical responsibilities, and typical tasks.

RESPONSIBILITIES FOR EACH LEVEL

- Seven areas are addressed for each level:
    1. Vision
    2. Goals and Objective Alignment
    3. Culture
    4. Resources
    5. External Environment
    6. Public Policy
    7. Human Resources

WHAT IS IN A COMPETENCY? A DEFINITION OF THE COMPETENCY

- Power: The ability to understand organizational politics and to influence others to achieve a desired outcome. To innovate or make change one must be skilled not only in making decisions (identifying options and selecting the most effective one for the situation), but also in getting things done (implementing ideas). To enact change requires one to understand others and to be willing to influence their thoughts and deeds.
- Influence: Finding and using the most effective and prudent ways to alter an organization's and/or individual's beliefs and behaviors to implement decisions and achieve desired outcomes.

WHAT IS IN A COMPETENCY? WHY IS IT IMPORTANT?

- In the final analysis, the measure of any leader is what he or she gets done. Having a great vision that cannot be implemented does not translate into effective leadership.
- To get things done requires not only having a goal, but also having the will and ability to implement it. Having the desire to attain a goal is not enough to achieve it. Successful implementation requires understanding how to negotiate through a maze of competing interests and how to convince them that your goal is of great enough value for them to support it—or at least not fight it. One must also have the skills to understand the politics of the environment and how to influence enough parties to allow for implementation.

WHAT IS IN A COMPETENCY? THE RELEVANT KNOWLEDGE BASE

- The Definitions of Power
- Cultural Considerations
- Characteristics of Power
- Sources of Power
- Developing the Capacity to Influence

- Selecting Appropriate Influence Strategies
- Understanding Your Influence Style

WHAT IS IN A COMPETENCY? SKILLS NEEDED TO BE PROFICIENT

- Strategies and Tactics for Successfully Influencing Others
- Agenda Setting
- Mapping the Political Terrain
- Implementing the Agenda

WHAT IS IN A COMPETENCY? BEHAVIORS ASSOCIATED WITH THE IDENTIFIED SKILLS

- Skill: Using power effectively within an organization to bring about change
- Behaviors:
    - Use influence to change behavior and overcome resistance.
    - Assess the internal and external organizational politics to understand the political landscape of a situation.
    - Identify the organizational culture and how it may affect the effective use of power.

WHAT IS IN A COMPETENCY? SUMMARY

- Understanding what power is and being willing to use it are essential requirements of effective leadership. Power, as it is most often defined, includes the elements of influence, overcoming resistance, and politics.
- To effectively influence others, it is not enough to understand where power comes from. One must understand what influence styles are used most often and whether a wider array of influence strategies could be beneficial. It is also critical to understand how adversity affects the choice of influence strategy.

WHAT IS IN A COMPETENCY? DISSEMINATION STRATEGIES

- Document summarizing the project and its findings—available within the next 6 months;
- References and recommended readings; and
- March 2, 2005, teleconference presenting the project.

For additional information, contact Robert Brown, Chief, NIC Academy Division, 1960 Industrial Circle, Longmont, CO 805051,800-995-6429.

TRAINING AS A STRATEGIC MANAGEMENT TOOL

TOM REID, NIC ACADEMY DIVISION

I spent 24 years in Minnesota, where I developed the Minnesota Jail Resource Center, funded by NIC. The Jail Resource Center was designed to function as a mini-NIC in Minnesota, and it eventually served all areas of corrections. At one point, I did consulting in jails, but I finally decided it made more sense to bring everyone together in the same room. Although I've been in many of your jails, I don't know you, but I did know most of your former bosses. In 1998, I transferred into the NIC Academy. I now devote all my time to training, but I understand your issues better than prison issues.

I want to challenge you to think about how you are spending your expensive training dollars. What we are seeing in corrections is that training hasn't evolved to be used as effectively as it can be. Today, I will walk through some of the symptoms of the problems and talk about some solutions. The only way you can get value for your training dollar is to see training as a strategic management tool.

TRAINING AS A PERFORMANCE MANAGEMENT TOOL

In an ideal world, training would be linked to performance enhancement. However, training is usually simply a performance compliance tool. Current characteristics of training and attitudes toward training include the following:

- Administrators tend to say that the efficacy of training is measured solely by whether the required hours are provided, but hours of training have no relation to performance management. You tend to see the training department as an hours machine that shuts off after 40 hours, and that's how you value it and reward it. Instead, we need to see training as a performance enhancement partner.
- The same topics are covered yearly. I was astonished to find out that officers go through the same 40 hours of training every year. That doesn't make sense, but NIC does the same thing. Why pay to train people in what they already know? We should be training them in topics that would help solve operational problems.
- Topics are chosen in a kind of beauty contest. Competent training directors know that they should do a survey, but they get back the same answers every year. This is like asking the patient what pills they want, because the staff can't know what they are deficient in. If you are going to ask line staff anything, ask them what problems they face. Then, administrators should look at the problems and determine what training topics would address those problems. Define the problem, and then identify the appropriate intervention. Look at incident reports, talk to senior staff, consider outside reviews, and strategically think about what themes you should address.
- Training is often no more than punishment. You send people to training on what they already know, and you wonder why there are no performance changes. For those who already know the topic, training is just punishment. Only those who are deficient in the knowledge or skill should be sent to that training. Any other approach is simply a waste of resources. There is no problem in meeting ACA requirements. Just send everyone to 40 hours of training that they actually need. You need to refresh everyone on the 18 topics, but the standards don't say how long the refreshing should take.

- There are too many mandatory topics. In training that is essentially designed to satisfy somebody other than your agency, everything is made mandatory. That is "CYA" training.
- Training seems to mean only classroom delivery. For new employees, training tends to be done in the academy rather than in the field. You also need a formal FTO program to provide on-the-job training. Academy training is cognitive training, but corrections officers tend to be hands-on learners rather than traditional academic learners. The academy is not the right approach.
- There is confusion about ACA training standards. Training must support accreditation, but the required 40 hours of training often get confused with the 18 topics on which you need to refresh all staff. If you simply do 40 hours on those 18 topics, you are meeting ACA expectations, but you aren't using training effectively. The 18 are valid topics, but unless you have a related problem, there is no need to burn expensive training dollars on them every year. Do a problem analysis every year to help select training topics. Everyone will then get 40 hours of training, but not on the same topics because not everyone needs the same topics.
- "Forget what they told you at training, this is how we do it." This attitude is an invitation to a lawsuit. There is often a disconnect between training and practice. This is a liability issue, but you are also wasting your dollars.
- "Training can fix anything." No, it can't. All it can fix is when someone needs to know about something or how to do it.

PEFORMANCE MANAGEMENT

Strategic training involves forging a link between policies and procedures, leadership, staff supervision, and training. You need all these things. The point is to see training as a strategic management tool.

AS ADMINISTRATOR

- You want a return on your investment.
- You want to use your scarce resources wisely.
- You want to have impact and enhance performance individually and also as an organization.

IMPLEMENTING TRAINING AS A STRATEGIC MANAGEMENT TOOL

You will start to see value when you think about training differently. Training is a formal exchange of job-related knowledge and/or skills from someone having it to someone needing it, where something is acquired and applied, resulting in something of value to the agency.

THE DYNAMIC TRAINING MODEL

See training as an ongoing problem-solving process:

1. Identify and analyze the problem to determine needs.
2. Set specific impact objectives.

3. Determine the best method to address the problem.
4. Conduct training interventions.
5. Evaluate the impact on the problem.

Repeat this process. Good training program development follows this model.

ANALYZING PERFORMANCE PROBLEMS

Remember that training is a problem-solving device. If you are dealing with a lack of knowledge and/or skills, training can fix it. But if it's a deficiency in staff supervision, policy and procedure, leadership and direction, discipline and correction, or hiring, screening, or retention, training can't fix it.

ASK SOME CRITICAL QUESTIONS

1. Does the goal appear to be hours? Is that what we tacitly use to measure success? And reward?
2. Are we devoting substantial training resources to meet external requirements?
3. Are we basically delivering the same in-service topics every year? Is that the 40 hours?
4. Are staff attending training even if they already possess the knowledge and skill?
5. Do staff attend training not directly relevant to their job? Just to get hours?
6. Do mandatory/refresher topics dominate your annual in-service training plan?
7. Needs assessment=asking staff for topics?
8. Is training only defined as classroom delivery?
9. Is there a balance between the "academy" and a formal FTO training program? (If you need assistance, NIC has a model for FTO programs.)
10. Do supervisors know and support training objectives with subordinates? (Are training topics covered in performance appraisals? Are staff evaluated based on the training?)
11. For every training event, can you articulate the agency benefit targeted?
12. Are you actively measuring the impact of training (behavior change and resulting agency benefit)?

NEXT: HOW ABOUT A PILOT PROJECT

Your Goals:

1. Try training as a strategic management tool.
2. Forge that link between administration, staff supervision, and training.
3. Truly solve some operational problems.
4. Finally, change the paradigm and thinking around training in your agency.

Steps:

1. Identify three to five operational problems.

2. Form a problem-solving team representing administration (policy and direction), supervision, and training.
3. Perhaps pick two problems to address.
4. Write a comprehensive problem statement with data
5. Set goals:
    - Immediate goals– at end of intervention(s)
    - Intermediate goals – behavior change on the job
    - Ultimate– targeted agency benefit
6. Begin to identify the needed components of the solution: policy, direction, leadership, staff supervision, personnel, and training.
7. Write a comprehensive solution strategy.
8. Write a comprehensive outcome evaluation strategy:
    - Immediate – during interventions
    - Intermediate – behavior change on the job
    - Ultimate – agency benefit targeted
9. Use a team to implement and measure.
10. Analyze and report results.

REMEMBER THIS

- "Prescription without proper diagnosis is malpractice."
- Form partnerships! Don't isolate training; it is one of the three crucial legs of the problem-solving triangle.
- If it is not being used on the job and not having a positive impact on the agency, then why do the training? And was it really training, anyway?

CONCLUSION

Let's think about applying all these concepts to strategic training. Please let me know if you would like to host NIC training on these concepts in your state. We are currently working with the state of Iowa with teams of jail administrator, training directors, and custody staff. We are hoping that administrators will pick up on what's now being done in the field of corrections training.

For additional information, contact Tom Reid, Correctional Program Specialist, NIC Academy Division, 1960 Industrial Circle, Longmont, CO 80501; 800-995-6429 x134.

LEGAL ISSUES AND MENTALLY ILL INMATES

BILL COLLINS, ATTORNEY AT LAW, OLYMPIA, WASHINGTON

THE LEGAL TEST

The same legal test applies to mental health services as to medical services: Has there been "deliberate indifference" to serious medical/mental health needs?

Deliberate indifference means actual knowledge and failure to respond—on either an individual basis or system-wide.

It is hard to define a "serious mental health need," but the following may be involved:

- Professional diagnosis
- Danger to self or others
- Pain
- "Know it when I see it"

An inmate's behavior may trigger a presumptive duty to respond, until a contrary diagnosis is reached.

SERIOUS MENTAL ILLNESS: HARDER TO DEFINE

Recognizing serious mental illness is often an informal, "know it when I see it," process that involves how often an inmate's behavior triggers a mental health response. This may suggest the importance of a mental health check up front to help you know how to proceed from that point on.

An Ohio consent decree suggests how difficult it is to define serious mental illness:

> "…A substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality or cope with the ordinary demands of life within the prison environment and is manifested by substantial pain or disability. Serious mental illness requires a mental health diagnosis, prognosis and treatment, as appropriate, by mental health staff.
> It is expressly understood that this definition does not include inmates who are substance abusers, substance dependent, including alcoholics and narcotic addicts, or persons convicted of any sex offense, who are not otherwise diagnosed as seriously mentally ill." *Dunn v. Voinovich*

If the exclusions listed were not included, inmates could claim the right to treatment based on one of these other conditions. Generally, if someone is psychotic, hearing voices, or can't do his time because of his mental illness, he qualifies as seriously mentally ill.

AVOIDING DELIBERATE INDIFFERENCE

There are two goals, and you must address both:

- Protect from injury—This is relatively easy, as all you would need to is lock the person up and restrain him. However, "treatment" through restraint is not treatment.
- Treat—This is not easy. You can either transfer the inmate for treatment elsewhere (but who will take him?) or treat him in-house.

Your duty is not abated if you turn to community mental health agencies, and they don't do much. Simply transferring the responsibility will not get you off the liability hook. You as jail administrator have the responsibility for treatment.

Sometimes a number of pretrial inmates are being sent to the state for competency hearings. It is surprising that defense counsel tolerates their client waiting months for a bed to open in the state hospital for this purpose. However, if you can bring in a psychiatrist in a short time, who says that the inmate is ready for trial, you may save months of costs. The risk is that the psychiatrist will say the inmate is not competent. Some people are being held solely because they are mentally ill, and you can expect litigation in these cases. A study done in Fairfax County, Virginia, made clear the problem of delaying an inmate in jail.

RECOGNITION OF MENTAL ILLNESS

- At booking, you can recognize mental illness in the following ways:
    - The arrestee tells you.
    - By interpreting behavior. The case *Gibson v. Washoe County,* 290 F.3d 1175 (9th Cir.2002) makes clear why mental health screening is necessary and the perils of delaying screening for the out-of-control inmate. In this case, an arrestee came into the facility out of control, and the courts had early said that if an inmate was uncooperative, there was no need to do an initial screening. However, although the nurse took two vials of medications prescribed for mental health problems from the inmate, she did not note any mental health problems. The inmate had a massive heart attack while he was out of control. The court said that the combination of factors might indicate deliberate indifference.
    - Through warnings from others.

- After booking: Can you find them?
    - Will a mentally ill offender come to sick call? Probably not. Don't assume that if a mentally ill inmate doesn't show up for sick call that you are off the hook for care.
    - Therefore, housing staff are the best source for pointing out the mentally ill. This means they must be trained in recognition and there must be good relations between custody and medical/mental health staff.

Dave Parrish: Hillsborough County has a system of flagging arrestees who were previously in the state mental hospital.

SUICIDE: I – P – R FAILURES

Suicides may be your biggest liability risk; in any case, they pose a very high risk.

- **I –** Failure to **Identify** suicide risk either at booking or through the inmate's behavior in the facility.
- **P** – Failure to **Protect** the victim because you ignored a warning, didn't put the inmate on suicide watch, or the suicide watch was not intense enough.
- **R** - Failure to **Respond** to the attempt—for example, by saying, "Don't cut him down, it's a crime scene!"

  A study in King County showed that most suicide attempts now take place much later than the first 24 hours. This suggests that jails have done a great job of

preventing front door suicides. Suicide attempts now often seem to occur later, when the inmate receives bad news, such as a "dear john" letter or a worse sentence than expected. Jails should address times of "shock."

SUICIDE AND OPERATIONS

- **Identification**
  - Effective screening tool
  - Staff trained in its use
  - Supervision
- **Protection:** the trouble zone
  - Are checks being done? How do you know?
  - Logs: contemporaneous or way before or after the fact? Make sure your logging reflects reality.
- **Response**
  - *Always* a medical emergency

Even though a jail is likely to win a suicide case, it can be very expensive to conduct such a case. In addition, firing a negligent officer does not protect you from liability. Having strong policies and procedures, training, and supervision in place puts you in position to defend a case easily.

If you are using video surveillance, it should be used only as an adjunct to direct viewing. Make sure officers keep logs and verify that they can see the inmate directly.

CAN DUTY OF CARE EXTEND PAST RELEASE?

Duty of care can, under circumstances such as the following, extend past release of an inmate:

- Early release to avoid medical bills;
- Seriously mentally ill offender released without discharge planning; or
- A sick inmate released without medications.

In all these cases, the inmate has **serious medical needs.** If a jail knows that no care is available, or if a mentally ill offender cannot access care without help, is the jail deliberately indifferent? See *Marsh v. Butler Co. Ala.,* 212 F.3d 1318 (11th Cir., 2000), 268 F. 3d 1014 (2001), *Wakefield v. Thompson*, 177 F. 3d 1160 (9th Cir., 1999). There is a fair argument that the jail would be found deliberately indifferent in such instances. However, case law is not well developed. The issue of prerelease planning for the mentally ill is growing in importance; discharge planning for the mentally ill may have to begin at booking.

Joel Dvoskin: You need to try and get the judge to let you return the inmate to the jail to get meds before he is released. Because the jail may not know exactly when an inmate is being released, you need to take steps to cover this situation.

SMEARERS

Smearers represent a presumptive mental health problem, so you need to bring a mental health perspective into the situation. Throwers are not trying to get attention.

- Exposure to human waste for even a short time represents an 8th Amendment violation.
- Waiting him out may not be the answer. Don't see the behavior as manipulative, but start with the presumption that it is a mental health problem.
- Bring mental health professionals into the decision. Remember that the problem usually is that the inmate is very angry, and that he usually has a reason. To get more punitive is to increase the anger.

THROWERS

Dramatic restrictions on throwers are okay. (See *Trammell v. Keane,* 338 F. 3d 155 (wnd Cir., 2003). The court said that where mental illness has been eliminated, you can impose dramatic restrictions. In *Trammell,* the inmate was told, "If you give us two days of decent behavior, we will change your status." The court sanctioned this approach, but the jail had already documented that the inmate was not mentally ill. The inmate holds the key to his cell, if mental health issues have been eliminated. (See *Trammell, LeMaire,* 12 F.3d 1444 (9th Cir., 1993.) Hopelessness is a problem, so give the inmate a way to get out of segregation.

Issues to worry about include the following. Document that you have addressed them:

- Cell temperature—must be maintained
- Medical care
- Mental health status
- 1)Need/behavior, 2) warnings, 3) continued attention to an inmate's well being through medical visits.

Dvoskin: Some jails don't have the problem of throwers. If this were an inmate phenomenon, it would be more evenly distributed. Ask yourself what you can do to keep such a situation from happening.

TRANSSEXUALS

Gender dysphoria, i.e., transsexualism, is a "serious mental health need." Such cases are no longer rare in correctional facilities.

Some level of mental health treatment may be necessary. The courts have not required corrections agencies to fund sex change operations, but if an inmate is already on a course of treatment, the corrections facility must continue it. Questions to ask are: How long will the person be in custody? Was he taking hormones before?

There are obvious housing/protection issues. You need to figure out the best treatment in these terms. Don't ignore the transsexual inmate.

INVOLUNTARY MEDICATION

Inmates can refuse medication, except if:

- The inmate has a **serious mental illness;**
- The inmate is a **danger** to himself or others; or
- Treatment is in the **best medical interest of the inmate.**

Start with these considerations, and then check the laws of your state for tougher requirements. Remember that psychotropic meds are not crowd control tools.

- Emergency - In the case of an emergency, no hearing is necessary.
- Non-emergency – Handle the hearing like a disciplinary hearing. Be sure and include a psychiatrist on the hearing panel.

PRETRIAL DETAINEES

Pretrial detainees can be involuntarily medicated for medical purposes. This is the jail's decision unless state law intervenes.

Involuntary meds can be used to restore competency, but this is not your call. (See *Brandon*, 158 F. 3d 946 (6th Cir., 1998). You are not required to send a courtesy notice of a judicial or administrative hearing to the offender's attorney, but it might be a good idea.

QUESTIONS AND DISCUSSION BY MEETING ATTENDEES

What do you do about self-mutilation, including an inmate trying to emasculate himself?

Dvoskin: This is a very serious mental health problem. Get a psychiatrist involved immediately and be sure he/she is involved in the inmate's treatment. Such a situation is not about you or your staff. "Cutting" is an anxiety reduction attempt, which you can address through cognitive restructuring or appropriate medication, but an attempt at emasculation is much more serious. Jail medical staff alone do not have the resources to deal with it.

Should a suicide watch be the responsibility of corrections or mental health staff?

Collins: It doesn't matter, as it doesn't require any special skill. The person just needs to notify others. It's important to note that a jail suicide watch is usually only needed for a short time. If an inmate has been seriously suicidal for a long time, he should be in the hospital. Being watched is not enough.

Is the "community standard" comparison relevant to medical care the same for mental health care?

Dvoskin: Yes, the community standard is still relevant (*Estelle v. Gamble).* You must avoid deliberate indifference. In fact, the jail is liable to provide better care than community mental health agencies. The issue is access. If the community standard issue arises, you must address it. If your mental health staff identifies an inmate as a minor issue, community standard may not bind you. I recommend that you use common sense to guide you. If a professional makes a decision on whether an inmate has a psychiatric need and you follow the advice, you are presumptively meeting constitutional standards.

Collins: Yes, this is true, assuming the professional judgment is reasonable. If a mental health judgment sounds like a custodial judgment, this is a problem.

For additional information, contact William Collins, Attorney, 4716 D'Milluhr Drive, NE, Olympia, WA 98516; 360-754-9205; billclr@aol.com

MENTAL HEALTH SERVICES IN JAILS: IDENTIFYING PROBLEMS

JOEL A. DVOSKIN, ASSISTANT PROFESSOR OF PSYCHIATRY, UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE

HOW DO YOU KNOW IF YOUR MENTAL HEALTH SERVICES ARE NOT WORKING?

- Your staff hate the shrinks.
- The shrinks hate your staff.
- You can't find the mental health staff. Access is crucial, so make access a part of your expectation of mental health contractors.
- They can't get to you.
- Take a walk through Administrative Segregation. The more mentally ill inmates you see, the worse you're doing. If most of your seg unit is made up of the mentally ill, you will never win a lawsuit. You should also require your mental health staff to do cell to cell visits every week.
- Ask staff and inmates about the referral system: "What would happen if…?" You need a good referral system; be sure it works in terms of both screening and referral.
- There are delays in receiving medication. Write into your contract the time limits for delivery of medication.
- There are delays in renewing prescriptions. If a psychotic inmate runs out of medication, there is a risk to the safety of the inmate and staff.

HOW DO YOU KNOW IT'S WORKING?

- Mentally ill inmates who are out of control are brought up in the morning report—because they are rare.
- The Mental Health Director is part of your management team.
- Community mental health agencies visit their clients in jail. The jail is part of the community, and these agencies must provide services.
- Your captains drink coffee in the mental health office. This is a good sign of interaction between mental health and corrections staff.
- The fewer surprises the better; you need to know about mentally ill inmates.
- You do cross training of both corrections and mental health staff.

AMERICAN PSYCHIATRIC ASSOCIATION GUIDELINES

- "Principles Governing the Delivery of Psychiatric Services in Jails and Prisons"—Buy this American Psychiatric Association guide and use it to hold contractors accountable.

LEGAL CONTEXT

- Estelle v. Gamble
- Bowring v. Godwin
- Ruiz v. Estelle

- Langley v. Coughlin
- Madrid v. Gomez
- Youngberg v. Romeo
- Turner v. Safely
- Also note Wakefield—the first case to cite a duty to provide aftercare. This is a 9th Circuit Court case only, but it will become broader. There is a trend in the direction of requiring aftercare.

LEGAL REQUIREMENTS FOR CORRECTIONAL HEALTH SERVICES – RUIZ CASE

Most large jails have attended to these requirements:

- Systematic screening and evaluation;
- Treatment that is more than mere seclusion or close supervision;
- Participation by trained mental health professionals;
- Accurate, complete, and confidential records;
- Safeguards against psychotropic medication prescribed in dangerous amounts without adequate supervision, or otherwise inappropriately administered; and
- A suicide prevention program.

ACCESS TO MENTAL HEALTH CARE AND TREATMENT

- Adequate and appropriate access to care. If inmates can't get to care easily, it doesn't matter how good it is.
- Access to care in segregation units. Mental health people should do rounds regularly.

SERVICE COMPONENTS

- Intake screening at booking. Every single inmate should be screened for suicide risk and serious mental health needs. About one-third to one-fourth will screen positive and should be evaluated.
- Evaluation following initial screening. Evaluation should be followed by recommendations for treatment. Approximately 15% are likely to need mental health services.
- Assessment of competency to stand trial. This may be done by the jail or outside the jail. If you determine incompetence, notify the attorney of a question of the inmate's ability to stand trial.
- Use of psychotropic medications. There are studies showing that more expensive medications are more effective in the long run.
- Substance abuse counseling. This is not a constitutional right. However, if someone has a co-occurring disorder, you must treat him or her.
- Psychological therapy. There is a question of how much a jail must require, but this is a clinical judgment issue.
- External hospitalization. You must be able to transfer those you cannot stabilize.
- Case management. This is not a legal requirement, but it is a good way to do business.

- Discharge planning. This is increasingly viewed as a legal requirement. Failure to provide aftercare can be negligence.

QUALITY OF CARE

- Fundamental policy goal: to provide the same level of mental health services to each patient in the criminal justice process as should be available in the community.
- Communication psychology model—Jail environments are examined and modified to minimize negative impacts and promote pro-social living. Think of the jail as a community and of mental health services as serving the community.
- An adequate number of trained staff must be present in every jail. There is no exact number required, but the APA says a jail psychologist should have a caseload of 75-100 inmates. Fifteen percent of inmates are likely to be on psychotropic medications.

CULTURAL AWARENESS

- Positive attitudes are usually developed after exposure to and awareness of other belief systems.
- Tolerance for diverse populations
- Empathy for the minority experience—Blacks and Hispanics are typically less often served by the mental health system.
- Understanding ethnocentric bias and its effects
- Cultural competence may be asking too much; most people will settle for respect. Be open to other cultures.

CONFIDENTIALITY

- Situations where confidentiality is not applicable:
    - Patient is self-injurious or suicidal;
    - Patient is assaultive or homicidal; or
    - Patient presents a risk of escape or creation of disorder within the facility.
- You can only promise to be discreet; confidentiality is not possible.

SUICIDE PREVENTION

Essential elements of a suicide prevention program include:

- How to recognize danger signs—Special stressors of inmates and their effects (including noise and extremes of temperature)
- Effective and well-understood referral system—Ask staff to use their own judgment; if they think something is wrong with someone, do a referral. Err on the side of caution.
- Communication between staff members on needs and risks presented by suicidal inmate
- Debriefing in the event of a completed suicide. It is usually best to make the debriefing inviting, but not mandatory.
- Be careful about a punitive response to suicidality; locking someone down is not a good idea.

- Policy and procedural guidelines—NY State has a Jail Suicide Prevention Manual, which is free.
- Suicide prevention intake screening guidelines
- A training program for jail and lockup officers in suicide prevention
- Training for mental health personnel

REASONS FOR MENTAL HEALTH SERVICES

- Alleviate unnecessary suffering;
- Alleviate symptoms of mental disorders that interfere with an inmate's ability to function in the surrounding environment;
- Make the institution safer; and
- Meet legal requirements.

MENTAL HEALTH TREATMENT

- Referral for Mental Health Treatment
- Mental Health Evaluations
- Provide Therapeutic Milieu—This doesn't have to be formal group therapy
- Discharge Planning—This can be simple, such as an appointment with a community mental health center and a three-day supply of medications.
- Individual or group psychotherapy or supportive counseling
- Crisis intervention

INTERPROFESSIONAL RELATIONSHIPS

- Cooperation of all participating professionals—psychiatrists, psychologist, nurses, correctional counselors, correctional officers
- Whatever the model of supervision utilized, the practical aspects of supervision must be within the appropriate expertise of the supervisor. For example, someone supervising nurses should have nursing experience.

SERVICE DELIVERY ISSUES

- Who pays for the service?
- Who controls the units of service?
- Who delivers services?
- Where are services to be delivered?
- Who evaluates and sets the standards for services delivered?
- Who receives services?
- What services are to be offered?

SUBSTANCE USE DISORDERS

- A positive mental screening for substance intoxication should trigger an immediate mental health screening for the presence of depressed mood and/or suicidal ideas.
- Most completed suicides occur within 24-48 hours after admission and are carried out by inmates who are intoxicated or experiencing withdrawal symptoms.

CO-OCCURING DISORDERS

- Treatment of mental health and substance abuse simultaneously. This needs to be combined for those with both disorders.
- Each disorder is treated as primary.
- Psychosocial problems and skill deficiencies must be addressed through assessment and consultation.
- Medication should be prescribed with caution.
- Intervention should be designed for the particular setting.
- Treatment services must be extended to the community.
- Treatment should be integrated with self-help groups and support networks.

SPECIAL POPULATIONS AND THEIR CLINICAL NEEDS

- Combat veterans—adult
- Combat veterans II—victims of child abuse
- Women—have a great deal in common and have special needs
- Segregation and protective custody
- Cutters
- Cognitive deficits—people with retardation and head injuries
- Misfits—not mentally ill, but a management problem. In extraordinarily tough cases, you can get a state hospital to take such an inmate.

WOMEN

- The prevalence of mental illness among women is twice that of men. The difference seems to be in rates of depression, anxiety, and trauma spectrum disorders.
- Up to 70% report a history of sexual abuse either as a child or as an adult.
- Clinical and corrections staff should receive basic training in gender-specific issues.
- Women are more likely to be the custodial parent for their children and have greater concerns about them.
- A free phone is important, as it allows them to talk to their children.

YOUTH IN CORRECTIONAL FACILITIES

- Many of these young prisoners have experienced severe abuse and neglect, trauma-related anxiety, and depression.
- Those who are small are likely targets of sexual aggression.
- The high prevalence of neuropathology and learning disorders requires access to neurological and neuropsychological evaluations and treatments.

MENTAL RETARDATION/DEVELOPMENTAL DISABILITY

- Screening must include mechanisms to assess intellectual functioning and questions about participating in special education programs, as well as head injury or seizure disorder.
- Since the mentally retarded are often ridiculed, some facilities may choose to create segregated housing for their protection. Find ways to protect them sensibly.

- Prevalence is usually about 1% of the population.

GERIATRICS AND RELATED ISSUES

- Terminal illness (The terminally ill are "old" by definition.)
    - Hospice inside a prison
    - Compassionate release
    - Funding issues

PREVENTING SUICIDE—NEW YORK RESULTS

- For the first 10 years following implementation of this program, despite a 100% increase in jail census, there was a 150% decrease in jail suicides.
- "If this ain't science, it'll do until science comes along."
- Privacy can be a barrier to success. New York has a One-Page Information Sharing law. There is a requirement to share basic information between corrections and community mental health agencies.

HAVE REASONABLE GOALS

- Fluctuation of suicide rates. This is natural. If there are very few suicides in your jail, you are doing a great job.
- There is no such thing as a suicide-proof jail or prison. You are engaged in a constant battle.
- Jails versus prisons. Jails are becoming more like prisons.
- "Change the Odds"—Enough of a mission statement.
- Treat suicide as a crisis.
- More options = fewer deaths. Everyone who is suicidal wants both to die and to live. Make it hard enough for them to kill themselves that they have time for their protective mechanisms to kick in.

SUICIDE PREVENTION

- Prevention spans the duration of incarceration.
- Responsibility begins with observations of transporting/detaining officers, and it may not even conclude upon release.
- Note relevant personal data: background and mental health history, criminal record, and behavior and appearance.

COMPONENTS OF AN EFFECTIVE SUICIDE RISK MANAGEMENT PROGRAM

- Screening/Referral – Forms are for screening.
- Crisis Intervention
- Supervision Routine
    - Special Watches
    - Mental Health Observation Housing
    - Inpatient Hospitalization
- Scheduled Mental Health Treatment
- Staff Communication

- Training
- Debriefing

COMPONENTS OF EFFECTIVE SCREENING

- At the "Front Door"
- Trained Staff
- Documentation
- Low Threshold—Staff must refer when in doubt.
- Standardization

FACILITY-WIDE INVOLVEMENT

- All-inclusive Training Policy—(for everyone in the facility)
    - Officers/Security Staff
    - Nursing/Counseling Staff
- Simple, Clearly-Defined Referral Mechanism
    - Must include avenue of referral during regular business hours, evenings/third shift, and weekends/holidays.

SUICIDE PRECAUTIONS: HOUSING OPTIONS

- Special Watches
- 15 minute and 1:1
- Mental Health Observation Calls
- Suicide Dormitory
- Hospitalization

BASIC SUICIDE RISK ASSESSMENT

- Is the person considering suicide?
- How do they plan to commit suicide?
    - Method
    - Time
    - Location
- Do they have the means to carry out the plan?
- Why are they still alive? – Protective factors are very important, so they need to be identified.

ASSESSING LEVEL OF RISK

- Admitted Suicidal Intent
- Detailed Plan
- Means to Carry Out the Plan
- Feeling of Peace/Resolution
- Attending to Personal Effects (goodbye letters, distribution of belongings)
- History of Suicide Attempts

FOLLOW-UP EVALUATIONS

- Facility Mental Health Staff
    - Case Managers
    - Therapists
    - Counselors
    - Nursing Staff
    - Psychologists
    - Psychiatrists

TREATMENT

- Inpatient vs. Outpatient Treatment

"MANIPULATION" SUICIDAL GESTURES

- Self-mutilation;
- Personality disorder;
- Staff issues—frustration, anger, and modification of response. Help your staff understand that these gestures are not about them.

JAIL STRESSORS

- Fears, both reasonable and unreasonable, of:
    - Assault
    - Rape
    - Abandonment—by family and lawyers
- Loss of housing and employment
- Crowding in holding tanks
- Odors
- Delays in mental health care
- Bad neighbors
- Sounds and silences
- Extremes of temperature
- The Rumor Mill
- Coercive environment
- Forced association
- Intoxication
- Withdrawal

CRIMINAL JUSTICE STRESSORS BEYOND THE JAIL OR PRISON WALLS

- Personal loss
- Isolation
- Problems with family
- Loss of social support
- Physical illness

- Dates of personal significance
- Mental illness
- Substance abuse

MYTHS AND MISCONCEPTIONS

- "If someone talks about committing suicide, they don't really mean it…"
- "Asking about suicide might give someone the idea…"
- "He was really down, but today he's in a great mood. Everything must be O.K. now…"

SUICIDE: THE DECISION PROCESS

- Building of stressors
- Feelings of hopelessness
- Consideration of self-harm
- Desire to escape
- Ambivalence
- Decision to act
- Planning
    - Agitation
    - Peacefulness

PHYSICAL PLANT ISSUES

- High-Risk/Lockdown Areas—Most suicides occur in high-risk areas and at high-risk times.
- General Population Areas
- Work/Recreation Areas

DOCUMENTATION

- Critical to effective care
- Clearly explain what you did and why
    - "What" was happening
    - "How" you elected to proceed
    - "Why" you made that decision
- Clearly explain what you did **not** do and why

QUALITY ASSURANCE

- Consultation—the importance of second opinions
- Utilization Review—looking for outliers

WORKING TOGETHER TO SAVE LIVES

- Interdisciplinary Communication—Security, Programs, Medical, Mental Health Staff
- Mutual Respect—Interests and goals are not mutually exclusive
- Open and Active Discourse

Collins: In a New Jersey case, the decision was made to take an inmate off suicide watch, and no documentation was kept to explain the decision. The inmate then killed himself. The judge accepted the argument that it might have been deliberate indifference not to include mental health professionals in making the decision to stop the suicide watch.

For additional information, contact Dr. Joel Dvoskin, 3911 E. Ina Road, Tucson, AZ (520) 577-3051; joelthed@aol.com

INFORMAL ANNOUNCEMENTS

DAVID PARRISH, HILLSBOROUGH COUNTY SHERIFF'S OFFICE

I have just been appointed to the NIC Advisory Board. I am now its unofficial historian, and I am trying to pass on information about NIC's origins. I have handed out briefing notes done by Norm Carlson that were given to the Board at its recent meeting. I recommend that you look at it to learn how NIC came about and what its overall purpose is.

The Advisory Boards has 16 members; six are government officials, five are appointed by the Attorney General, five represent corrections (two sheriffs, two state directors of corrections, and one from local corrections). At the board meeting in October, Attorney General Ashcroft came to the meeting to swear us in.

The Bureau of Prisons has never had a reduction in its budget, but this year it is taking a $160 million cut. The current NIC budget is about $20 million, but it will be reduced to 19.5 million this year. NIC has always resisted the temptation to take in hundreds of millions of dollars and use them as "pass along" funds because this was counter to NIC's original concept

NIC training will be consolidated in the next few years. The Aurora, Colorado, training will move to Charleston, South Carolina. NIC's contract with this Longmont hotel will also expire in two years. The NIC Academy will go to Charleston, and the Jail Center will move to DC. Many of you may know Bill Wilkey. He has just retired after more than 40 years in the Federal government. NIC may or may not fill his position now.

Periodically, the NIC Advisory Board holds public hearings, most recently in 2000. Hearings will be held again in the next year or so. What topics do you believe NIC should zero in on in the coming years? At last week's meeting, the Board spent a lot of time talking about mental health issues. Please let me know of your interests.

I want to remind you that in two years, the American Jails Association meeting will be in Tampa; I invite you to come. We also hope to have our childcare center operational by then.

For additional information, contact David Parrish, Hillsborough County Sheriff's Office, Dept. of Detention Services, 1201 North Orient Road, Tampa, FL 33619, 813-24708318; dparrish@hcso.tampa.fl.us

MENTAL HEALTH ISSUES: OPEN FORUM DISCUSSION

BILL COLLINS AND JOEL DVOSKIN

During this session, meeting participants had the opportunity to raise a number of questions with Bill Collins and Joel Dvoskin and to make comments about mental health issues. Following is a summary of the questions and answers.

Is it wise to release a thrower to the general population if a mental health professional recommends it?

Collins: This is a piece of information, but it is not the whole answer. Err on the side of caution, and use your own instincts.

Dvoskin: The best thing is to come to a consensus with the mental health person on what to do. There is no legal standard on the issue, but you should set the standard of care rather than letting others do so.

How do you create partnerships between mental health and custody staff?

Dvoskin: Train mental health and custody staff to work together as a team. Bring them together to create mutual respect. Confidentiality is often an issue with mental health staff. Custody staff can have access to medical records, but they must follow the rules. You can cover confidentiality in your contract with your provider or put it into your policies and procedures. In South Carolina jurisdictions, the sheriff took a correctional officer position and gave it to a mental health agency in exchange for a social worker, who was then trained in corrections. This is a very smart move.

Collins: I want to put in a pitch for a book edited by Fred Cohen, The Mentally Disordered Inmate and the Law. It is a very good book and provides comprehensive coverage of the topic.

Is there anything useful on mental health issues and reentry?

Dvoskin: The National Gains Center, funded by the Center for Mental Health Services (CMHS) in the Substance Abuse and Mental Health Services Administration (SAMHSA) provides free information. (See www.gainscntr.com.) The focus right now is on reentry issues.

The most important issues in reentry are housing and case management. You need long-term housing assistance as well as crisis housing for emergencies. Caseload management in the community is much less expensive than in the jail.

Crisis housing for emergencies is especially useful. A homeless person has a huge chance of returning to jail. If you can get funding for an eight-bed crisis housing center, that is ideal. Such a center can provide a different place than the jail for police to take someone in crisis; staff can provide 24-hour supervision and get people to take their medication. Crisis housing and access to case management can cut jail and emergency room visits by 50% with these steps. Use your political clout to make this possible.

Jails need to be part of a continuity of care. There are many strategies to help mental health agencies realize their part in this continuity.

An important issue related to reentry is that the Social Security Administration recently clarified its policy on jail inmates. It is important to remember that an inmate's SSI and Medicaid benefits are suspended, not terminated, while he is in jail.

Collins: How do you get custody staff to respond effectively to mental health problems that emerge long after jail admission?

Meeting Attendee: We use behavior cards. Officers fill out cards when they see apparent mental health problems manifested by odd behavior. The licensed social worker looks at these cards and makes referrals. This works much better than burying notes on observed mental health problems in logbooks.

ANNOUNCEMENTS BY REPRESENTATIVES OF PROFESSIONAL ASSOCIATIONS

TONY CALLISTO, AMERICAN JAIL ASSOCIATION

AJA's annual conference will be held in May 15-19, in Kansas City, Missouri. At that conference and at 750 sites around the country, we will administer the examination for the Jail Officer Certification Program. Information on the program is offered online and proctored tests are at local sites. Will give paper and pencil tests at conference this year. We are also looking at the feasibility of developing accreditation and standards for jail training.

For additional information, contact Tony Callisto, President, American Jail Association, c/o Onondaga County Sheriff's Office, 555 S State Street, Syracuse, NY 13202, 315-435-1710; tonycallisto@ongov.net

MIKE JACKSON, NATIONAL SHERIFFS' ASSOCIATION

I would like to thank many of you for having us out to your facilities for NSA's Weapons of Mass Destruction training. To clarify, this program is open to any jail in the country, not only sheriff-run jails. We are now looking at providing training for entire states; Wyoming and Maryland have asked about this possibility.

We are also doing a community involvement training program in Weapons of Mass Destruction training programs, which is designed to help sheriffs with the task of educating community partners to prepare for a WMD attack. The program will concentrate on mobilization and partnership building. It will be held in Arapahoe County in Colorado in a few weeks.

NSA just received a grant from the Office of Community Oriented Policing Services to build a program to help jails to gather intelligence information. Jails don't know how to gather such information or what to do with it. NSA is finding jails with a mechanism in place for doing this and using them as a resource for technical assistance or instruction.

I also want to mention our first and second line supervisors' online courses; they are an inexpensive way to develop supervisors. They only cost $50, and officers can take six months to complete the courses. They mail in tests, and we score them. At the end of the course, they get a certificate saying they have completed it. I recommend you take a look at these courses.

For additional information, contact Mike Jackson, Project Director, National Sheriffs' Association, 1450 Duke St., Alexandria, VA 22314, 517-238-2605;mjackson@sheriff.org

JIM GONDLES, AMERICAN CORRECTIONS ASSOCIATION

ACA is buying a building and relocating from suburban Maryland to suburban northern Virginia. It will be on one of the two main streets in Alexandria, near National Airport and near NSA and a number of other criminal justice associations. We anticipate moving by December 1 of this year. The building we are trying to buy costs $9,350,000, quite an investment for ACA. It will be the first time we will own our building, and we think it will be a wonderful headquarters.

Bob Verdeyen, Director of Standards and Accreditation, is retiring from ACA. Jeff Washington is being named Interim Director of Standards and Accreditation.

Our annual conference is August 6-11 in Baltimore. The week before that, we will build a house with Habitat for Humanity. We try to get speakers who are not necessarily connected to criminal justice; this year, our keynote speaker is Cal Rifkin, Jr. We will give those in all states on the eastern seaboard block registration. If you have any questions or complaints about ACA, I invite you to call me.

For additional information, contact Jim Gondles, Executive Director, American Correctional Association, 4380 Forbes Boulevard, Lanham, MD 20706; 301-918-1800.

JUSTICE AND THE REVOLVING DOOR: THE JACKSONVILLE EXPERIENCE IN RECIDIVISM INTERVENTION

GORDON BASS, JACKSONVILLE, FLORIDA

WE HAVE A REVOLVING DOOR…

- A few people are arrested over and over again for the same offenses.
- Many are suffering from alcohol and drug abuse or mental illness.
- They spend much of the year in jail…a few days at a time.
- In-jail programs can help, but they take at least 120 days *after* the person has been sentenced by a judge, and sentences are much shorter.

WHO IS STUCK IN THE DOOR

- In 2002, 758 people in Jacksonville were incarcerated an average of 111 days a year, with an average of 6.5 arrests each.
    - Some are career criminals; some are mentally ill or severely addicted.
    - Some are homeless; many are not. Those who are homeless rarely access available community services.
- A 1996 eye-opener: Director John Rutherford met Rodney, an inmate with 27 arrests in a one-year period.
- This led to a search for solutions in which Director Rutherford worked with Senator Jim Horne to introduce 1997 legislation to address habitual misdemeanor offenders, those with five or more arrests in a year.
- And still, people were stuck…

TYPES OF CRIMINAL CHARGES AMONG REPEAT MISDEMEANANTS

- Six charges accounted for 76% of all recidivist arrests:
    - Drugs/Alcohol
    - Trespass
    - Criminal Traffic Offenses
    - Theft
    - Fighting/Battery
    - Prostitution

THREE INJUSTICES IN THE CURRENT SYSTEM

- To the Population
- To the Taxpayer
- To the Community

INJUSTICE TO THE POPULATION

- Individuals who are repeatedly incarcerated for misdemeanor crimes
- Three groups of habitual recidivists who are sitting in jails: individuals with mental illness; individuals who are addicted to alcohol and other drugs; and career criminals

- Dollars are being used to house and feed the mentally ill and addicted…but not to treat them.

INJUSTICE TO TAXPAYERS

- In 2003, Duval County paid for incarcerating individuals who are habitual misdemeanants more than 115 days a year.
- The county is paying millions in medical expenses for a chronically ill population during their time in jail or prison.
- Tax dollars are being spent and no one is getting any better.
- 2002 Total Arrests x Days = Length of Stay
    - 4,738 x 17.86 = 84,620 days
- Annual Length of Stay x State Daily Cost = Incarceration $$
    - 4,738 x $764.04 = $3.6 million

INJUSTICE TO THE COMMUNITY

- ***Neighborhoods at the Tipping Point***—This study conducted in 2003 by the Jacksonville Community Council, Inc. defined neighborhood challenges and suggested actions.
- Neighborhoods deteriorate unless we pay attention to the small signs of stress—the "broken windows" theory indicating that human lives are also deteriorating.
- We can break the cycle of neighborhood decline, as well as individual decline.

BREAKING THE CYCLE WITH HABITUAL MISDEMEANANTS

There are two ways to stop the revolving door for habitual misdemeanants:

1. The person commits a serious felony. Behavior gets worse, not better, without intervention and treatment:
    - 29 were charged with weapons and firearms violations
    - 5 charged with sexual battery
    - 3 charged with homicide

2. We change what we have been doing and address the real problem.

FIRST STEP: LEGISLATION

It is important to challenge the process and change the way things are being done. Hard work by Director Rutherford culminated when

- The Governor signed legislation on June 23, 2004, that will stop the revolving door and make intervention and treatment a possibility.
- A fifth conviction for a specified misdemeanor in a 365-day period will classify an adult defendant as a "habitual misdemeanor offender" and require an individual assessment.
- The legislation provides a minimum mandatory sentence of six months with a maximum sentence of one year.

REQUIRED TREATMENT

The sentence is to be served in one or a combination of ways:

- Incarceration—with in-house treatment;
- In a residential or community-based treatment program; and
- Home detention with day treatment.

IMPLEMENTATION

- The cost of incarceration in Florida is $80.00 per day ($29,200 per year).
- Options for intervention or treatment: drug testing, outpatient or day treatment, in-jail treatment program, or other.

RESULTS

- Not all Florida jurisdictions are taking advantage of this statute and its provision for an alternative sentence.
- Jacksonville is having great success. One hundred and five people qualified as habitual misdemeanant offenders. There are now 38 in the jail program, and seven in an alternative, outpatient program. Two misdemeanant offenders have successfully completed the jail treatment program.
- After successful completion, the offender is not just dumped back on the street. There is a continuity of care in the community, including housing and treatment.
- The hope is to break the cycle of misdemeanant offenses.

PLANNING FOR THE FUTURE

- We know that relapse is to be expected. Offenders can be held longer and run through the program again.
- From the known to the unknown—Where will the habitual offenders be in 2005 and beyond?
- The goal is to stop the revolving door and intervene in the process.

QUESTIONS FROM MEETING ATTENDEES

Q: If someone certified as a Habitual Misdemeanant Offender reoffends, what will the judge do?

Bass: I don't know, as this hasn't occurred. The offender would be eligible for the program again.

Q: How will you judge relapse as opposed to recidivism?

Bass: We track recidivism as a rearrest within 12 months after release.

Q: How many are in the program? Who pays for the diversion programs?

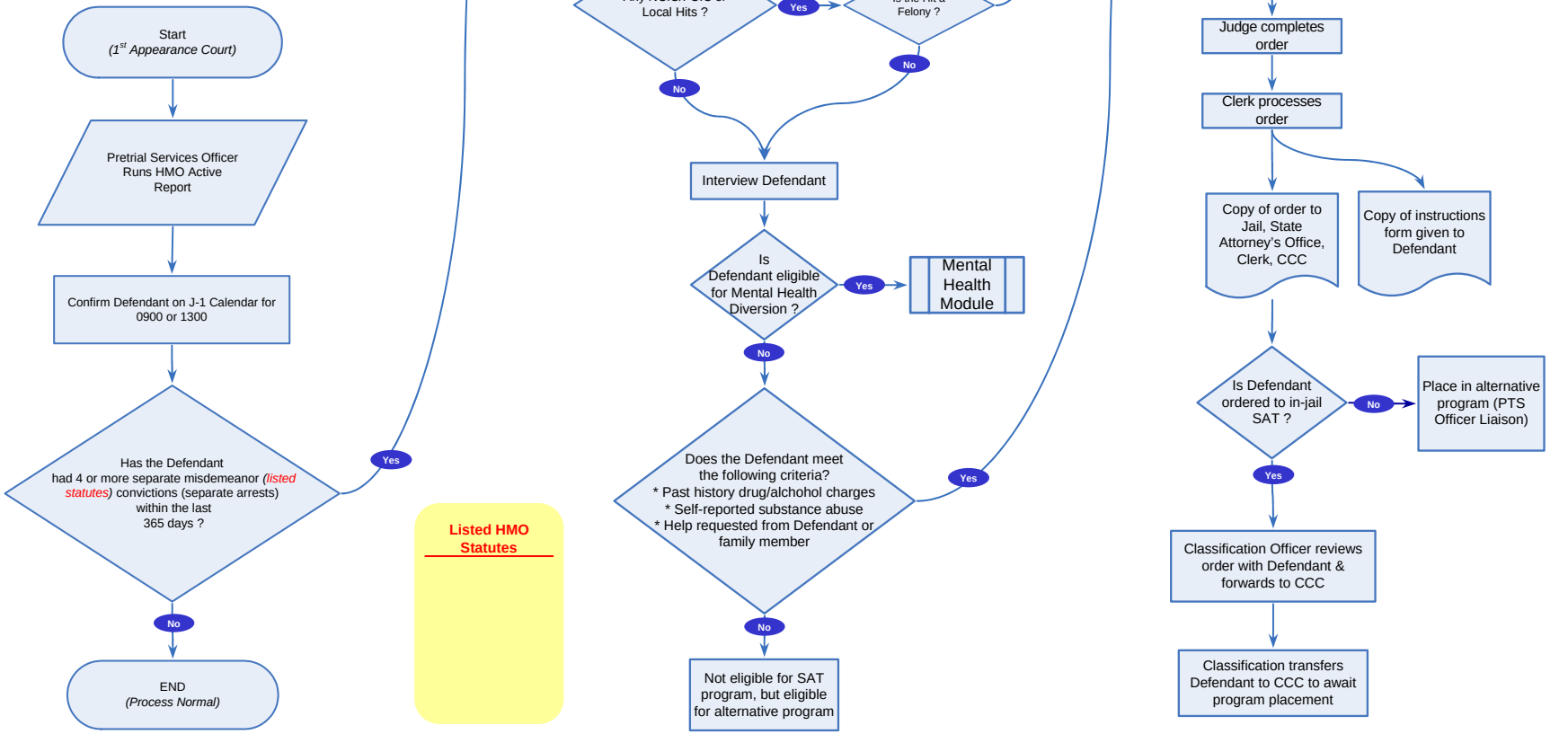
Bass: There are 38 now in the program. We have a 130 capacity therapeutic community, and it is also filled with participants outside this program. We contract with a provider to do the program in the jail. The jail is unique in that we are working with the mayor's office and the homeless coalition, hoping to get Section 8 vouchers for housing.

For additional information, contact Gordon Bass, Director, Jacksonville Sheriff's Office, 5051 E. Bay St., Jacksonville, FL 32202, 904-630-5847; 6636gab@jaxsheriff.com

HMO

Habitual Misdemeanor Offender*

It's not a medical term...
It's a jail term!



*FSS. 755.0837 Habitual Misdemeanor Offender

CORRECTIONS INTO THE NEXT DECADE: WHERE ARE WE HEADED?

DATA TECHNOLOGY: MANAGEMENT, SHARING AND MINING

TOM MERKEL, HENNEPIN COUNTY SHERIFF'S OFFICE

BACKGROUND

Hennepin County has a high turnover in population. The sheriff is chair of the Weapons of Mass Destruction initiative for the National Sheriffs' Association, and he was talking about weapons of mass destruction before 9/11.

You might not think Minneapolis would be especially concerned about terrorism, but the Minneapolis FBI has the largest caseload of open terrorism cases in the U.S. The area includes Minnesota and North and South Dakota. We have a large immigrant population, particularly Somali, and we are on the Canadian border.

SET THE STAGE: DATA AND THE JAIL

- Inmate Demographics
- Fingerprints / Photographs
- Criminal History
- Financials
- Operational Data
    - Headcount
    - Behavior Notes
    - Incident Reports / Disciplinary Actions
    - Housing Data
    - Classification Summaries
    - Transportation
    - Programming
- Medical/Mental health
- Court Data

DATA EXCHANGE TODAY

The jail exchanges data with a variety of partners on a daily basis, including

- County government
- Corrections/Parole
- Prosecutor
- Local Law Enforcement
- Courts
- Probation

These are our regular data partners. New data partners include:

- Mental Health

- Media
- Federal Law Enforcement—FBI, U.S. Marshals, Bureau of Alcohol, Tobacco, and Firearms, Immigration and Customs Enforcement, and the Secret Service.
- Public Domain Data—information collected by private agencies but in the public domain.
- The Public

LOCAL LAW ENFORCEMENT EVOLUTION: DATA IN

- Records Management System/Jail Management System—We have a sheriff-owned jail and dispatch for 22 law enforcement and emergency services, all part of an integrated records system.
- Electronic Authority to Detain
- IBIS (Integrated Biometric Integration System)
- Facial Recognition
- Integration Broker—We are in the 10th year of a statewide project in which all criminal justice information is being integrated.
    - Probation & Parole
    - CopLink—a law enforcement tool that organizes and analyzes seemingly unrelated data.
    - Pegasus Research Foundation—analyzing data from the DC sniper case found that, if it had been used, technology could have found the snipers sooner.
- Gang Member Data Base—in Minnesota

LOCAL LAW ENFORCEMENT EVOLUTION: DATA OUT TO LOCAL LAW ENFORCEMENT

- Inmate Jail History
- IBIS—Jail-based system, which law enforcement can query
- Remote Access to Jail Management System—local law enforcement can access the following:
    - Financials
    - Visitor Logs
    - Demographic Data
    - Digital Video—all cameras in the jail are digital.
    - Inmate Telephone Records—a wealth of data via PIN register on inmate phone calls.

FEDERAL LAW ENFORCEMENT: TERRORISM & INTELLIGENCE CONTEXT

- Joint Terrorism Task Force
- FBI Intelligence Centers—a relatively new concept in the FBI, which has hired thousands of people to do data analysis to prevent a possible attack.
- Data Mining of Jail Records—all our jurisdictions are probably participating in the mining of all the available data on:
    - Inmate Demographics
    - Telephone Records

- Visitation Logs
- Financials
- Housing Assignments—Identifying cell mates can provide valuable information.
- Inmate Mail

- All the jail data has a huge potential for use in the context of intelligence about possible terrorism.

PUBLIC DATA DOMAIN

This area is limited only by your imagination. It represents huge databases in the private sector that the criminal justice system is now tapping into.

Data In

- Acxiom—Its data used for retail marketing, this corporation tracks buying patterns, travel, etc. of 90% of U.S. households.
- Choice Point—Does background checks of potential employees for the public and private sectors.
- Total Awareness—This is now defunct. It was a post-9/11 Pentagon idea to assemble and mine car rental and airline transactions to see patterns.

Data Out

- VINE (Victim Information and Notification Everyday) allows crime victims to obtain timely information about the custody status of offenders over the phone, via the Internet, or by email. Often used by victims of domestic violence.
- Media—The media can access Web-based jail rosters.
- Private Web Sites (e.g., MnCriminals.com)—MnCriminals.com was set up by a private citizen, who gathers real time arrest information and puts it into a database. Records are not expunged.

MENTAL HEALTH DATA

We need mental health data to find about more about offenders' problems. This is a political issue rather than a technical one, because we often don't have a good relationship with the mental health community. Although it is difficult to establish dialog, there are many uses for mental health data:

- Continuity of Care
- Classification
- Suicide Prevention
- Chronic Offender
- Release Planning

DATA LIABILITY ISSUES

- Inaccurate/Incomplete Data—What happens if information is incorrect? Who is responsible? Who must correct it?
- HIPAA (Health Insurance Portability and Accountability Act)—This law controls data exchange on health records.

- State Data Practices Law—Each state has laws governing open records and data sharing.
- Personal Use of Business Systems—It is important to ensure that there is no inappropriate staff use of systems.
- Electronic Mail/Internet Use—We don't think much about this, but every keystroke is retrievable. The worse case scenario is an inmate suicide at 2 a.m. while an officer was looking at inappropriate Web material. It is important to control email and Internet use to be sure they are not abused. We limit employees' use of emails to particular terminals.

The data tsunami is coming!

For additional information, contact Tom Merkel, Hennepin County Sheriff's Office, 350 S. 5th Street, Room 6, Courthouse, Minneapolis, MN 55415, 612-348-9982; thomas.r.merkel@co.hennepin.mn.us

CORRECTIONS INTO THE NEXT DECADE: THE USE OF DATA IN MODERN/URBAN JAILS

SCOTT BRADSTREET, DEPUTY CHIEF, ORANGE COUNTY CORRECTIONS (FLORIDA)

BACKGROUND

Orange County, Florida's jail is the 15th largest in the U.S. We book 68,000-80,000 annually; about 75-85% are felons. We hope that by next year we will be the 22nd or 24th largest jail, because our jail population has decreased over the past four years. We are a Corrections Department rather than a Sheriff's Department, which gives us some flexibility in terms of community corrections options. We are a statistically oriented jail and have a full-time statistician, which has been very beneficial to our operations.

ORANGE COUNTY'S EXPERIENCE: HISTORY

- Inmate Population Increasing
- Jail Expansion Continual
- Politics
- University of Central Florida Projections

ORANGE COUNTY'S EXPERIENCE: CASE PROCESSING

- Jail Oversight Commission (2000-2002) made 211 recommendations; 39 of them applied to case processing.
- By June 2003, little action had been taken regarding the case processing recommendations. The media and the chief judge were unhappy about this lack of action.
- Data were used to apply implementation pressure in several key areas:
    - Average Length of Stay
    - Transfer Time to State Prison
    - Length of Time to Violation of Probation Hearings
    - Releases at Initial Appearance

CASE PROCESSING EXPERIENCE

- Jail Oversight Commission 1-Year Anniversary Meeting June 2003
    - Critical of inaction on case processing. There was considerable discussion and media coverage on what had not occurred.
    - Mandated 90-day review period on recommendation
    - Required monthly update on statistics

AVERAGE LENGTH OF STAY

The average length of stay had actually gone up, from 28 days in 2002 to just over 29 days in 2003, after the Jail Oversight Commission project. In 2004, however, the average length of stay had gone down to just under 26 days.

TRANSFER TIME FOR STATE PRISONERS

The transfer time has now been reduced to 6 days from over 10 days.

LENGTH OF TIME FOR FELONY VIOLATION OF PROBATION (VOP) HEARINGS

- Length of time between booking and hearing for felony stand-alone VOP inmates was 54.2 days at the end of 2000, and 51.5 days by June 2003. That is, there had been very little change immediately after the Jail Oversight Commission's work.
- After implementation pressure was applied, this length of time had decreased to 29 days by the fall of 2003.
- By late 2004, the length of time had further decreased, to 23 days.
- The overall average length of stay for probation violators has dropped from 95 days in 2000 to 77 days in 2004.

INITIAL APPEARANCE

Being able to provide good data helped to dispose of cases at initial appearance. There are now twice as many non-monetary releases as before.

JAIL POPULATION MANAGEMENT

By providing inmate data that influenced judges' decisions, there was a 10% reduction in the jail population from 2003 to 2004, despite no change in the number of initial bookings.

JAIL POPULATION MANAGEMENT: MONITORING

- Once the case processing changes were implemented, the key measures were continuously monitored.
- A monthly report (on CD) is made to the courts, and judges believe in the data. This has a strong policy making influence. The judges called a meeting and asked us how to solve population problems. We advised them to get cases through court and to the state system quickly. While Orange County's inmate population declined from 2003 to 2004, Broward County's increased 19%, as did Duval County's.
- The positive effect of the data efforts is to build credibility with other members of the criminal justice system. We have been fortunate in our working relationship with the courts, as probation violation hearings are a monumental issue in Florida.

USING DATA IN INTERNAL OPERATIONS

- Orange County also produces a significant amount of data for internal management. Decisions are consistently based on data, and Director Tim Ryan produces every possible type of statistical information.
- A good example is the Primary Indicators Report, which tracks monthly jail incidents, including use of force, staff injuries, and battery on staff. We meet to look at the data and focus on how to improve the statistics. As a result, incidents have gone down.

IMPLEMENTING AND USING STATISTICAL INFORMATION

The most difficult aspect of using statistical information is to get to the point where you are able to extract and analyze the data. We had a regular series of meetings to determine the fields to collect data on, and we spent time ensuring that the data were accurate. This requires making commitments to doing what is necessary to acquire accurate data.

THE DECADE AHEAD: CONCLUSIONS

1. As jail populations continue to grow, the pressure to make more intelligent decisions also increases.
2. The need to plan for and manage larger inmate populations dictates the acquisition of better data.
3. The ability to acquire and effectively use good data is not an easy thing to achieve.

For additional information, contact Scott Bradstreet, Orange County Corrections Department, 3723 Vision Blvd., P.O. Box 4970, Orlando, FL 32802, 407-836-3577; scott.bradstreet@ocfl.net

IMPLEMENTING CORE VALUES AND MISSION STATEMENT

ROBERT HINSHAW, MAJOR, SEDGWICK COUNTY SHERIFF'S OFFICE, WICHITA, KANSAS

BACKGROUND

Sedgwick County, Kansas, covers 1008 square miles and has a population of 457,700. There are 38 separate law enforcement agencies and one jail in the county. We are a full-service sheriff's office, with an authorized staff of 520 (305 detention, 170 law enforcement, and 45 civilian). Located in Wichita, the jail's average daily population is 1,367, making it the largest facility in Kansas.

MISSION STATEMENT HISTORY AND EVOLUTION

In 2000, our Strategic Plan cited a "General Mission," which covered all the bases, but it was very wordy. No one really knew what the mission statement was.

In January 2001, a new Sheriff took office. At the time, there were a number of internal issues, including talk of forming a union. The Sheriff wanted a new Operational Mission Statement that emphasized one department, one mission.

The development process involved developing core values and a mission statement and then implementing them.

CORE VALUES

Core values must be developed first to guide the mission statement. The core values and mission statement, in turn, impact policy and procedures. They provide guidance to personnel when policies do not.

- Mission Statement Card—We teach everyone our values by giving them a card that lists our core values on one side and our mission xtatement on the other. Everyone must use these as the basis of his or her actions.
- Core values must be simple; they should be concepts, not words.
- They must be balanced; you can't focus on one to the detriment of others.
- Make them an acronym, if possible. Sedgwick County's core values spell I.D.E.A.L.S.:
    - Integrity—Includes concepts of Honor, Trust
    - Duty—Responsibility, Accountability, Obligation
    - Ethics—Principles of "right conduct"
    - Attitude—Respect, Dignity, Compassion
    - Leadership—Role model for everyone, an expectation to provide guidance and leadership
    - Service—Fairness, exceed expectations

WHY HAVE A MISSION STATEMENT?

- Sets the tone of the agency;
- Defines what and how we do our job;
- Provides a guide to policies and procedures;

- For public consumption; and
- Provides guidance when policies do not.

BUILDING A MISSION STATEMENT

- Consistent with core values
- Simple statement. It doesn't need to be short, but it must be simple.
- It should provide *guidance*
- If it isn't operational, it is just good intentions.

STATEMENTS ON THE CARD

- Personal: "I shall protect and preserve the general safety and welfare of all individuals in Sedgwick County through effective public service. I will maintain the highest level of integrity, fairness and compassion at all times."
- Formal: "To protect and preserve the general safety and welfare of all individuals in Sedgwick County through effective public service, while maintaining the highest levels of integrity, fairness and compassion at all times."

IMPLEMENTATION

- A mission statement is not "Lucite in the lobby."
- The core values and mission statement are adopted by everyone and become part of their identity.
- Supervisors must be able to convert core values and mission statement into specifics.
- Goals & Objectives should be reflective of core values/mission statement.

TRAINING

- An initial mandatory two-hour block of training on our Core Values/Mission Statement for everyone to familiarize them with the concept.
- A four-hour block for recruits. The Sheriff or Director teaches this block, so that recruits know that it is important. The training is interactive, and the concepts are incorporated throughout the training academy.

EVALUATIONS

- Annual evaluation—cumulative point score, based on 88 points across 11 categories for deputies and 128 points in 16 categories for supervisors.
- Evaluation affects standing on promotional lists.
- Published guidelines lay out expected behavior for each job position. The guidelines correlate directly to Core Values and to the point score. For example:
    - Score of 8 = Exemplifies all Core Values, displays total commitment to the department and community;
    - 7,6 = Embraces the Core Values and serves as a role model to others.
    - 5,4,3 = Maintains a positive representative of the Core Values.
    - 2,1 = Adheres to Core Values, lax at times, but does not undermine the departmental mission.
    - 0 = Questionable adherence to Values, conduct taints image of department

MICHAEL S. REELE AWARD

This award, named after a deputy who died of leukemia, is given once a year to the employee who best exemplifies the core values. We believe that seeing such consequences can help get staff to buy into the core values

PROMOTIONS

- Written Tests
  - "As a captain, how would you make Core Values/Mission Statement operational?"
  - "You are the new lieutenant. As you get acquainted with the deputies, the deputies have a concern over inconsistent supervision by the five sergeants. What do you as a lieutenant believe should be done?"
- Oral Boards
  - Although this was not a part of your suggested study material, this card has been in your possession for a minimum of three years; can you tell this board what the Core Values are?

DISCIPLINE

- "This is a serious violation of the Rules and Regulations of the Sedgwick County Sheriff's Office. Your behavior in this matter violates the precepts of our Core Values—most notably in the concepts of Duty, Attitude, Leadership and Service."

EXIT INTERVIEWS

- Conducted with personnel leaving employment
- Occurs at Training Academy
- Demographic data and "housekeeping" information are collected
- Feedback to divisions—When someone leaves, they are asked where they see issues or where training might be needed.

For additional information, contact Robert Hinshaw, Major, Sedgwick County Sheriff's Office, 141 West Elm St., Wichita, KS 67203, 316-383-7711; rhinshaw@sedgwick.gov

DISCUSSION OF TOPICS FOR THE NEXT MEETING

RICHARD GEAITHER, NIC JAILS DIVISION

PROPOSED TOPICS

Richard Geaither led participants in a discussion of potential topics for the next Network meeting, to be held July 10-12, 2005. Suggested topics included the following:

- Ethics
- Inmate phone fraud
- Restricted duty
- Controlling Workers Compensation costs
- Human resources issues, 2005-15; attendance policy and controlling abuse of sick leave, controlling workers comp
- Federal benefits (how can we access them for inmates?) Medicaid, SSI, from state perspective;
- Faith-based programs
- Jail classification—pretrial
- Succession planning—best practices

The group selected the following topics:

- Ethics
- Human resource issues, including attendance policy, controlling abuse of sick leave, and controlling Workers Compensation costs.
- Federal benefits

APPENDIX A: MEETING AGENDA

U.S. Department of Justice
National Institute of Corrections 05J2401

LARGE JAIL NETWORK MEETING

January 30-February 1, 2005 Radisson Hotel and Conference Center
Longmont, CO

Final Agenda

Sunday, January 30, 2005

6:00 p.m. Introduction and Overview . . . . . Richard Geaither
Correctional Program Specialist
NIC Jails Division

6:30 p.m. INFORMAL DINNER

7:00 p.m. ***Preparing Leaders in Corrections for the Future*** . . . . . Robert Brown, Chief
NIC Academy Division

8:30 p.m. ADJOURN

Monday, January 31, 2005

8:00 a.m. ***Training as a Strategic Management Tool: A Challenge*** . . . . . Tom Reid
Correctional Program Specialist
NIC Academy Division

9:00 a.m. BREAK

INMATE MENTAL HEALTH

9:15 a.m. ***Key Mental Health Legal Issues for Jail Administrators*** . . . . . Bill Collins
Attorney at Law
Olympia, WA

11:00 a.m. ***Jail Mental Health Management and Jail Diversion*** . . . . . Joel Dvoskin, Ph.D., ABPP
Assistant Professor of Psychiatry
University of Arizona College of Medicine

12:00 noon LUNCH

JAIL DIVERSION & MENTAL HEALTH MANAGEMENT

1:00 p.m. ***Demonstrating Effective Leadership***
Exercising System Influence
Equipping Staff to Perform Competently
. . . . . Joel Dvoskin, Ph.D.
. . . . . Bill Collins, Esq.

3:00 p.m. Round Table and Open Forum Discussions . . . . . .

5:00 p.m. ADJOURN

Tuesday, February 1, 2005

8:00 a.m. ***Justice and the Revolving Door*** . . . . . Gordon Bass
Jacksonville, FL

8:45 a.m. BREAK

9:00 a.m. ***Corrections into the Next Decade: Where Are We Headed?*** . . Tom Merkel
Hennepin County, MN
. . . . . Scott Bradstreet
Orange County, FL
. . . . . Robert Hinshaw
Sedgwick County, KS

10:15 a.m. Round Table and Open Forum Discussions . . . . . .

10:45 a.m. BREAK

11:00 a.m. Presentation of Future Meeting Issues & Meeting Evaluations . . . . . Richard Geaither

11:30 a.m. Recap and Closeout . . . . . Richard Geaither

12:00 noon ADJOURN

A box lunch is available.

APPENDIX B: MEETING PARTICIPANT LIST

Large Jail Network Meeting – 05J2401

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Sunday, January 30, 2005-Tuesday, February 01, 2005 Longmont, CO

FINAL PARTICIPANT LIST

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U.S. Department of Justice
National Institute of Corrections 04J2402

LARGE JAIL NETWORK MEETING

July 11-13, 2004 Longmont, CO

Presenters and Guests

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LJN News Brief

January 30-February 1, 2005 ■ Longmont, Colorado

2005 Winter Newsletter for NIC's Large Jail Network

NJC Jails Division Networks' Mission Statement

The Jails Division networks' mission is to promote and provide a vehicle for the free and open exchange of ideas, information, and innovation among network members. In addition, NIC networks reinforce the assumption that knowledge can be transferred from one jurisdiction or agency to another, and this knowledge can serve as a stimulus for the development of effective approaches to address similar problems or opportunities.

Our belief is that, collectively, network members are likely to have developed successful strategies for meeting challenges that arise. As a group, network members are an available resource to each other. The network provides a systematic way for information to be shared, which not only benefits the network member, but also those they serve and represent--the local government, state, community, staff, and inmate.

National Institute of Corrections
Large Jail Network

Network Goals

- To explore issues facing jail systems from the perspective of network members with administrative responsibility.
- To discuss strategies and resources for dealing successfully with these issues.
- To discuss potential methods by which NIC can facilitate the development of programs or the transfer of existing knowledge or technology.
- To develop and improve communication among network members.
- To seek new and creative ways to identify and meet the needs of network members.

Dr. Joel Dvoskin, Mental Health Expert

Please welcome Dr. Joel Dvoskin back to the Large Jail Network Meeting. At the last LJN meeting, Dvoskin helped the network identify major problems associated with managing inmate mental health in jails. This meeting he will focus on jail diversion for the mentally ill--the importance of limiting the chance that persons will return to jail for similar offenses and diverting the mentally ill from the criminal justice system.

Dvoskin is New York State's former acting commissioner of mental health. In New York, he ran their forensic and mental health system for more than a decade.

Dvoskin is internationally known for his work on mental health criminal justice and the assessment and management of the risk of interpersonal violence. He has consulted for criminal and juvenile justice mental health agencies and currently serves as assistant professor of psychiatry at the University of Arizona College of Medicine.

LJN Summer Meeting

Invitations for the July 10-12, 2005 meeting will be mailed to all 159 jurisdictions by the end of March. An e-mail will be sent on the LJN Listserv to alert members of the mailing and to urge agencies to respond within two weeks.

William Collins, Attorney

Please welcome William (Bill) Collins, attorney-at-law, as he updates the Large Jail Network on general legal issues and also addresses the key mental health issues for jail administrators.

Collins has written and trained extensively on issues in correctional law. He is author of *A Practical Guide to Inmate Discipline and Correctional Law for the Correctional Officer*, and co-founder and co-editor of the *Correctional Law Reporter*, a nationally circulated periodical that addresses legal issues pertinent to correctional administrators.

New Attendees

We want to acknowledge those who are attending the Large Jail Network Meeting for their first time. Please take some time to give each a warm welcome.

Keith Ali, Deputy Director
Essex County, NJ

Geoff Banks, Chief Deputy
Santa Barbara County, CA

Bill Cates, Deputy Chief
San Bernardino County, CA

Marydell Guevara, Deputy Director
Miami-Dade County, FL

Michael Haley, Division Commander
Washoe County, NV

Larry Kastner, Bureau Chief
El Paso County, CO

Paul Laxton, Major
Marion County, FL

Richard Schmidt, Jail Administrator
Milwaukee County, WI

Victor Smith, Captain
Alameda County, CA

Edward Sweeney, Director of Corrections
Lehigh County, PA

Alfred Steele, Undersheriff
Passaic County, NJ

Shirley Tyler, Warden
Mercer County, NJ

A.T. Wall, Director
Rhode Island Department of Corections, RI

Tony Wilkes, Site Administrator
Davidson County, TN

Robert Wyche, Commander
Caddo Parish, LA

Bob Brown, Academy Chief

The Large Jail Network would like to introduce Bob Brown to this winter's meeting. He is chief of the NIC Academy Division, which sponsored the "Core Competency Model Project." Brown knows that the field of corrections needs a unique set of leaders who can function effectively both now and in the future. He believes these skills can be identified and taught.

Several years ago, the National Institute of Corrections was faced with an interesting challenge of trying to design management development programs and curricula that would compliment the divergent needs of correctional administrators.

Brown's presentation will describe and define the four levels of management common to all correctional systems. He will outline the competencies attributable to each level, as well as the integration of the skill sets necessary in preparing the workforce for the challenges of seamless succession planning.

Dr. Tom Reid, CPS

Dr. Tom Reid is a Correctional Program Specialist (CPS) with the NIC Academy Division and former director of the Minnesota Jail Resource Center.

Reid will present a problem statement concerning the current state of training for jail employees and challenge the LJN network to use training more effectively and strategically--as a performance enhancement tool, rather than as a means to meet hourly requirements and standards.

He will also include information on NIC resources that are available to assist in developing an enhanced approach to training.

Extended LJN Meetings

During the past several years LJN members have demonstrated an interest in extending the meetings. Though not finalized, plans are being made for the winter 2006 meeting to be extended to two full days. This will not only give participants greater travel accommodations and scheduling flexibility, but it will also allow variety and creativity in the meeting content.

NIC will be surveying the LJN over the next six to nine months. You can provide your preliminary thoughts on how our meetings might be better organized and more effective by adding your comments to the program evaluation or by e-mailing rgeaither@bop.gov.

2005 LJN Exchange

Planning has begun for the 2005 edition of the *LJN Exchange*. The *LJN Exchange* offers a chance to share information specifically with large jails as well as jails in general.

We are currently in need of eight LJN jail system representatives to write innovative articles. Contact Richard Geaither or LJN Meeting Recorder Barbara Krauth (bkrauth@comcast.net) if you'd like to contribute.

NSA's Jail Evacuation & Implementation

At the February 2004 meeting, the National Sheriffs' Association (NSA) made a modified presentation of their "Weapons of Mass Destruction Homeland Security Initiative: Jail Evacuation Planning and Implementation." Currently, twenty-two of the LJN members have received this one-day training.

To schedule a training day for your jail, contact the National Sheriffs' Association at (800) 424-7827 or Project Director Mike Jackson at (571) 238-2605 or mjackson@sheriffs.org.

NJC Jails Division

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LJN News Brief

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