

Douglas County, Kansas

**Individual, Organizational, &
Community Gap Analysis
Regarding Justice-Involved
Individuals
(pre-, during, and post-incarceration)**

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Introduction

In March, 2020, the Bureau of Justice Statistics reported another series of declines in the U.S. jail population. Over the last decade, the jail incarceration rate in the U.S. dropped 12% (Zeng, 2020). Additionally, the total number of jail residents dropped 6% from 785,500 to

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738,400 during that same time. Around the U.S., many jurisdictions are engaging with researchers, law enforcement, courts, and local communities to further decrease their custodial jail populations. This is occurring for financial reasons such as housing a justice-involved individual in the community is significantly

less costly (on many levels) than housing them in a custodial facility. However, the U.S. jail population decrease is also occurring, in part, due to increasingly robust research noting the detrimental effects incarceration has on individuals, families, and communities and the stagnant recidivism rates (still relatively high overall) produced by jailing—as opposed to supervising and *treating* in the community—many justice-involved individuals.

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The following report, with regard to residents of the Douglas County Correctional Facility (DCCF), presents data from U.S. jail trends, DCCF programs/practices, and the programs/practices available within Douglas County. The purpose of this analysis is to provide Justice Matters (and the broader community) with critical information about what programs/services are currently available within DCCF and Douglas County and how those programs are responsive (using language from the Risk-Need-Responsivity framework) (Bonta & Andrews, 2007) to the needs of justice-involved individuals within the county.

Methods

To gather data for this report, a research team led by Dr. Danielle S. Rudes (Danielle S. Rudes consulting) relied only on publicly available data and information, with the exception of the DCCF program list (more thorough than listed on the DCCF website). The Douglas County Undersheriff provided Justice Matters with a list of the in-jail programs.

To create databases, the research team first met to determine what types of information to collect for the community database. After those initial decisions, we used Google and other search engines via the internet to search for all programs and services available within the DCCF and Douglas County. We also searched the seven counties that border Douglas County, KS including: Franklin, Jefferson, Johnson, Leavenworth, Miami, Osage, and Shawnee to compile a list of available programs for individuals who might live on or just across county lines, but served (or will serve) time at DCCF. Within each county we searched for programs that specifically list services for individuals pre- and/or post-incarceration (i.e., justice involved and/or reentry) and programs/services that would likely meet the needs of justice-involved individuals even if the program/service is not specifically targeted for just these folks (i.e., homeless shelters, food pantries, thrift/free clothing). We compiled separate lists for each, and

did the same for each of the seven bordering counties¹ (See Appendix A). Each list was compiled by two independent researchers and verified by a third. Within DCCF, we searched the facility website and found very little information, save a short, condensed list of some of the programs the jail offers. Justice Matters reached out to the Sheriff's Department who suggested we needed to request the program information with a Freedom of Information Act (FOIA) request. But, the Undersheriff, said this would not be necessary and sent us a list of all current jail programs with brief descriptions.

To understand and present programs with strong scientific backing we used the **Crime Solutions** website, a clearinghouse for reliable evidence-based practice (EBP) information developed during the Obama administration. This platform works with consultant groups to assign leading researchers and scientists to review (using an approved and rigorous scoring sheet) existing empirical studies (that already meet criteria for sound science) to establish if the program or practice of study yields outcome evidence that is effective, promising, or not effective. After programs/practices receive a rating, the results appear on www.crimesolutions.gov with important information about the scores, rating, methods, and supporting materials. We then searched for studies of these programs and/or similar programs to determine if/how the DCCF programs (and community programs) were based in any existing evidence.

We chose Crime Solutions and its' relevant information because of the stringent evaluation standards used². All ranked programs and practice reviews must meet rigorous study guidelines that includes high standards for methods, data, and outcome measurement. Most studies reviewed by Crime Solutions have a randomized-controlled trial (RCT), experimental, or quasi-experimental research design and must have appropriate group sizing, use appropriate statistical analysis and, in some cases, must also have appropriate statistical adjustment. Crime Solutions' scoring categories focus on program implementation, issues with internal validity, and appropriate weighting of outcomes. Practice reviews only consider rigorous meta-analytic designs. Each study on Crime Solutions is reviewed by a member of the research evaluation team (for inclusivity), the area chair, and three independent reviewers—whose reviews/scoring must match in most categories. When multiple studies exist for a given program/practice, Crime Solutions notes the strength of the reviews as higher, due to additional study/information. Although there are numerous studies of programs and practices in the scholarly literature, we only used Crime Solutions because of its' comparability across programs and practices (same ratings for all), and its' intensely rigorous review process (though this is not perfect, it is legitimate and acceptable).

Douglas County Correctional Facility Overview

In 2018 (the last available data for both bookings and average daily population), the DCCF booked 5,159 individuals into the jail, with an average daily population (ADP) of 235 (CJG/BJA Report, 2019). Of these bookings, roughly 19% were booked with a mental health

¹ We provide an overview of available programs and services for the seven counties that border Douglas County, KS in Appendix A. We do not cover those counties in this report, as our primary focus is on Douglas County and the DCCF.

² There are other sources to find evidence for EBPs including SAMSA's Evidence Based Practices center and numerous studies published as reports from BJA, NIJ, etc. and in academic journals. However, in using these sources the reader is responsible for assessing the methods used to determine the evidence for themselves, without any standardized guidelines. In Crime Solutions, this work is previously done by five independent scholars for each study reviewed after advanced training and using accepted scoring instruments/tools.

flag and 5% (unique) were booked with a severe mental illness (SMI). Individuals stayed an average of four days (10 if booked with a felony charge). Individuals with a mental health flag stayed an average of six days (13 with felony charges) and those with diagnosed SMIs stayed an average of 18 days (45 with felony charges). Roughly 27% of individuals booked at DCCF stayed in the jail roughly three hours or less. Jail residents were racially diverse with a strong overrepresentation of Black jail residents, a slight overrepresentation of Native Americans, and a slight under-representation of Asian jail residents compared to Douglas County residents: 75% white (83% in county); 19% black (5% in county); 5% Native American (3% in county), and 1% Asian (5% in county). The gender demographics also show an over-representation of males at 72% (as compared with roughly 50% in county) and females at 28% (although the percentage of jailed females rose significantly over the last several years). The DCCF also “farmed out” roughly 507 individuals to other nearby jails in 2018. New data released in 2020 shows an average daily population for the last 12 months of slightly less, 208 with just 198 in January, 2020 and 178 on March 6, 2020 (Clark, 2020) (this is before releases for COVID-19).

Although data on risk-needs assessments is limited because many jail residents do not receive a full risk-needs assessment using a validated tool, and DCCF does not publicly publish this information, available data (from just 10% of bookings) show roughly 45% of jail residents scored at the low to moderate risk level. Likewise, roughly 50% of individuals with a SMI designation scored at the low- to moderate-risk level. Using a different, but available, data set from the 2016 *DCCF Year End Report*, residents participated in Cognitive Behavioral (372), Educational (275), Life Skills (431), Mental Health (277), and Work Release programming regularly (number not available).

Recidivism among DCCF releasees varied by classification. Released individuals recidivated roughly 30%, while those with SMI recidivated 66% of the time. Individuals with SMI were also re-booked four or more times within the first six months of release roughly 13% of the time, while those without a mental health flag or SMI were re-booked within six months (four or more times) roughly 3% of the time. Overall, non-mental health flagged former residents and those without SMI recidivated roughly 2.2 times, while SMI residents recidivated roughly 4.2 times.

The DCCF Undersheriff provided a list of 24 (as of 2019) programs and services offered by the jail. These include eight Cognitive Behavioral Therapy (CBT) based-programs, five education/art programs/classes, one employment program, four substance abuse treatment programs, four (non-CBT) mental health treatment programs, and two religious programs/classes. Importantly, the DCCF, in recent years, worked with both the Bureau of Justice Assistance (BJA) and the Council of State Governments (CSG) to study and improve the justice and behavioral health program(s). This project examined individuals with SMI and co-occurring substance abuse/addiction issues within the criminal justice system in Douglas County. The goal(s) of this project included identifying improved processes and pathways for individuals with SMI to receive the treatment and services needed to lower recidivism and improve community safety. The report (2019) outlines and identifies a number of challenges facing Douglas County and a list of prioritized solutions. Some key challenges related to DCCF include the increased

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number of days SMI individuals spend in DCCF, their elevated recidivism rates, and the ongoing need to better assess and treat intervening challenges faced by SMI individuals including homelessness, substance abuse, and mental health. Some key solutions include *reducing the average length of stay in DCCF for SMI individuals* and *relying on a more robust and better-trained community corrections system to serve their needs in the community*. Additionally, recommendations include using a validated pretrial risk assessment tool for every SMI defendant prior to court appearance to better inform release and supervision decisions.

Additionally, DCCF was part of an Urban Institute study in the early 2000s which examined transitions from jail to community (Solomon, et al., 2008). The DCCF substance abuse recovery program (part of a larger effort) showed positive outcomes including, “Of...56, nearly all (96%) have remained arrest free, with only two clients arrested on new felony drug charges. Cumulative drug results during this same period show that of the 2,273 urinalysis tests administered for 56 aftercare clients, nearly all (99 %) were negative” (Solomon, 2008, p. 145). This study took place in the early 2000s, and it is not immediately clear which practices or interventions are still in place, but the results were promising.

Individual (DCCF Resident) Gap Analysis

From scant (but available) data from the DCCF 2016 annual report, a CSG report (2016), the Douglas County Jail & Mental Health Court Study (2015), and numerous articles from the *Lawrence Journal-World*, the DCCF population remained relatively stable over the last decade despite a steady growth in the female resident population. Bookings are down by 7% over the last 12 years from 5,526 in 2007 to 5,159 in 2018 and the average daily population is up by just 26% over this same period from an average of 186 per day in 2007 to an average of 235 per day in 2018. Several reports express reasons for the ADP increase including a 2015 revision to the number of days required for a speedy trial from 90 to 150 and a slight increase in serious felony crime arrests...both of which equate to more days in custody. However, by all accounts, the DCCF looks similar across many categories to many U.S. jails today. For example, the approximate average rate of stay for the DCCF is 10 days for felonies, while the average daily rate of stay in the U.S. for jails with an ADP of 100 to 240 is 20.5 days. The DCCF books about 5% of its’ residents with SMI and another 19% with mental health issues. Across U.S. jails, 20% of jail residents have SMI with 64% having some form of mental impairment/illness (Police Executive Research Forum, 2018). At DCCF, nearly 77% of individuals housed have dual-diagnosis substance abuse disorder (Douglas County Jail & Mental Health Study, 2015) compared to 62% of jail residents nationally who present with a dual-diagnosis substance disorder (mental problem and substance use/abuse/addiction) (James & Glaze, 2020). And, females at both DCCF and nationally have a higher rate of mental health and substance abuse challenges. Additionally, some prominent problems facing both DCCF and U.S. jail populations include past physical and/or sexual abuse, homelessness, and unstable family life/homes. These similarities suggest the jail population at DCCF is comparable to the U.S. jail population on many levels. *Our gap analysis considers DCCF roughly equivalent to other similarly situated U.S. jails in terms of needed programs/services.*

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Organizational Gap Analysis

In the Corrections & Reentry section of the Crime Solutions website, there are only four programs and two practices rated **effective** with adult populations. The programs include: one in-

custody only, *Enhanced Thinking Skills* (England), one pre-incarceration program, the *Maryland Ignition Interlock Program*, one during- & post-incarceration program, *The Allegheny County Jail-Based Reentry Specialist Program* (Pennsylvania), and one pre-, during, and post-incarceration program, the *Mentally Ill Offender Community Transition Program* (Washington state). The practices rated as effective include two that occur pre-, during and post-incarceration: *Methadone Maintenance Therapy* and *Motivational Interviewing for Substance Abuse*.

Additionally, there are 25 in-custody programs/practices rated as **promising** (though not all are in jails). These include five educational, five employment-based, four mental health, eight substance abuse treatment, one general reentry, and two sex offender treatment programs.

There are also several other categories within Crime Solutions that offer reviews of programs/practices related to corrections and reentry. While other groupings on Crime Solutions review programs related to correctional populations, some do not directly apply, as the population of study is non-correctional. Within other sections, there are currently 14 **effective** programs for use with adults involved with the justice system and 62 **promising** programs (See Appendix B for full list of all Crime Solutions ranked programs/practices considered for this project). These programs range from problem-solving courts to substance abuse treatment to employment programs.

In-Custody Programming & Practices

For example, while DCCF currently has 24 programs/services, only eight of these programs (33%) potentially adhere to CBT—an evidence-based/informed framework, but there is no information available about outcomes (via rigorous scientific study) or implementation/program fidelity. The other 66% of DCCF programs are unsupported by current empirical/scientific evidence and may just be a way for carceral residents to spend their time, but without improved behavioral and/or attitudinal outcomes.

With 24 in-jail programs and services and a large number of carceral residents attending programming of some kind during their stay, DCCF is trying to deliver services for its' population. However, these programs/services suffer, as many jail programs do, by providing a variety of options without evidence to support their effectiveness and without formal and robust studies that include an emphasis on program implementation, including fidelity. *For example, while DCCF currently has 24 programs/services, only eight of these programs (33%) potentially adhere to CBT—an evidence-based/informed framework, but there is no information available about outcomes (via rigorous scientific study) or implementation/program fidelity. The other 66% of DCCF programs are unsupported by current empirical/scientific evidence and may just be a way for carceral residents to spend their time, but without improved behavioral and/or attitudinal outcomes.* None of the DCCF programs are (or largely resemble) any of the six evidence-based

programs/practices rated on Crime Solutions. However, some may resemble promising practices, (for example DCCF runs “Thinking for a Change,” rated **promising** by Crime Solutions), but without studies supporting specific programs implemented at DCCF, it is unclear if they are effective and/or evidence-based.

*The DCCF offers a number of programs that are akin to those ranked as **no effect** on Crime Solutions including both of its' religious programs, its' anger management, dialectical behavioral therapy, and its' domestic violence awareness programs. Additionally, all of the DCCF substance abuse treatment programs are not evidence-based and do not use a curriculum rated effective on Crime Solutions. However, while Moral Recognition Therapy (MRT) is not rated specifically on Crime Solutions, a CBT for Moderate to High Risk Adult Offenders (that mentions MRT) is rated as **promising**.*

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Community Gap Analysis

In a community (Douglas County) of just over 120,000 individuals, the Kansas Bureau of Investigations reported the 2018 crime rates as 1.1% below the 10-year average with a 7.5% increase since 2014. The Douglas County crime rate in 2018 was 31.4 per 100,000 (just one-tenth of a percent lower than 2017, 31.5:100K). With slight increases in violent crime (5.3%), rape (10.9%), aggravated assault/battery (7.8%), motor vehicle theft (1.5%), and arson (4.2%) two of those categories (rape and arson) remain below the 10-year average. Meanwhile, Douglas County saw a decline in other crime categories in 2018 such as property crimes (2%), murder (17%), robbery (8.5%), burglary (7%), and larceny/theft (1.4%)—with three of these categories below the 10-year average and robberies just 0.8% above the 10-year average.

Additionally, 2018 saw a significant decrease in adult arrests in Douglas County dropping 101 fewer arrests from 803 in 2017 to 702 in 2018. In both years the largest percentage of arrests came from the Lawrence Police Department with 83% and 84% respectively.

Pre- & Post-Incarceration (Community) Programming & Practices³

There are a litany of programs/practices within Douglas County to specifically support justice-involved individuals both pre- and post-incarceration. These include roughly seven housing assistance programs, two legal aid services, one life-skills program, ten substance abuse treatment programs, two mental health programs, one transportation program, and one diversion program. Additionally, there are a number of programs/practices within Douglas County that may serve the justice-involved population, but are not specifically targeted to this group. These include five clothing, eight additional housing, eleven food, four mental health, three physical health, and five training/education programs. It is unclear from existing data if any of these programs/services use a CBT framework, which would give them evidence in support of their program and/or if they are using any other evidence-based approaches. None, however, are or largely resemble the six effective EBPs listed in Crime Solutions.

Additionally, there are five pre-incarceration, four post-incarceration, and ten pre-, during-, and/or post-incarceration (with wrap around services) programs rated as **promising** on Crime Solutions. Douglas County programs/practices resemble some of these **promising**

³ While this section largely covers pre- and post-incarceration programs there are some “in-custody” programs covered here. We included any wrap around programs (programs/services that began in one phase but continued post-release. We did this because these programs show their value in their available services within the community, so we counted them as “community” even if they began in-custody.

programs, though studies of the specific programs in Douglas County do not yet exist. For example, Douglas County has a Behavioral Health Court. Crime Solutions rates only one Mental Health Court (akin to Behavioral Health Court), but this program had **no effect**. Problem-solving courts like Drug Courts, however, have some strong evidence supporting their positive outcomes and some received effective ratings on Crime Solutions. Douglas County is currently operating four programs (unstudied) with a **promising** evidence base according to Crime Solutions, with one being a relatively new drug court. There is ample evidence in the research literature suggesting drug courts may have positive effects on recidivism (see Marlow, 2010 for a good overview). The other three **promising** programs are two methadone maintenance treatment options in Lawrence, KS: the Lawrence Methadone Treatment Center, the Outpatient Treatment Program and the First Step at Lake View Program (for women). While Crime Solutions currently rates several medically assisted treatments as **effective**, the programs in Douglas County are unstudied/unrated, specifically. Some of the other available community programs may follow a CBT framework, but it is unclear from available data. Additionally, CBT generally is rated only **promising** or **no effect**, depending on the program it frames.

Overview and Recommendations

The information and gap analysis presented in this report suggest several crucial considerations for designing a pathway forward to benefit both justice-involved individuals and the broader Douglas County community. These considerations tightly align with existing scholarship and thinking regarding what works best and for whom. This final section of the report first outlines the existing information and knowledge around jails and their necessary partnership between communities for improving reentry outcomes and processes. It then highlights mental health/substance abuse as case examples of justice-involved populations best served via non-carceral means. Finally, the report concludes with a number of recommendations for the future.

Overview of Douglas County

First, although violent crime increased (overall) over the last 10-years, many crimes that potentially lead to jail sentences such as property, robbery, burglary, larceny/theft, and arson are below the 10-year average for this community. The county experienced 2018 declines in property, murder, robbery, burglary, and larceny/theft. Additionally, DCCF's bookings are down by 7%, with ADP up just 26% which does not appear only or even mostly attributable to crime increases. In fact, the length of stay increased (slightly) in part due to changes in days to speedy trial timelines which increased from 90 to 150 days, as of 2015 leaving many inmates in custody, awaiting trial, longer.

Second, the information obtained about the DCCF highlights the vast similarities between this facility and many jails across the U.S. The booking and resident populations compare on almost all points and the programs/services within the facility largely mirror those in other jails of this size/type. Despite the Beck (2017) report noting otherwise, with U.S. jail populations declining 12% over the past 10 years, DCCF seems on target to also see a stable and/or declining jail population rate; especially coupled with overall declining crime rates and the current COVID-19 early release procedures.⁴

⁴ While DCCF increased its' jail population nearly 81% from 2012 to 2016, the trend is much smaller when comparing the last 12 years. Over 11 years (2007 to 2018) DCCF reports only a 26% increase in ADP with a 7%

Third, the community resources in Douglas County also reflect similarly-situated communities across the U.S. With a plethora of programs and services in the county and current expansion of some of those offerings (i.e., the large partnership between agencies to launch behavioral health initiatives through a \$0.25 sales tax increase approved by voters in November, 2018), Douglas County appears committed to servicing its' mental health and justice-involved populations *within* the community.

Overview of Existing Scholarship & Thinking Regarding Jails

Overwhelmingly, scholars and researchers do not support jail as a viable solution for many social problems facing communities. The research literature abounds with studies noting that prisons/jails do not reduce long-term recidivism and may in fact, create a criminogenic effect for many individuals who serve time in custodial institutions. For example:

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• “With some confidence, we can conclude that, across all offenders, **prisons do not have a specific deterrent effect. Custodial sentences do not reduce**

recidivism more than noncustodial sanctions. With less confidence, we **can** propose that **prisons**, especially gratuitously painful ones, **may** be criminogenic” (Cullen, Jonson, & Nagin, 2011).

- “Due to the financial, social, and potentially criminogenic effects of jail, the lack of significant differences between jail sanctions and community-based sanctions calls into question the use of jail as a means of punishing persons on community supervision” (Wodahl, 2015)
- “**Incarceration is still often framed as a solution, rather than a problem, positioning jail expansion as a pragmatic answer to growing jail populations.** But...the choice to invest in the infrastructure of confinement can virtually guarantee increased levels of confinement” (Mai et al., 2019).
- It’s worked before. In Johnson County, Iowa, home of Iowa City, voters referendums, in 2012 and 2013, declining to build a bigger jail despite dire safety warnings from public officials. To fix its overcrowding problem, the county was forced to implement alternative solutions, and **the average jail population dropped from 160 to 92 in six years, a success story that shocked county law enforcement.** There’s no one-size-fits-all solution, but Douglas County can find an answer that better fits its individual circumstances (Report from The Brennen Center for Justice, 2018).

Additionally, even jail personnel largely agree with lowering the reliance on jail facilities to provide community safety and treatment services for many justice-involved individuals. For example:

- “The Jail Alternatives Program here in Johnson County has not completely alleviated our need for more jail beds, but it has alleviated a lot of the need and more importantly, people are now being served in a much more appropriate way,” notes County Supervisor Rod Sullivan. “We on the County Board are 100 percent bought in to jail alternatives. They work. Not only do they work in terms of keeping people out of the jails, but it’s the way that people should be treated. It’s a total win-win. We fully support our county in

decrease in bookings. As such, the jail’s total bookings align with the U.S. trends. And, Douglas County’s incarceration rate is below the national average (2018--U.S. is 226:100,000; Douglas County is 198:100,000).

doing more to serve this population, because we've seen the results here and they are very good." (Walsh, 2016).

- "Philosophically, I'm opposed to mass incarceration on a national level....But I also think you need to look at where you are and what you need in your community."- Mike Brouwer, director of mental health and substance abuse treatment and anti-recidivism programs at the Douglas County Jail (2016) (as cited in Marso, 2016).
- **"We could not continue to build ourselves out of this predicament;" "Our ideal goal would be to never build again"** (Murphy, 2009).
- "A reentry effort isn't just the jail's responsibility. It is a system of partners throughout our communities" (National Institute of Corrections, as cited in Murphy, 2009).

Serving Justice-Involved Individuals with Mental Health and/or Substance Abuse Challenges

The largest group(s) of individuals within U.S. jails is often those with mental health and/or substance abuse challenges. In fact, the Bureau of Justice Statistics reports nearly 76% of local jail residents have substance abuse dependence *with* mental problems (James & Glaze, 2006). This is troubling on all accounts as that same report also notes that individuals with mental health problems are three times more likely to report past physical or sexual assault, twice as likely to report injuries sustained from fighting since prison admission, and were more likely homeless and had parents who abused substances than those in jail without mental health issues. Additionally, individuals with mental health problems are also more likely charged with violating facility rules since admission. These statistics mean they are a risky group and one profoundly in need of evidence-based treatment and services.

In light of this evidence, it makes good sense to develop a comprehensive plan to address mental health challenges among justice-involved individuals, while paying particular attention to those with both mental illness and substance abuse issues. Douglas County is ahead of the curve in this respect, by focusing on community members in need of mental health services and raising sales taxes (slightly) to pay for additional and improved treatment options for this group. But despite these community reforms/advances, this is the primary argument DCCF proffers for their reasoning to expand the current jail facility.

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Scholars and scientists overwhelmingly suggest that jail may not be the best environment to deliver mental health (and in conjunction, substance abuse) treatment(s).

conjunction, substance abuse) treatment(s). This is true for several reasons including: 1) custodial environments largely negate treatment goals; 2) correctional staff are not clinicians or treatment specialists and rarely receive the training/education required to deliver mental health and/or substance abuse services, and 3) the cost of maintaining individuals in jail as opposed to within the community makes the practice cost-prohibitive both in

the short-term (during stay) and long-term (revolving door entry and recidivism). For example:

- "Jail expansion and jail-based responses are packaged and publicly promoted as the community's best solution to these problems. Local governments have learned that jail construction is often unpopular with voters and sometimes label their new facilities a "justice campus" or "law center" to obscure the building's principal function—and center jail-based substance use and mental health treatment services as the rationale for investment" (Mai et al., 2019).

- “This “carceral humanism,” a term coined by James Kilgore, positions corrections authorities as social service authorities. But **even well-intentioned correctional efforts are still correctional efforts**, and the experience of isolating confinement in a facility the primary aim of which remains control, surveillance, and punishment, is **antithetical to treatment goals**” (Mai et al., 2019).
- “While jails may be popularly described as the “new mental hospitals,” patient-inmate narratives contradict this title. Instead, patient-inmate perspectives suggest jails struggle to provide even the most essential components of care. To align with the needs of service recipients and **recognize the impermeable cultural and structural constraints on care in jail contexts**, practitioners, advocates, and institutional standards should focus on strengthening systems for providing assessments, psychotropic medications, and crisis intervention. In addition, program planners should employ methods through which medication management can be made more continuous, connection with community-based providers enhanced, and integration of community-based providers in a manner that maintains their autonomy increased. Finally, a patient-inmate informed research agenda for jail psychiatric services should investigate models through which these interventions are deployed and standards are met. In the absence of realistic, recipient-informed standards of care, interventionists will likely fail to address key needs, increase safety, or enhance psychological wellbeing in jail settings” (Jacobs & Giordano, 2018).
- **“Prisons and jails are often not properly equipped to handle persons with mental disabilities because they were never meant to function as mental health facilities.** They are “crippled by understaffing, insufficient facilities, limited programs, and the restrictions imposed on them by prison rules and prison culture.” In many instances, prisoners with mental illness who refuse to comply with orders are subject to physical force such as chemical sprays, electric shocks, and long-term physical restraints. Inmates with mental health conditions are at a higher risk of being victims of violence and displaying more violent behavior compared to inmates without disabilities. The absence of timely and effective reasonable accommodations, as well as the lack of effective communications and physical accessibility, significantly increases the likelihood of present and future injury and illness facing prisoners with disabilities” (Weinstein & Perlin, 2018)
- We were in a situation where we were out of jail space. We had about 3,800 inmates, with almost 600 on the floor, which was intolerable. It was largely driven by people who were in jail for social offenses, many of them related to homelessness. We said we were going to do something different, and we opened Safe Harbor in January 2011. The population in the jail immediately decreased. The population of Safe Harbor immediately went to about 400 on an average daily basis. **It costs us \$126 a day to house somebody in the county jail, versus \$13 a day at Safe Harbor**” (Sheriff Robert Gualtieri, Pinellas County, FL) (as cited in Police Executive Research Forum report, 2018).

Although individuals with mental health and substance abuse/misuse/addiction are not the *only* groups better served within communities (not jails), these populations represent a large share of jail residents and thus much scholarship focuses on them.

Recommendations

Douglas County residents repeatedly denied the jail's request for expansion via election bond measures, but approved (overwhelmingly) a sales tax increase to focus on community treatment for mental health issues. This is a hearty statement about what the community desires: **community safety without carceral control**. With a declining nationwide, and Douglas county, jail population **the need for jail expansion appears suspect**. Scholars and practitioners suggest several alternative measures that are less costly (financially, and long-term recidivism/safety-wise) than carceral growth. These include: 1) partnering with police and improving police training to limit arrests and focus on diversion (see Lamanna et al., 2018 for positive outcomes related to police and mental health teams); 2) downsizing current carceral populations through early/community release; 3) developing partnerships with police, courts, community supervision, and jails for short-term holds followed by community treatment (Race et al., 2010), and 4) investing funds spent to train jail staff and/or contracts with external vendors on community programs/services where staff is already trained and prepared to act. For example:

- **“The most effective point of intervention to prevent unnecessary arrest/incarceration of persons with serious mental illnesses is the initial encounter with police”** (Compton et al., 2017).
- **“Doing better in five respects is key: expand the reach of standard and innovative mental health services, divert mentally ill individuals early in the criminal justice process, enrich training of criminal justice personnel, use data more effectively, and promote interdisciplinary aftercare programs for people with mental illness when they are released from jails and prisons”** (Mulvey & Schubert, 2017).
- **Jails spend two to three times more on adults with mental illnesses that require intervention than on people without those needs, yet often do not see improvements in recidivism or recovery.** Despite counties' tremendous efforts to address this problem, they are often thwarted by significant obstacles, such as coordinating multiple systems and operating with minimal resources. Without change, large numbers of people with mental illnesses will continue to cycle through the criminal justice system, often resulting in missed opportunities to link them to treatment, tragic outcomes, inefficient use of funding and failure to improve public safety” (Walsh, 2016).
- Downsizing jail populations is easier said than done and will require collaboration among police, prosecutors, judges, and community corrections officials—all of whom have different perspectives and priorities. But for those who are up to the challenge... **a large sum of money is on the table**. More than we may have realized (Nicholas Turner, VERA Institute Report, as cited in Henrichson, et al., 2015).
- **“I fully support our county's efforts to reduce the number of people with mental illnesses in our jail,”** says Dunn County Chairman Steve Rasmussen. **“This is fundamentally a medical issue; we wouldn't lock up someone who was in a diabetic coma. It's the right thing to do. It is also the enlightened, wise and compassionate thing to do for our residents.** It addresses the reality of the situation we face in our county and also has a side benefit of helping to manage the rising costs of our public safety system” (as cited in Walsh, 2016).
- **“We are looking for the minimum effective dose of punishment, and all that can be said for sure right now is we have not gone that low yet”** (Kleiman, 2015).

- As Criminologist, Joan Petersilia (2016) notes, “A crisis is a terrible thing to waste in that it allows you to get things done that you could otherwise not get done in a saner atmosphere.” Indeed, California witnessed such a crisis, which ultimately led to historic corrections reforms, including *Prop 47* [which required mass prison downsizing]. Although more research is necessary, **initial findings from a handful of studies—including this one** [which included mass carceral downsizing]—**suggest that these reforms are not associated with meaningful increases in crime** (Bartos & Kubrin, 2018).

In communities like Douglas County, it is tragically remiss to not consider the importance of organizations like Justice Matters who are soundly invested in the community and all its’ inhabitants. It is also unwise to ignore the voice of community members, scientists, and scholars around issues related to justice, treatment, and community safety. In at least one recent study, scholars Fader, VanZant, and Henson (2019) note the importance of “activating multiple agencies that were not directly related to crime, including licenses and inspections, sanitation, and zoning boards. It seems clear that continued action particularly that which produced measurable outcomes, required sustained engagement by community members and demands to hold public officials accountable” (p. 18). These scholars also find, “ample evidence that involvement in community meetings and engagement with a wide variety of local agents – State Representatives, City Councilpersons, local media, and police – were effective means of addressing local crime problems. “Squeaky wheels” – citizens who doggedly demanded responses from government agents, especially when working together with other residents – generally achieved their desired outcome, whether it involved evicting a long-term squatter or getting a weed-choked lot filled with trash cleaned up. (Fader, VanZant, & Henson, 2019, p. 18).

In sum, Douglas County should strongly consider existing evidence and scholarship suggesting the need to reduce jail bookings, populations, length of stay, and physical size/space.

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They should instead focus on the gap between needed services for their specific populations and available treatment, programs, and services within the community. Four of the DCCF’s main talking points supporting the need for a larger jail facility are not supported by this report. These include: 1) the need to bring back inmates housed out of Douglas County; 2) to allow for reentry and program space(s); 3) to allow for inmates to be safely housed in the appropriate housing unit (safe classification), and 4) to build a financially sustainable solution. In fact, relying on community resources (some existing and some coming soon) obliterates the need for a larger jail almost immediately. When the new behavioral health campus opens in Douglas County a strong diversion program (of which Douglas County already established) a good percentage of those arrested with mental health diagnoses or flags may be diverted to services outside the jail. This frees up bed space for those mis-housed (according to classification) and those housed outside Douglas County. It also allows for more evidence-based/informed programming for those with mental health challenges in community-based programming. This is not insignificant as it allows folks to start and complete treatment/services all in one place with the opportunity for continuity. Further, fewer jail beds provides needed financial security for Douglas County as the cost of housing an individual in a carceral institution is substantially higher (with less benefit) than treating them within their community. Finally, fewer inmates yields a better staff to inmate ratio

which should improve jail safety (in theory). However, the jail will need to examine (or re-examine) their policies, procedures, and protocols to improve safety. This should occur with or without expanding the jail.

Perhaps, small improvements to the current jail facility—as proposed by the \$30 million jail expansion—are needed. These include: improvements to the jail visitation areas, an expansion of the jail parking lot, and a replacement of the existing central air and heating system.

Additionally, *DCCF and Douglas County (generally) would benefit greatly from investing in*

DCCF and Douglas County (generally) would benefit greatly from investing in evidence-based programs/practices for treatment/programming within the jail. This may include purchasing pre-existing EBP curriculums, training staff on implementation and delivery of these programs, and circulating requests for proposals (RFPs) to study both the outcomes and processes of these programs.

evidence-based programs/practices for treatment/programming within the jail. This may include researching and purchasing pre-existing EBP curriculums, training staff on implementation and delivery of these programs, and circulating requests for proposals (RFPs) to study both the outcomes and processes of these programs. In doing so, DCCF would ensure the programs/services they deliver are

the very best available for their residents. In turn, they could become a model for other jails also trying to improve services/programs within their facilities.

As U.S. and Douglas County jail populations diminish, and research strongly supports alternatives-to-incarceration as a better strategy for both cost-savings and recidivism reduction, the DCCF is well-situated to work with judges and community corrections agencies to advance early-release practices for those currently in custody and shorter sentences (for those not-yet incarcerated) to further reduce the number of jailed individuals. Further, DCCF should engage police agencies (particularly the highest arresting agency, the Lawrence Police Department, on finding ways to divert many low-level, non-violent offenders to jail alternative programs/services. This would be a particularly salient method for improving the lives and outcomes Douglas County residents involved with police who also have substance abuse and/or mental health challenges. The forthcoming Douglas County behavioral health initiative presents an obvious first step in this direction. This endeavor will provide an integrated care system that includes both prevention and treatment via an online wellness tool, collaboration with local school and leading thinkers, scientists, and health providers, and a host of programs and services to stabilize and improve functioning for served individuals.

Both of these measures (partnering with courts/judges and community corrections AND collaborating with law enforcement) would save money, lower recidivism, place treatment in the hands of trained professionals and clinicians (not jail staff), and completely negate the need for jail expansion now, and in the future.

Spend LESS, get so much MORE!

Here are some suggestions for Douglas County regarding how to invest far less than \$30 million and make a bigger difference in individuals' lives and improve community safety...

1. Re-analyze population trends and re-think jail expansion.

- The Douglas County Sheriff's Office appears to largely rest its' thinking on jail expansion in a series of studies commissioned regarding the need for expansion. At the forefront of these is the Allen Beck study (2017) that notes a need for 241 beds by 2020, 271 by 2030, and 301 by 2040. Given current national and Douglas County trends (including declines in overall arrests, declines in bookings, and the experiment happening now with COVID early-release) this analysis is not currently holding up.

2. Rely on the experiences of other counties/jurisdictions and re-think jail expansion.

- The VERA Institute's report (2019) provides ample experience from similarly situated counties/jurisdictions who expanded their jails and found the need to further expand in subsequent years ("*If you build it, they will come*"). And, a number of other counties/jurisdictions that did not expand, but rather found alternatives to incarceration saved valuable resources and improved outcomes for both individuals and communities.

3. Rely on science and re-think jail expansion.

- Scientists and scholars overwhelmingly agree that jails are not the ideal locale for rehabilitating many justice-involved individuals. Some suggest a criminogenic effect of carceral conditions (for some types of individuals), while many others note the significant lack of evidence that jails effectively rehabilitate individuals, make effective/lasting attitudinal/behavioral changes in individuals, and improve recidivism outcomes. This in part stems from programs/services without an evidence-base, but also from the limited amount of time most jail residents spend in jail (not enough time for a program to work), the limited number of program slots available to residents, and the mismatch between residents needs and available programming.

4. Rely on community members via voice and vote and re-think jail expansion.

- The Douglas County voters twice voted down ballot initiatives to expand the jail, but overwhelmingly approved the creation of a behavioral health intervention/campus to support individuals within the community, not within the DCCF. Several activists groups and many concerned Douglas County residents have garnered attention from other groups like NAACP, VERA Institute, Urban Institute, and the Brennan Center for Justice—all of whom oppose jail expansion in favor of community treatment/service options.

5. Spend wisely.

- No one is saying there is no need for a jail in Douglas County. However, many are saying that most of the residents housed there may be better served by community mechanisms such as supervised release (probation/parole) or via community programs/services. Beyond releasing some low risk residents, Douglas County needs to partner with law enforcement and courts to improve diversion efforts. CIT training is one step, but this program focuses on communication and de-escalation, not diversion. More is needed. Additionally, it costs roughly \$77.12/day (2016) to house a DCCF resident, but it costs roughly \$7 day to supervise an individual via community corrections (U.S. national average cost is roughly 10x more for carceral environments). By releasing or diverting low-risk individuals to community supervision and/or community treatment options, Douglas County could invest in improvements to the DCCF that would actually improve public safety. Focusing on evidence-based treatments for high-risk, high-need offenders is key.

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