

**ANALYSIS OF
ESTABLISHING A
REGIONAL JAIL
FACILITY FOR
OFFENDERS WITH
MENTAL HEALTH OR
CO-OCCURRING
MENTAL AND
CHEMICAL
DEPENDENCY
DISORDERS**

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Jail managers deal on a daily basis with offenders who have mental illnesses or co-occurring mental and chemical dependency disorders (co-occurring disorders). Estimates are that, on any given day, at least 16 percent of those in jails are mentally ill. Many jail managers express concern over their ability to appropriately manage this offender population—a population considered to present increased suicide risk, increased problems to custody staff, and who are likely to re-offend.

In an effort to develop options for local law enforcement, the Legislature directed JLARC to assess whether there are *existing* facilities in the state that could be converted to a *specialized regional jail facility*. Most jails are run by one county or one city government and are comprised of offenders with and without mental health issues. This specialized jail would be different: it would have only those offenders with mental health or co-occurring disorders, and offenders would come from multiple counties and cities.

THREE QUESTIONS: SIZE, FEATURES, AND COSTS

JLARC addressed a number of topics in this analysis. These are summarized into three key questions: 1) What would the *size* of the jail be: how many offenders might use such a jail? 2) What are the key *features*, or attributes, of a specialized jail? and 3) What are the *costs* to convert an existing building and operate a specialized regional jail?

LESSONS LEARNED

This report shares the lessons we have learned in the course of our analysis:

SIZE: *The average potential pool of offenders statewide is about 500, but there is no guarantee that this will equal actual demand for the services of a regional jail.*

In order to properly size the jail, we attempted to estimate demand. While such an estimate was possible—we assume that 430 men and 67 women statewide would be the pool of offenders at any given time—there are many unknowns. Local jurisdictions would choose whether to send offenders to a specialized facility. Who pays will have an impact on how much the jail is used. Issues such as distance from courts and community services—how close this jail is to existing jails—are also a key. So too is the type of program provided: different jurisdictions will have different demand for the jail.

FEATURES: *The jail must deliver security, stabilization, and transition services.*

From our analysis and interviews, we have learned much about the attributes that a regional jail facility must include in order to be effective. Foremost, jail construction and operation must meet a jail's requirements for **security**. Additionally, the construction and operation of a regional facility must also acknowledge the relatively brief average stay of an offender in a city or county jail: 15 days. A regional jail for offenders with mental health or co-occurring disorders must be able to focus on **initial stabilization** of the offender, and then on **transition**—linking the offender to other mental health services in preparation for a return to “regular” jail or release to the community.

In the course of our analysis, we also identified both basic construction attributes and basic programmatic attributes necessary for a regional jail. These include construction that withstands the rigors of an institution, cells that are designed with suicide prevention in mind, and space for medical and counseling staff.

COSTS: *Building a new facility, rather than converting an existing one, is generally the least expensive alternative.*

JLARC conducted a detailed analysis of the costs associated with converting three different existing buildings. The three buildings were selected to get a cross section of size and location, and to learn what it might take to convert a building into a regional jail and what the demand for such a jail might be. We interviewed jail managers to determine what they might need in a regional jail, and we developed a detailed life-cycle cost financial model to compare the costs of the three buildings to each other. In addition, to provide another point of comparison, we developed an estimate of the cost of constructing a new building.

We calculated a life-cycle, per-bed equivalent baseline cost based on a series of assumptions such as the cost to buy the facility, construction costs, capacity, and staffing. We made a similar estimate for the cost of a new facility. The table below illustrates the ranking of the examples, from lowest cost to highest cost (1=lowest). Because it was developed with staffing efficiency and this population’s specific requirements in mind, the new facility ranks as the least expensive of the examples.

Buildings Used as Examples	Assumed Capacity	Cost Ranking (1=Lowest)
New Facility	128	1
Jail Annex	20	2
Juvenile Rehabilitation Facility	256	3
Converted Nursing Home	75	4

Note: Rankings and life-cycle costs will vary depending on assumptions used in the model.

A REMAINING QUESTION: BENEFITS—INFORMATION AVAILABLE IN 2006

Jails have a constitutional requirement to provide adequate levels of medical care, including care for mentally ill inmates. Beyond this mandate are hoped-for *benefits*: by providing mental health care, jails may be safer for custody staff and inmates, and the amount of time an offender with mental illness stays in jail—and re-offending when released—may decrease.

The Washington State Institute for Public Policy (Institute) is analyzing information on the cost-effectiveness of jail-

based programs. The Institute will complete this work in Fall 2006. The JLARC life-cycle cost model developed for this analysis is designed so that the benefit information—the specific programs that must be delivered to get the benefit—can be incorporated into the model when the Institute completes its work.

TWO OTHER LESSONS

Incorporating a Specialized Wing into Jail Planning

An option the Legislature may wish to explore was identified when the study was nearly complete: incorporate a specialized mental health/chemical dependency wing into the planning for a new jail. This has two immediate impacts: a specialized wing can be designed with the specific needs of this offender population in mind, and the specialized wing can make use of the custody and other infrastructure needed for the remainder of the jail.

Regional Jail as Only One Option

The bill that directed this analysis made substantial changes to the way that mental health and chemical dependency services are provided in Washington State. Included was the establishment of mental health courts designed to divert some with mental health issues from jails.

While not specifically mentioned in the bill, there are other diversion strategies, such as crisis triage centers that provide alternatives to jail. The Institute is working to determine if these strategies are cost-effective. When the Institute has completed its analysis, the Legislature may want to consider how a regional jail fits as one part of a continuum of options in how to best deal with offenders with mental health or chemical abuse disorders.

RECOMMENDATIONS

We recommend that the Legislature:

1. Consider specific local requirements as it estimates demand for a specialized regional jail.
2. Consider basic custody staffing efficiencies as a key cost factor. Such efficiencies may outweigh building location and age factors.
3. Consider incorporating a specialized regional wing into the planning for a new county jail, rather than creating a stand alone regional facility.