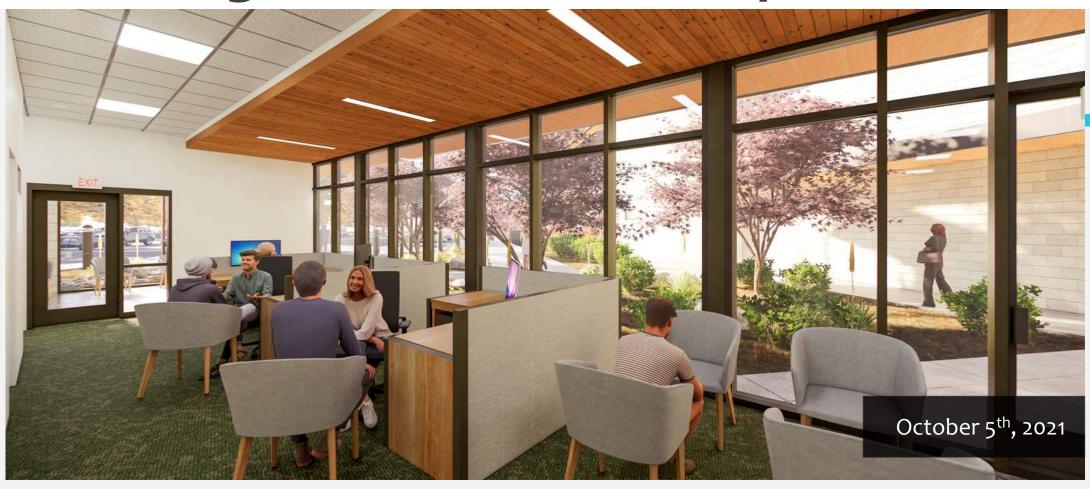
Elevating Restoration in County Justice Facilities



Moderator



Mark R. Van Allen AIA, LEED AP **DLR Group**



Dr. Marayca Lopez
PhD, LLB
DLR Group



Dr. Robin Timme Psy.D., ABPP, CCHP-MH Falcon



Gary Retel
AIA, LEED AP BD+C **DLR Group**



Dr. Brent Gibson MD, MPH, CAE, FACPM, CCHP-P NCCHC Resources, Inc.

Introductions

Jail Overcrowding Task Force



2019 Report

"address the jail overcrowding factors and increase the use of evidence-based programs to reduce recidivism for the jail population"

Factors:

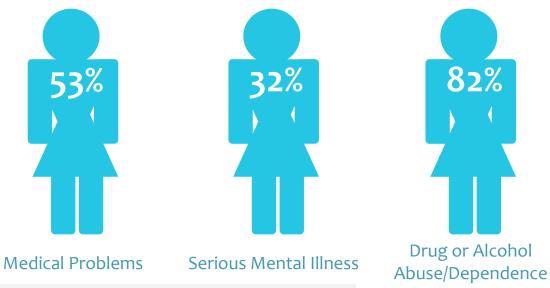
- b. Shifts in inmate population, including shifts in the number of male and female inmates
- c. High percentages of inmates with mental health and addiction issues
- d. Availability of treatment facilities and mental health beds at the state and local level

Justice-involved People:

- Each year spent in a correctional facility takes 2 years off of an individual's life expectancy
- And once back in the community:
- 40 times more likely to overdose
- 10 times more likely to experience homelessness
- Employment prospects greatly reduced

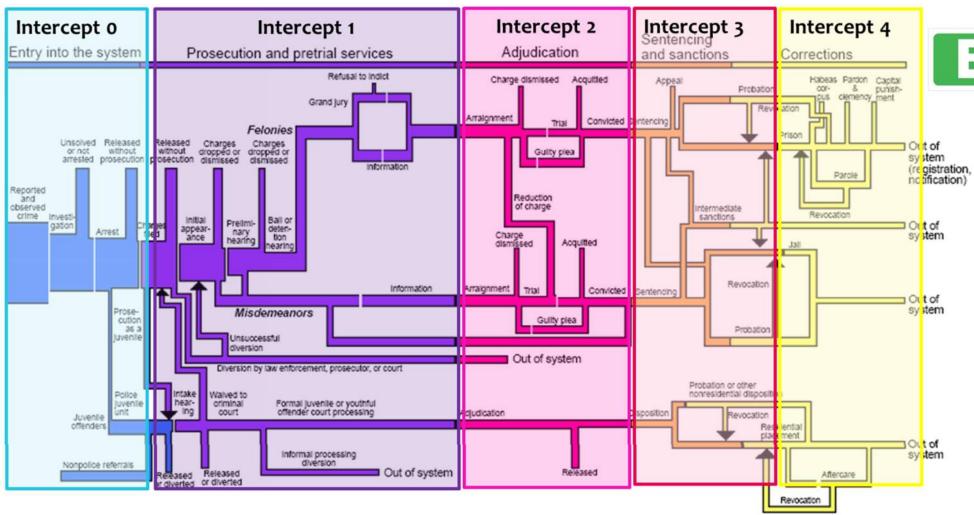


Health Issues Among Women in Jail



System Planning & Interdisciplinary Collaboration





Note: This chart gives a simplified view of caseflow through the criminal justice system. Procedures vary among jurisdictions. The weights of the lines are not intended to show actual size of caseloads.

Source: Adapted from The challenge of crime in a free society. President's Commission on Law Enforcement and Administration of Justice, 1967. This revision, a result of the Symposium on the 30th Anniversary of the President's Commission, was prepared by the Bureau of Justice Statistics in 1997.

Deflect, Divert, Treat and Connect

Resources § Capacities § Interfaces

Deflection

PREVENTION: Arrest deferred; communitybased services; postarrest diversion

Detention

INTERVENTION: Arrest-Booking; personalized treatment counseling in prep for release

Reintegration

AFTERCARE: Transition, post-release services, and after-care linkages

continuum of justice-related services

Community System Hospitals and Health Systems Police and Emergency Response Systems

Judicial System Pre-trial and Detention Systems

Community System

Impact on Jail Bedspace Demand and Costs

		Proje	ctions		
Criteria & Projections Basis	2011	2016	2021	2026	Comments
County Population	591,595	643,460	693,789	742,883	
Baseline ADP Projection - Main Jail	1,568	1,885	2,193	2,494	
Adjustments to Baseline					
Intercept 1 - Law Enforcement					- 3
1.1 Mental Health Crisis Intervention	-45	-54	-65	-78	Approximate reduction of 10% of pretrial population
1.1 Sobering House	-22	-26	-32	-38	Approximate reduction of 5% of pretrial population
1.2 Citation in lieu of arrest	-22	-26	-32	-38	Reduce 15% of Intakes
Intercept 2 - Detention/First App	e arance				
2.1 Pretrial Risk Assessment	-45	-54	-65	-78	Reduce pretrial population by 7.5%
2.2 Increased Use of ROR	-12	-15	-17	-19	
2.3 Electronic Monitoring	-11	-13	-15	-17	
Intercept 3 - Jail and Courts					
3.1 Spelcally Courts	-29	-35	-41	-47	Assumes a 25% increase in acceptance rates programs; based or current levels of 100 persons
3.2 Periodic Bond Review	-22	-26	-32	-38	Approximate reduction of 5% of pretria
3.3 Diversion	-22	-26	-32	-38	Approximate reduction of 5% of pretria population
Intercept 4 - Reentry					
4.1 Behavloral Health Programming	-20	-24	-28.8	-35	Reduced recidivism
4.2 Reentry Case Management	-10	-12	-14	-17	Reduced recidivism
4.3 Specialty Pods					
Intercept 5 - Community Correct	tions				
5.1 Day reporting	-50	-71	-83	-94	An estimated 50 inmates could currently qualify for Dayreporting
5.2 Out-patient Treatment	-10	-12	-14	-17	Estimate could be higher if more providers were available in the community

22% Reduction if all are implemented

ADP Reduction	-320	-396	-470	-554	
Adjusted ADP	1,248	1,489	1,723	1,940	Assumes implementation of all potential policy changes

Health and Wellbeing of Correctional Staff

- 73% have seen someone seriously injured/killed
- 63% handled dead bodies
- High blood pressure, diabetes, heart disease, domestic violence, substance use disorder
- >1/3 symptoms of PTSD
- 1:10 current CPs and 1:7 retired have considered suicide

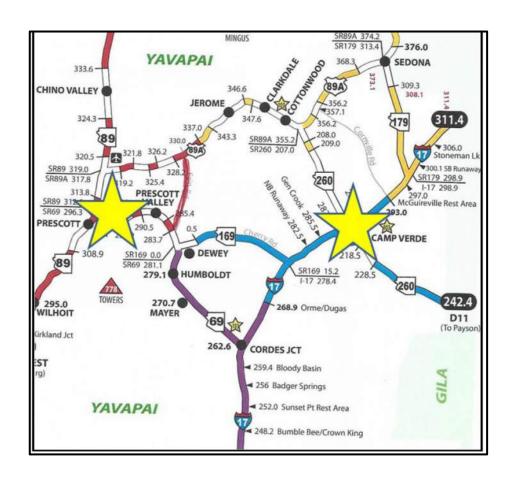
Source: University of California San Francisco, AMEND

"correctional facilities affect the health and wellbeing of everyone exposed to them"



Yavapai County, Arizona





Yavapai County, Arizona

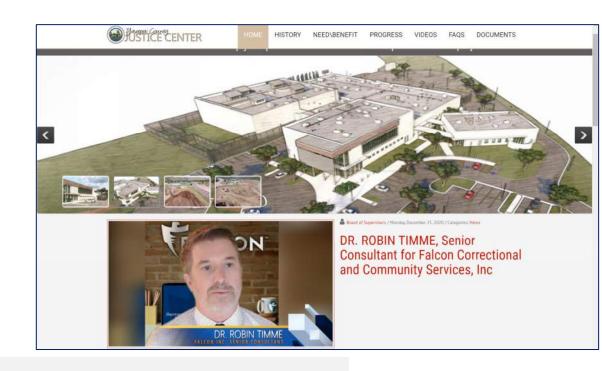
- Extremely committed core group
- Needed to replace existing jail
- Address behavioral health crises
- Reform involuntary detention
- Create better linkages
- Serious Mental Illness
- Substance Use Disorders







www.yavapaijustice.com



Case Study



Yavapai County Criminal Justice Center (CJC)

- Behavior as meaningful Risk-Needs-Responsivity
- Minimize the justice footprint for all
 - Deflect (no justice footprint)
 - Divert (minimal justice footprint)
 - In-Custody Treatment
 - Connect (limited justice footprint)
- Effective public health = effective public safety
- Normalize treatment experiences
- Built environment as one critical tool



Site

Zones of Use

- Parking total 217 spaces
- Secure Vehicle Sallyport
- 2 Levels
- Refuge area
- Main entry
- Future Expansion

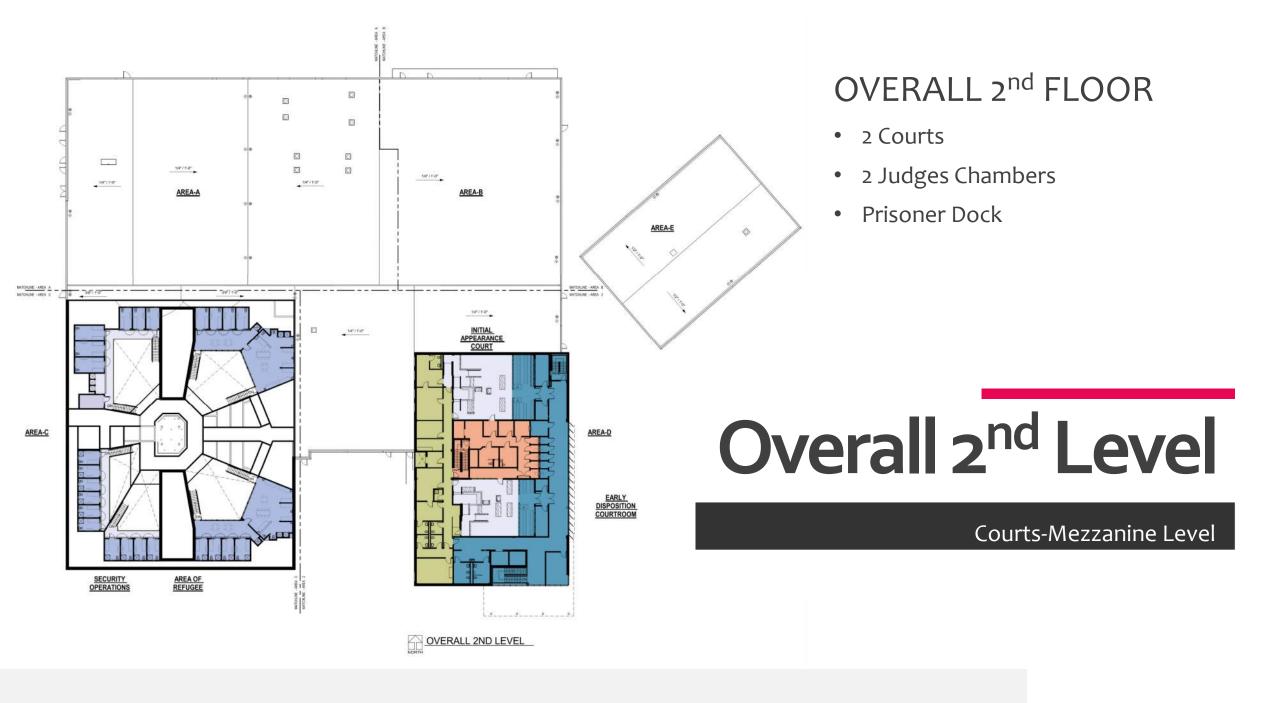


OVERALL 1ST FLOOR

A-B-I Occupancy

Overall 1st Level

Area A-B-C-D-E









- 12 beds + Observation areas
- Reentry and reintegration programs
- Deflection and Diversion from jail
- Community linkage
- Substantial financial savings for County

Deflection

AREA-E Collocated Facility









Diversion

AREA-B

Medical/Clinic – Intake - Release

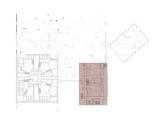
FLOOR PLAN, FIRST LEVEL - AREA B





Early Disposition Court
Initial Appearance Court

Diversion



AREA-D SECOND LEVEL

Courts – Judge Offices



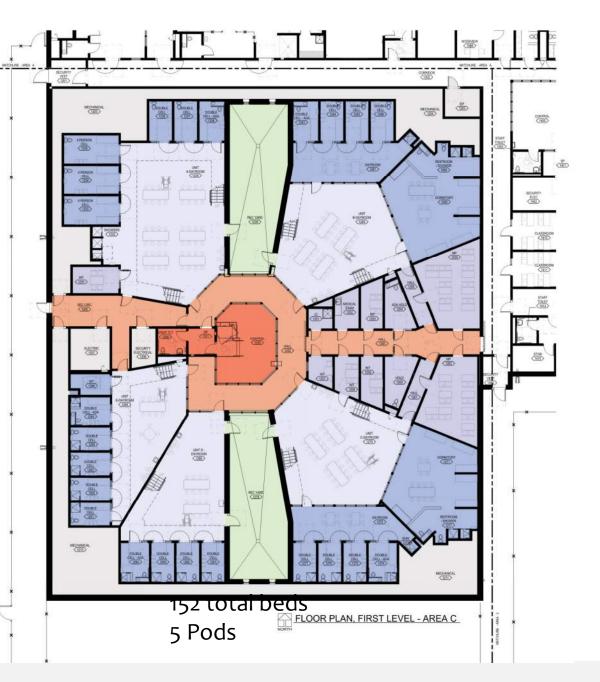




Treatment

AREA-A

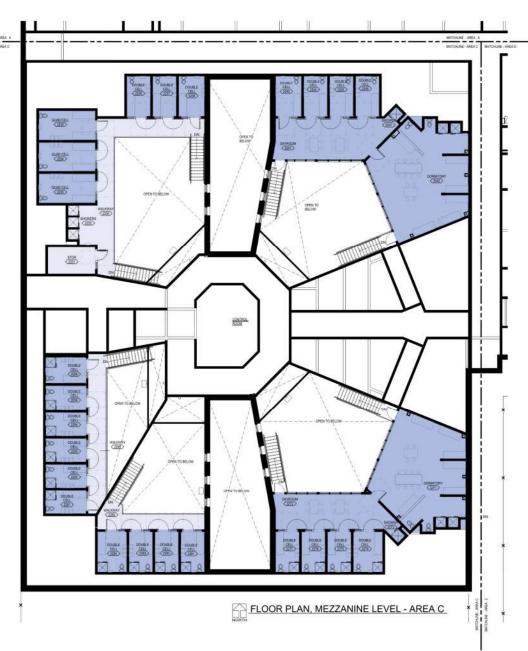
Medical – Kitchen - Laundry Staff Support





Treatment

AREA-C Housing





- Tenable Environment
- Multiple classifications
- Medical / Mental observation

Treatment

AREA-C Mezzanine Level





Reentry



- Independent of Sheriffs office
- Reentry and reintegration programs
- Community linkage

AREA-E Collocated Facility

NCCHC ORIGINS

- NCCHC's origins date to the early 1970s, when an American Medical Association study of jails found inadequate, disorganized health services and a lack of national standards.
- In collaboration with other organizations, the AMA established a program that in 1983 became NCCHC, an independent, not-for-profit 501(c)(3) organization whose early mission was to evaluate and develop policy and programs for a field clearly in need of assistance.

NCCHC TODAY

- Today, NCCHC's leadership is recognized internationally. To help correctional health care systems provide efficient, high-quality care, we offer a broad array of services and resources. We establish standards for health services in correctional facilities, operate a voluntary accreditation program for institutions that meet those standards, produce resource publications and tools, conduct educational conferences, and offer certification for correctional health professionals.
- NCCHC is supported by the major national organizations representing the fields of health, mental health, law, and corrections. Each supporting organization has named a liaison to the NCCHC board of representatives to create a robust, multidisciplinary structure that reflects the complexities of correctional health care.

Commission on Correctional Healthcare (NCCHC)

NCCHC's mission: to improve the quality of health care in prisons, jails and juvenile detention and confinement facilities.

Supporting Organizations

Academy of Correctional Health Professionals

Academy of Nutrition and Dietetics

American Academy of Child and Adolescent Psychiatry American

Academy of Family Physicians

American Academy of PAs

American Academy of Pediatrics

American Academy of Psychiatry and the Law

American Association of Nurse Practitioners

American Bar Association

American College of Correctional Physicians

American College of Emergency Physicians

American College of Healthcare Executives

American College of Obstetricians and Gynecologists American

College of Physicians

American College of Preventive Medicine

American Counseling Association

American Dental Association

Jail Association

American Medical Association

American Nurses Association

American Osteopathic Association

American Pharmacists Association

American Psychiatric Association

American Psychological Association

American Public Health Association

American Society of Addiction Medicine International Association

for Correctional and Forensic Psychology National Association of

Counties

National Association of Social Workers

National Medical Association

National Partnership for Juvenile Services

National Sheriffs' Association

Society for Adolescent Health and Medicine

Who is NCCHC Resources?

NCCHC Resources is a 501(c)(3) non-profit that...

Provides consulting services, including health systems assessments, performance improvement, technical assistance, RFP development, preparation for accreditation and certification, among others.

Offers unique expertise from leaders in correctional health care though our extensive bench of clinicians, educators, administrators and other thought leaders who are available to address any sized project or challenge.

Protects institutions by minimizing the occurrence of adverse events, thus avoiding health care-related lawsuits and grievances and often reducing liability premiums.

Protects the health of the community, staff, and inmates by assuring that those incarcerated and released receive adequate and appropriate health care.

Background: At the end of 2018, NCCHC Resources began a comprehensive health services evaluation for Milwaukee County Jail and House of Correction, an institution facing health services deficiencies amidst concurrent efforts to reform corrections in the County to reduce unnecessary jail use and disparities.

Milwaukee County is strategically focused on reforms to streamline movement of cases through the criminal justice system, monitor trends and inform policy with accurate data, identify people in custody with behavioral health needs and link them to resources in the community, and support persons who are returning to the community after incarceration.

Milwaukee County, Wisconsin

A Case Study in Improvement and Vision

Drafted an RFP for a new health services vendor

care operations to identify areas that are doing well and areas for improvement

corrections

The facility was accredited by NCCHC in summer 2021



Mark Van Allen, AIA, Leed AP DLR Group mvanallen@dlrgroup.com 404-520-4703

Dr. Marayca Lopez, PhD, LLB DLR Group mlopez@dlrgroup.com 512-898-9178

Dr. Robin Timme, Psy.D., ABPP Falcon, Inc. rtimme@falconinc.com 312-803-5666

Gary Retel, AIA, Leed AP BD+C DLR Group gretel@dlrgroup.com 213-373-6593

Dr. Brent Gibson, MD, MPH, FACPM, CCHP-P brentgibson@ncchc.org 312-905-5736

Contact