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# White Paper Study

*The Benefits of Multi-Purpose Correctional Facilities*

by James DePelisi, President
Broward Country Crime Commission

## May 10th, 2013

## ABSTRACT:

Due to the overcrowded jail system of the 21st Century, this White Paper examines the nuances of **Multi-Purpose Correction Facilities (MPCF's)**, as well as the need to have MPCF's **assist non-violent offenders** toward proficient re-integration back into society. Re-integration is done on the basis that inmates diligently complete a designated sentence as expediently and structurally as possible, through socially-responsible rehabilitative programs. MPCF's are intended and designed to be a secure and safe protocol in order to foster positive effects on the lives of both the detainees and the staff who work there. MPCF's operate under a Direct Supervision form of corrections management. Re-entry planning starts as soon as the incarcerated member begins the program. The management and operations philosophy give substance to the dictum that offenders should be incarcerated as punishment, not for punishment.

# ABOUT THE BROWARD COUNTY CRIME COMMISSION:

*Acting on Behalf of Law Abiding Citizens*
*Assisting the Criminal Justice System with Solutions Against Crime*

## Purpose:

The Broward County Crime Commission is a 36 year old state chartered office, acting judiciously on behalf of law – abiding citizens in maintaining an unwavering vigilance against crime and corruption in the community. Founded in 1976 as an independent, fact – finding agency, the Crime Commission has distinguished itself as a laureate governing body, which works diligently to improve the Criminal Justice System, as well as strengthen and preserve the key components of Public Safety in Broward County.

## Role:

As an advocate to the Law Enforcement Community, and in its pursuit to reduce crime, the Broward County Crime Commission supports the major elements of the Criminal Justice System and works in conjunction with local, state and federal regulatory bodies, and law enforcement agencies, in its fiduciary role as a Crime Commission.

## Mission:

The mission of the Broward County Crime Commission is to sustain and enhance the coordination, cohesiveness, resources, effectiveness, efficiency and productivity of the Criminal Justice System, so that citizens can live, work and raise families without the fear of crime.

## Function:

The Crime Commission executes its operations through a cadre of meritorious program's involving perspective, research, education, technology, analytics, investigation, advocacy, and facilitation of findings to both the Criminal Justice System and the Broward County community.

*"Evil Triumphs When Good People Stand Idly by"*

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3. Annual Homeless Assessment Report (AHAR) to Congress
4. Australia Department of Community Justice and Safety
5. Center for Economic and Policy Research
6. Greg A. Greenberg, PhD
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11. National Association on Mental Illness (NAMI)
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15. Pew Charitable Trust for State and Consumer Issues
16. Robert A. Rosenheck, M.D.
17. U.S. Conference of Mayors
18. U.S. Department of Housing and Urban Development's (HUD) 2009
19. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (OJJDP)
20. Vera Institute of Justice

# THE NEED:

The United States leads the world in the rate of incarcerating its citizens. The US imprisons more of its own people than any other country in the world, including China, which has four times our population, or in human history. The United States has less than five percent of the world's population. However, it has almost a quarter of the world's prisoners. [1]

The United States currently incarcerates a higher share of its population than any other country in the world. The U.S. incarceration rate – 753 per 100,000 people in 2008 – is now about 240 percent higher than it was in 1980. [2]

Almost all states increased length of stay incarcerations over the last two decades, though that varied widely from state to state. In Florida, for example, where time served rose most rapidly, prison terms grew by 166 percent and cost an extra $1.4 billion in 2009. [3]

Most of this incarceration influx comes from **nonviolent** crimes committed amongst the:

1. Mentally Ill
2. The Homeless
3. Juvenile Offenders
4. Drug Offenders

If "Outside the Box" alternative incarceration strategies do not become more inherent, both the prison and civilian populous could face potential grave problems over the next three to five years as dictated by the following statistics on pages 5 through 9.

**Due to overwhelming increased statistics of non-violent incarceration in the 21st Century, specialized services have to be accessible and available to non-violent inmates. This applies specifically to ones that suffer from Mental Illness, Juvenile Truancy, and Homelessness.**

# Homeless Incarceration Statistics:

1. The 2009 Fourth Annual Homeless Assessment Report to Congress found that Florida had the third largest homeless population in the United States. [4]

2. The 2011 US Conference for Mayors found that 42 percent of the cities across America reported an increase in Homelessness. The same study showed that 26 percent suffered a mental illness. [5]

3. Inmates who had been homeless (that is, those who reported an episode of homelessness anytime in the year before incarceration) made up 15.3% of the U.S. jail population, or 7.5 to 11.3 times the standardized estimate of 1.36% to 2.03% in the general U.S. adult population. [6]

4. In comparison with other inmates, those who had been homeless were more likely to be currently incarcerated for a property crime, but they were also more likely to have past criminal justice system involvement for both nonviolent and violent offenses, to have mental health and substance abuse problems, to be less educated, and to be unemployed. [7]

5. Homelessness and incarceration appear to increase the risk of each other, and these factors seem to be mediated by mental illness and substance abuse, as well as by disadvantageous socio-demographic characteristics. [8]

# Mental Illness Statistics

1. One in four adults—approximately 57.7 million Americans— experience a mental health disorder in a given year. One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder1 and about one in 10 children live with a serious mental or emotional disorder. [9]

2. In the United States, the annual economic, indirect cost of mental illness is estimated to be $79 billion. Most of that amount—approximately $63 billion—reflects the loss of productivity as a result of illnesses. [10]

3. Anxiety disorders, including panic disorder, obsessive-compulsive disorder (OCD), post traumatic stress disorder (PTSD), generalized anxiety disorder and phobias, affect about 18.7 percent of adults, an estimated 40 million individuals. Anxiety disorders frequently co-occur with depression or addiction disorders. [11]

4. An estimated 5.2 million adults have co-occurring mental health and addiction disorders.4 of adults using homeless services, 31 percent reported having combination of these conditions. [12]

5. One-half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24.6. Despite effective treatments, there are long delays—sometimes decades—between the first onset of symptoms and when people seek and receive treatment. [13]

6. Less than one-third of adults and one-half of children with a diagnosable mental disorder receive mental health services in a given year. [14]

7. Suicide is the eleventh-leading cause of death in the Unites States and the third-leading cause of death for people ages 10-24 years. More than 90 percent of those who die by suicide have a diagnosable mental disorder. [15]

8. In July 2007, a nationwide report indicated that male veterans are twice as likely to die by suicide as compared with their civilian peers in the general United States population. [16]

9. Twenty-four percent of state prisoners and 21 percent of local jail prisoners have a recent history of a mental health disorder. [17]

Seventy percent of youth in juvenile justice systems have at least one mental disorder with at least 20 percent experiencing significant functional impairment from a serious mental illness. [18]

10. Over 50 percent of students with a mental disorder age 14 and older drop out of high school—the highest dropout rate of any disability group. [19]

## Non-Violent Crime Statistics

1. A companion analysis by www.Pewstates.org, conducted in partnership with external researchers, found that many non-violent offenders in Florida, Maryland and Michigan could have served significantly shorter prison terms with little or no public safety consequences. [20]

2. A June 2010 study from the Center for Economic and Policy Research (CEPR) entitled, "The High Budgetary Costs of Incarceration," calculated that a reduction by one-half in the incarceration rate of non-violent offenders would lower correctional expenditures by $16.9 billion per year and return the U.S. to about the same incarceration rate it had in 1993 (which was already high by historical standards). [21]

3. The large majority of the savings listed in number two above, would accrue to financially squeezed state and local governments, amounting to about one-fourth of their annual corrections budgets. As a group, state governments could save $7.6 billion, while local governments could save $7.2 billion. [22]

4. Non-violent offenders make up over 60 percent of the prison and jail population. [23]

5. Nonviolent drug offenders now account for about one-fourth of all offenders behind bars, up from less than 10 percent in 1980. [24]

6. In 2008, one of every 48 working-age men (2.1 percent of all working-age men) was in prison or jail. [25]

8. In 2008, the U.S. correctional system held over 2.3 million inmates, about two-thirds in prison and about one-third in jail. [26]

9. Non-violent offenders make up over 60 percent of the prison and jail population. [27]

10. Nonviolent drug offenders now account for about one-fourth of all offenders behind bars, up from less than 10 percent in 1980. [28]

11. The total number of violent crimes was only about three percent higher in 2008 than it was in 1980, while the total number of property crimes was about 20 percent lower. Over the same period, the U.S. population increased about 33 percent and the prison and jail population increased by more than 350 percent. [29]

12. In 2004, over half of the prisoners in state prisons were held for non-violent crime. This equals 640,000 non-violent crimes, 250,000 of which were for drug offenses. [30]

# Juvenile Justice Statistics

1. Approximately 20 percent of youth in the juvenile justice system have a serious mental health disorder that severely impairs the ability to function in their families, schools, and communities. [31]

2. According to an extensive study conducted by the National Center for Mental Health and Juvenile Justice (NCMHJJ), "the majority (70.4%) of youth in the juvenile justice system [met] criteria for at least one mental health disorder." [32]

3. The same study further found that disruptive disorders (conduct) were the most prevalent, as opposed to substance use, anxiety, or mood disorders. [33]

4. The NCMHJJ study also reported that "even after removing conduct disorder from the analysis (i.e. calculating the prevalence of any mental health disorder except conduct disorder), 66.3 percent of youth still met criteria for a mental health disorder other than conduct disorder." [34]

5. The NCMHJJ study results concluded that 43 percent of youth in the study had four or more mental health diagnoses, whereas only 21 percent were diagnosed with but one disorder. [35]

6. While eight percent or less of general population youth were diagnosed with a mood disorder, this total was drastically higher for youth involved in the juvenile justice system, with results ranging from 32 to 88 percent of youth. [36]

7. Where only two to 16 percent of general population youth were diagnosed with a conduct disorder, juvenile justice system-involved youth had rates ranging from 50 to 100 percent. [37] [12]

8. Another noticeable contrast in the various study results was the prevalence of Post Traumatic Stress Disorder (PTSD), with a rate of one to 14 percent for general population youth compared to 32 to 49 percent of youth in the juvenile justice system. [38]

9. Within three years of release, approximately 75 percent of youth are rearrested. 45 to 72 percent are convicted of a new offense. [39]

10. In New York State, 89 percent of boys and 81 percent of girls released from state juvenile corrections institutions in the early 1990s were rearrested as adults by age 28. [40]

11. Nationally, just 12 percent of the nearly 150,000 youth placed into residential programs by delinquency courts in 2007 had committed any of **the four most serious violent crimes—aggravated assault, robbery, rape, or homicide**. Yet, incarceration has been found to be especially ineffective for less-serious youth offenders. [41]

12. In a recent Ohio study, low- and moderate-risk youth placed into correctional facilities were five times more likely to be incarcerated for subsequent offenses than comparable youth placed in community supervision programs. [42]

13. In Florida, a 2007 study found that low-risk youth placed into residential facilities not only re-offended at a higher rate than similar youth who remained in the community, they also re-offended at higher rates than high-risk youth placed into correctional facilities. (The Annie E. Casey Foundation) [43]

14. Finally, research shows that incarceration reduces youths' future success in education and the labor market. One study found that correctional confinement at age 16 or earlier leads to a 26 percent lower chance of graduating high school by age 19. Other studies show that incarceration during adolescence results in substantial and long-lasting reductions in employment. [44]

# THE SOLUTION

A proactive and positive resolution is to divert non-violent offenders from General Correctional Facilities to Multi-purpose Correctional Facilities that can service their needs via a Direct Supervision approach, specializing in a multitude of social services.  This includes a multitude of consolidated services such as:

1.  Psychological Counseling;
2.  Welfare Counseling;
3.  Alcoholism Counseling;
4.  Drug Treatment Counseling;
5.  Educational Services;
6.   Faith Based Programs of a Higher Being

A true Multi Purpose Correctional Center (MPCC) places a strong emphasis on providing educational courses and vocational training. Offenders are encouraged to participate in literacy, numeracy, communication and information technology courses to be truly rehabilitated to return to society and interact civilly with the general public.  A re-entry planning model begins as soon as the inmate is admitted to the MPCC.

## Protocol:

Non-violent incarcerated individuals, such as Mental Illness recipients, would be housed in a transcendent style correctional facility that will meet applicable needs and treatment.  Inmates will be held accountable and culpable in a structured, mentored, and training intensive environment. Multi-Purpose Correctional Facilities meet this criterion for inmates to become integrated, responsible, and productive members of society.

The duration of the sentences for Multi-Purpose Correctional Facilities are normally shorter than individuals sentenced to standard correctional facilities, as the emphasis is to prepare non-violent offenders for release back to the local community. A major emphasis will be on employment initiatives, substance abuse counseling, mental illness counseling and life skills development.

Community linkages play a large emphasis for the inmate population. Community agencies play a significant role in the institutional programming.

Many times Multi-Purpose Correctional Programs are launched at offsite locations due to lack of space at standard correctional facilities.

## How It Works:

Multipurpose Correction Facilities are intended to be secure and safe locations that will have a positive effect on the lives of prisoners held there and on the staff who work there. Re-entry planning starts as soon as the incarcerated member begins the program.

The facility should reflect the "Healthy Prison" concept.  A Healthy Prison is one in which:

1.  Everyone is and feels safe;
2.  Everyone is treated with respect as a fellow human being;
3.  Everyone is encouraged to improve himself or herself and is given The opportunity to do so through the provision of purposeful activity;
4.  Everyone is enabled to maintain contact with their families and from day one is working toward rehabilitation to prepare for release.

## Operating Philosophy:

The Operating Philosophy should be the major factor influencing the design of any Multi-Purpose Correctional facility.  It can be summarized as follows:

1.  Providing protection from those who present as a risk to the community;
2.  Providing a safe environment for prisoners and staff through design features, the use of technology, appropriate classification and separation of prisoners and the appropriate

categories and numbers of well trained staff;

3. Operating systems should be developed from the base of thorough risk analyses; **See Exhibit I on Page 15;**

4. Satisfying the Department of Disability, Housing and Community Services checklist for building and facility access;

5. Providing programs based on the following:

   A. Individual assessment of each prisoner as the foundation of individual Case and Sentence Plans;

   B. Targeted and proven cognitive protocols assisting in the positive change in the prisoner's habits, beliefs, attitudes and expectations;

   C. Recognition that most prisoners will return to society and that maintenance of positive changes in behavior will be greatly influenced by relationships with family and close associates. The menu of programs and the design of individual programs will be based on a ''Throughcare'' model that engages family and close associates in the behavioral change process while the prisoner is in prison and ensures support to the prisoner as he or she re-enters society. 45

## Operating Philosophy Programs:

1. Family and other relationships;
2. Health education and promotion;
3. Remedial education;
4. Cognitive skills; substance abuse treatment and education;
5. Vocational education and training; positive

recreational skills and habits;

6. Skills and habits for living and working;

7. Victim Awareness.

8. Multi-discipline approaches to program delivery and Case Management. This includes the involvement of other government and community agencies, where appropriate, in the provision of services, such as family and individual counseling, health, education and vocational training;

9. Particular attention to the needs of women and Indigenous   prisoners;

10. The needs of short-term offenders. Corrections staff and appropriate professionals from other government and community agencies should work with the prisoner and the prisoner's family and close associates;

11. Emphasis directed at ''Throughcare'', which is aimed at ensuring an integrated and seamless approach to the delivery of services for offenders as they move between prison, community corrections and the community and to provide continuity of knowledge of the offender, programs and other services 46. **See Exhibit II on Page 16**. The 'Throughcare' approach should focus on providing:

   A. An appropriate continuum of health care, in particular addressing substance abuse and mental health issues;

   B. Individual Case and Sentence Plans based on individual prisoners' needs and  presenting risk factors;

   C. Common prisoner and offender programs based on assessment of risk  and need and a menu of programs targeting those attitudes and behaviors linked to the risks of

re-offending;

D. Opportunities for self-development, improved quality of life and social integration;

E. Linkages with community-based programs and services;

F. Support for re-settlement;

G. The engagement of family and the community in the prisoner's correctional experience.

## Operating Model:

The Operating Model under which Multipurpose Correctional Facilities function is the **Direct Supervision** Form of Jail Management. This style of Detention management is considered the management model for the 21st Century in the Corrections industry because corrections officers are stationed inside the housing unit. [47]

This is in contrast to the Indirect Supervision traditional format that has operated consistently over the past 30 years. Indirect Supervision strategies rely heavily on distant electronic surveillance and the confinement of officers to secure stations, and offer more of a less "grass roots" approach. [48]

## Direct Supervision Benefits

The Direct Supervision model is based on extensive staff (as role models) and prisoner contact, along with the development of positive relationships with attendant improved surveillance. Direct Supervision methodologies garner a more hands - on Human Rights based management approach. [49]

Over 100 detention facilities in the United States currently use the Direct Supervision form of inmate management, and in excess of 100 more are under design or construction. [49]

This concept encourages direct interaction between staff and inmates to prevent negative inmate behavior, and it groups inmates into living units of approximately 48 to 64 cells that can be efficiently managed by one officer. The barrier found in the podular inmate surveillance design, as well as the isolated control rooms, are simply removed. Staff assigned to the units work among inmates 24 hours a day. [51]

Hence, rather than separating staff from inmates by security barriers, as is usual, this contemporary approach places officers in direct contact with prisoners at all times. The new concept combines principles of human behavior and facility design to create detention environments that facilitate the officer's effectiveness.

Initially created in 1982, Direct Supervision appears to fly in the face of conventional wisdom, and has not garnered much interest until the economic recession brought on in 2008. Many believe that lessons learned in operating traditional linear jails do not provide much support for this new concept. "What can be gained," they ask, "by exposing officers to continuous contact with prisoners and equipping the facilities with furnishings and fixtures that are not designed to resist abusive behavior?" [52]

However, managers of Direct Supervision jails respond that officers are placed in inmate housing units precisely in order to increase staff and inmate safety, and that it is unnecessary and perhaps counterproductive to pay a high price for secure, vandal-proof fixtures, furnishings, and finishes when officers are in a position to supervise inmate behavior continuously. [53]

## YOUTH MODEL:

The frightening reality about the statistics revealed in this White Paper is that moving forward, there has to be balanced social analyses of not only how America's youth can be the future leaders of the country, but also how potentially more of the youth can be the future criminals of the United States, if the appropriate programs are not implemented.

Stepping ahead, as the first quarter of the 21st Century comes to a close, Self Esteem programs will be so very necessary so that kids will have the confidence to pursue

matters to overcome obstacles. Professional mentoring and apprenticeships will have to be thoroughly administered to allow incarcerated youths to maintain focus on developing a future career, so that they may earn a living in society.

Ensuring that youths get the right balance of structure, discipline and counseling will be necessary edicts that juvenile justice inmates will need to have to function successfully for the future.

For the youth to compete in the ever evolving, fast changing world, all youths, incarcerated or non-incarcerated, need to be proficient with academic and communications skills associated with: math, science, literacy, grammar, speech, technology, economics, history, philosophy, psychology, organization, and project management.

While many of the Multi-Purpose Correctional Youth Facilities are not deemed as "Charter Schools", they certainly can serve as a worthy and relevant foundation to get troubled youths headed in the right direction.

## Programming:

Ensuring all **non-violent** youth are engaged at the time of commitment, re-entry planning begins as soon as a youth arrives on premises at a Multi-Purpose Correctional Center. The youth recipients participate in their own re-entry planning and are eligible to receive a menu of services specific to youth needs.

Additionally, Juvenile Parole Officers (JPOs) waste no time beginning to work with family members, during the youth's stay, to create the best possible circumstances for the youth's return to the community.

The family engagement efforts include keeping family members in regular contact with the youth, empowering families to hold youth more accountable, and enlisting the assistance of the family to create support networks which will benefit the youth on parole and into his or her adult life. Having access to these services has been proven to reduce the likelihood of a youth committing a new offense.

Most Multi-Purpose Correctional Centers offer unparalleled, quality programming to youth including:

1. Education;
2. Mental Health services;
3. Strength-based Behavior Management;
4. Cognitive Behavioral Therapy;
5. Substance Abuse Treatment;
6. Medical Services;
7. Recreation;
8. Life Skills;
9. Mentoring;
10. Career Technical Training
11. Reentry Services
12. Occupational therapy;
13. Specialized Services for Youth with Cognitive Limitations.
14. Faith Based Programs of a Higher Being

## Vital Importance of Assessing and Treating Youth Mental Illness:

Research indicates that youth diagnosed with mental health disorders also present troubled histories that include an array of concerns, such as drug and alcohol use and a history of abuse. It is precisely these experiences that frequently may influence and exacerbate a youth's mental health disorder(s). As such, it is important that a youth's mental health treatment plan includes consideration of these experiences. The following provides information regarding the prevalence and impact of substance use, abuse, trauma, and self-harming behavior of youth involved in the juvenile justice system.

## CO-OCCURING DISORDERS

Compounding the complexity of treating confined youth is the large number of youth that not only suffer from mental

health disorders, but also suffer issues in dealing with a co-occurring substance use disorder. According to Mental Health America (formerly known as the National Mental Health Association), up to two-thirds of children who have mental illnesses and are involved with the juvenile justice system also have co-occurring substance abuse disorders. [54]

Other studies have offered even higher estimates, finding that between 75 and 95 percent of justice system-involved youth with mental health disorders also have a substance use disorder, in comparison to only 16 percent of youth in the general population. [55]

According to Mental Health America (MHA), of those youth with co-occurring disorders, depression and conduct disorders are the two most frequently reported mental health disorders that co-occur with substance abuse. [56]

Although the exact relationship between mental health and substance use is unclear, youth with co-occurring disorders pose a unique challenge to juvenile correctional facilities because their program needs are simply more complex and require integrated mental health and substance use treatment. As described by the NCMHJJ, "not only is the intensity of their needs likely to be greater, but proper response to their multiple needs increased collaboration, continuity of care, and the ability to recruit and retain providers with the ability to treat multiple needs." [57]

## HISTORY OF ABUSE:

A considerable percentage of youth involved in the juvenile justice system have a history of abuse. It is estimated that between 25-32 percent of youth in the juvenile justice system have been either physically or sexually abused. These youth often come from homes with persistent family conflict, low income, domestic violence, parental drug and alcohol abuse, and parental mental health concerns, all of which increase the likelihood of abuse and neglect. [58]

According to the National Center for Post-Traumatic Stress Disorder, research indicates that abused children often

have issues with aggression, inappropriate sexual behavior, self-harm, and substance abuse, all of which are activities that may increase a youth's risk of entering the juvenile justice system. Justice system-involved girls report significantly higher rates of abuse in comparison to their male counterparts. [59]

## HISTORY OF TRAUMA:

A large number of justice-system involved youth have experienced a traumatic event whether as a victim or witness. The rate of youth in the general population that experience a traumatic event is disturbing, but does not compare to the rate of trauma exposure among youth involved with the juvenile justice system. Alarmingly, "research shows that while…34 percent of children in the United States have experienced at least one traumatic event, between 75 and 93 percent of youth entering the juvenile justice system annually…are estimated to have experienced some degree of trauma." [60]

It is not surprising then that there is a large body of research recognizing a strong link between trauma, mental illness, and contact with the system. The affects of trauma exposure are long lasting and can manifest in many forms. Trauma-exposed youth may present with internalizing problems (i.e. depression, anxiety, etc.), but also frequently with externalizing problems, such as poor conduct, aggression, and defiant behavior. The experience of being incarcerated itself can represent a traumatic event for a youth. Certain characteristics of incarceration, such as isolation, staff insensitivity, and complete loss of privacy, can exacerbate the symptoms of mental disorders. [61]

As a result of past trauma, many youth may develop post-traumatic stress disorder (PTSD) and other mental disorders that can interfere with natural brain development, further perpetuating the likelihood of coming into contact with the juvenile justice system. The rates of PTSD among justice system-involved youth varies greatly among studies, with some reporting the prevalence to be as low as three percent and others finding rates in excess of 50 percent. The rate of

PTSD in justice system-involved youth is up to eight times as high as youth in the general public. [62]

According to the National Center for PTSD, whether a youth develops PTSD can depend greatly on the type of trauma experienced, as rates are higher for certain types of trauma survivors. For example, it is estimated that 90 percent of sexually abused children will develop PTSD, in comparison to 35 percent of children that witness violence where they live. [63]

## SUICIDE AND SELF-HARMING BEHAVIOR:

As recognized by the Surgeon General, youth suicide is a serious concern and is identified as a major public health problem in the United States. It is the third leading cause of death among individuals between the ages of 15-24. [64] In the general population, the suicide rate of youth people (defined as ages 15-24) more than tripled from 1950 to 2001, from 2.7 per 100,000 to 9.9. [65]

Although there are no comprehensive studies comparing the suicide rates of incarcerated youth to youth in the general population, the general consensus among researchers is that suicidal behavior among incarcerated youth is frequent and more prevalent than in the general population. A 1994 study found that more than 11,000 juveniles are estimated to engage in more than 17,000 incidents of suicidal behavior while incarcerated each year.[66]

Another study found that suicide was the leading cause of all deaths in juvenile justice facilities in the United States between 2000 and 2002.[67] Further, according to the Coalition for Juvenile Justice, youth suicides in juvenile detention and correctional facilities are more than four times greater than youth suicides in the general public.[68]

In a separate study, the intimate connection between mental illness and an incarcerated youth's likelihood of engaging in suicidal behavior was evident The study found that 66 percent of the youth who committed suicide while confined had a history of mental illness, 70 percent had been assessed by a mental health professional (50 percent within six days

of the completed suicide), that two-thirds had a diagnosis of depression, and half were taking a psychotropic medication at the time of death.[69]

Further, 70 percent of the youth had a history of suicidal ideation and almost half had previously attempted to commit suicide. [70] Results from these studies illustrate the strong connection that exists between mental illness and the potential for suicidal and self-harming behavior among incarcerated youth.

# COST SAVINGS:

The two most important cost factors associated with a Direct Supervision Multi-Purpose Correctional Facility involve Build-Out/Construction costs and Personnel costs. The other ancillary fees to operate a facility remain standard across the board. Cost Factors associated with any type of correctional facility build-out have to take into consideration the cost of inflation and the economic factors of supply and demand for the necessary goods and services associated with a Multi-Purpose Correctional Facility.

## Build-Out/Construction Factors:

1. Commercial-grade plumbing fixtures can replace vandal-proof stainless steel fixtures in general population living areas. The degree of cost savings obviously depends on the differencesin the costs of fixtures and installation.

2. The average cost of major brands of stainless steel combination toilet fixtures is approximately $800 per unit. In contrast, a porcelain or Vitrous china water closet and lavatory, comparable to those used in Federal Prison System facilities, list at approximately $350. When installation and accessory costs are considered, the difference is approximately $400 per cell. [71]

3. Lighting fixtures, doors, frames and hardware can be commercial quality rather than heavy duty. Estimated savings can be approximately $500.00. [72]

## Personal Factors:

A study of six jails in Florida showed that the cost of operating a Direct Supervision jail is on average approximately $21.14 more per day, per inmate than that of a traditional supervision jail. In Hillsborough County, the average cost per day per inmate is $57.18. Orange County pays an average of $54.92 per day per inmate. Leon County inmate costs are even higher at an average of $58.18 per day per inmate. In comparison, Brevard costs average $38.57 per day per inmate; Volusia, $36.81 per day and Marion, $31.40 per day per inmate. [73]

Personnel expenses represent the greatest cost, about 70%, of operating a jail.

Therefore, it is important to consider the ratio of inmates to staff members in consideration of the operational cost of a Direct Supervision jail compared to the cost of a traditional supervision jail. [74]

This study showed that it takes approximately one-third more staff to operate a direct supervision jail than it takes to operate a traditional supervision jail, as inmates will be getting more one-on-one MENTORING, GUIDANCE, COGNITIVE COUNSELING, INSTRUCTION and CAREER PLANNING. However, to administer these MUCH NEEDED counseling sessions outside the MPCF would bear greater expense to a city, county or state budget. In Hillsborough, Orange and Leon counties, there were 2 to 2.4 inmates per officer compared to 3 to 4.2 inmates per officer in Brevard, Volusia and Marion counties. Primarily, this additional cost occurs because each officer is responsible for fewer inmates. [75]

# CONCLUSION:
## A Time for Better Policies, Newly Tested Programs, and Positive Changes in Corrections

The data presented in this report makes clear that as society continues to grow in population, jails will continue to become more crowded.  One of the best things that may have come to fruition, as a result of the "Great Recession of 2008" , was that state and local governments began looking closely at costs associated with respective corrections facilities. This, in turn, brought more awareness to the fact that perhaps many non-violent inmates do not belong in a General Population Traditional prison facility. Moreover, hopefully this study renders the importance and necessity of having Mental Ill inmates housed in better suited Multi-Purpose Correctional facilities, that can better provide the appropriate healthcare and counseling that is needed.

The Multi-Purpose Correctional Facility protocol will develop standardized screening instruments to better identify mental health and trauma-related needs from the first point of contact with the justice system. This is an important first step that will enable appropriate systems to identify the population in need of services and to formulate treatment and service strategies at the earliest contact point.

In the near term, this 21st Century diversion strategy may incur slightly greater personnel costs to implement the hands-on Direct Supervision Management protocol. However, in the intermediate term and long term, greater results will certainly be attained, as prisoners will participate and proficiently complete rigorous and structured rehabilitative programs, with the eventuality of being released more expediently. This in turn will hopefully make these former incarcerated people not only law abiding citizens, but better products to society.  At the same time, overall costs associated with incarceration, should become reduced.

A reduction by one-half in the incarceration rate for non-violent offenders (who now make up over 60 percent of the prison and jail population) would lower the overall incarceration rate to the level reached in 1993 (which was already high by historical standards). This would also lower correctional expenditures by $16.9 billion per year, with the large majority of these savings accruing to state and

local governments. These projected savings would amount to almost one-fourth of total corrections budgets. The extensive research on incarceration and crime suggests that these budgetary savings could be achieved without any appreciable deterioration in public safety. [76]

Therefore, it would certainly seem logical that Multi-Purpose Correctional Facilities serve the need for:  Better Policies, Newly Tested Programs, and Positive Changes in Corrections.

## APPENDIX:

**1. Exhibit I:  Operating Model Flow – Chart; See Page 23; Referencing Discussion on Page 15**
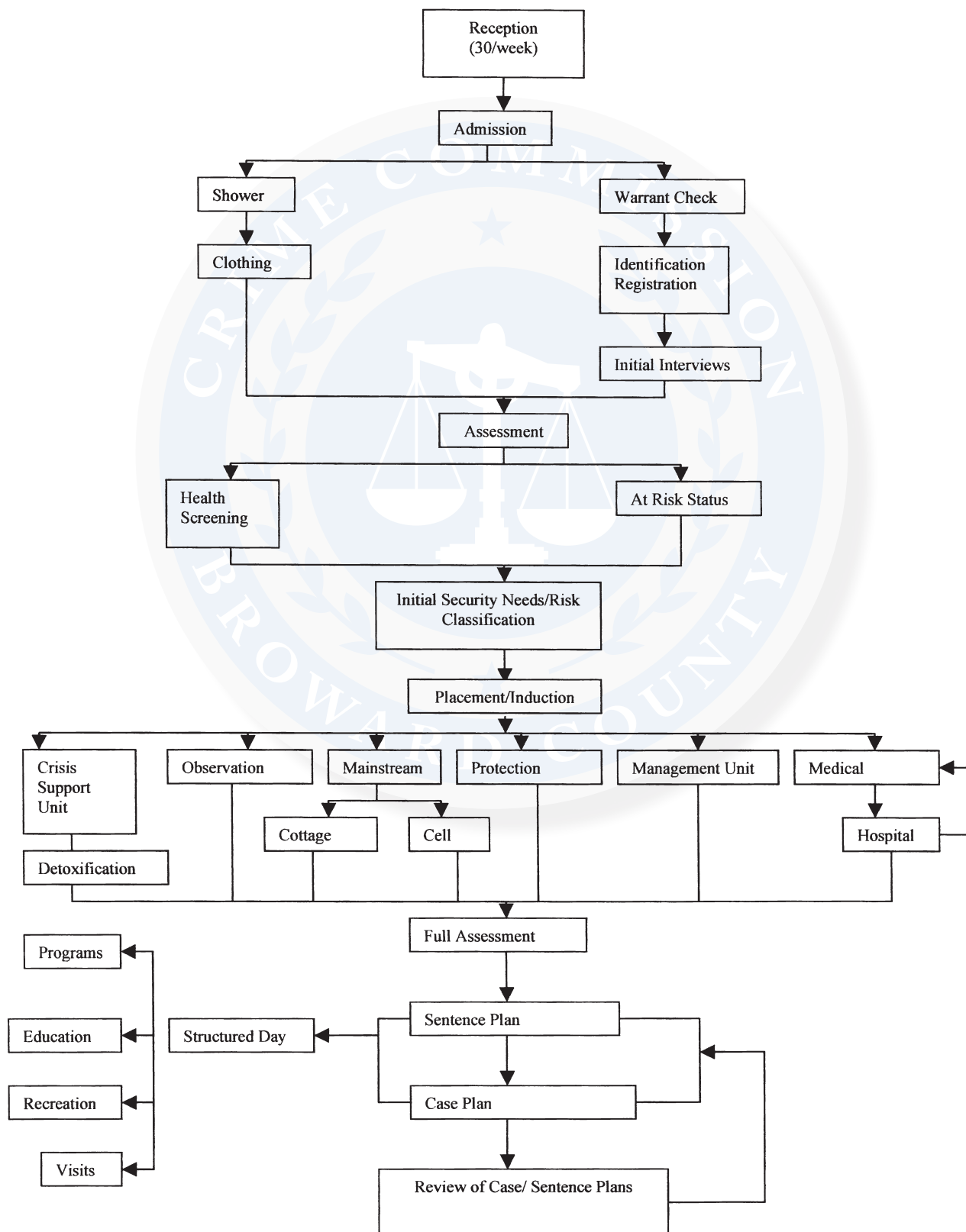
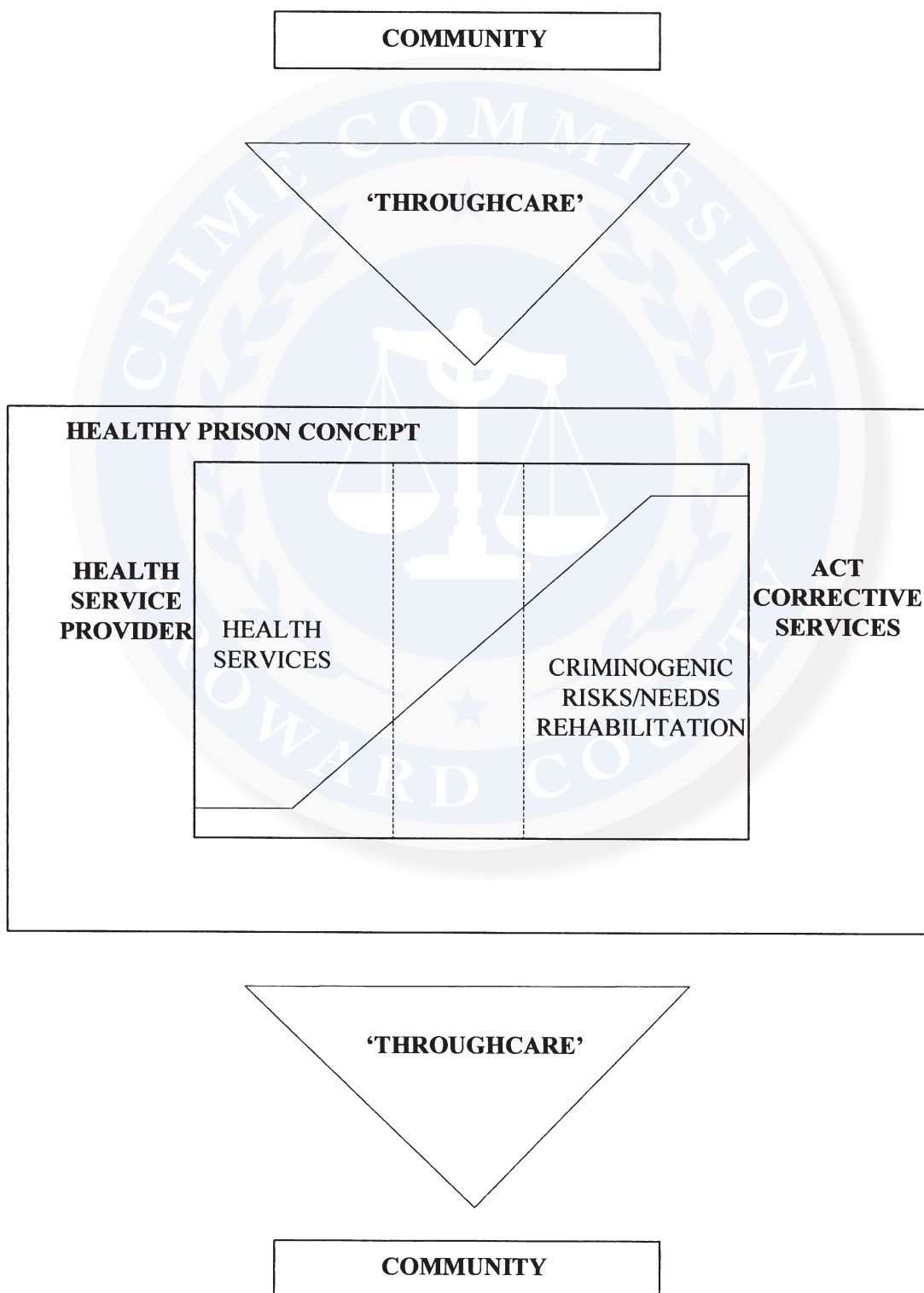**2. Exhibit II:  Healthy Prison – Throughcare Concept; See Page 24; Referencing Discussion on Page 16**
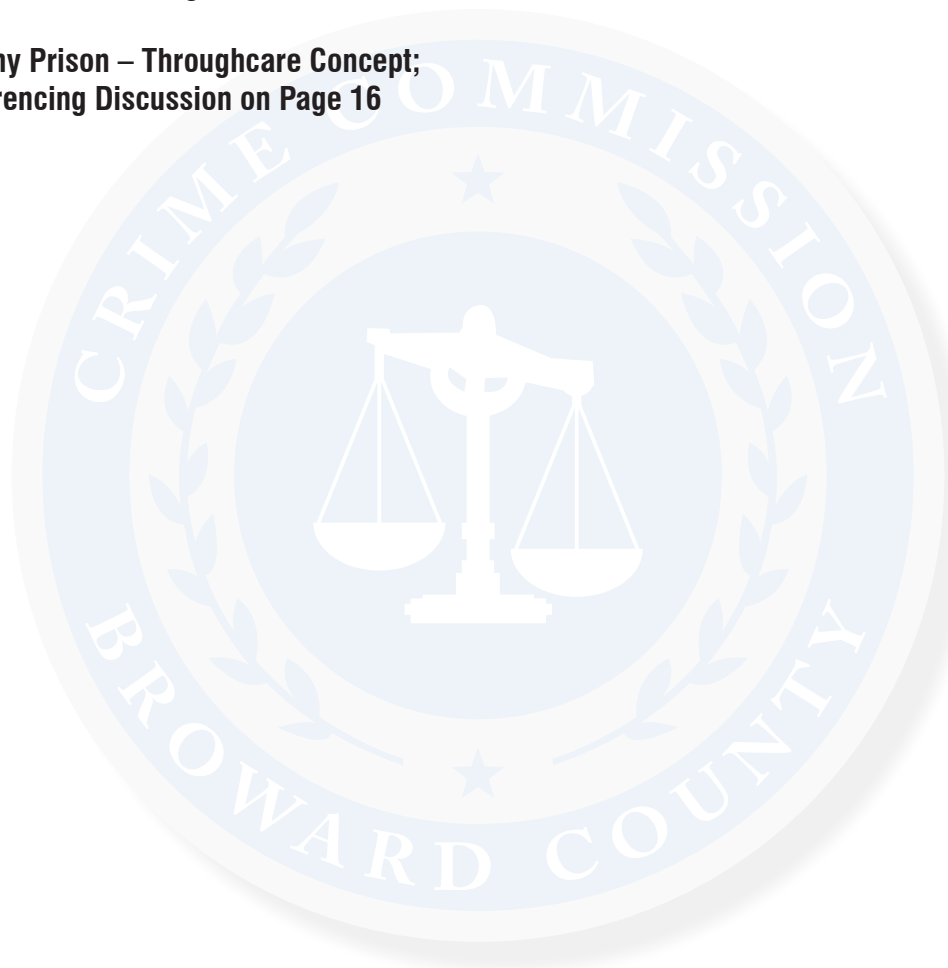
**EXHIBIT 1 - OPERATING MODEL FLOW CHART - Australia Department of Community Justice and Safety – April, 2007**

**HEALTHY PRISON CONCEPT: DIAGRAMATIC REPRESENTATION**



**EXHIBIT 2 - THROUGHCARE MODEL - Australia Department of Community Justice and Safety – April, 2007**

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# FOR MORE INFORMATION:

The Broward County Crime Commission is an independent nonprofit organization strategic planning body involved in formulating criminal justice protocols.  In so doing, the Crime Commission fosters community involvement with criminal justice representatives, corporations, businesses, colleges and universities, citizen organizations, government officials, law makers, public safety entities, and schools.

For more information about the **Benefits of Multi-Purpose Correctional Facilities**,
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