JACKSON COUNTY
DETENTION CENTER

PROGRAM SUMMARY

EXECUTIVE SUMMARY INTRODUCTION

Jackson County (County) is in the early stages of a multi-phase plan to develop a new correctional facility to replace the Jackson County Detention Center (JCDC). In January 2020, the County contracted with JCDC Partners, LLC, to serve as the Owner's Representative in providing professional services to support the development of new jail facilities. JCDC Partners works directly for the Jackson County Legislature, guided by the County-established JCDC Steering Committee, to manage this project. The first Component Service focused on validation of the needs and issues identified in past studies of the County detention system. This second Component Service focuses on defining the operational and architectural program needs for a new facility, based on the results of the needs analysis, current issues in the County's justice system, and forecast of future detention capacity needs.

The purpose of the facility program is to:

- Build on the Steering Committee's Mission Statement and develop a facility vision
- Define the management concept and operational basis for the new detention facility
- Incorporate the results from the validation of needs
- Translate the operational basis into a spatial description
- Identify the functional adjacency relationships
- Provide the basis for a staffing plan and initial project cost considerations

METHODOLOGY

JCDC Partners developed a virtual strategy to review the main facility components of a new detention center and to discuss the current facility and operating state, trends and benchmarks, and desired future operational state and associated space needs. Twenty bi-weekly virtual program sessions were conducted between April and June 2000 with stakeholders to include the Steering Committee, County representatives, and Sheriff staff on the following topics:

- Facility Vision
- Public Lobby and Visiting
- Facility Administration
- Staff Support
- Master Control
- Housing
- Inmate Programs
- Support Services
- Healthcare
- Intake/Transportation/Release

Also, three case studies were presented to the stakeholders between March and June 2000:

- Maricopa County, AZ, Intake/Transfer/Release Facility (in-person)
- San Mateo County, CA, Maple Street Correctional Center (virtual)
- Medical and Mental Health Best Practices (virtual)

An initial draft program document was prepared in July 2000. Four virtual review sessions were conducted with stakeholders in July and August 2000. An updated draft program document was submitted to the Steering Committee in August 2000. The document was then finalized and ratified by the Steering Committee in September 2020.

MISSION STATEMENT AND GUIDING PRINCIPLES

The Steering Committee developed a mission statement that defines its goals and provides a vision of the future detention facility. Key phrases in the statement include:

- State-of-the-art detention center
- Professional and constitutional standards
- Equitable criminal justice system
- Evidence-based treatment and training opportunities
- Safe, secure, efficient to operate
- Long-term solutions

The kick-off programming session included a presentation and group discussion on the physical elements of a humane environment. The stakeholders identified the following four guiding principles or touchstones in addition to the Mission Statement for the facility program process:

- **Wholeness** - develop an environment that makes a person successful
- **Nature** - create a healing environment and understanding the Golden Rule (treat others how you want to be treated)
- **Training** - Provide means for a person to be productive
- **Something New** - Create the next generation of detention operation and design

Note that any reference to a "person" is meant to encompass everyone at the facility – in-custody, staff, and visitors.

KEY OPERATIONAL ELEMENTS

The program includes a description of the function, operational assumptions, special considerations, and a space listing for each facility component. Key operational elements included as part of the programming process are highlighted in this section.

INCORPORATION OF NEEDS ASSESSMENT

- Plan for initial build for the 2035 projection of 1,244 beds with support sized to accommodate the projected 2050 needs
- Utilize offender profile data to determine the appropriate housing classification/allocation and program spaces

IMPLEMENTATION OF FOUR MANAGEMENT TOOLS

- Classification – implement a system checklist to evaluate and manage inmate's risk
- Services – target inmate services and programs based on offender profile
- Direct supervision – provide more normative housing environment with inmate access to services and programs in/adjacent to housing unit
- Professional staff – ensure number and quality of properly-trained staff

CREATION OF FACILITY TONE

- Balance – provide secure/open and restrictive/therapeutic spaces
- Visitors, staff, and in-custody – set expectations
- All spaces – incorporate from Public Lobby to Staff Areas to Intake to Housing to Release

SEPARATION OF INTAKE/TRANSPORTATION/RELEASE FUNCTIONS

- Pre-Intake/Law Enforcement Lobby – separate law enforcement and jail duties and set expected in-custody behavior
- Intake – balance open and secure spaces and match spaces to operational flow
- Transportation – provide areas for secure staging and transport
- Release – separate function and connect persons to other services

PRIORITIZATION OF ADAPTABLE CELLS

- Recognize majority of population with medical/mental health issues
- Recognize current and future public health concerns
- Strive to avoid falls, fights, and failures
- Provide all beds on floor (bunkless) – 19,200 department gross square feet (DGSF) impact on footprint
- Provide accessible cells in Healthcare and all four-person occupancy cells

MEANINGFUL INMATE SERVICES AND PROGRAMS

- Continue and expand opportunities of inmate workers
- Ensure access to multi-purpose rooms, classrooms, and program areas

INCORPORATION OF HEALTHCARE BEST PRACTICES

- Include recommended functions and spaces for Central Clinic and Infirmary
- Define Medical Housing as sheltered environment for patients with fragile or complex medical or mental health conditions
- Define Special Needs as services to inmates with acute and severe mental illness separated into stages of care representing level of acuity and treatment needs
  - » Stage 1 Psychiatric Observation
  - » Stage 2 Crisis Management
  - » Stage 3 Inpatient Care
  - » Stage 4 Sheltered Housing

INTEGRATION OF COURT SERVICES

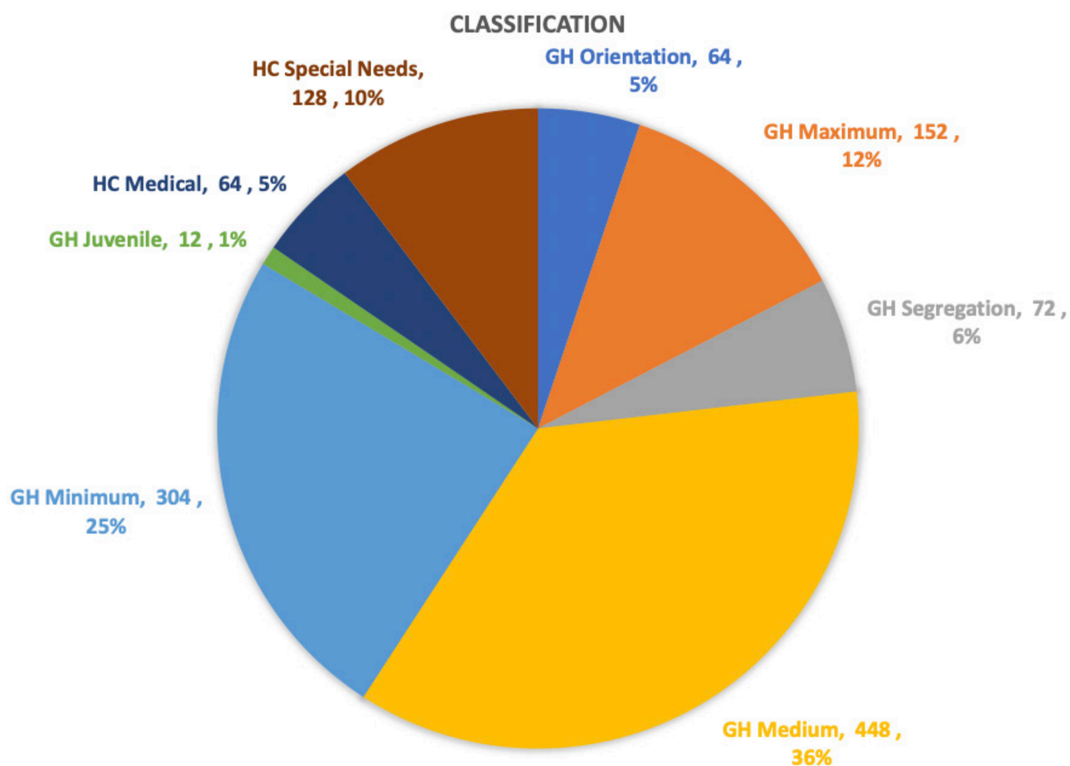
- Continue and expand use of video with document transfer
- Include Criminal A proceedings
- Provide flexible space for jury proceeding

EXPANSION OF SUPPORT SERVICES

- Plan for Food and Laundry Services based on 2050 needs
- Size Central Plant initially for 2050 needs

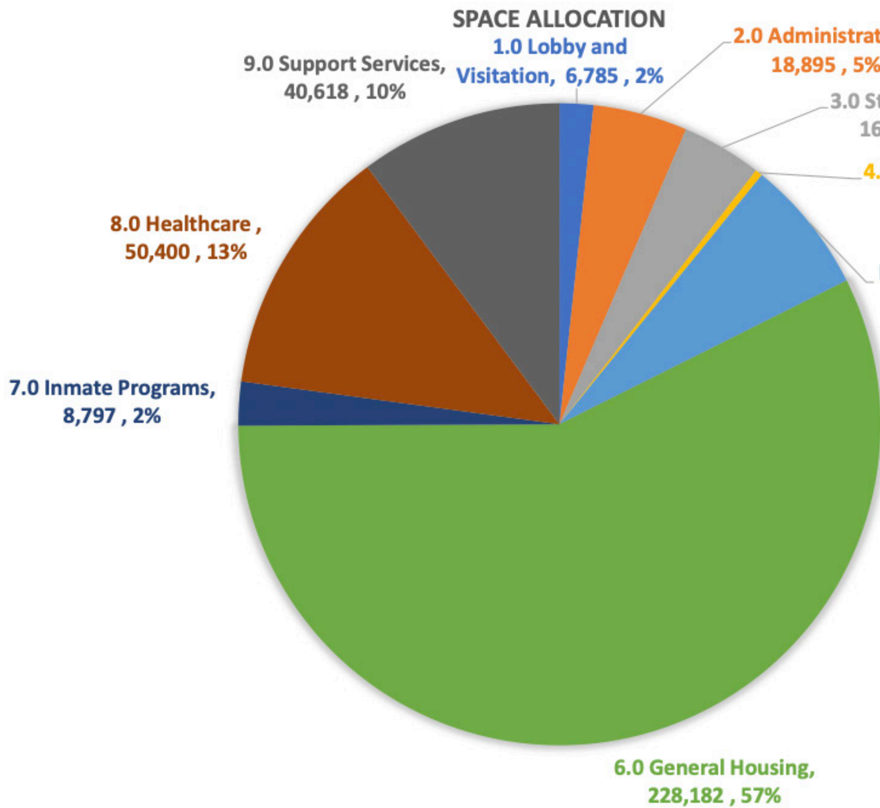
PROGRAM HOUSING SUMMARY

The housing classification, bed allocation, and cell type developed for the program was developed based on the 2035 projected need of 1,244 beds and key operational elements. As illustrated in Figure 1, the largest percentage of housing at 61 percent is for General Housing Medium and Minimum classifications. Healthcare Medical and Special Needs housing accounts for 15 percent of the total beds.



PROGRAM SPACE SUMMARY

The DGSF for all the facility components is 398,107. Note, a building grossing factor must be added to the DGSF to account for exterior walls, common public spaces, and building mechanical spaces to calculate the building gross square feet (BGSF). The building grossing factor will be refined during the building design and site development phases. Figure 2 illustrates the allocation of DGSF space in the facility program by main component. As shown, General Housing comprises 58 percent of the total followed by Healthcare at 13 percent.



Space #	Component	DGSF
1.000	**Lobby and Visitation**	**6,785**
1.100	Public Lobby	3,018
1.200	Visitation Center	3,767
2.000	**Administration**	**18,895**
2.100	Facility Administration	3,750
2.200	Command	2,746
2.300	Information Management	1,617
2.400	Professional Standards	3,672
2.500	Safety, Security, and Technology	2,781
2.600	Community Corrections	4,328
3.000	**Staff Support**	**16,046**
3.100	Training/Accreditation/Analyst	6,259
3.200	Staff Support	9,788
4.000	**Master Control**	**1,472**
4.100	Master Control	1,472
5.000	**Intake/Transfer/Release**	**26,914**
5.100	Vehicle Sallyports & Armory	3,680
5.200	Intake	4,514
5.300	Court	9,038
5.400	Records	4,193
5.500	Transportation	4,077
5.600	Release	1,412
6.000	**General Housing**	**228,588**
6.100	Orientation Housing	13,179
6.200	Maximum Housing Male	26,634
6.300	Segregation Housing Male	13,317
6.400	Maximum and Segregation Housing Female	7,763
6.500	Medium and Minimum Housing Male	133,748
6.600	Medium and Minimum Housing Female	23,705
6.700	Juvenile Housing	4,515
6.800	Housing Support Center	5,728
7.000	**Inmate Programs**	**8,797**
7.100	Programs Staff and Volunteers	2,147
7.200	Inmate Programs	6,650
8.000	**Healthcare**	**50,400**
8.100	Central Clinic	6,304
8.200	Infirmary	1,716
8.300	Medical Housing	14,425
8.400	Special Needs Housing Stage 1 to 3	15,248
8.500	Special Needs Housing Stage 4	12,708
9.000	**Support Services**	**40,555**
9.100	Food Service	12,091
9.200	Laundry Service	3,313
9.300	Receiving and Central Storage	7,556
9.400	Maintenance	3,988
9.500	Custodial	1,388
9.600	Central Plant	12,221
	Subtotal Department Gross Square Feet	398,450

HEALTHCARE BREAKDOWN

The following is a Space Summary Breakdown of the Healthcare space within the new JCDC facility. 13% of the new facility will be dedicated to healthcare services. Typical county jails will have 10% of the space dedicated to healthcare services. JCDC has additional space dedicated to healthcare to run a proper step-down programming and treatment center for Mental Health within the jail.

8.000 Healthcare	**50,400**
8.100 Central Clinic	6,304
8.200 Infirmary	1,716
8.300 Medical Housing	14,425
8.400 Special Needs Housing Stage 1 to 3	15,248
8.500 Special Needs Housing Stage 4	12,708

CENTRAL CLINIC

The Central Clinic component includes the healthcare space necessary to support the delivery of the medical, dental, and mental health services to the inmate population housed in the facility. Healthcare includes providing acute (non-life threatening), subacute, chronic care clinics, and health maintenance services.

Services in the Central Clinic include:

- medical screening by the nurse of inmates submitting sick slips (most screening will occur in the housing unit support cluster),
- doctor’s exam for inmates the nurses feel need further examination,
- chronic care treatment and follow-up
- emergency and first aid treatment,
- maintaining electronic medical records,
- necessary dental treatment,
- available vendor on-site radiology,
- telemedicine, and
- dissemination of medications.

INFIRMARY

Infirmary-level care is defined by the National Commission on Correctional Health Care as “care provided to patients with an illness or diagnosis that requires daily monitoring, medication and/or therapy or assistance with activities of daily living at a level needing skilled nursing intervention.” Typically, this includes patients who require more intensive care than can be provided in the general population and for a period of 24 hours or greater. Patients who need skilled nursing care but do not need hospitalization and whose care cannot be managed safely in an outpatient setting would qualify for infirmary-level care. Patients with acute or chronic health problems that cannot be efficiently managed within the facility’s clinical setting are to be transported to an approved community hospital.

Patients and health conditions that require Infirmary Housing include:

- Post-operative care and physical therapy.
- Intravenous fluid and antibiotic administration (dehydration and cellulitis).
- Wound care.
- Oncology care.
- Cardiac rehabilitation and stroke care.
- High-risk pregnancy.
- Neurocognitive impairment.
- Complex medical and mental comorbidities.
- Hospice services.

MEDICAL HOUSING

The need for Medical Housing in jails has grown over the last two decades due to the rising number of elderly (greater than 55 years old) being incarcerated and the increasing prevalence of chronic medical conditions. Medical housing is typically a multiple occupancy cell housing unit that provides a sheltered environment for patients with fragile or complex medical and mental health conditions. They often have minor limitations in their activities of daily living and require a higher degree of clinical oversight than would be available in the general population.

Health conditions that may be appropriate for Medical Housing include:

- Brittle diabetes.
- Chronic obstructive pulmonary disease or asthma.
- HIV.
- Morbid obesity.
- Mobility impairments (requiring a wheelchair or walker).
- Renal dialysis.
- Neurocognitive disease (Alzheimer's, dementia).
- Multiple comorbidities.

SPECIAL NEEDS HOUSING STAGE 1 TO 3

Special Needs Housing will provide services to inmates with acute and severe mental illness. The housing will be separated into three stages of care representing the level of acuity and treatment needs of the inmate: Stage 1 psychiatric observation; Stage 2 crisis management; and Stage 3 inpatient care. Healthcare and security staff are trained in recognizing, triaging, and mobilizing healthcare resources when encountering jail detainees with mental health issues.

At Intake, healthcare staff screen new jail inmates, clarify past/recent mental health treatment, current symptoms/ impairment, and triage those with current mental health issues, recent or current psychotropic medication treatment, recent mental health treatment, suicide attempts or current suicide risks to mental health depending on the level of acuity.

New inmates presenting with current mental health issues, suicide risks, current or recent psychotropic medication treatment are referred for mental health assessment and evaluation by a jail QMHP (in person or via telepsychiatry) for evaluation within 24 hours of intake. In addition, all detainees with mental health issues receive a 14-day mental health evaluation. Mental health and psychiatric staff are available to provide access to mental health care, provide consultation regarding the need for and type and frequency of suicide watch placement, and assess if psychotropic medications should be continued, initiated, or held, respectively.

Special Needs Housing will include three separate areas in a 64-bed housing unit with a total of 48 male and 16 female beds. Stage 1 housing area will include 16 1-person occupancy cells for males and 8 1-person occupancy cells for females. Stage 2 housing will include 16 1-person occupancy cells for males and 4 1-person occupancy cells for females. Stage 3 housing will include 8 1-person and 4 2-person occupancy cells for males and 4 1-person occupancy cells for females.

Stage 1

Stage 1 or psychiatric observation will provide housing for immediate/ready visual observation and nursing assessments and mental health staff access to inmates displaying oddities in speech, behaviors, or thought disorders suggestive of a serious mental illness such as schizophrenia or another psychotic disorder, mania, hypomania, or other disturbances in speech, activities, or behavior. These cells will be similar to suicide watch cells (with enhanced light and visibility, no ligature/tie-off points, and reduced access to surfaces or structural items for potential self-harm), but will be designed to facilitate access to intensive psychotherapeutic and psychiatric interventions for offenders with oddities in behaviors suggestive of psychosis, severe impulse control problems, and/or offenders who engage in severe and frequent acts of life-threatening self-injury with little or no provocation.

Individuals who cannot be clinically stabilized within a few days will be referred/transferred by clinical staff to the jail inpatient (stage 3) psychiatric treatment program.

Stage 2

Stage 2 or crisis management will provide housing for patients experiencing a current mental health crisis such as a significant conflict or situational stressor (e.g., significant difficulty in adjustment to incarceration, conflict with a cellmate, peer, or staff) or displaying impulsive behaviors of harm to self or others and cannot be stabilized via monitoring in Stage 1 and are medically stable (no active medical illness or medical acuity that would require emergency department off-site, medical hospitalization, or infirmary housing setting). Crisis management patients may also be engaging in self-harm or self-mutilation; they may have current suicidal ideation, intent, or plans.

This will ideally be a 3-working-day treatment program but may be extended with clinical justification. The treatment mission will be to provide protective housing, intensive behavioral observation, brief crisis intervention counseling, psychoeducation, and supportive skills and therapeutic programming to offenders at imminent risk of suicide or serious self-injury.

Stage 3

Stage 3 or inpatient care will provide comprehensive psychiatric, mental health, and psychosocial evaluations and intensive behavioral health care to jail inmates with acute and severe mental illness who are clinically determined to require acute care level of mental health services. The goal will be for short-term behavioral health care treatment with rapid mental health stabilization. The area will be a dedicated pod/housing area with assigned custody and health care staff who share a mission to provide inpatient psychiatric/structured intensive behavioral health level of care. This housing setting will include the most serious mentally ill population but may also contain individuals with personality disorders or those engaging in potentially lethal and severe self-harm.

Inpatient psychiatric services will vary from short-term to longer-term care. Lengths of stays will generally range from 2 weeks to 6 weeks, with an average of 4 to 6 weeks. The target population will be jail detainees with serious mental illnesses (SMI) who present with acute psychosis, substance-induced psychotic disorders, other clinical deterioration or decompensation, impairments in their functioning and activities of daily living (ADLs), present with risks of harm to self or others, and who cannot be clinically stabilized in other jail settings such as while on suicide watch, crisis management, general population or sheltered housing settings.

SPECIAL NEEDS HOUSING STAGE 4

Special Needs Housing is provided to segregate inmates with acute and severe mental illness into three stages of progressive housing areas. Stage 4 sheltered housing provides less restrictive group housing and focused mental health care to offenders with unstable, severe, and chronic mental illness, severe personality disorders, dementia/neurocognitive disorders, and developmental disabilities such as intellectual impairments and promotes restoration to independent functioning. Healthcare and security staff are trained in recognizing, triaging, and mobilizing healthcare resources when encountering jail detainees with mental health issues.

Special Needs Housing Stage 4 will include a 64-bed housing unit with a total of 48 male and 16 female beds. The housing area will include 12 4-person occupancy cells for males and 4 4-person occupancy cells for females.

Stage 4

Stage 4 housing will target jail offenders with a history of serious mental illness (examples include a past/recent diagnosis of a psychotic disorder or bipolar manic/mixed episode in partial remission) who are now clinically stable (status post recent inpatient admission/housing) but have continued/residual negative symptomatology (negative signs of schizophrenia such as apathy, reduced social drive, social withdrawal, poor hygiene and grooming) and associated social impairments; but who no longer require the acute inpatient level of care and rapid stabilization program. These patients will still require frequent prompting by custody, nursing, and health care staff to maintain successful ongoing psychotropic medication compliance, basic hygiene, and ADLs. They will be encouraged to spend time out of their cell in structured or unstructured group activities. The overarching goal will be to promote independent activities and reduce isolation/restriction; prevent risk of decompensation due to medication non-compliance; and promote less restrictive housing.

Other non-psychotic patients who would benefit from sheltered housing may include mood/affective disorders with or without psychosis and individuals with personality disorders, developmental disabilities/intellectual impairments, and dementias/neurocognitive disorders.

The duration of this program will be 7 to 21 days or as directed by clinical staff. If needed, long term treatment goals will be focused on helping the patient transition into a community based residential/group home program.