

PS COMMITTEE # 2
April 21, 2016

MEMORANDUM

April 19, 2016

TO: Public Safety Committee

FROM: Susan J. Farag, Legislative Analyst *SJF*

SUBJECT: **FY17 Operating Budget: Department of Correction and Rehabilitation**

Those expected to attend this worksession include:

Robert Green, Director, Department of Correction and Rehabilitation (DOCR)
Angela Talley, Chief, Community Corrections
Kaye Beckley, Chief, Management Services Division
Craig Dowd, DOCR
Bruce Meier, Office of Management and Budget (OMB)

Budget Summary:

- The FY17 recommended budget adds six correctional officer positions for a new step-down mental health unit within MCCF.
- Pretrial Release Services and Pre-Release and Reentry Services have been consolidated.
- Security Systems at MCCF are set to be upgraded in FY17.

Overview

For FY17, the Executive recommends total expenditures of \$66,869,129 for DOCR, a 5.3% decrease from the FY16 approved budget.

	<i>FY15 Actual</i>	<i>FY16 Approved</i>	<i>FY17 Recommended</i>	<i>%Change FY16-FY17</i>
<i>Expenditures by fund</i>				
General Fund	\$71,013,420	\$70,609,851	\$66,869,129	-5.3%
Total Expenditures	\$71,013,420	\$70,609,851	\$66,869,129	-5.3%
<i>Positions</i>				
Full-Time	526	527	539	2.3%
Part-Time	2	1	0	-100.0%
FTEs	526.3	526.82	537.92	2.1%

The FY17 County Executive recommendation is a decrease of \$3,740,722 or 5.3%. This decrease comes from the following identified changes with service impacts:

Changes with Service Impacts	
Enhance: Mental Health: Provide Step-Down Unit	\$492,700
Enhance: Security System Upgrades - Master Lease	\$60,466
Total:	\$553,166

as well as the following identified same service adjustments:

Identified Same Service Adjustments	
Increase Cost: FY17 compensation Adjustment	\$934,777
Increase Cost: Add positions to CPU	\$492,700
Increase Cost: Group Insurance Adjustment	\$327,813
Increase Cost: Annualization of FY16 Personnel Costs	\$326,545
Increase Cost: Motor Pool Adjustment	\$29,238
Increase Cost: Printing and Mail	\$8,476
Total Increases:	\$2,119,549
Decrease Cost: Assistant Food Services Manager	(\$145,773)
Shift: Telecommunications to the Telecommunications NDA	(\$156,780)
Decrease Cost: PTS Reorganization: Efficiencies in personnel from reorg.	(\$300,000)
Decrease Cost: Retirement Adjustment	(\$5,810,864)
Total Decreases:	(\$6,413,417)
NET SAME SERVICES ADJUSTMENT TOTAL:	(\$4,293,868)

FY17 Expenditure Issues

Mental Health Step-Down Unit (\$492,700)

In December 2015, DOCR opened a Mental Health Step-Down Unit. This unit provides appropriate custody management services for inmates who have significant self-injurious or suicidal behavior, but who have reached some level of stabilization in the Crisis Intervention Unit (CIU). There has been an increased number of inmates with acute issues, and the CIU operates at its operational capacity of 39 individuals on a regular basis. Over the past six fiscal years, the Average Daily Population has decreased from 914 to 595, while immediate mental health referrals increased from 1,011 to 2,416 (see ©11). And see additional data on mental health treatment and violence on ©12-13.

Historically, once these inmates had been somewhat stabilized, they were returned to general population housing, which resulted in increases in institutional violence and symptomatic relapse, causing additional bed days in the CIU. The Step-Down Unit shares a population designation with the Protective Custody population. The unit has maintained the population and decreased violence and relapse.

Security System Upgrades (\$60,446)

This funding, through two seven-year Master Leases, provides for an upgrade to the security system at Montgomery County Correctional Facility (MCCF) to improve effectiveness and an upgrade to the Closed Circuit camera system to store video for longer periods of time in order to protect against liability.

Add Six Positions at the Central Processing Unit (CPU) (\$492,700)

The recommended budget adds six correctional officer positions to the CPU. Processing times have become predictable and consistent over the past two full years since the Richmond Decision required legal representation at all initial hearings before the Court Commissioner (unless waived) (see data on ©14-15). The new positions are expected to reduce unbudgeted overtime by \$438,000.

Pretrial Services Reorganization (-\$300,000)

DOCR has combined Pretrial Services and Pre-Release and Re-entry Services divisions into one new Division of Community Corrections. Many of the services provided by the two former divisions are similar. Approximately 68% of the population DOCR supervises are managed in community corrections programs under pretrial supervision, electronic monitoring, alternatives to incarceration, or within the Pre-Release facility (see information on average daily population and various caseloads on ©16-19).

The merger provides for certain efficiencies and supervision upgrades. A PRRS Resident Supervisor can now electronically monitor Pretrial Services clients during evening and weekend hours. DOCR is also in the process of consolidating contracts for urinalysis and electronic monitoring. The new division only required one manager instead of two.

Council Staff Recommendation: Council staff recommends approval of the budget as submitted by the Executive.

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Correction and Rehabilitation

Mission Statement

The mission of the Department of Correction and Rehabilitation (DOCR) is to protect and serve the residents of Montgomery County and the general public by providing progressive and comprehensive correctional, rehabilitative, and community re-entry services. These functions are achieved through the employment of well-managed and effective correctional programs, including: the use of pretrial supervision; secure incarceration; community treatment; reintegration programs; highly accountable security methods and procedures in each operating unit and program; and effective and progressive administration and management oversight.

Budget Overview

The total recommended FY17 Operating Budget for the Department of Correction and Rehabilitation is \$66,869,129, a decrease of \$3,740,722 or 5.30 percent from the FY16 Approved Budget of \$70,609,851. The primary driver of this decrease is the reduced required County contribution into retirement plans as a result of revised actuarial assumptions and changes to the amortization period based on the County's five year experience study. Personnel Costs comprise 89.93 percent of the budget for 539 full-time positions and no part-time positions, and a total of 537.82 FTEs. Total FTEs may include seasonal or temporary positions and may also reflect workforce charges to or from other departments or funds. Operating Expenses account for the remaining 10.07 percent of the FY17 budget.

Linkage to County Result Areas

While this program area supports all eight of the County Result Areas, the following is emphasized:

Safe Streets and Secure Neighborhoods

Department Performance Measures

Performance measures for this department are included below (where applicable), with multi-program measures displayed at the front of this section and program-specific measures shown with the relevant program. The FY16 estimates reflect funding based on the FY16 approved budget. The FY17 and FY18 figures are performance targets based on the FY17 recommended budget and funding for comparable service levels in FY18.

Measure	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Multi-Program Measures					
Zero tolerance security incidents - Number of inappropriate releases of an inmate	4	2	0	0	0
Zero tolerance security incidents - Number of inappropriately released inmates returned	4	2	0	0	0
Zero tolerance security incidents - Number of inmate suicides	1	0	0	0	0
Zero tolerance security incidents - Number of substantiated sexual misconduct or Prison Rape Elimination Act (PREA) incidents	1	9	0	0	0

Initiatives

- Address the rising proportion of people under DOCR care with mental health issues, and the rising acuity of those people, by providing for a Step-down Unit that will serve those who do not need to be in the Crisis Intervention Unit but are still not safe in the general population.
- Combine the Pre-Release and Re-Entry Services Division and the Pre-Trial Services Division into the Community Corrections Division. This will provide better safety and security to the Pre-Trial clients and employees as well as creating efficiencies.
- Begin treatment-oriented targeted training for staff on mental health first aid to address the increased acuity of the jail population.

Accomplishments



- ✓ In FY15, the Pre-Trial Division maintained a 95% court appearance rate and a 2% re-arrest rate - well below the national average for a pre-trial program.
- ✓ Certified 60 front-line Correctional Officers in police Crisis Intervention Training (CIT).
- ✓ Pre-Release and Reentry Services received a National Association of Counties ServSafe Award for its partnership with the Restaurant Association of Maryland Education Foundation (RAMEF) which offered the opportunity for soon-to-be-released incarcerated individuals that are interested in the food industry to participate in valuable training at no cost to themselves or to the County.
- ✓ Pre-Release and Reentry Services implemented the Prison Rape Elimination Act (PREA) Standards, was 100% successful with PREA audit and received PREA Certification.
- ✓ Implemented a secure Reentry Tablet Program in jail setting incorporating non-internet based technology strategies to enhance direct inmate access to reentry information and resources funded by a State grant.
- ✓ Partnered with Montgomery College to implement two programs: 1) The Bridge to College program that enables inmates to complete the application and placement testing process before being released to the community, and 2) Offered college credit coursework to inmates using a secure computer tablet which could lead to an industry recognized IT certificate.
- ✓ Pre-Release and Reentry Services created the Education Lab Center, facilitated by Montgomery College instructors, to expand General Education Diploma (GED) services to residents of PRRS and added GED Academy software to increase literacy tutorial to Adult Basic Education (ABE) learners.

Productivity Improvements

- ✱ In support of the County Executive's wellness initiatives, DOCR created a Critical Incident Stress Management (CISM) Team to support Departmental staff in working through the negative outcomes associated with institutional violence, inmate suicide attempts and other stressors not commonly encountered in a traditional work environment.
- ✱ The department worked with the Department of General Services to analyze the use of all printers, copiers, scanners and faxes. The comprehensive review led to the reduction of 107 devices, as well as increased efficiencies and creating potential savings of \$2,000 per month.

Program Contacts

Contact Craig Dowd of the Department of Correction and Rehabilitation at 240.777.9982 or Bruce R. Meier of the Office of Management and Budget at 240.777.2785 for more information regarding this department's operating budget.

Program Descriptions

Office of the Director

The Director's Office provides oversight and direction for all Department of Correction and Rehabilitation activities in coordination with the Chief Administrative Officer and County Executive. Personnel, Budget and Procurement, Information Technology, and Fiscal Services are support functions within the Director's Office.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Accreditation standards met from the Maryland Commission on Correctional Standards and the Correctional Educational Association	100%	100%	95%	95%	95%

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	3,540,023	24.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	186,777	1.00
FY17 Recommended	3,726,800	25.00

Pre-Release and Re-Entry Services

The Pre-Release and Re-Entry Services Division (PRRS) provides community-based residential and non-residential alternatives to secure confinement for sentenced adult offenders in which they engage in work, treatment, education, family involvement, and other services to prepare them for release. The program primarily serves inmates who are within one year of release and who are sentenced to DOCR. In addition, the program also provides re-entry services to Federal and State sentenced inmates and Federal probationers who are within six months of release and who are returning to Montgomery County and the greater Washington Metro area upon release.

The residential program, located at the 171-bed Pre-Release Center, Rockville, has a capacity to serve individuals who live within the Center's one female and three male housing units. The non-residential Home Confinement program, allows 40-50 individuals to live in their homes, although they are required to report to the Pre-Release Center several times a week for drug testing and for meetings with counselors.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Security incidents - Number of escapees apprehended or returned to the Pre-Release Center, a community located, minimum security program	6	1	0	0	0
Security incidents - Number of escapes from the Pre-Release Center, a community located, minimum security program with 600 yearly admissions	6	1	0	0	0
Percentage of offenders from Pre-Release and Re-Entry Services employed at time served	NA	72.3%	70.0%	70.0%	70.0%

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	7,183,933	59.80
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(462,742)	(0.62)
FY17 Recommended	6,721,191	59.18

Pre-Trial Services

The Pre-Trial Services Division (PTS) is responsible for assessing newly arrested defendants for the possibility of release from incarceration while awaiting trial and for follow through while supervising those defendants safely in the Community. The PTS Division also supervises those defendants who are offered diversion from trial in return for satisfactorily completing a community service or substance abuse program. There are four independent programs within the Division: Pre-Trial Assessment Unit, Pre-Trial Supervision Unit, Alternative Community Service Program (ACS), and Intervention for Substance Abusers Program (IPSA).

The Assessment Unit is housed at the Montgomery County Detention Center and is responsible for assessing those who have been newly arrested and have been unable to make bond. Staff verifies personal information, analyzes criminal histories, and formulates recommendations to the Court to enable the Judge to make informed bond decisions. Recommendations are made with public safety as the main priority following the national models of assessment for the judicial system.

The Supervision Unit provides monitoring of Court ordered conditions to offenders released to the Community while awaiting trial. Advanced technology such as GPS tracking and Radio Frequency Curfew equipment are used to monitor offenders' movements in the community. Drug testing is also performed. Violations of release conditions are immediately reported to the Court for possible re-incarceration.

The diversion programs, ACS and IPSA, are predominantly for first-time misdemeanor offenders who will ultimately have their charges expunged following successful completion of one of these programs. Community service, drug education, and treatment are core functions of these programs. There is an administrative fee with these programs.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Court appearance rate while under supervision	96.6%	95.3%	95.0%	95.0%	95.0%

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	4,679,193	38.38
Decrease Cost: PTS Reorganization: Efficiencies in personnel from reorganization	(300,000)	0.00

FY17 Recommended Changes	Expenditures	FTEs
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(261,758)	0.62
FY17 Recommended	4,117,435	39.00

Detention Services

Under the supervision of the Warden, Detention Services is responsible for the operation of two detention facilities, the Montgomery County Detention Center (MCDC) located in Rockville, and the Montgomery County Correctional Facility (MCCF) located in Clarksburg.

MCDC is responsible for the intake, reception and diagnostic functions of the Department including law enforcement processing of adult male and female offenders arrested in Montgomery County. The facility has the capacity to accommodate approximately 200 inmates. Over 12,000 offenders annually arrive at MCDC's Central Processing Unit (CPU) for arrest processing.

MCDC conducts psychological screening, medical screening, and risk assessment to determine the appropriate classification level of inmates and provides for the initial care, custody, and security of inmates for up to 72 hours prior to transfer to MCCF. At this facility, bond hearings are conducted by the Maryland District Court Commissioners via closed circuit television between the facility and the District Court. The Office of the Public Defender determines eligibility of offenders for legal representation.

Following an initial intake at MCDC, inmates may transfer to the 1,029-bed Montgomery County Correctional Facility (MCCF), normally within 72 hours. MCCF is responsible for the custody and care of male and female offenders who are either in a pre-trial status of serving sentences of up to 18 months. Progressive, and comprehensive correctional services and programs are provided to all inmates covering substance abuse treatment, mental health issues, cognitive behavioral modification programs, education, life skills, and workforce development.

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Zero Tolerance security incidents - Number of jail escapes	0	0	0	0	0
Self-growth and development programs - Percent of inmates at the Montgomery County Correctional Facility (MCCF) participating in programs	87%	70%	70%	70%	70%

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	55,206,702	404.64
Enhance: Mental Health: Provide for those with mental health issues that do not need to be in the Crisis Intervention Unit but are still not safe in the general population with a Step-down Unit	492,700	6.00
Enhance: Security system upgrades - master lease	60,446	0.00
Decrease Cost: Assistant Food Services Manager	(145,773)	(1.00)
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(3,310,372)	5.00
FY17 Recommended	52,303,703	414.64

Budget Summary

	Actual FY15	Budget FY16	Estimate FY16	REC FY17	%Chg Bud/Rec
COUNTY GENERAL FUND					
EXPENDITURES					
Salaries and Wages	42,316,585	43,324,701	43,330,897	44,898,490	3.6 %
Employee Benefits	21,120,424	20,493,668	19,835,527	15,237,777	-25.6 %
County General Fund Personnel Costs	63,437,009	63,818,369	63,166,424	60,136,267	-5.8 %
Operating Expenses	7,576,411	6,791,482	7,196,858	6,732,862	-0.9 %
County General Fund Expenditures	71,013,420	70,609,851	70,363,282	66,869,129	-5.3 %
PERSONNEL					
Full-Time	526	527	527	539	2.3 %

	Actual FY15	Budget FY16	Estimate FY16	REC FY17	%Chg Bud/Rec
Part-Time	2	1	1	0	-100.0 %
FTEs	526.30	526.82	526.82	537.82	2.1 %
REVENUES					
Alternative Community Services	427,441	550,000	365,000	365,000	-33.6 %
Care of Federal/State Prisoners	1,582,628	2,038,313	1,741,508	1,694,040	-16.9 %
Home Confinement Fees	84,962	41,000	59,133	61,000	48.8 %
Illegal Alien Inmate Reimbursement	584,351	600,000	516,933	500,000	-16.7 %
Other Charges/Fees	76,139	45,100	74,200	75,100	66.5 %
Other Intergovernmental	120,758	150,000	139,661	150,000	—
Substance Abusers Intervention Program (IPSA)	73,774	105,000	74,000	74,000	-29.5 %
County General Fund Revenues	2,950,053	3,529,413	2,970,435	2,919,140	-17.3 %

GRANT FUND - MCG

EXPENDITURES

Salaries and Wages	0	0	0	0	—
Employee Benefits	0	0	0	0	—
Grant Fund - MCG Personnel Costs	0	0	0	0	—
Grant Fund - MCG Expenditures	0	0	0	0	—
PERSONNEL					
Full-Time	0	0	0	0	—
Part-Time	0	0	0	0	—
FTEs	0.00	0.00	0.00	0.00	—
Grant Fund - MCG Revenues	0	0	0	0	—

DEPARTMENT TOTALS

Total Expenditures	71,013,420	70,609,851	70,363,282	66,869,129	-5.3 %
Total Full-Time Positions	526	527	527	539	2.3 %
Total Part-Time Positions	2	1	1	0	-100.0 %
Total FTEs	526.30	526.82	526.82	537.82	2.1 %
Total Revenues	2,950,053	3,529,413	2,970,435	2,919,140	-17.3 %

FY17 Recommended Changes

	Expenditures	FTEs
COUNTY GENERAL FUND		
FY16 ORIGINAL APPROPRIATION	70,609,851	526.82
Changes (with service impacts)		
Enhance: Mental Health: Provide for those with mental health issues that do not need to be in the Crisis Intervention Unit but are still not safe in the general population with a Step-down Unit [Detention Services]	492,700	6.00
Enhance: Security system upgrades - master lease [Detention Services]	60,446	0.00
Other Adjustments (with no service impacts)		
Increase Cost: FY17 Compensation Adjustment	934,777	0.00
Increase Cost: add positions in the Central Processing Unit due to the Richmond v. DeWolfe decision, replacing unbudgeted overtime	492,700	6.00
Increase Cost: Group Insurance Adjustment	327,813	0.00
Increase Cost: Annualization of FY16 Personnel Costs	326,545	0.00
Increase Cost: Motor Pool Adjustment	29,238	0.00
Increase Cost: Printing and Mail	8,476	0.00
Decrease Cost: Assistant Food Services Manager [Detention Services]	(145,773)	(1.00)
Shift: Telecommunications to the Telecommunications Non-Departmental Account	(156,780)	0.00
Decrease Cost: PTS Reorganization: Efficiencies in personnel from reorganization [Pre-Trial Services]	(300,000)	0.00
Decrease Cost: Retirement Adjustment	(5,810,864)	0.00
FY17 RECOMMENDED	66,869,129	537.82

Program Summary

Program Name	FY16 APPR		FY17 REC	
	Expenditures	FTEs	Expenditures	FTEs
Office of the Director	3,540,023	24.00	3,726,800	25.00
Pre-Release and Re-Entry Services	7,183,933	59.80	6,721,191	59.18
Pre-Trial Services	4,679,193	38.38	4,117,435	39.00
Detention Services	55,206,702	404.64	52,303,703	414.64
Total	70,609,851	526.82	66,869,129	537.82

Charges to Other Departments

Charged Department	Charged Fund	FY16		FY17	
		Total\$	FTEs	Total\$	FTEs
COUNTY GENERAL FUND					
General Services	General Fund	105,887	1.00	74,019	1.00
Fleet Management Services	Motor Pool	113,139	1.00	104,880	1.00
Total		219,026	2.00	178,899	2.00

Future Fiscal Impacts

Title	CE RECOMMENDED (\$000s)					
	FY17	FY18	FY19	FY20	FY21	FY22
COUNTY GENERAL FUND						
EXPENDITURES						
FY17 Recommended	66,869	66,869	66,869	66,869	66,869	66,869
No inflation or compensation change is included in outyear projections.						
Annualization of Operating Expenses	0	60	60	60	60	60
Annualization of Master Lease payments for improvements to the security systems.						
Labor Contracts	0	795	795	795	795	795
These figures represent the estimated annualized cost of general wage adjustments, service increments, and other negotiated items.						
Subtotal Expenditures	66,869	67,725	67,725	67,725	67,725	67,725

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DOCR – FY17 Operating Budget Questions

Question:

1. Please describe the six new positions for a Step-Down unit that addresses mental health issues.

Answer:

While DOCR has experienced a decrease in the incarcerated population at MCCF, the proportion of the incarcerated population with serious and persistent mental illness and substance abuse needs has grown significantly. This level of acuity requires DOCR to provide greater services to maintain the safety and security of the population and staff. Below are a few examples of the operational impacts of increased population acuity;

- DOCR has conducted over 4,500 hours of 1:1 and 2:1 supervision for inmates in inactive crisis demonstrating self-injurious or suicidal behavior. This level of supervision is critical in maintaining inmate safety while stabilizing the individual or awaiting a bed in an appropriate state facility.
- Inmate mental health referrals have increased 50% over the past 24 months. 1 in 4 new intakes into our system require immediate medical/mental health assessment and treatment.

This increase in acuity pushed the Crisis Intervention Unit to its operational capacity (39 individuals) on a regular basis. DOCR conducted a review and case study and determined that many of these cases, upon reaching some level of stabilization, remained too unstable to be housed in a general population setting. Data showed that returning individuals to general population housing when not yet completely stabilized was resulting in an increase in institutional violence and symptomatic relapse causing additional bed days in CIU to once again stabilize the individual.

In December of 2015, DOCR opened a Mental Health Step Down Unit. This unit shares a population designation with our Protective Custody population which often requires similar custody management services and intensity. The Step Down Unit has been very successful at maintaining this population and has decreased violence and relapse. Absent some significant change in arrest patterns, stabilization criteria, and an increase in mental health beds for the criminal justice involved mentally ill population, DOCR sees a continuing need for this unit in FY 2017.

Question:

2. Please describe the security system upgrades/master lease.

Answer:

DOCR and DGS have actively worked to maintain the critical security electronics systems at MCCF. DGS invested in significant stabilization and repairs following a security electronics incident in 2011. While the system remains stable, upgrades are needed to maintain long term reliability of the system and operational effectiveness.

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Two seven-year Master Leases will provide for: 1) an upgrade to the security system to improve effectiveness, and 2) an upgrade to the Closed Circuit camera system to store video longer in order to protect against liability.

Question:

3. Please describe the six new positions in CPU. How much unbudgeted overtime is expected to be eliminated?

Answer:

DOCR now has 2 full years of operational experience in the Central Process Unit since the implementation of the Richmond Decision. Processing times have become predictable and consistent. Internal movement efficiencies have been maximized to make the best use of staff resources while maintaining essential security and safety. The 6 Correctional officer positions are anticipated to reduce the unbudgeted overtime currently being expended in CPU by \$438,000.

Question:

4. Please describe the PTS reorganization.

Answer:

DOCR began a reorganization to create a Division of Community Corrections. The new Division combines the Pretrial Services Division and the Pre-Release Division of DOCR into a single **Division**. Approximately 68% of the population DOCR is responsible for on any given day are managed in a community corrections program under pretrial supervision, electronic monitoring, an alternative to incarceration program providing community services, home detention or within our community pre-release facility. Many of the services provided are similar in nature, and efficiencies will be realized as the reorganization progresses.

Question:

5. The crosswalk shows the net loss of one part-time position. Please describe.

Answer:

A part-time PAA in Pre-Trial Services was increased to full-time to address workload issues.

Question:

6. You have one manager overseeing PTS and PRRS now. Please describe any operational or other changes that have occurred with that managerial change.

Answer:

In addition to the answer in Question #4, DOCR reorganized the Office of the Director by creating the Management Services Division to be supervised by an M2 position. DOCR utilized the vacant M2 position that was previously occupied by the Division Chief of PRRS.

Also, within the single Division, PRRS Resident Supervisor staff can now electronically monitor PTS clients during evening and weekend hours improving public safety. DOCR is consolidating

2 (6)

contracts for urinalysis testing and electronic monitoring. This is a transitional period, and DOCR hopes to implement future organizational efficiencies and public safety enhancements.

Question

7. What facilities are currently leased? Please provide information on each lease, including length of term, expiration date, cost, etc.

Answer:

The single DOCR facility lease is for the building occupied by Pre-Trial Services at 12500 Ardennes Avenue, Rockville, MD 20841. The original lease agreement was executed August 5, 1999, and the current agreement will expire November 30, 2019. The FY17 lease cost would have been \$731,661.

Question:

8. Please provide a status update on the six non-competitive contracts you had in FY16:

- a) Adventist Healthcare
- b) Catholic Charities
- c) Identity
- d) Shady Grove Radiological
- e) ARC
- f) Workforce Solutions

I. Are all still needed?

Answer:

No. Please see changes below, including entity name changes:

- a) Adventist HealthCare Inc. d/b/a Shady Grove Adventist Hospital - \$600,000 (reduced amount following \$250,000 shifted to Holy Cross Health Inc. see Q&A III. below)
- b) Catholic Charities of the Archdiocese of Washington (formerly Prison Outreach Ministry, Inc.) - \$51,150
- c) Identity, Inc. a/k/a Identity of Maryland, Inc. - \$81,150
- d) Medical Faculty Associates, Inc. (formerly Shady Grove Radiological Consultants PA) - \$105,000
- e) The ARC Montgomery County, Inc. - \$35,000
- f) Workforce Solutions was not awarded a non-competitive contract for DOCR in FY16. It was an approved Community Grant for FY15. The contract has been managed through Economic Development, and now will be managed through WorkSource Montgomery, Inc. Funding for 2.5 positions historically has been equally funded by DED (WIA Funds) and DOCR (GF/Budget).

II. Have any been awarded yet?

Answer: All FY16 non-competitive contracts have been awarded.

III. Are you seeking any others for FY17?

Answer: Yes, add Holy Cross Health, Inc. - \$250,000.

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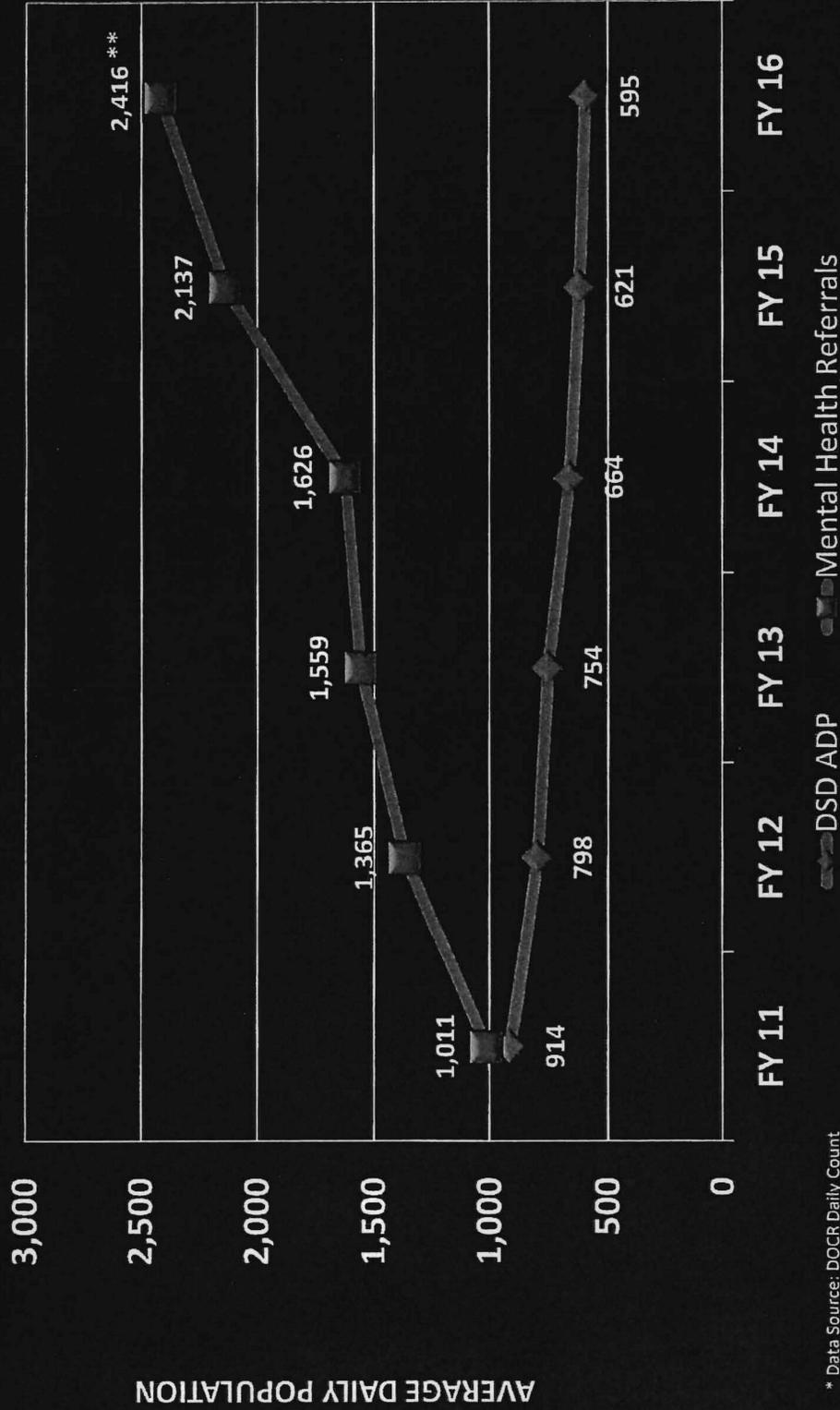
Holy Cross Health is new for FY17. DOCR cannot control where inmates are transported for emergency room services because that is an EMS decision. The recently opened Holy Cross Germantown Hospital is now the closest hospital to MCCF. (Note \$250,000 was shifted from Adventist Healthcare)

DEPARTMENT OF CORRECTION AND REHABILITATION

DETENTION SERVICES AVERAGE DAILY POPULATION

IMMEDIATE MENTAL HEALTH REFERRALS

FY2011 - 2015 : JULY 1, 2010 - June 30, 2015



* Data Source: DOCR Daily Count & Mental Health Unit

** Projected from Jan-15 Dec-15 referrals

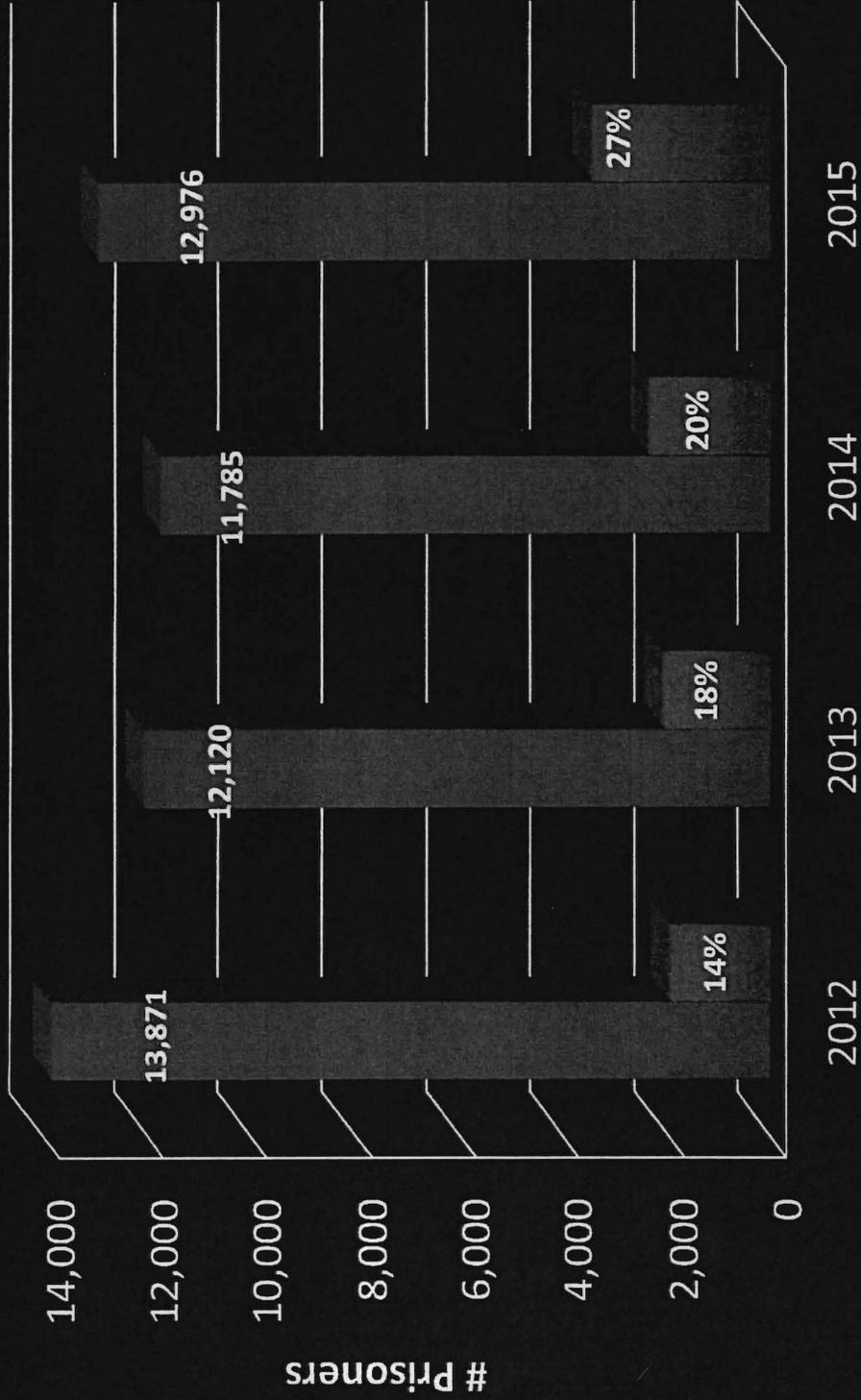


Robert L. Green, Director

April 11, 2016

CPU Intakes 2012-2015

Number Requiring Immediate Medical/Mental Health Treatment



■ Total CPU Intakes ■ % of Intakes Requiring Immediate Medical/MH Treatment

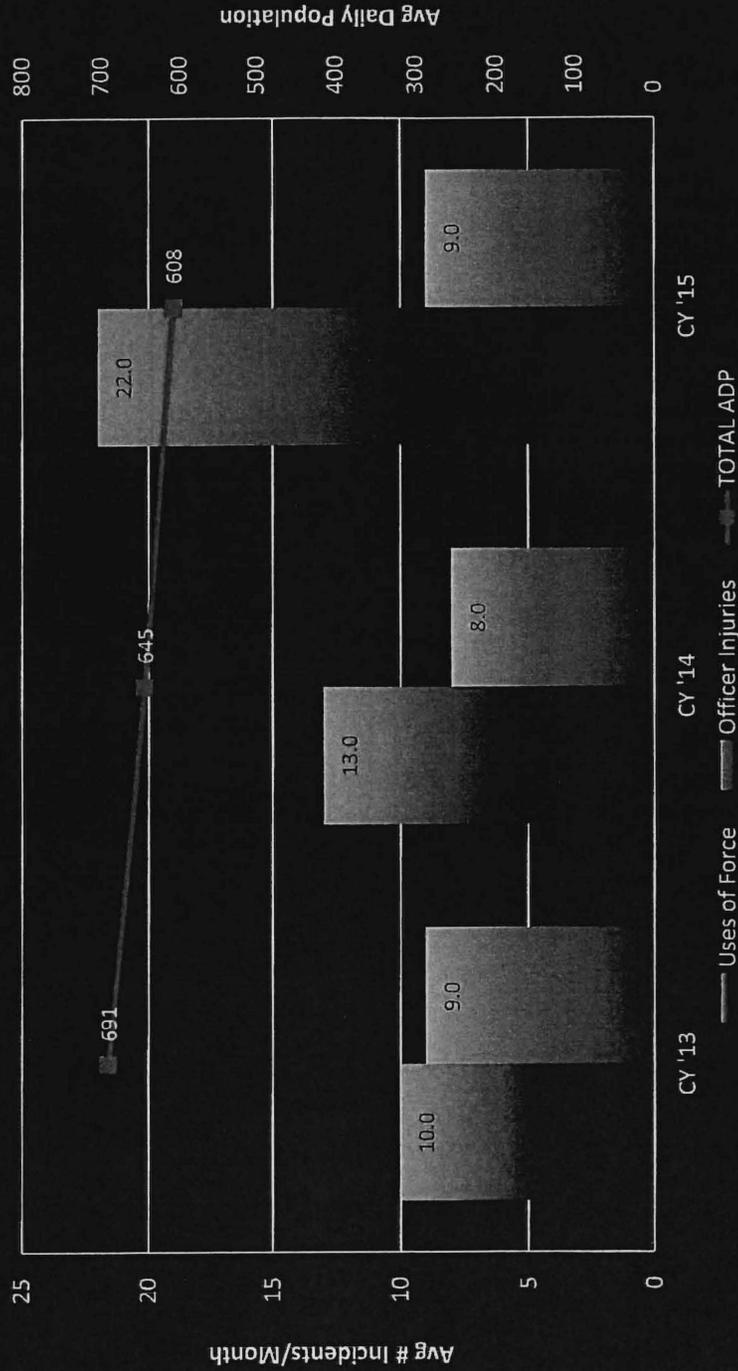
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Criticality of Violence

DETENTION SERVICES



*ADP fell 7% CY13 to CY14 while incidents of force increased by 27% and officer injuries fell 7%. CY14 to CY15, ADP is down 6%, incidents of force are up by 65% and injuries are up 3% compared to CY14.



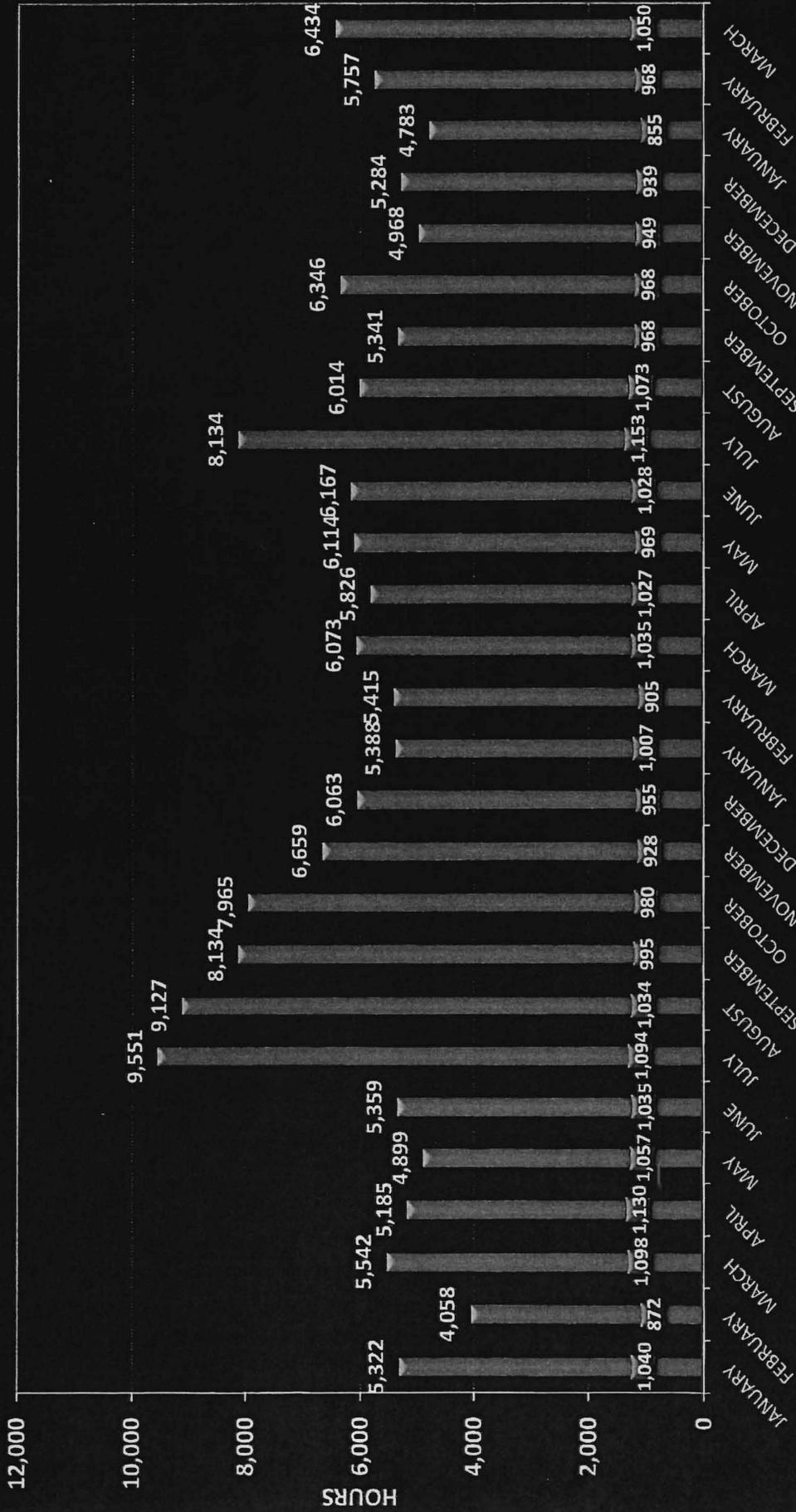
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DEPARTMENT OF CORRECTION AND REHABILITATION

ARRESTEE HOURS IN CUSTODY IN CPU
 NUMBER OF PEOPLE PROCESSED IN CPU
 JANUARY 1, 2014 - MARCH 31, 2016



Data Source: CRIMS AND CPU STAT
 Detention Services Division

Robert L. Green, Director

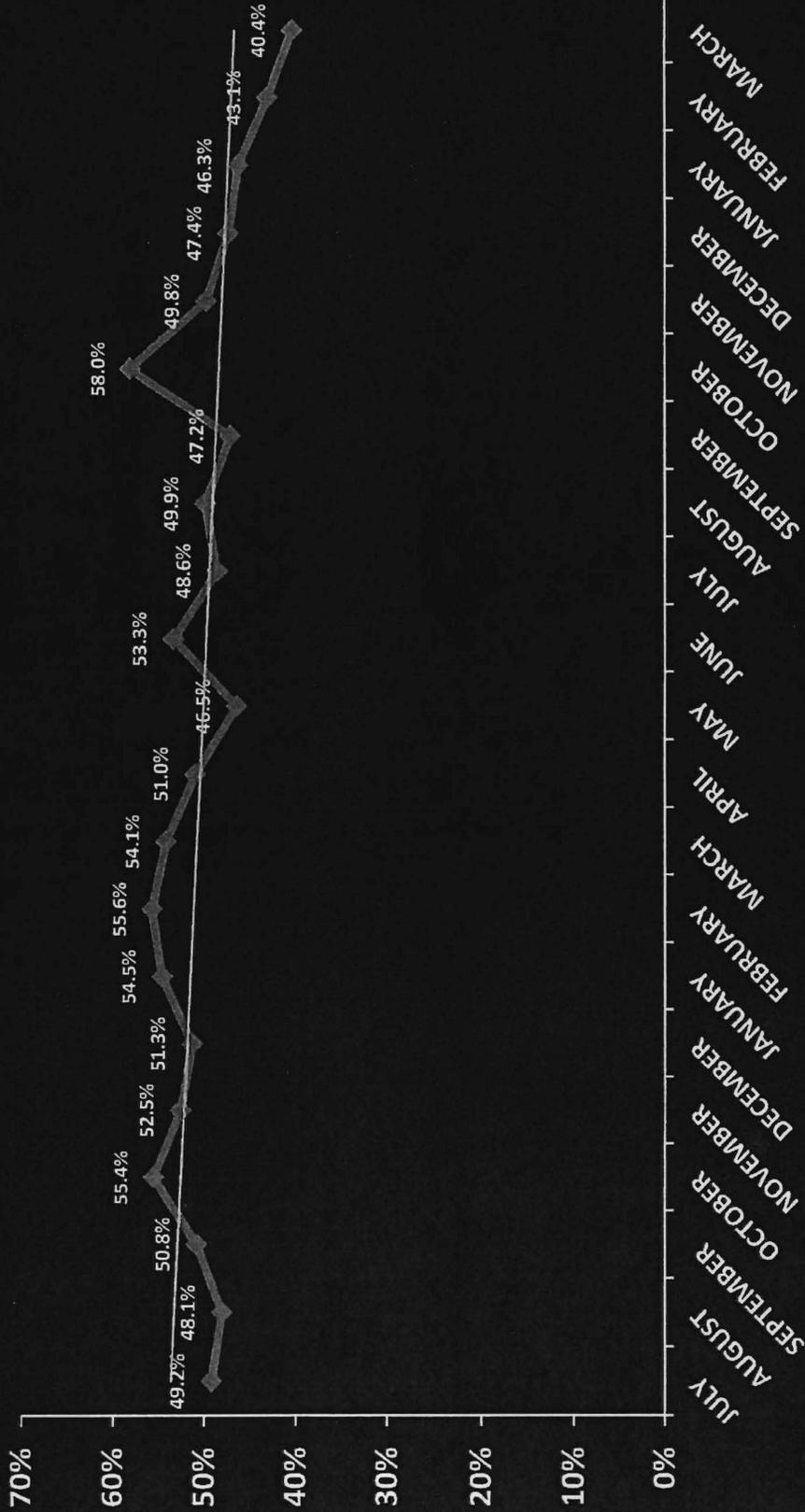
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DEPARTMENT OF CORRECTION AND REHABILITATION

PERCENTAGE WAIVING ATTORNEY RIGHTS

JULY 1, 2014 - MARCH 31, 2016



Detention Services Division

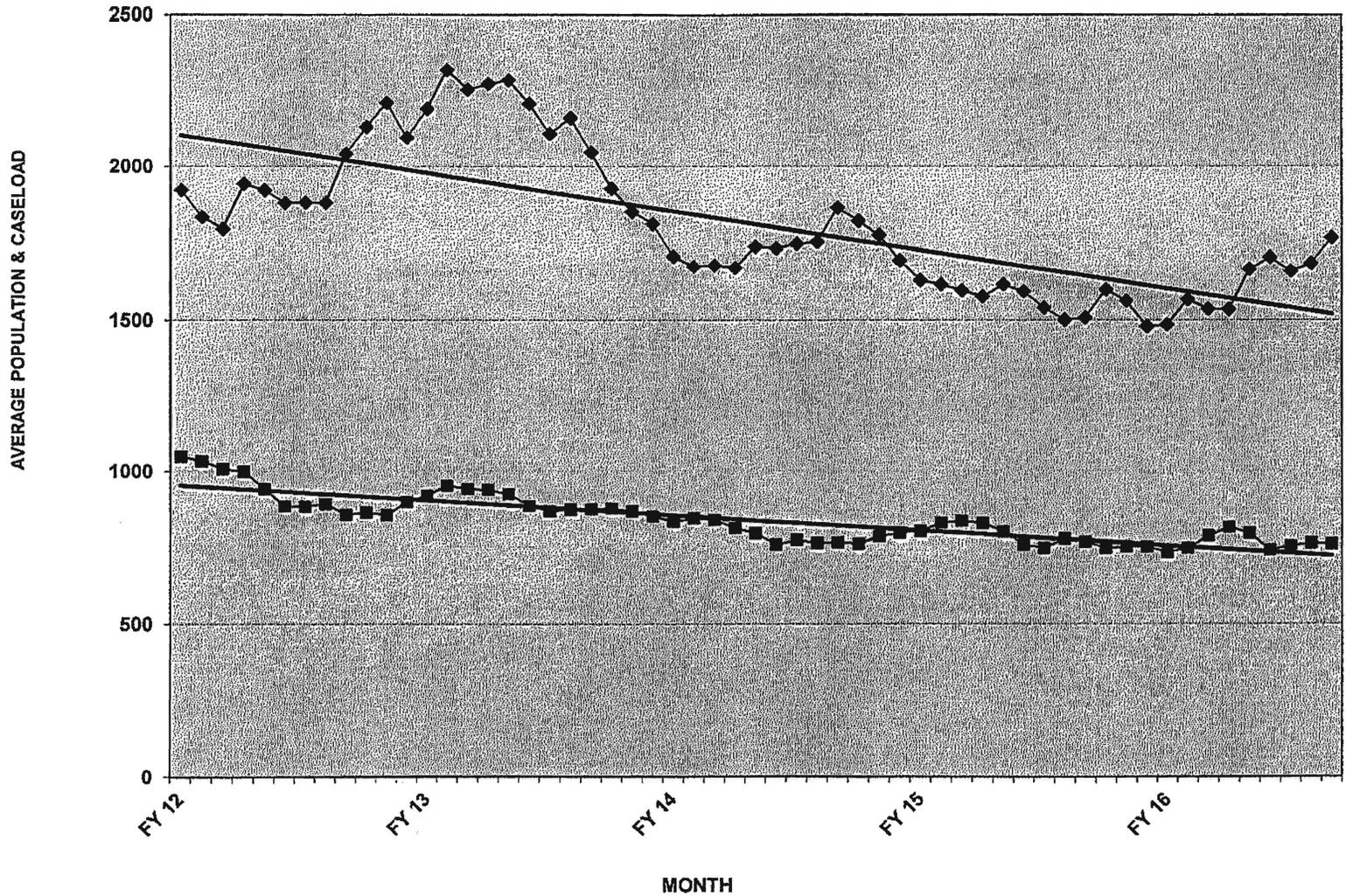
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**DEPARTMENT OF CORRECTION AND REHABILITATION
 PRE-TRIAL AVERAGE DAILY CASELOAD *
 DETENTION SERVICES AND PRE-RELEASE AVERAGE DAILY POPULATION
 FISCAL YEAR: JULY 1, 2012 - MARCH 31, 2016**



* New Jail Opens, MCCF March 2003 = 902

* PTS Average Caseload -Number of Criminal Justice Clients under Pre-Trial Services (ACS, IPSA, PTSU)

◆ PTS Average Caseload ■ DOCR ADP

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**DEPARTMENT OF CORRECTION AND REHABILITATION
PRE-TRIAL AVERAGE DAILY CASELOAD*
DETENTION SERVICES AND PRE-RELEASE AVERAGE DAILY POPULATION
FISCAL YEAR 2012 - PRESENT**

FY 2012													
DIVISION	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	12
MCDC	144	137	127	137	118	109	123	121	111	115	116	125	124
PRRS	147	152	146	137	125	145	143	137	127	110	105	107	132
MCCF	759	745	736	726	697	629	615	632	616	637	632	665	674
Average (ADP)	1,049	1,034	1,008	1,000	941	883	881	891	854	862	853	897	930
PTS Average Caseload	1,923	1,834	1,796	1,943	1,922	1,880	1,881	1,880	2,041	2,131	2,209	2,095	1,961

FY 2013													
DIVISION	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	13
MCDC	102	127	107	114	88	92	97	96	85	96	91	88	99
PRRS	121	120	125	138	146	152	137	140	157	153	163	157	142
MCCF	696	706	709	686	691	640	631	637	630	627	612	605	656
Average (ADP)	919	952	941	938	924	884	866	872	873	876	866	850	897
PTS Average Caseload	2,189	2,319	2,253	2,272	2,284	2,206	2,109	2,161	2,047	1,927	1,851	1,812	2,119

FY 2014													
DIVISION	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	14
MCDC	83	92	89	85	76	71	81	75	78	83	77	79	81
PRRS	149	149	143	148	148	153	144	128	127	123	129	143	140
MCCF	600	602	605	579	572	532	546	559	558	553	578	573	571
Average (ADP)	832	843	837	811	796	756	771	762	763	759	783	795	792
PTS Average Caseload	1,708	1,675	1,679	1,670	1,739	1,734	1,749	1,755	1,865	1,822	1,776	1,694	1,739

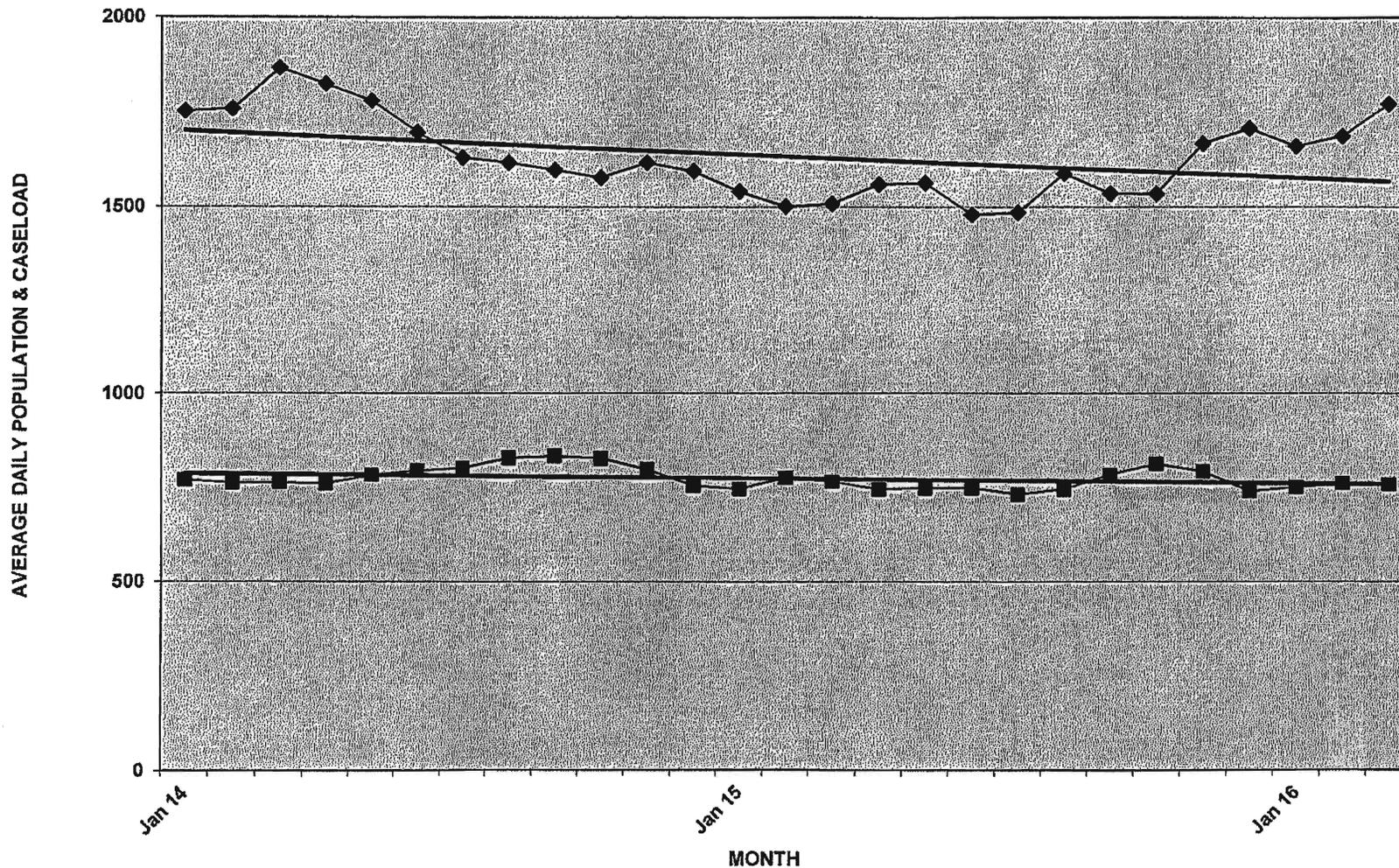
FY 2015													
DIVISION	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	15
MCDC	73	78	75	71	78	69	77	77	69	64	75	67	73
PRRS	158	155	147	154	160	162	162	163	164	162	166	162	160
MCCF	569	594	611	603	561	524	505	536	532	518	507	519	548
Average (ADP)	801	828	833	827	798	754	745	775	765	744	748	748	780
PTS Average Caseload	1,629	1,616	1,597	1,576	1,616	1,593	1,540	1,501	1,508	1,599	1,562	1,480	1,568

FY 2016													
DIVISION	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	* MAR	APR	MAY	JUN	16
MCDC	73	82	80	76	75	68	73	67	71				74
PRRS	154	147	146	137	135	138	124	119	124				136
MCCF	503	515	559	600	583	533	554	575	563				554
Average (ADP)	731	744	784	812	792	739	750	761	758				763
PTS Average Caseload	1,485	1,567	1,535	1,534	1,666	1,705	1,659	1,685	1,768				1,623

ADP - Average Daily Population (Include Weekenders)
 PTS Average Caseload - Number of Criminal Justice Clients under Pre-Trial Services (ACS, IPSA, PTSU)
 * March 1, 2016 - March 31, 2016



**DEPARTMENT OF CORRECTION AND REHABILITATION
PRE-TRIAL AVERAGE DAILY CASELOAD *
DETENTION SERVICES AND PRE-RELEASE AVERAGE DAILY POPULATION
JANUARY 1, 2014 - MARCH 31, 2016**



* New Jail Opens, MCCF March 2003 = 902

* PTS Average Caseload -Number of Criminal Justice Clients under Pre-Trial Services (ACS, IPSA, PTSU)

◆ PTS Average Caseload ■ DOCR ADP

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**DEPARTMENT OF CORRECTION AND REHABILITATION
PRE-TRIAL AVERAGE DAILY CASELOAD*
DETENTION SERVICES AND PRE-RELEASE AVERAGE DAILY POPULATION
JANUARY 2014 - PRESENT**

YEAR 2014

DIVISION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	14
MCDC	81	75	78	83	77	79	73	78	75	71	78	69	76
PRRS	144	128		123	129	143	158	155	147	154	160	162	146
MCCF	546	559	558	553	578	573	569	594	611	603	561	524	569
Average (ADP)	771	762	636	759	783	795	801	828	833	827	798	754	779
PTS Average Caseload	1,749	1,755	1,865	1,822	1,776	1,694	1,629	1,616	1,597	1,576	1,616	1,593	1,691

YEAR 2015

DIVISION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	15
MCDC	77	77	69	64	75	67	73	82	80	76	75	68	74
PRRS	162	163	164	162	166	162	154	147	146	137	135	138	153
MCCF	505	536	532	518	507	519	503	515	559	600	583	533	534
Average (ADP)	745	775	765	744	748	748	731	744	784	812	792	739	761
PTS Average Caseload	1,540	1,501	1,508	1,599	1,562	1,480	1,485	1,567	1,535	1,534	1,666	1,705	1,557

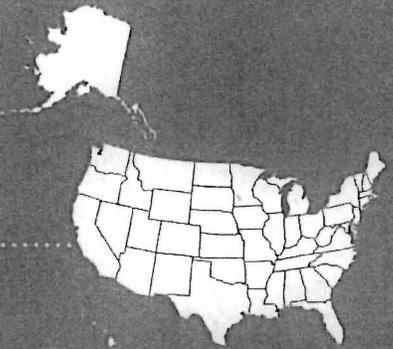
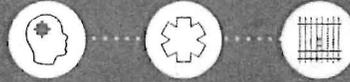
YEAR 2016

DIVISION	JAN	FEB	* MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	16
MCDC	73	67	71										70
PRRS	124	119	124										122
MCCF	554	575	563										564
Average (ADP)	750	761	758										756
PTS Average Caseload	1,659	1,685	1,768										1,704

ADP - Average Daily Population (Include Weekenders)
 PTS Average Caseload - Number of Criminal Justice Clients under Pre-Trial Services (ACS, IPSA, PTSU)
 *March 1, 2016 - March 31, 2016

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ADDRESSING MENTAL ILLNESS AND MEDICAL CONDITIONS IN COUNTY JAILS



NATALIE ORTIZ, PH.D.

NACo WHY COUNTIES MATTER SERIES • ISSUE 3 • SEPTEMBER 2015 • www.NACo.org

KEY FINDINGS

Protecting public safety and ensuring the health and well-being of residents are essential functions of county governments. County governments own and operate a majority of all jails in the U.S. and spend \$70 billion annually on the criminal justice system. Counties balance the pursuit of justice with the strategic management of the jail population and prudent county spending on the corrections system, including for the healthcare of the jail population.

The jail population has complex healthcare needs. Better management of the inmates with mental illnesses and chronic medical conditions may assist counties with reducing the number of people in jail that require medical and mental health treatment. This approach may also reduce costs and better provide for the healthcare needs of this population. An analysis of U.S. Department of Justice Bureau of Justice Statistics (BJS) data on the jail population and the results of a 2015 NACo survey of county jails finds:

- 1 A LARGE SHARE OF THE JAIL POPULATION HAS A MENTAL ILLNESS OR MEDICAL CONDITION.** County jails have large jail populations with serious healthcare needs, including mental illnesses and medical conditions (See Key Terms). According to BJS, 40 percent of inmates have a chronic medical condition (See Figure 1).¹ High blood pressure/hypertension is the most frequent medical condition in the jail population. Female jail inmates are more likely than male inmates to have a chronic medical condition and these conditions are more common among the persons in jail over 35 years.² One-third of individuals who enter jail with a chronic medical condition were receiving medical treatment in the month prior to their admission to jail.³ A significant share of jail inmates with a chronic medical condition take prescription medication while in jail.⁴

64% OF JAIL INMATES
HAVE A MENTAL ILLNESS

40% OF INMATES IN JAIL
IN 2011–2012 HAD A
CHRONIC MEDICAL
CONDITION

40% OF JAIL INMATES
WITH A CHRONIC
MEDICAL CONDITION
TAKE PRESCRIPTION
MEDICATION WHILE IN JAIL

To read the companion case studies and learn more about the 2015 NACo survey of county jails, visit:

www.NACo.org/JailHealthServices



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ADDRESSING MENTAL ILLNESS AND MEDICAL CONDITIONS IN COUNTY JAILS

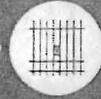
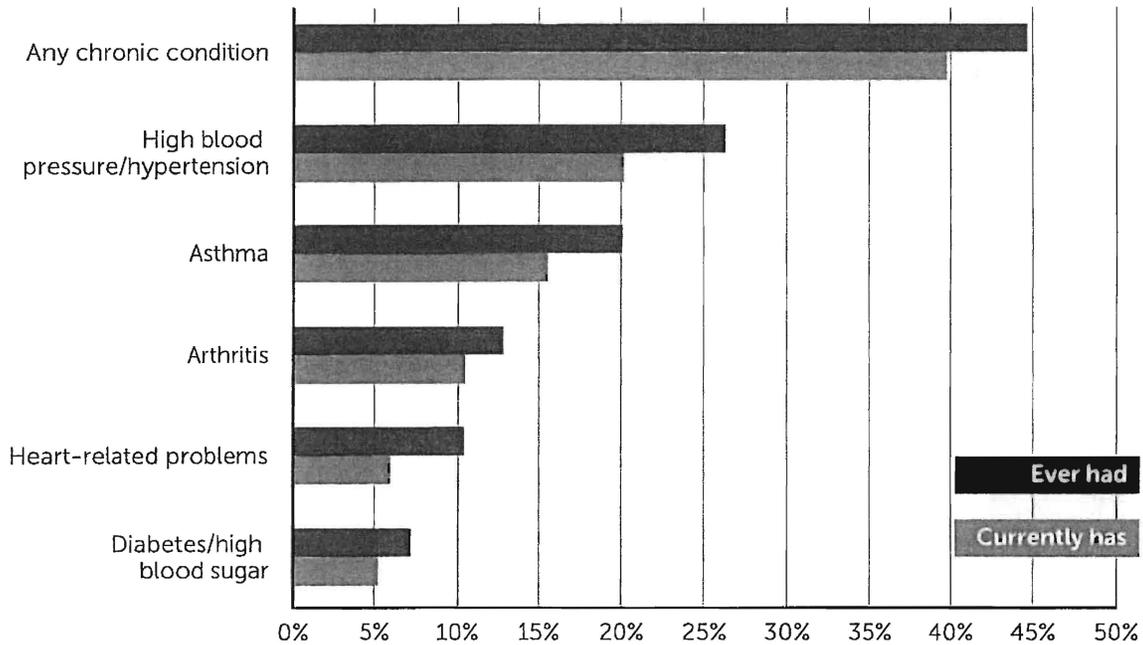


FIGURE 1.

TOP FIVE CHRONIC MEDICAL CONDITIONS AMONG JAIL INMATES, PERCENT OF JAIL INMATES WITH A CHRONIC MEDICAL CONDITION, 2011–2012



Source: Bureau of Justice Statistics, Medical Problems of State and Federal Prisoners and Jail Inmates, 2011–12, (February 2015).

Notes: Chronic conditions include high blood pressure/hypertension, asthma, arthritis, heart-related problems and diabetes/high blood sugar in addition to kidney-related problems, stroke-related problems, cancer and cirrhosis of the liver. Medical conditions among jail inmates are categorized by the status of symptoms and the need for treatment. "Ever had" includes jail inmates diagnosed and told by a health professional at least one point in their lifetime that they had the medical condition. "Currently has" includes jail inmates told they currently have the medical condition by a health professional. Inmates who ever had a chronic medical condition may be at risk for the return of symptoms or additional health problems, while currently having a condition identifies those who have present healthcare needs.

MENTAL ILLNESS IS A COMMON OCCURRENCE WITHIN THE JAIL POPULATION, AND IT IS OFTEN COUPLED WITH SUBSTANCE ABUSE.

BJS reports that 64 percent of the jail population has a mental illness.⁵ According to a 2009 study, 15 percent of male jail inmates and 31 percent of female jail inmates have a serious mental illness, which includes depressive disorders, bipolar disorders, schizophrenia, delusional disorders and psychotic disorders.⁶ Co-occurring substance abuse is common among individuals with a mental illness. BJS data indicate that more than half of jail inmates with a mental illness used drugs or alcohol at the time of their crime.⁷



KEY TERMS

BEHAVIORAL HEALTH is the mental and emotional circumstances and the choices and actions that affect well-being, including substance use and abuse, psychological distress and mental illness.⁸

CHRONIC MEDICAL CONDITION is a long-term physical health problem that can be controlled but not cured.⁹

MEDICAID EXPANSION under the Affordable Care Act extends Medicaid benefits to individuals under 65 years, including single adults without children, with incomes below 133 percent of the federal poverty level.

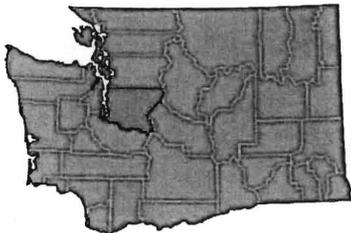
MENTAL ILLNESS is defined using the 2006 BJS definition of mental health problems, including having symptoms consistent with a mental illness based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders* (4th edition) and/or receiving professional mental health treatment within the previous 12-months of confinement. The 2006 BJS study estimated the percent of the jail population with a mental health problem.¹⁰

SERIOUS MENTAL ILLNESS is defined using the 2009 Steadman and others definition of serious mental illness, including the presence of one or more of the following diagnoses: major depressive disorder; depressive disorder not otherwise specified; bipolar disorder I, II and not otherwise specified; schizophrenia spectrum disorder; schizoaffective disorder; schizophreniform disorder; brief psychotic disorder; delusional disorder and psychotic disorder not otherwise specified. Steadman and others estimated these diagnoses in the jail population.¹¹

SUBSTANCE/DRUG ABUSE is an addiction to an illegal or legal drug or medication that involves compulsive drug seeking behavior, risky drug use, increased tolerance to the amount consumed, social withdrawal, disregard for the consequences of using drugs and withdrawal symptoms.¹²

VIEW COMPANION CASE STUDIES

King County, Wash.



Montgomery County, Md.

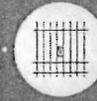
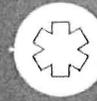
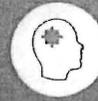


Cook County, Ill.



www.NACo.org/JailHealthServices

ADDRESSING MENTAL ILLNESS AND MEDICAL CONDITIONS IN COUNTY JAILS



2 ADDRESSING THE MENTAL AND MEDICAL HEALTH NEEDS OF THE JAIL POPULATION IS A MAJOR CHALLENGE CONFRONTING COUNTY JAILS.

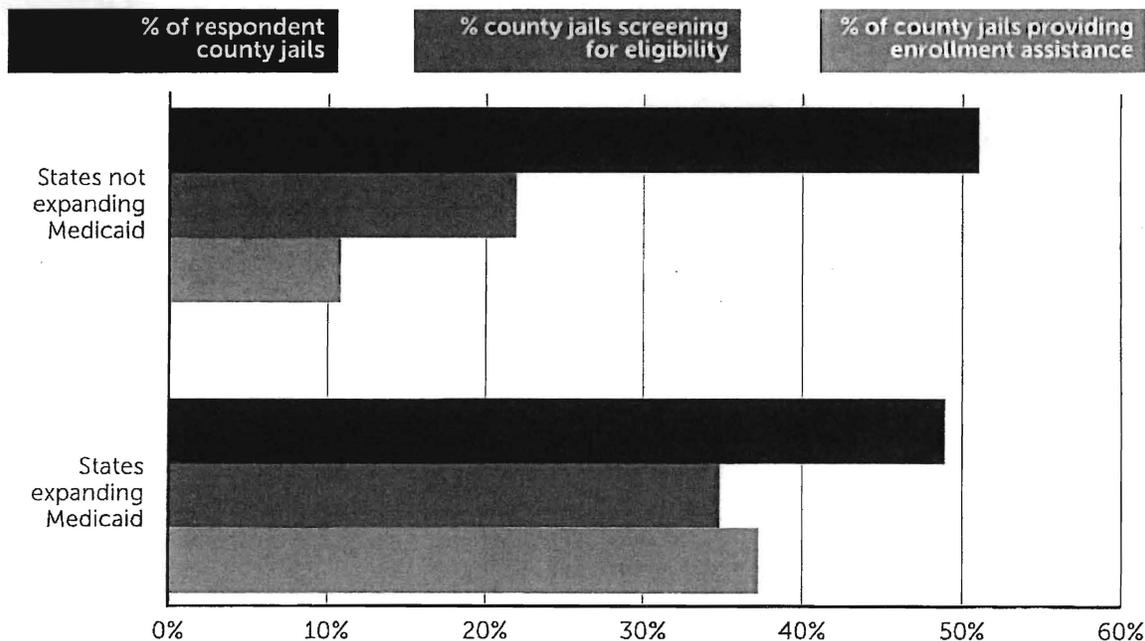
73% OF RESPONDENT COUNTY JAILS FOCUS ON REDUCING THE JAIL POPULATION WITH A MENTAL ILLNESS

Many of the challenges confronting county jails relate to addressing the mental health and medical needs of the jail population. A 2015 NACo survey of county jails found that addressing the mental health needs of inmates is the most common concern for county jails. Nearly three-quarters of respondent county jails prioritize ways to reduce the number of people with mental illnesses in jail and almost half face challenges in coordinating mental health treatment for inmates.

28% OF RESPONDENT COUNTY JAILS SCREEN FOR MEDICAID ELIGIBILITY

Inmate healthcare, medication and hospital stays are significant cost drivers for counties. Inmate healthcare expenses represent between nine and 30 percent of jail costs, with many counties covering costs through funds outside of the jail budget.¹³ County jails have a constitutional responsibility to provide inmates with adequate healthcare.¹⁴

FIGURE 2. MEDICAID ELIGIBILITY SCREENING AND ENROLLMENT IN COUNTY JAILS, MARCH–APRIL 2015



Source: NACo survey, March–April 2015.

Notes: As of March–April 2015, 30 states, including the District of Columbia, expanded Medicaid coverage under the Affordable Care Act, making health coverage available to individuals and families with incomes below 133 percent of the federal poverty level. The NACo survey of county jails asked if the booking process includes screening for Medicaid eligibility and if the jail provides Medicaid enrollment assistance to the pretrial population. Alaska, Connecticut, Hawaii and Rhode Island do not have county operated jails.



Medicaid and other forms of private or public insurance could help, but county jails cannot bill insurance providers or Medicaid for any health services provided in a jail facility. Medicaid's inpatient exclusion allows for Medicaid reimbursement if an inmate is admitted as a patient to a hospital or medical facility for more than 24 hours. Most respondent jails (68 percent) to the 2015 NACo survey identify as part of the booking process whether individuals have health insurance, including private or government subsidized coverage. Recent research showed that most people who are in jail do not have insurance.¹⁵ More than one-quarter of respondent county jails to the NACo survey screen for Medicaid eligibility.

Medicaid enrollment helps beyond the jail, as it may also improve health outcomes for individuals released from jail by streamlining access to care in the community. County jails in states that expanded Medicaid are more likely to screen for eligibility and also provide assistance in Medicaid enrollment than county jails in states that did not expand Medicaid (See Figure 2). To learn more about the role of county jails in Medicaid enrollment, see the [King County, Wash.](#) and [Cook County, Ill.](#) case studies accompanying this report.

3 A SMALL NUMBER OF COUNTY JAILS SUPERVISE JAIL INMATES OUTSIDE OF CONFINEMENT IN MENTAL HEALTH OR MEDICAL TREATMENT PROGRAMS. County jails provide treatment to inmates within the jail as well outside the jail. Inmates with behavioral health or medical problems can receive treatment outside of confinement through community supervision programs run by county jails, but this is a limited occurrence.

Twenty-two (22) percent of respondent county jails indicated having a community based supervision program that provided behavioral health treatment outside of the jail, including for mental health, alcohol and/or drug use. Another 18 percent of county jails provide medical treatment, including for chronic medical conditions, outside of confinement through community based supervision programs.

County jails with community based treatment programs are more likely to have both types available than only one. For example, among medium-sized counties, 19 percent of county jails have both treatment programs while seven percent have only a medical treatment or behavioral health treatment program available (See Figure 3). Most behavioral health and medical treatment programs are available to both pretrial and convicted jail populations. The majority programs, including both behavioral health and medical treatment, determine eligibility for participation by using a diverse set of criteria, including criminal history, the results of a health screening or assessment as well as the recommendation of a health professional.

22% OF RESPONDENT COUNTY JAILS PROVIDE TREATMENT OUTSIDE OF JAIL IN BEHAVIORAL HEALTH PROGRAMS

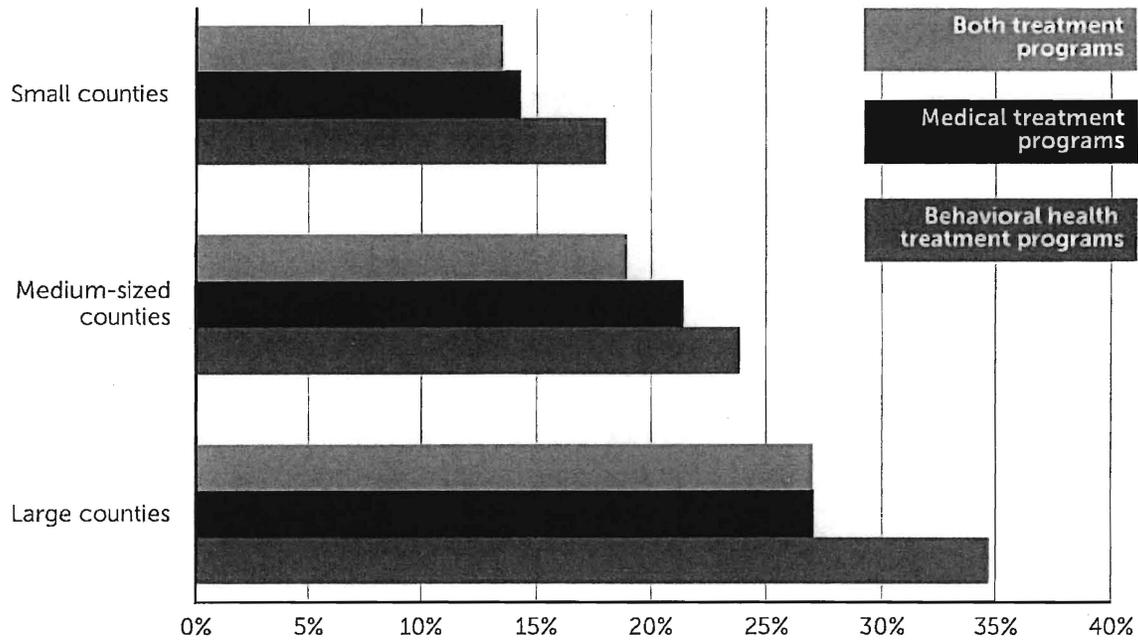
18% OF RESPONDENT COUNTY JAILS PROVIDE TREATMENT OUTSIDE OF JAIL IN MEDICAL PROGRAMS

ADDRESSING MENTAL ILLNESS AND MEDICAL CONDITIONS IN COUNTY JAILS



FIGURE 3.

BEHAVIORAL HEALTH AND MEDICAL TREATMENT PROGRAMS OF COUNTY JAILS, BY COUNTY POPULATION SIZE, MARCH–APRIL 2015



Source: NACo survey, March–April 2015.

Notes: Small counties have populations less than 50,000 residents. Medium-sized counties have populations between 50,000 and 500,000 residents. Large counties have more than 500,000 residents. Population size is based on 2014 population data from the U.S. Census Bureau's Population Estimates Program. Alaska, Connecticut, Hawaii and Rhode Island do not have county operated jails.

Counties have a significant responsibility to provide healthcare to those in jail with mental illnesses and medical conditions. Without proper attention and care, medical conditions may worsen, putting individual and public health at a greater risk. Tackling behavioral health needs may reduce homelessness, unemployment and victimization among the jail population and prevent their cycling through the criminal justice system. For many county jails, connecting the jail population that has a medical condition or mental illness to the type of treatment they need is a pressing issue. To learn more about collaborative approaches and partnerships between health services and justice agencies, see the [Montgomery County, Md.](#) case study.

Collaboration between the county justice system, county health system and other community based organizations is essential to the success of treatment programs and for meeting the immediate and long term health needs of those with behavioral health or medical conditions who come into contact with the county jail. Counties strive to effectively provide the criminal justice population with greater access to healthcare and treatment. The delivery of care and service to this population can lead to greater individual well-being, reduce recidivism and improve public health.¹⁶

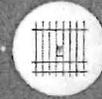
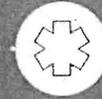
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ENDNOTES

- 1 Bureau of Justice Statistics, "Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-2012," (February 2015), available at <http://www.bjs.gov/content/pub/pdf/mpsfpi1112.pdf>
- 2 Ibid.
- 3 Ibid.
- 4 Ibid.
- 5 Bureau of Justice Statistics, "Mental Health Problems of Prison and Jail Inmates," (December 2006), available at <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>
- 6 Henry J. Steadman and others, "Prevalence of Serious Mental Illness among Jail Inmates," *Psychiatric Services* 60 (6) (2009):761-765.
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- 10 Bureau of Justice Statistics, "Mental Health Problems of Prison and Jail Inmates."
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- 15 Stephen A. Somers and others, "Medicaid Expansion: Considerations for States Regarding Newly Eligible Jail-Involved Individuals," *Health Affairs* 33 (3)(2014): 455-456.
- 16 Nicholas Freudenberg, "Jails, Prisons, and the Health of Urban Populations: A Review of the Impact of the Correctional System on Community Health," *Journal of Urban Health* 78 (2) (2001): 214-235; Marsha Regenstein and Jade Christie-Maples, "Medicaid Coverage for Individuals in Jail Pending Disposition: Opportunities for Improved Health and Health Care at Lower Costs," (Washington, DC: The George Washington University School of Public Health and Health Services, 2012), available at http://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1000&context=sphhs_policy_facpubs; Danielle Wallace and Andrew V. Papachristos, "Recidivism and the Availability of Health Care Organizations," *Justice Quarterly* 31 (3) (2014): 588-608; Emily A. Wang and others, "Discharge Planning and Continuity of Health Care: Findings from the San Francisco County Jail," *American Journal of Public Health* 98 (12) (2008): 2182-2184.

ADDRESSING MENTAL ILLNESS AND MEDICAL CONDITIONS IN COUNTY JAILS



ACKNOWLEDGMENTS

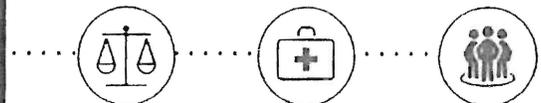
The author would like to thank the representatives of the county jails who responded to the 2015 NACo survey. I would also like to thank the American Jail Association, especially Robert Kasabian, for their assistance with distributing the survey and reviewing an earlier draft.

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ABOUT NACo

The National Association of Counties (NACo) unites America's 3,069 county governments. Founded in 1935, NACo brings county officials together to advocate with a collective voice on national policy, exchange ideas and build new leadership skills, pursue transformational county solutions, enrich the public's understanding of county government, and exercise exemplary leadership in public service.

Collaboration between the county justice system, health providers and other community based organizations is essential to the success of treatment programs and for meeting the immediate and long term health needs of those with behavioral health or medical conditions who come into contact with the county jail.



FOR MORE INFORMATION, CONTACT:

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To read the companion case studies and learn more about the 2015 NACo survey of county jails, visit:

www.NACo.org/JailHealthServices



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Independent Audit

Section 315 of the County Charter requires the County Council to contract with a Certified Public Accountant for an independent post audit of all financial records and actions of the County government, its officials, and employees. By County Resolution, the Office of Legislative Oversight is the designated administrator for this contract, which also includes an independent audit of the basic financial statement of the Employee Retirement Plans; an independent audit of the basic financial statements of the Montgomery County Union Employees Deferred Compensation Plan; and additional services related to reviews, tests, and certifications.

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	420,820	0.00
FY17 Recommended	420,820	0.00

Interagency Technology Policy and Coordination Committee

This NDA supports the operation of the Interagency Technology Policy and Coordination Committee (ITPCC). The ITPCC was chartered by the Montgomery County Council to promote strategic planning and coordination in the use of information technology among County agencies. The ITPCC reports biannually to the County Council. By regularly convening the agencies' chief executive and chief information officers, the ITPCC provides an effective forum for the coordinated implementation of technology policies and guidelines. Additionally, the ITPCC facilitates interagency communication, the evaluation and sharing of new technologies, and advises policy makers on the strategic uses of technology.

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	5,850	0.00
FY17 Recommended	5,850	0.00

Leases

This NDA provides the funds necessary to lease privately owned real estate to accommodate County programs. Real property leased by the County includes office, warehouse, and retail space; hangar facilities; child care space in schools; parking spaces; and space for communication antennas. Leasing property allows the County the flexibility to locate programs in the communities they serve and provides space for programs to operate when there is no County-owned space available. Further, it is an economical way to procure highly specialized, location sensitive, or temporary space. Currently, there are approximately 61 leased facilities. The inventory of leases is constantly shifting as new leases are added and existing leases are terminated.

FY17 Recommended Changes	Expenditures	FTEs
FY16 Approved	22,608,195	0.00
Increase Cost: Move 2424 Reedie Drive Tenants- Adult Behavior Health and Proyecto Salud to 1401 Rockville Pike	701,397	0.00
Enhance: DHCA 1401 Rockville Pike Lease and Move	609,198	0.00
Increase Cost: Maintenance Costs and Other Leasing Costs	385,130	0.00
Increase Cost: Scheduled Lease Escalation Costs	345,268	0.00
Increase Cost: Move 24 Reedie Dr Tenants- CAA & Women's Cancer Center to 1106 Veirs Mill Rd	95,207	0.00
Increase Cost: Leases Added in FY17	43,450	0.00
Decrease Cost: Chargebacks to Departments for Lease Costs	(160,175)	0.00
Decrease Cost: Improve safety and security for Pre-Trial Services clients and employees	(731,661)	0.00
Decrease Cost: One-Time Costs of New Leases added in FY16	(1,583,576)	0.00
Decrease Cost: Terminations and Relocations	(1,752,952)	0.00
FY17 Recommended	20,559,481	0.00

Legislative Branch Communications Outreach

This NDA provides funds to strengthen the capacity of five Legislative Branch offices (the Council Office, the Office of Legislative