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MEMORANDUM

DATE: January 28, 2003
TO: Metropolitan King County Councilmembers
FROM: Cheryle A. Broom, County Auditor
SUBJECT: Special Study of King County Jails

The council requested this study as part of the auditor's 2002 Annual Work Program. The study sought to analyze and explain the costs associated with the operation of the county's two 24-hour secure adult detention facilities, the King County Correctional Facility in Seattle, and the Regional Justice Center in Kent.

The study dealt with four main questions: (1) What is driving jail costs? (2) How are costs affected by changes in ADP? (3) What is included in the costs of jail operations? and (4) What can be done to control costs?

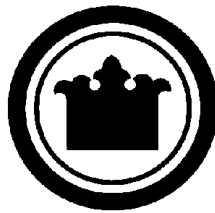
We addressed these questions by analyzing historical cost drivers as well as the range of control the Department of Adult and Juvenile Detention (DAJD) has to change policies affecting costs. In addition, we developed an Adult Secure Detention Cost Allocation Model, not only to explain the cost components, but also to estimate the fiscal effects of potential changes in jail population and operational policies and practices.

The report identifies the following factors for the increase in jail costs in recent years: growth in jail population and capacity; implementation of the *Hammer* settlement; operational and design constraints in the jails; internal policy decisions; and rising costs for jail health services and county internal services.

DAJD should use the cost model to analyze opportunities to operate and staff the jails more cost-effectively when the jail population decreases or increases. It further recommends that Jail Health Services should improve systematic electronic data collection and billing in order to assess service levels and enhance revenue, and it should update its strategic plan. The final recommendation suggests that DAJD and Jail Health should establish a formal oversight process for monitoring and evaluating services provided by Jail Health.

In his response to this study, the Executive indicates that he concurs with the report's five recommendations and also acknowledges the auditor's cost allocation model to be a valuable tool for decision-making. We appreciate the cooperation received from management and staff in DAJD and the Department of Public Health.

SPECIAL STUDY
KING COUNTY JAILS



Presented to
the Metropolitan King County Council
Labor, Operations & Technology Committee
by the
County Auditor's Office

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Report No. 2002-05
January 28, 2003

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We conduct audits and other studies to identify ways to improve accountability, performance, and efficiency of county government.

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We are committed to producing substantive work of the highest quality and integrity that results in significant improvements in accountability, performance, and efficiency of county government. We share a commitment to our mission, to our profession, and to a collaborative work environment in which we challenge ourselves to accomplish significant improvements in the performance of the King County Auditor's Office.



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The King County Auditor's Office provides oversight of county government

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EXECUTIVE SUMMARY

INTRODUCTION

The Auditor's 2002 Work Program included a review of the county's two secure detention facilities, the King County Correctional Facility (KCCF) in Seattle and the Regional Justice Center (RJC) in Kent. Both facilities are operated by the county's Department of Adult and Juvenile Detention (DAJD).

Scope

The Auditor's Office sought to identify and analyze the major drivers of costs of secure detention-adult (SDA) in the county's jail system. As staffing costs typically consume a large portion of jail resources, the study team focused on those staffing and operational policies that drive staffing costs. Also, because of concerns over the rising costs of health care in the jails, the study examined the cost of jail health services delivered by the Seattle-King County Department of Public Health.

Primary Cost Drivers

In the last eight years, jail costs have risen largely because of these factors:

1. Growth in the inmate population which required an increase in jail capacity, namely the addition of a second jail, the Regional Justice Center, in Kent.
2. Implementation of the *Hammer* settlement, which specifies staffing patterns and operational practices that may not be the most cost-efficient, but over which DAJD has no control.
3. Operational and facility design constraints with significant cost implications, over which DAJD has limited control.
4. Internal policy decisions that have limited DAJD's ability to take advantage of economies of scale associated with growth in the jail population.
5. Fast-growing costs for jail health services and county internal services.

**Cost Allocation Model
Developed**

To better understand how these factors affect jail operations and costs, auditor staff developed a cost allocation model for adult secure detention. The model is based on current operational policies and practices at the jails, but it is also capable of demonstrating the fiscal effects of changes in how the jails operate and are staffed. Thus, it can be used as an ongoing tool for analyzing jail operations and for assisting decision-makers when considering operating and capital alternatives.

**Model Can Analyze
Costs**

We expect that the model will be useful in the development of an Operational Master Plan for the county's jails, as envisioned in the 2003 budget ordinance. The model is capable of showing the cost impact of alternative staffing and operational configurations considered through the master planning process, and it can be used to establish internal benchmarks for what DAJD's costs would be without certain constraints or with different policies.

This study did not review juvenile detention or operations such as the North Rehabilitation Facility, Work Education Release, or Electronic Home Detention.

BUDGET

Jail inmate population has grown steadily since the opening of the downtown jail in 1985. Only within the last year has that population begun to decline slightly. To accommodate the growing number of inmates, the county built the Regional Justice Center in Kent, which began operation in 1997.

Factors Affecting Cost Increases

Costs associated with adult secure detention have risen as well. Looking at budgets from 1994 to the present, we noted the following:

- DAJD, operating from both the Current Expense (CX) and Criminal Justice (CJ) Funds, represents the largest single budget component of both funds.
- In 2001, the department's total budget (CX plus CJ) was \$108 million, of which about \$89 million (or about 80 percent) was spent on adult secure detention.¹ That amount represents nearly 20 percent of the county's combined CX and CJ budgets.

RJC Began Operations in 1997

- The cost per inmate and the ratio of full time equivalent staff per inmate peaked in preparation for and at the opening of the RJC, but they began to level off in the ensuing years.
- Overall expenditure levels have continued to rise since the opening of the RJC, however, largely due to the rising cost of jail health services and the cost of county internal services.

Expenditures Increased for Jail Health and Internal Services

- The cost of jail health services provided by the Seattle-King County Department of Public Health has grown about 50 percent faster than the cost of SDA operations and accounts for nearly 40 percent of the increase in the total DAJD budget over the last three years. Jail Health's costs now represent roughly 20 percent of the total SDA budget. Increased labor costs, staffing for accreditation, and pharmaceutical costs contributed to this change.
- The cost of county internal services rose 38 percent faster than the overall cost of SDA from 1999-2001, and amounted to 15 percent of adult secure detention costs in 2001.

¹ This figure represents the full cost of secure detention for adults (SDA) as reported in ARMS 13th-Month Expenditure Reports for 2001. For multi-year comparisons (1994-2001) which appear in other sections of the report, a different calculation methodology was used, resulting in a different figure for 2001 SDA costs.

JAIL STAFFING

The jail system operates under constraints and policies that systemically determine jail staffing and population levels. DAJD has considerable control over some of these constraints, but little or no influence over others.

DAJD's Level of Control Varies

DAJD has made efforts to efficiently manage its inmate population *within* these constraints, for example by making regular decisions regarding which housing units are most cost-effective to operate and where inmates should be most cost-effectively housed. However, there remain systemic staffing and population constraints that create costly inefficiencies within the jail staffing system. The department lacks the flexibility it needs to respond to ongoing changes in inmate population in a cost-effective manner.

Our study identified important constraints with significant cost implications:

Little or No Direct Control

- **Hammer Settlement.** The 1998 *Hammer* settlement between King County and the American Civil Liberties Union (based on court rulings and consent decrees in 1990 and 1991) limits total capacity and strictly mandates staffing levels in all housing units in KCCF.
- **Facility Design.** Both KCCF and RJC have design limitations that create staffing inefficiencies and prevent Adult Detention from taking advantage of larger economies of scale.
- **Inmate Population.** The number, type, and average length of stay of jail inmates are driven primarily by criminal law, law enforcement activity, prosecutorial decisions, court schedules, and sentencing decisions.

- **Court Requirements.** Superior Court rules require that inmates awaiting a court hearing or trial be housed in the jail that is located in the jurisdiction where the crime was committed.
- **Jail Health Services.** The number of inmates needing medical or mental health care is determined by Jail Health staff (Public Health), and Adult Detention must provide supervision and escorts for them.

Some Control

- **Staff Bargaining Agreements.** Staff constraints in collective bargaining agreements include work hours, wages, vacation and sick leave use, seniority rules, number of staff who may take leave each day, etc.
- **Maintenance and Supply.** Per agreements with the Facilities Management Division, Adult Detention provides escorts to all maintenance workers when jail facilities require repair work. However, Adult Detention determines the staffing levels necessary for the escorts.
- **ITR (Intake, Transfer, and Release) and Court Detail Staffing.** The workload for these functions is driven by law enforcement activity, transfers to and from other regional detention facilities, and court schedules. However, Adult Detention determines the staffing levels necessary to meet workload demands.

Full Control - Policy Decisions

- **Staffing and Inmate Capacity at RJC.** In contrast to KCCF where the *Hammer* settlement mandates staffing and inmate capacity, staffing and capacity at the RJC are set entirely by Adult Detention policies. These include:
 - Minimum staffing levels for residential housing security when single-bunking.
 - Increasing corrections and activity officer staffing when double-bunking.

- Limiting double-bunking to 65 percent increase in capacity in general population housing units.
- Providing the same security staffing levels for minimum and medium security inmates.

Causes of Inefficiencies

These staffing and population constraints and policy decisions create inefficiencies and cost-drivers within the jail operating system. For example, when single-bunked, the general population housing units at the RJC are among the most efficient in the system. However, when they are double-bunked the cost per inmate *increases*, because Adult Detention’s double-bunking staffing policy requires a higher number of corrections officers per inmate than single-bunking. As a result, even though the jail’s space is being used more efficiently, the facility becomes more expensive to operate.

As another example, the staffing rules at KCCF (fixed by *Hammer*) and at the RJC (based on department policy) require the same staffing levels for minimum and medium security inmates. This “fixed” staffing plan prevents Adult Detention from improving its efficiency by providing different supervision levels for lower, less risky, minimum security inmates.

Cost Allocation Model

Prior to this study, no cost allocation model existed that included all operating costs of DAJD’s two secure adult detention centers, and that could provide information on how costs would vary with inmate population changes. As a result, and in order to fully understand the factors that drive the operating costs of the two jails, the study team and its consultants studied jail operations and staffing practices, and developed an adult secure detention cost allocation model that reflects current jail operations. The team received extensive cooperation from DAJD in developing the model, and to ensure its accuracy, the team submitted the

model for technical review by staff of DAJD and the Budget Office.

Uses of Model

As noted above, the model is based on current DAJD policies and practices. It allows for analysis of Adult Detention's operating costs and a comparison of these costs on a per inmate basis. The model can also be utilized to demonstrate how costs would vary in response to changes in inmate population or staffing practices, and allows analysts to establish internal benchmarks for what DAJD's costs would be without these constraints.

The study team believes the model will be useful to the development of an Operation Master Plan for the county's jails, as envisioned in the 2003 budget ordinance. The model will be capable of showing the cost impact of alternative staffing and operational configurations considered through the master planning process.

**Recommendation:
DAJD Analyses Needed**

DAJD needs to conduct further analyses about how certain operational areas of secure detention would change based on variations in the jail population, and what concomitant modifications in staffing could occur. While we have modeled how costs would change in residential housing and in dietary services, there remain other areas where further analysis is required. Examples are ITR and Court Detail, whose staffing appears to be unaffected by jail population changes. At present, the cost model will not show fiscal impacts in such areas unless an entire facility were to close.

JAIL HEALTH SERVICES

In developing the portion of the cost allocation model dealing with jail health services, the study team could not readily access service or workload information in electronic format or a staffing model on which to base costs.

Data Limitations in Key Areas

Jail Health Services has manual information but does not have systematic reliable electronic information on insurance eligibility, electronic billing, and its services. As a result, Jail Health Services finds it difficult to:

- Seek additional cost reimbursement through Medicaid or third-party private insurance.
- Develop a staffing model based on services and workload.
- Assess the efficiency and effectiveness of services.

Moreover, the lack of systematic management data and an updated strategic business plan inhibit current efforts by Public Health to make jail health operations more cost-effective.

Recommendations for Jail Health Services

The highlights of our recommendations are as follows:

- Jail Health and DAJD need a process to identify whether inmates are enrolled in Medicaid or third-party insurance plans so that Jail Health can then bill accordingly for cost reimbursement.
- Jail Health needs to collect systematic and accessible reliable data in electronic format on services provided to jail inmates so that it can:
 - Properly bill for services.
 - Evaluate the efficiency and effectiveness of care and services.

- Jail Health should update its strategic business plan and link it to current efforts to study operational improvements, cost containment, and revenue enhancement. This would allow for:
 - Performance based contracts.
 - A managed competition service model.
 - Other policy options for service delivery.

DAJD Oversight of Jail Health

DAJD does not have a formal oversight process in place other than a national accreditation review for monitoring or evaluating Jail Health Services.

Currently Jail Health's staff determine which inmates need additional observation due to suicide risks and which require health care that can only be provided outside of the jail. In recent years, the number of corrections officers required to guard these inmates has increased. Even though these Jail Health decisions impact corrections officer workload and DAJD's budget, Adult Detention does not have a means, such as a performance-based contract, to monitor Jail Health's decisions and to provide assurance that such staffing increases are reasonable.

Oversight and accountability would be improved if DAJD were to monitor those Jail Health operations and policies which affect DAJD workload and costs. Under such oversight, DAJD would not have to decide or review Jail Health's professional practices and standards. Instead, DAJD, and county policy-makers, would need to know that appropriate criteria and policies guide decisions by Jail Health. This would apply especially for treatment outside the jail and other factors that have an impact on DAJD workload and costs.

Recommendation: DAJD and Jail Health Services should develop a formal oversight process for monitoring and evaluating health services provided to jail inmates. A performance-based contract between the agencies may provide additional accountability for those services.

- Summary of Recommendations**
- DAJD should use the cost model to analyze opportunities to operate and staff the jails more cost-effectively when the jail population decreases or increases.
 - Jail Health Services (Public Health) should:
 - Improve systematic electronic data collection and billing in order to assess service levels and enhance revenue.
 - Update its strategic plan.
 - DAJD and Jail Health should establish a formal oversight process for monitoring and evaluating services provided by Jail Health.

Summary of Executive Response

The executive concurs with all of the recommendations in the report. It also acknowledges the auditor's cost allocation model to be a valuable tool for decision-making in future years. The response reiterates the rationale for the 1:64 staffing ratio at RJC, and it indicates Jail Health is already working on implementation in many areas.

Summary of Auditor's Comments

We appreciate the executive's concurrence with all the recommendations in this report. Agency personnel were helpful and cooperative partners in this study effort.

The Auditor's Office is committed to working with all parties to update our cost allocation model so that it will continue to be a useful tool for budget and policy analysis, for the executive as well as the council.

We anticipate that the upcoming Operational Master Plan process will provide additional opportunity to evaluate alternative operating scenarios and assumptions relating to jail operations.

Acknowledgement

The Auditor's Office wishes to thank the management and staff of the Department of Adult and Juvenile Detention, the Jail Health Services in the Department of Public Health, and the Budget Office for their assistance and cooperation.

The auditor staff are also grateful to Bill Phillips, Director of Capital Programs, Washington State Department of Corrections, who provided valuable assistance regarding staffing and operations at McNeil Island Corrections Center.

1 INTRODUCTION

OVERVIEW

Mandate

The Auditor's 2002 Work Program, as adopted by Council Motion 11402, included a review of the county's two adult secure detention facilities, the King County Correctional Facility (KCCF) in Seattle, and the Regional Justice Center (RJC) in Kent. Both facilities are operated by the county's Department of Adult and Juvenile Detention (DAJD).

Purpose and Scope of Study

In response to council interests, the Auditor's Office sought to identify and analyze the major drivers of costs of the jail system. As staffing costs typically account for a large portion of the adult secure detention budget, the study team focused largely on those staffing and operational policies that drive staffing costs. Also, because of concerns over the rising costs of health care in the jails, the study examined the cost of jail health services performed by the Seattle-King County Department of Public Health.

This study analyzed cost and staffing models currently used by DAJD. One model provides rate estimates for contracts with cities using the jails. Another assists in managing post staffing and overtime use for corrections officers assigned to the various housing units and hospital/medical appointment escorts.

Cost Model Developed

With the assistance of consultants with expertise in jails and cost modeling, the study team developed a cost allocation model, which shows the impacts on the operating costs of changes (increases or decreases) in the jails' Average Daily Population (ADP). Although the model is based on current operational policies and practices of DAJD, it can demonstrate the fiscal

effects of changes in ADP as well as alternatives to current policies and operational practices.

Thus, with this model, one can analyze the relative efficiency of different housing units under different operating policies and constraints. Moreover, the model allows analysts to establish internal benchmarks for what DAJD's costs would be without constraints or the policies that have driven cost increases.

This study did not review non-secure jail operations such as Work Education Release or Electronic Home Detention, nor did it include the North Rehabilitation Facility (NRF) due to its impending closure.

Appendix 1 contains the full statement of the study's scope and objectives.

Current System Capacity is 3,085

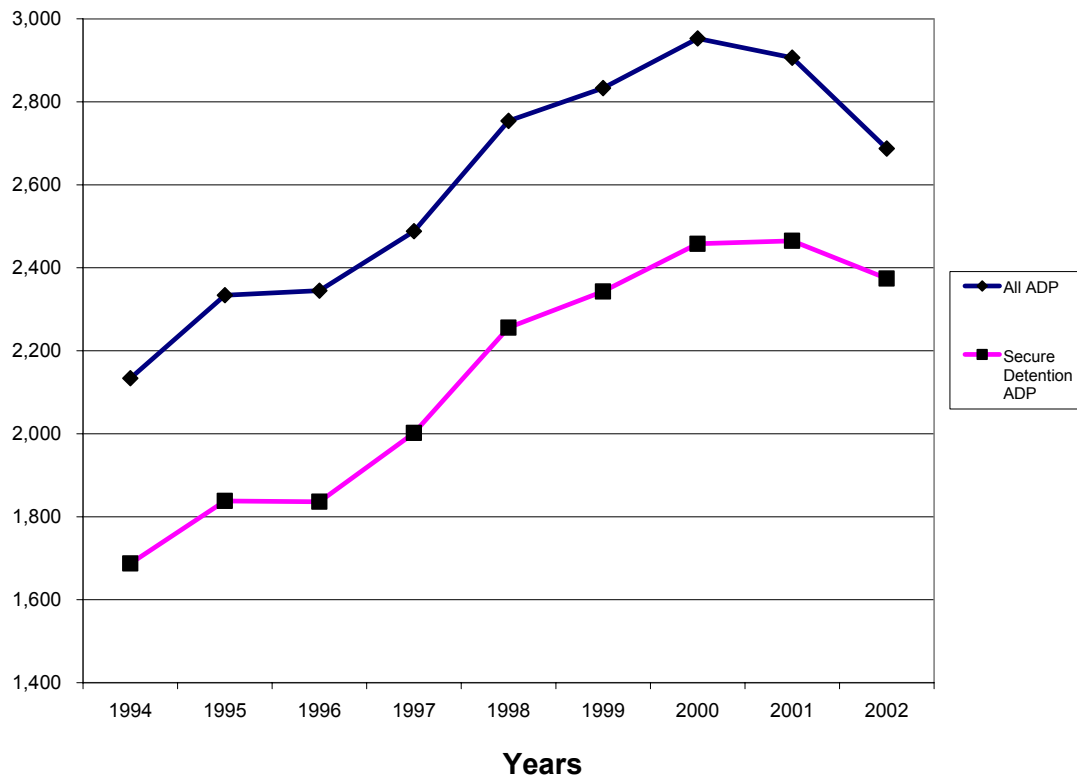
Overview of Jail Development and Capacity

Prior to the construction of the KCCF in downtown Seattle, the King County Courthouse and the Public Safety Building housed the jail inmates. In October 1985, the KCCF began operations and the next major expansion of jail capacity occurred in March 1997 when the county opened the Regional Justice Center in Kent. This raised the system capacity to 3,085.²

Since the mid 1990s, the county's jail population rose in a relatively steady pattern, as shown in Exhibit A below. Secure detention population includes only those inmates who are housed in 24-hour secure facilities, i.e., KCCF and the RJC.

² *The Adult Justice Operational Master Plan*, May 2002, p. 8.

EXHIBIT A
King County Jails Average Daily Population, 1994-2002



SOURCE: DAJD Big 5 Reports. Figures for 2002 represent an average for 11 months.

In 2001, the growth in ADP began to slow, and secure ADP dropped below 2,500 in 2002. As of November 2002, the monthly secure ADP was 2,185, a drop of 14 percent from the beginning of the year. DAJD projects a secure ADP population of 2,055 in 2003.

King County Correctional Facility Capacity

This jail has a bed capacity of 1,697. The inmate population is limited by court settlement (see below).

Regional Justice Center

This facility has a bed capacity of 1,388, when double-bunked at 65 percent. The single-bunked capacity is 896.³

³ A typical housing unit at RJC can accommodate 64 inmates. Eleven of the 14 housing units at RJC can be increased by 65 percent, adding 43 inmates for a total of 107 in those units. Three units – medical/psych, special custody, and “close” security – are single-bunked only.

Events and Changes of Significance***Hammer Settlement***

Probably the most significant factor affecting the operation of the jails is the 1998 federal court mediated settlement in *Hammer v. King County*. *Hammer* actually represents a series of court consent decrees and agreements dating back to 1989.

Stipulations in the 1998 settlement relate primarily to three aspects of jail operations: correctional officer staffing and inmate capacity at KCCF, jail health services at KCCF, and inmate classification.

1. Staffing and Capacity at KCCF

Hammer defined the assignment of correctional officer staffing at KCCF, delineating the number of officers by post, floor, wing, and shift for the entire facility. The 1998 final settlement did not modify those staffing patterns, but it did allow the capacity of the facility to increase from 1,309 to 1,697. The average daily population may not exceed this maximum level for more than 24 hours.

2. Jail Health Services

Hammer obligated KCCF to achieve health services accreditation by the National Commission on Correctional Health Care (NCCHC). Although not required to do so, the county implemented the same level of care at RJC to have system-wide uniformity. Both jails received NCCHC accreditation.

3. Inmate Classification

Hammer established requirements on inmate classification, disciplinary tracking, and inmate transfers. To ensure consistency of inmate management, the classification system for both jails is the same.

**Goal: Reduce Inmate
Population****Adult Justice Operational Master Plan (AJOMP)**

Estimates and forecasts predicted that the county's jail population would exceed existing capacities unless additional capacity was built by 1999.⁴ However, the projected costs of building a new jail facility in Bellevue or expanding the RJC were high and exceeded the financial resources of the county. In response, the council initiated the AJOMP process in September 2000. The adopting ordinance directed AJOMP to explore improvements to the criminal justice system that would reduce inmate populations and costs, and to make recommendations regarding detention facilities and capacities, addressing needs for the next decade. The 2002 Adopted Budget further authorized AJOMP to include recommendations for the use of treatment resources and facilities.⁵

Other

While courts, prosecutors, law enforcement, and the executive have worked collaboratively to reduce jail population, other actions affect the location and housing of inmates. This year the county decided to close the NRF. The executive also recommended moving forward on the Integrated Security Project (ISP), intended to upgrade the electronic infrastructure of the KCCF. Over the next decade, contracts with cities to house municipal inmates will be phased out. All of these factors will have impacts on the location of inmates and the overall size of the jails' secure ADP.

⁴ AJOMP, p. 6.

⁵ AJOMP, p. 2.

THE ADULT SECURE DETENTION BUDGET

Summary

The cost of providing adult secure detention (SDA) services nearly doubled between 1994 and 2001. Costs rose faster on a per inmate basis than common measures of inflation. Driving forces behind this increase included the opening of the Regional Justice Center in 1997, the increasing cost of internal services fund transfers, and growth in Jail Health's costs.

In addition, the share of SDA costs recovered through jail contract services fees remained flat between 1997 and 2001 while county Criminal Justice (CJ) Fund contributions fell sharply. This has meant that an increasing share of SDA costs must be borne by property and sales tax revenues accruing to the county's Current Expense (CX) Fund.

Adult Secure Detention Expenditures

The Department of Adult and Juvenile Detention represents the largest single component of both the CX and CJ budgets, and its expenditures account for 22 percent of the combined CX/CJ total. Operating from both the Current Expense and Criminal Justice Funds, DAJD spent \$108 million in 2001. Of this amount, \$89 million (82 percent) supported costs specifically related to adult secure detention, the primary focus of this study.⁶

Adult Secure Detention Revenues

DAJD receives funding for adult secure detention from three primary sources: (1) Current Expense Fund general revenues (54 percent); (2) miscellaneous revenues, generally for contract services provided to cities, the state, and the federal government (39 percent); and (3) Criminal Justice Fund contributions (7 percent).

Jail Health, a function of the Correctional Health and Rehabilitative Services Division of the Department of Public

⁶ 'Adult Secure Detention' refers only to those correctional services provided at KCCF and the RJC. SDA does not include juvenile corrections, community corrections, or the North Rehabilitation Facility (NRF). Expenditure figures are drawn from 2001 ARMS 13th-Month Expenditure Reports.

Health, receives the majority of its funding from DAJD/CX, with just over one percent of its funding provided by other sources. Jail Health services have been included as a cost of adult secure detention as they are provided exclusively to inmates in the KCCF and RJC.

CX Covers 54 Percent

Current Expense Fund Contribution (non-contract)

General revenue CX dollars cover those adult detention costs not met by contract revenues or contributions from the CJ Fund. Historically, such monies have comprised the largest share of DAJD funding. In 2001, general revenue CX dollars covered roughly 54 percent of DAJD expenditures.

Contract Revenue Is 39 Percent

Contract CX Revenues

DAJD charges a booking fee to cover intake and classification costs, and a daily maintenance fee to cover housing costs, for all inmates for which the county is not responsible.⁷ DAJD also transports Seattle misdemeanants to and from the Seattle Municipal Court and is reimbursed by Seattle for these costs. DAJD also charges fees to participants in the work release and electronic home detention programs. In 2001, fees for these services covered roughly 39 percent of the DAJD expenditures. Currently, these revenues accrue to the CX Fund.

CJ Covers 7 Percent

Criminal Justice Fund Contributions

The CJ Fund provides a separate and designated funding source for most agencies within the county's criminal justice system. Initially, DAJD used CJ dollars interchangeably with CX dollars to support departmental functions. Today, however, CJ Funds for adult detention are programmed for facilities maintenance and do not support FTEs. In 2001, CJ contributions covered roughly seven percent of DAJD expenditures.

⁷ The county is legally responsible for housing pre-sentenced felons, felons serving less than one year in jail, and all county misdemeanants. It is not required to incarcerate misdemeanants arrested or serving time for crimes committed in the incorporated areas of the county.

**Changes in Adult
Secure Detention
Revenues and
Expenditures,
1994-2001****Jail Health Revenues**

Independent of DAJD, Jail Health receives limited funding from private payments, grants, and state assistance. These revenues represented only 1.3 percent of the Jail Health budget in 2001.

Expenditures Grew, as Did CX Contributions

The study compared adult secure detention revenues and expenditures over an eight-year period from 1994 to 2001.⁸ This period included two major transitions for the department: the opening of the Regional Justice Center in March 1997, and the merger of the Department of Youth Services (DYS) and the Department of Adult Detention (DAD) to form the Department of Adult and Juvenile Detention (DAJD) in late 1999/2000. Selection of the 1994 to 2001 review window allowed for clearer understanding of the impacts of these transitions.

Growth in Total Expenditures

Costs associated with adult secure detention roughly doubled between 1994 and 2001, due to the growing inmate population and need to build additional secure detention capacity. The opening of the RJC in 1997 accounts for the largest increase, when expenditures rose 52 percent in three years (1995-1997).

Growth in Current Expense Fund Contributions (non-contract)

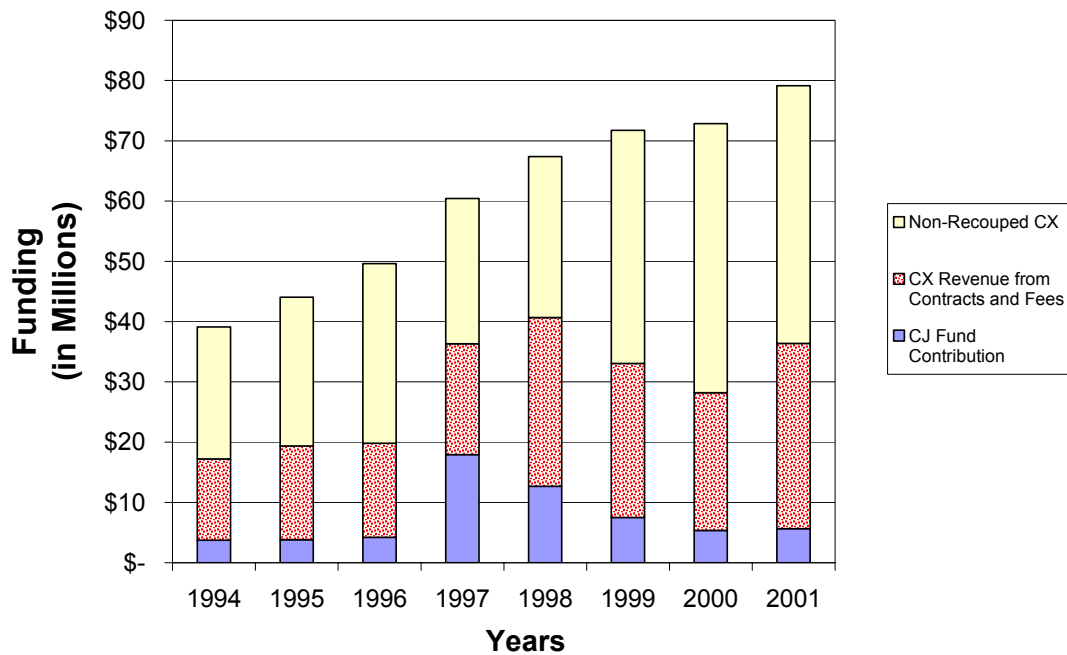
Current Expense Fund contributions that did not originate from contract service fees increased by 85 percent between 1997 and 2000. This occurred for two reasons. First, contract revenues as a percentage of the SDA budget were relatively stable through

⁸ For purposes of this comparison, 'adult secure detention expenditures' equals the department's total CX plus CJ expenditures minus the Juvenile Division, portions of the Administrative Services Division that support the Juvenile Division, Community Corrections (Work and Education Release, Electronic Home Detention), the NRF, and certain internal service fund (ISF) accounts that were inactive during portions of the review period (ARMS accounts 55145, 55150, 55160, 55245, 55342, 55350, 55351, 55352, 55353, and 17 percent of 55025). Also, the DAD/DAJD Jail Health Services transfer to Public Health (ARMS account 55280) was subtracted and replaced with Jail Health actual expenditures (ARMS low org 8058). All expenditure data is drawn from ARMS 13th-month expenditure summary reports.

the study period. Though some fluctuation occurred, no overall trend emerged. Second, CJ contributions to SDA dropped steeply after 1997.

Prior to the opening of the RJC, the CJ Fund balance had been allowed to accumulate, then was used to offset the impact to CX when the RJC began operations. CJ contributions jumped from roughly \$4.2 million in 1996 to nearly \$18 million in 1997, declining then to \$5.6 million by 2001. Exhibit B below illustrates the changes in adult secure detention funding sources from 1994 to 2001.

EXHIBIT B
Funding Sources for Adult Secure Detention, 1994-2001



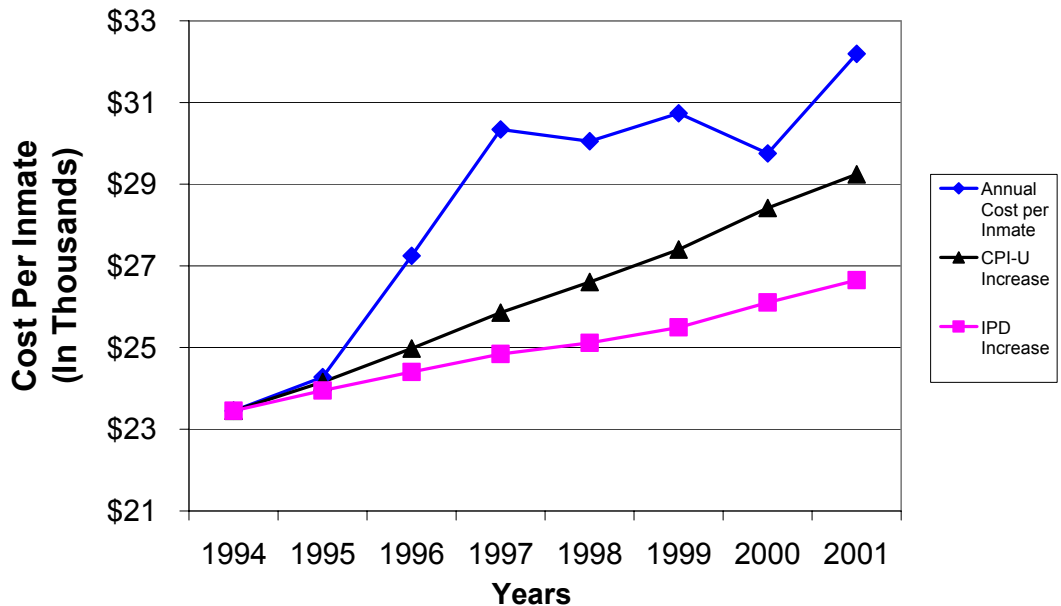
SOURCE: ARMS 13th-Month Revenue Reports.

Growth in Cost Per Inmate, 1994-2001

The average cost per inmate in adult secure detention increased faster than the rate of inflation. Average costs grew 37 percent between 1994 and 2001, while two measures of inflation – the Urban Consumer Price Index (CPI-U) and the Implicit Price

Deflator (IPD) – rose 25 percent and 14 percent respectively.⁹ Per-inmate costs grew about 25 percent, as the RJC became operational (1995-1997), then dropped slightly between 1997 and 2000.

EXHIBIT C
Annual Cost per Inmate, 1994-2001



SOURCE: Expenditure Figures from ARMS 13th-Month Expenditure Reports. ADP data supplied by DAJD.

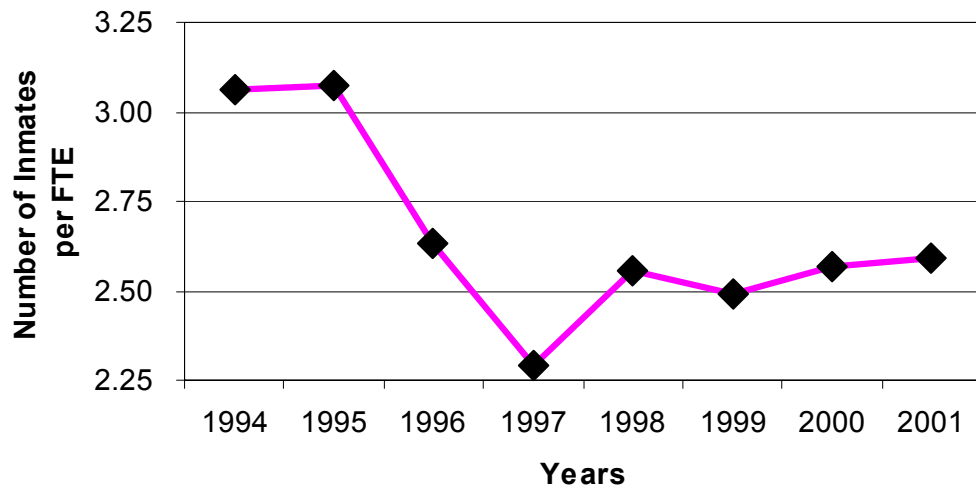
Growth in Number of Full-Time Equivalent Positions (FTEs), 1994-2001

The total number of SDA FTEs rose from 551 in 1994 to 951 in 2001 – an increase of 73 percent.¹⁰ Much of this growth occurred between 1995 and 1997 with the opening of the RJC. Over the same time period, the number of inmates per FTE fell from 3.07 to 2.29. Exhibit D below summarizes these changes.

⁹ Equals total cost of adult secure detention divided by annual average secure ADP per DAJD Big 5 reports.

¹⁰ FTE figures include adult secure detention personnel from both DAJD and Jail Health Services. DAJD figures are year-end estimates supplied by the department. Jail Health figures came from Public Health, except for the 1994 figure, which is the ARMS 13th-month actual.

EXHIBIT D
Ratio of Adult Secure Detention Inmates to FTEs, 1994-2001



SOURCE: ADP data supplied by DAJD. FTE data supplied by DAJD, Public Health, and ARMS 13th-Month Staff and Salary Reports.

**Fastest Growing Cost
 Component of Jail
 Budget**

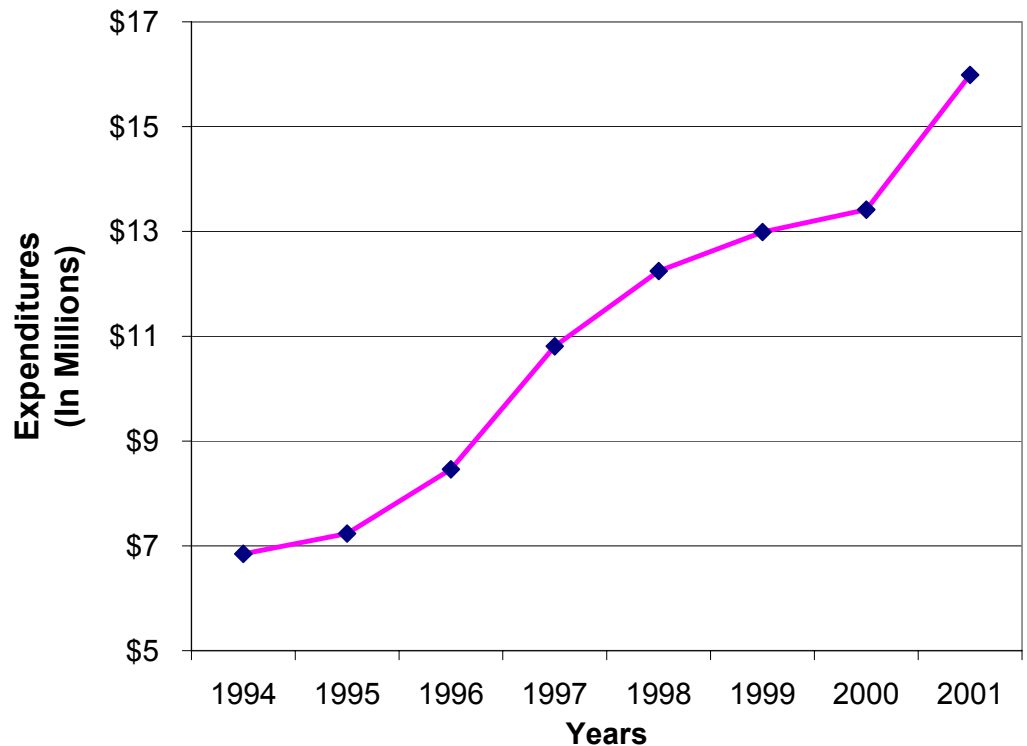
Growth of Jail Health Services Costs, 1994-2001

Jail Health's expenditures increased 133 percent between 1994 and 2001, making this the fastest growing component of the adult secure detention budget. On a per inmate basis, this represents an increase of roughly 60 percent.

The greatest increase fell across two time periods. From 1995 to 1998, expenditures rose 69 percent, while ADP increased 23 percent. This coincides with the opening of the RJC. In 2001, Jail Health's expenditures rose 19 percent, while ADP remained flat. This coincides with a NCCHC certification process, which involved the hiring of additional Jail Health personnel during the year. In 2001, Jail Health represented roughly 20 percent of the overall adult detention budget. These changes are summarized in Exhibit E below.

Chapter 3 of this report includes a discussion of Jail Health's issues.

EXHIBIT E
Jail Health's Budget, 1994-2001



SOURCE: ARMS 13th-Month Expenditure Reports.

Conclusion

The growth in jail costs documented in this chapter has been a concern of the Metropolitan King County Council in recent years. The council has supported efforts of county officials to reduce the jail population without adversely affecting public safety.

In order to have a better understanding of the cost components and main drivers of jail expenses, the council requested this study. The study team responded by examining detailed costs and developing a full cost allocation model for adult secure detention as a way of illustrating the cost structure of current jail operations, practices, and policies. As noted in the next chapter, the cost model enables county officials to test the fiscal effects of changes to current jail operations and policies that have contributed to some of the rising costs of jails.

2 JAIL STAFFING

INTRODUCTION

Given the growing cost of the county's jail system over the last decade, the goal of the cost analysis portion of our study was to develop a full understanding of the factors driving the operating costs of the Department of Adult and Juvenile Detention's (DAJD) two secure adult detention centers, the King County Correctional Facility (KCCF) and the jail at the Regional Justice Center (RJC). In addition, we wanted to determine how sensitive these costs are to inmate population levels. This information would allow for a cost analysis of Adult Detention's staffing and operating practices, a comparison of per-inmate costs throughout the jails, and a means of simulating how costs can be expected to vary as inmate population or staffing policies change.

The Auditor's Office employed consultants with expertise in corrections operations and cost modeling to assist with our project. The consultant and staff study team jointly developed a cost allocation model that reflects the jail system's current operations and costs and, where applicable, ties these costs to inmate population levels.

Operational Constraints and Policies Create Inflexibility and Inefficiencies

The jail system operates under significant operational constraints and policies that systemically determine staffing and population levels, some of which DAJD has considerable control over and others over which it has little or none. DAJD has made efforts to efficiently manage its inmate population *within* these constraints, for example by making daily decisions regarding which housing units are most cost-effective to operate and where inmates should be cost-effectively housed. However, the system's constraints and staffing policies create costly inefficiencies within

the jail staffing system. These constraints can result in restricting the flexibility the department has in responding to ongoing changes in its inmate population management responsibilities in the most cost-effective manner.

Highlights of Recommendations

This report makes recommendations for DAJD to use the auditor's cost allocation model to evaluate ways to improve the cost-effectiveness of its residential housing operations. In addition, we recommend that DAJD pursue further analysis to determine how projected changes in inmate population levels and in the types of inmates housed within the jail system will affect operating costs.

JAIL OPERATIONS BACKGROUND

King County operates two adult secure detention facilities. The KCCF is located in downtown Seattle and can currently house up to 1,697 adult inmates. It is a somewhat older facility, constructed in the late 1980's. The county's newest jail at the RJC in Kent was constructed to accommodate the increasing number of offenders requiring incarceration, and began operations in 1997. It is designed to house 1,388 inmates when double-bunked at 65 percent.

Many different factors affect decisions regarding where an inmate will be incarcerated, including:

- Court jurisdiction.
- Inmate security classification (e.g., minimum, medium, and close).
- Designation as a "special custody" inmate (Ultra Security, behavior or discipline problems, needs medical or psychological care).
- Gender.

Based on these factors, DAJD staff initially assign inmates to appropriate housing units in either KCCF or the RJC, but reassignment may occur should circumstances change.

In addition to providing security in the residential housing units, the county jail system also manages other inmate management functions:

Intake/Transfer/Release (ITR): Staff book inmates into jail, complete intake procedures, process court commitment paperwork, calculate release dates, transfer them between jails or jurisdictions, and release them from custody.

Court Detail: Staff escort inmates to and from court hearings and trials, and transport and supervise some of the inmates requiring off-site medical or psychological care.

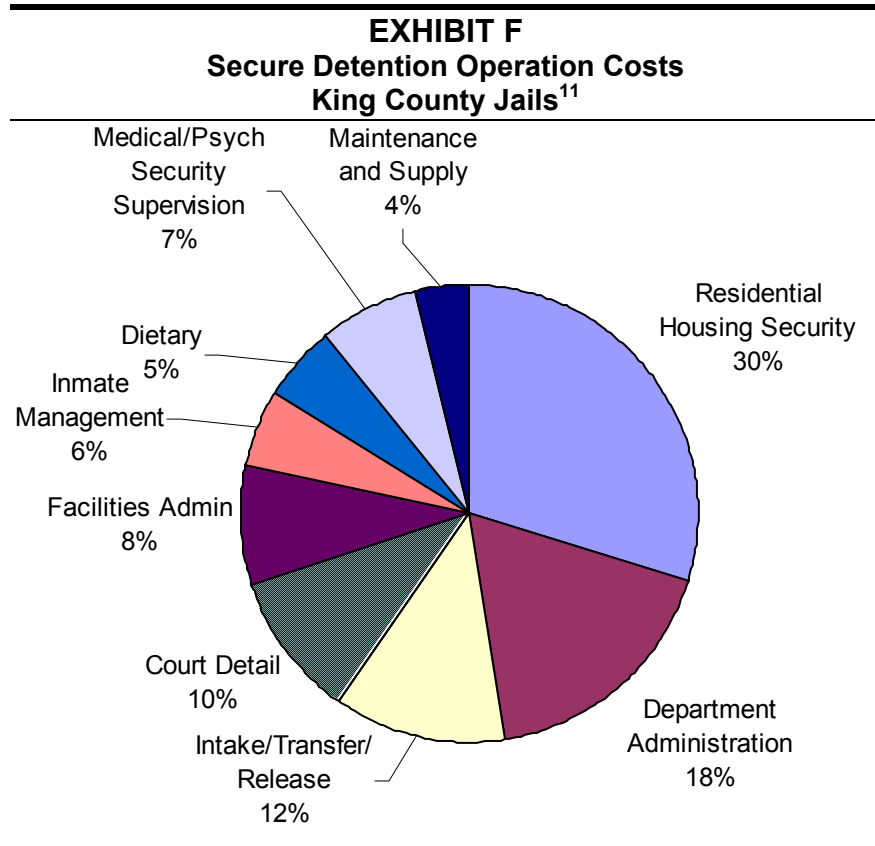
Inmate Management: Staff manage inmate security classifications, custody designations, pre-trial screening, inmate programs, inmate requests and disciplinary meetings, and adherence to *Hammer* settlement terms.

Dietary Services: Staff provides food services for the inmate population.

Medical/Psych Supervision: Corrections officers supervise inmates in the jails' clinics and infirmaries, escort them for off-site medical care outside Court Detail's operating hours, and guard inmates needing psychological observation.

Maintenance and Supply: Staff coordinate laundry function, provide central inventory control of equipment and weapons, coordinate supply purchases, ensure facility key control, and coordinate maintenance of building with Facilities Management Division, including corrections officers' escort for maintenance staff when repairs are needed within jail facilities.

Providing security for the residential housing units is the most costly function of the jail system because of its staffing requirements. As demonstrated in the chart below, residential housing constitutes approximately 30 percent of Adult Detention’s secure detention operating costs, with department administration (director’s office, payroll, human resources, IT/Telecom, facilities maintenance, etc.), ITR, and Court Detail functions the next largest.



SOURCE: Auditor’s Cost Allocation Model

JAIL SYSTEM COST DRIVERS

As mentioned earlier in this report, a goal of our study was to develop an understanding of the factors driving jail system costs, and to better understand how system constraints and internal

¹¹ These costs include certain internal service fund monies which appear as part of Department Administration.

policies may be affecting costs. This information would allow for a cost analysis of Adult Detention's staffing and operating practices, an internal comparison of these costs on a per-inmate basis, and a means of modeling how costs can be expected to vary as inmate population or staffing policies change.

To accomplish this goal, the audit team developed a cost allocation model that reflects the jail system's current operations and costs and, where applicable, ties these costs to inmate population levels. The following functional areas are included in the model: Residential Inmate Housing, ITR, Court Detail, Inmate Management, Dietary Services, Facilities Management, Infirmary/Clinics/Hospital/Psych, Jail Health, and other indirect (non-inmate related) administration functions.

We intend for this model to serve as a tool to better inform executive and council analysts and decision-makers of the underlying factors affecting jail costs, and to help them evaluate the relative cost-efficiency of different housing and staffing policies.

SYSTEM CONSTRAINTS AND POLICIES

Our analysis identified system-wide constraints and staffing policies with significant cost implications, over which the department has varying degrees of control:

DAJD Has Little or No Direct Control

- **Hammer Settlement.** The 1998 *Hammer* settlement between King County and the American Civil Liberties Union (based on court rulings and consent decrees in 1990 and 1991) limits total capacity and strictly mandates staffing levels in all housing units in KCCF. DAJD can, and has, made minor, short term modifications to the agreement based on its operating needs, but major,

permanent changes would have to be made through the legal process versus through policy change.

- **Facility Design.** Both KCCF and RJC have design limitations that create staffing inefficiencies and prevent Adult Detention from taking advantage of larger economies of scale. The physical design of KCCF requires higher staff-to-inmate ratios because of its smaller, confined spaces on floors seven through eleven, and the limited lines of sight for corrections officers. The RJC has smaller housing units than more contemporary facility designs and is thus more costly to staff due to higher staff-to-inmate ratios.
- **Inmate Population.** Criminal law, law enforcement activity, court schedules, and sentencing decisions drive the number, type, and average length of stay of jail inmates. Adult Detention has control over some internal factors that can influence population levels, such as management of booking and release operations, its early release system for “good behavior,” and the number of inmates released on personal recognizance.
- **Court Requirements.** Superior Court rules require that DAJD house inmates awaiting a court hearing or trial in the jail that is located in the jurisdiction where the crime was committed.¹²
- **Jail Health Services.** Jail Health staff (Public Health) working in the jails determine the number of inmates needing medical or mental health care. Adult Detention has discretionary control over the staffing levels needed to supervise and escort inmates requiring such care

¹² Inmates must be housed in the appropriate jail at the time of their scheduled court appearance, but may be temporarily housed in a different location.

within limitations imposed by the *Hammer* settlement-mandated accreditation. However, it does not have control over if and when staffing is needed.

DAJD Has Some Control

- **Staff Bargaining Agreements.** Staff constraints in collective bargaining agreements include vacation and sick leave use; number of staff who may take leave each day. These agreements with the unions occur on a three-year negotiating cycle.
- **Maintenance and Supply.** DAJD informed us that per labor agreements with Facilities Management Division staff, corrections officers must escort all staff performing maintenance work on the jail facilities.¹³ However, Adult Detention determines the staffing levels necessary for the escorts.
- **ITR and Court Detail Staffing.** External factors such as law enforcement activity, court schedules, and inmate transfers between other regional detention facilities drive most of the workload for these functions. Corrections officers must guard inmates requiring transfers or court appearances. However, Adult Detention determines the staffing levels necessary to meet these workload demands, and controls the number of inmates transferred for population management purposes.

Full Control – DAJD Policy Decisions

Staffing at RJC. In contrast to KCCF where the *Hammer* settlement mandates staffing levels, Adult Detention policy wholly determines staffing at the RJC. Policies exist that prescribe housing unit and activity officer staffing levels, requiring minimum levels when single-bunking and increased staffing when inmates are double-bunked.

¹³ DAJD informed audit staff of these agreements during our interviews; however, we have not yet received supporting documentation.

- **RJC Capacity.** Per department policy, defined when the RJC was constructed, the facility can house up to 1,388 inmates on permanent beds. This is the equivalent of single-bunking in all cells plus double-bunking in 65 percent of the general population cells (minimum and medium security).¹⁴ The facility has space for approximately 190 additional permanent beds.

IMPACT OF RJC STAFFING AND CAPACITY POLICIES

The audit team used the cost-allocation model to analyze the impacts of Adult Detention's staffing policies at the RJC, the facility where DAJD has the most control. We found that the RJC double-bunking policies have significant cost and efficiency implications. When double-bunking occurs in a housing unit at the RJC, the unit becomes more expensive and less cost-efficient than a single-bunked unit. This happens for two reasons: 1) DAJD adds additional staff when double-bunking; and 2) DAJD limits the double-bunking population to 65 percent of the general population capacity. The combination of these two policies raises the number of corrections officers per inmate *above* that of single-bunking levels.

When single-bunked, the general population housing units at the RJC are among the most cost-efficient in the system, with nearly the lowest cost per inmate.¹⁵ However, as the inmate population increases and double-bunking begins, the cost per inmate rises and exceeds that of some units at KCCF. A housing unit that is double-bunked at 65 percent costs approximately \$695,875 annually to staff. This is 94 percent more than the single-bunking cost of \$358,810, yet only 67 percent more inmates are being

¹⁴ General population inmates are those who do not have special needs and have been classified to be housed with other inmates in general housing units.

¹⁵ The most cost-efficient housing unit is floors two and three of KCCF, when both floors are in operation.

housed. The cost per inmate rises 16 percent, from about \$5,600 to \$6,500. DAJD's policy prevents the department from gaining any savings per inmate that it might have by using its space more efficiently.

When a housing unit is double-bunked, the following staff are added:

- For each double-bunked housing unit, one additional officer is added on both the day and swing (afternoon) shifts to provide security within the housing unit.
- For every four double-bunked housing units, one additional activity officer is added on all three shifts to provide inmate escorts and staff relief.

Hypothetical Policy Changes

To illustrate the impact of these policies on annual staffing costs, we used our cost allocation model to simulate some hypothetical staffing and housing scenarios for the RJC's 2003 projected population. Adult Detention's 2003 budget projects the need to operate nine general population units at the RJC, the equivalent of 576 general population inmates.¹⁶ These scenarios were selected to illustrate hypothetical housing and staffing alternatives for double-bunking that would improve efficiencies and bring the cost per inmate closer to single-bunking per inmate costs. They demonstrate the effect of:

- Increasing the double-bunking capacity.
- Not adding additional activity officer staff.
- Reducing the number of housing unit officers that are added under double-bunking operations.

These are simply hypothetical examples; many other alternative combinations of housing and staffing policies are possible.

¹⁶ Actual population levels are likely to vary, and may require the opening or closing of additional units beyond those illustrated here. It is also unlikely that all units will be used to their full capacity, which has been assumed here for modeling purposes.

Hypothetical Change in 65 Percent Double-Bunking Policy

Exhibit G below demonstrates alternative housing options for the projected 576 general population inmates. They are alternately housed:

- Single-bunked in nine housing units (DAJD's intended plan).
- Double-bunked at 65 percent in five units and single-bunked in one.
- Double-bunked at 100 percent in four units and single-bunked in one.¹⁷

100 Percent Double-Bunking Would Be Most Efficient

As Exhibit G demonstrates, double-bunking these 576 inmates at 65 percent would be more expensive than single-bunking them. It would cost approximately \$600,000 more annually, even after closing four housing units. As an alternative scenario, double-bunking at 100 percent would result in the most efficient use of space and would also produce savings over 65 percent double-bunking and single-bunking.¹⁸ Under 100 percent double-bunking, *with no changes to its staffing policy*, the cost per inmate would be roughly the same (3 percent less) as with single-bunking. Adult Detention would save approximately \$87,000 annually by double-bunking general population inmates at 100 percent.

¹⁷ It is important to note that DAJD does not currently house its RJC general population at 100 percent double-bunking levels (128 inmates) because of bed limitations and a policy decision not to exceed 65 percent double-bunking. F unit, the only general population unit with more than 107 beds, is sometimes used for reception overflow and double-bunked up to 100 percent. When this occurs, staffing does not increase above the regular double-bunking level. Double-bunking at 100 percent is a theoretical example. However, actual double-bunking in the 90 percent range may be possible if policies were changed.

¹⁸ The estimate cost savings of 100 percent double-bunking does not include the cost of installing additional bunks in the general population housing units to raise their capacity from 107 to 128. For modeling purposes, these scenarios assume the housing units are 100 percent full, which may not always be possible.

EXHIBIT G
Staffing Cost Comparison of Single and Double-Bunking Policies
for Projected 2003 RJC General Population (576)

	DAJD Plan: Single-Bunk	65% Double-Bunk	Hypothetical 100% Double-Bunk	Savings of 100% Double- Bunk
Per Current Staffing Policy	\$3,229,294	\$3,838,184	\$3,142,310	\$86,984
Cost per Inmate	\$5,606	\$6,664	\$5,455	\$151

Source: DAJD staffing plan and auditor analysis using cost allocation model.

Hypothetical Staffing Scenarios

Auditor staff also used the cost model to analyze the comparative costs of other hypothetical staffing scenarios that reduce activity and housing unit officer double-bunking staffing levels. Again, these scenarios are intended to illustrate the cost of Adult Detention's double-bunking policies and show alternatives that bring the cost per inmate to that of single-bunking or below.¹⁹

Exhibit H below demonstrates this comparison using the same 2003 projection of 576 general population inmates at the RJC. The annual savings of reducing activity or housing unit officers ranges from about \$500,000 to \$1 million. (See Appendix 2 for explanation of the alternative staffing scenarios.)

¹⁹ Ibid.

EXHIBIT H
Comparative Annual Costs of Hypothetical
Double-Bunking Staffing Scenarios
Using Projected 2003 RJC General Population (576)

Hypothetical Staffing Scenarios for Double-Bunking→	Staffing Per Current Policy	No Added Activity Officers	Reduced Housing Unit Officers	No Added Activity Officers; Reduced Housing Unit Officers
Staffing Costs	\$3,838,184	\$3,348,898	\$3,240,167	\$2,750,880
Cost per Inmate	\$6,664	\$5,814	\$5,625	\$4,776
Total Savings	n/a	\$489,287	\$598,017	\$1,087,304
Per Inmate Savings	n/a	\$849	\$1,038	\$1,888

Source: DAJD staffing plan and auditor analysis using cost allocation model.

The cost per inmate for these alternative staffing scenarios is lower than that of the current double-bunking policy, and lower than the current \$5,606 per inmate cost of single-bunking. The combined effect of double-bunking at 100 percent and reducing officer staffing would produce even lower costs per inmate and annual savings ranging from about \$1 million to \$1.6 million.

Other Efficiency Issues

As another example of how constraints creating inefficiencies, the policies at both the downtown facility and the RJC require the same staffing levels for general population inmates, regardless of the security classification level (minimum or medium) or the number of inmates in a housing unit.

***Hammer* and DAJD Policy Prevent Efficient Adjustment of Staffing Levels**

At KCCF, where the *Hammer* settlement mandates staffing levels, housing unit staffing levels are not flexible regardless of the number and type of inmates housed in them. This prevents Adult Detention from efficiently adjusting supervision or relief staffing levels according to the security requirements or population levels of the inmates. For example, if a housing wing is only half-full, **and** there is no other place to move these inmates, per *Hammer*, that wing must operate at full supervision

and activity officer staffing levels. This effectively prevents *partial* closure of a floor at KCCF.

At the RJC, Adult Detention's staffing policy provides the same level of corrections officer supervision to all general population inmates, regardless of whether they are classified as a medium or minimum security risk. By applying this "fixed" staffing plan, the department loses the opportunity to improve its cost-efficiency by providing lower supervision levels for lower security inmates.

It is important to note that we did not evaluate the effectiveness or performance of Adult Detention's staffing policies in terms of inmate management or corrections officer safety. Because these factors must be considered when determining staffing needs, we are not recommending that Adult Detention adopt specific staffing plans. Rather, we intend that the department integrate our cost analysis into its own efforts to maintain a safe, well-managed jail system, and ensure that staffing and housing unit populations are managed most cost-effectively. We further anticipate that the preparation of an Operational Master Plan, as envisioned in the 2003 budget, will identify external benchmarks for the cost-effective operation of existing DAJD adult secure detention facilities, and potentially opportunities to address facility constraints that limit efficient operations.

EFFECT OF INMATE POPULATION CHANGES

In the process of constructing our cost model, we attempted to determine how staffing needs and costs would vary according to changes in the inmate population. It was relatively simple to simulate the opening and closing of housing units based on changes in the inmate population because Adult Detention has procedures to govern such decisions and does this regularly.

Staffing for Non-Housing Functions Not Linked to Inmate Population

However, non-housing functions such as Court Detail, ITR, and Inmate Management, lack a similar staffing model or guidelines on which to base their staffing. Factors other than inmate population, such as court schedules, law enforcement activity, prosecutorial decisions, and inmate crime type and behavior, drive workload in these areas. Adult Detention had not done the analysis necessary to determine how sensitive the staffing needs for these functions are to changes in the inmate population. Therefore, we could not include this level of detail in our cost allocation model.

It is important to note that percentage changes in the inmate population cannot be translated into *proportionate* changes in jail costs, because certain thresholds must be reached before cost reductions can occur. To demonstrate, if the RJC population drops by 35 inmates there would likely be little or no cost savings even though this reflects four percent of its population. The reason is that a reduction of 35 inmates from a full housing unit would still leave anywhere from 30 to 72 inmates to be supervised. The housing unit would likely remain open, and staffing costs would remain the same, unless Adult Detention could house the remaining inmates elsewhere. It is also unlikely that an inmate population reduction would occur among inmates with the same characteristics, living in the same housing unit.

Given what we know about non-housing operations such as Court Detail and ITR, even if Adult Detention was able to permanently close one housing unit, the small reduction in inmates would likely have little impact on the cost of these other functions. However, Adult Detention has not evaluated how sensitive these operations are to changes in inmate population levels, so we were unable to fully analyze this.

INMATE POPULATION FORECASTS

During our study, we discovered that Adult Detention's population planning forecasts do not include a projection for how future populations are likely to be classified and housed. Classification forecasting is performed by other corrections jurisdictions and has proven to be a valuable planning and management tool.²⁰ The 2003 budget includes a proviso for Adult Detention to engage a consultant to conduct an updated population forecast; however, the proviso does not specifically address the issue of forecasting inmate characteristics.

Given the efforts of the Adult Justice Operational Master Plan project (AJOMP) to reduce inmate populations, and the ongoing reduction in contract city inmates, DAJD needs information on projected inmate characteristics in order for it to most effectively plan its future needs. In addition, having better information on how future populations will likely be classified and housed would enable Adult Detention, the council, and criminal justice agencies to better predict the impact of policy changes initiated by AJOMP.

STAFFING AND OVERTIME MANAGEMENT

As part of our cost study, auditor staff and our consultants reviewed the method used by Adult Detention to manage its staffing levels and overtime. In response to a 1992 study by the Auditor's Office that found the department's management of staffing and overtime inadequate, Adult Detention staff developed an Operations Forecasting Model (OFM). This model is used to calculate the least-cost combination of staff positions and overtime hours needed to support its operations.

The model incorporates the elements of an effective staffing analysis tool, including projections for staffing needs to cover

²⁰ State of Washington, Department of Corrections.

staff posts, and scheduled and unscheduled leave. Based on historical staffing analysis, the OFM currently recommends adding FTEs in order to achieve the least cost mix of staff and overtime. However, given the inmate population declines currently experienced by Adult Detention, the department may want to wait until the situation stabilizes somewhat before making permanent staffing adjustments.

One concern identified by auditor staff is that some staffing responsibilities (such as some maintenance escorts) and types of overtime (special projects, meetings, and training) are not included in the model. This could potentially affect the model's projections for staffing and overtime needs, and raises questions about how Adult Detention is managing the overtime that is not included in the model.

Overall, Adult Detention's model appears to allow for effective management of those staffing and overtime components that are included in the model. However, a more in depth analysis is needed to fully validate its accuracy and to evaluate the potential impact of the staffing components currently excluded from the model.

RECOMMENDATION 1

DAJD should a) utilize the auditor's cost model to help ensure that housing unit populations and staffing are managed cost-effectively, and b) conduct analyses of how operations and staffing in *all* areas of jail operations could change based on projected variations in jail population levels and inmate characteristics.

3 JAIL HEALTH SERVICES

INTRODUCTION

Jail Health Services, a division of the Seattle-King County Department of Public Health, provides health care services to adult inmates at both of the county's jails. It provides urgent, emergent, and chronic 24-hour health care to jail inmates, and its medical staff decide when inmates are to be sent outside the jails for treatment.

Our review looked at the cost of health services provided to inmates in the county's two jails. Those costs have risen significantly in recent years, and they reflect the overall increase in health costs in the state. Jail Health's costs now amount to nearly 20 percent of the Department of Adult and Juvenile Detention (DAJD) budget, and they drive nearly half of the increase in that department's budget in recent years.

Key Data Not Accessible

Although we included a Jail Health component in our cost model, we could not readily access some of the service or workload information on which to base costs unless we conducted an extensive review and analysis of manual medical records. Jail Health Services does not have current and reliable systematic information on insurance eligibility, electronic billing, and services. As a result, Jail Health Services finds it difficult to:

- Seek additional cost reimbursement through Medicaid or third-party private insurance.
- Develop a staffing model based on services and workload.
- Assess the efficiency and effectiveness of services.

The lack of accessible effectiveness data and an updated strategic plan inhibit current efforts by the division's management to make jail health operations more cost-effective.

Highlights of Findings

The highlights of additional findings and information on Jail Health are as follows:

- Jail Health Services at the county's two jails have been accredited by the National Commission on Correctional Health Care (NCCHC).
- Budget increases have been large in recent years, due mostly to increased labor costs, staffing increases to meet accreditation requirements, and increased costs for pharmaceutical drugs.
- The Jail Health Services' budget has increasingly become a larger proportion of the DAJD total budget and accounts for nearly half of the overall increase in DAJD's budgets in the last three years.
- Revenue for jail health services has become almost exclusively Current Expense (CX). Criminal Justice (CJ) revenue expired in 1998; Medicaid revenue declined sharply in 2001
- Medicaid revenue for jail health services could be increased, but Jail Health Services and DAJD first need to identify whether inmates are enrolled in Medicaid or third-party insurance plans so that Jail Health Services can then bill accordingly for cost reimbursement.

Highlights of Recommendations

This chapter contains recommendations to:

1. Continue efforts to increase reimbursements for Jail Health Services from Medicaid or third-party private insurance.
2. Improve the collection and reliability of relevant service data.

3. Update a strategic plan for Jail Health that will enable the coordinated development of service improvements, performance-based contracts, and alternative options for delivering services.
4. Provide for added oversight of health services provided to jail inmates.

BUDGET AND COSTS

Detailed information about the budget for Jail Health Services is shown in Chapter 1 of this report. Since 1994, Jail Health's costs rose from about \$6.8 million to \$16 million annually, due to increases in labor costs, staffing, inmate population, the cost of pharmaceutical drugs, and the need to meet accreditation standards. The cost of providing uniformed officers as guards in the infirmary or as escorts to medical appointments or inpatient treatment is not included in Jail Health Services' budget. Those costs appear in the DAJD budget under housing and court detail.

Rising Costs Affect Jail Budget

Jail Health's costs have risen significantly in recent years and now amount to nearly 20 percent of the DAJD adult detention budget and 40 percent of DAJD's budget increases in those years. The rise in jail health costs are somewhat higher than the overall increase in the cost of healthcare in Washington state and nationally.²¹

The primary drivers of Jail Health's expenditures are personnel expenditures (salaries, benefits, overtime, and temporary and contract workers). In total, personnel costs account for over \$10 million, or 63 percent, of the Jail Health's budget for

²¹ Source: Center for Studying Health System Change. Annual increases in 2000 and 2001 were six and nine percent respectively.

2002.²² Salaries and overtime costs have increased about 114 percent from 1994 to 2000.

In 2001, Jail Health negotiated a 16-percent raise for employees in the Washington State Nurses Association bargaining unit, which accounted for much of the increase in personnel costs. The council staff report accompanying the proposed ordinance to accept the collective bargaining agreement cited that the raise was needed to bring county salaries closer to local market rates.

As discussed below, the addition of 10.6 FTE staff for accreditation purposes added to overall staffing costs.

Other major cost drivers include pharmaceutical drugs, medical supplies, and medical/hospital fees.²³

Revenue Enhancement Is Possible

Revenue Enhancement Opportunities

Jail Health Services receives most of its operating revenue from DAJD. Medicaid, third-party insurance reimbursement, and a federal pharmaceutical program may provide options for revenue enhancement. Current electronic data entry and billing practices need to be reformed so that all appropriate revenue is collected.

Medicaid

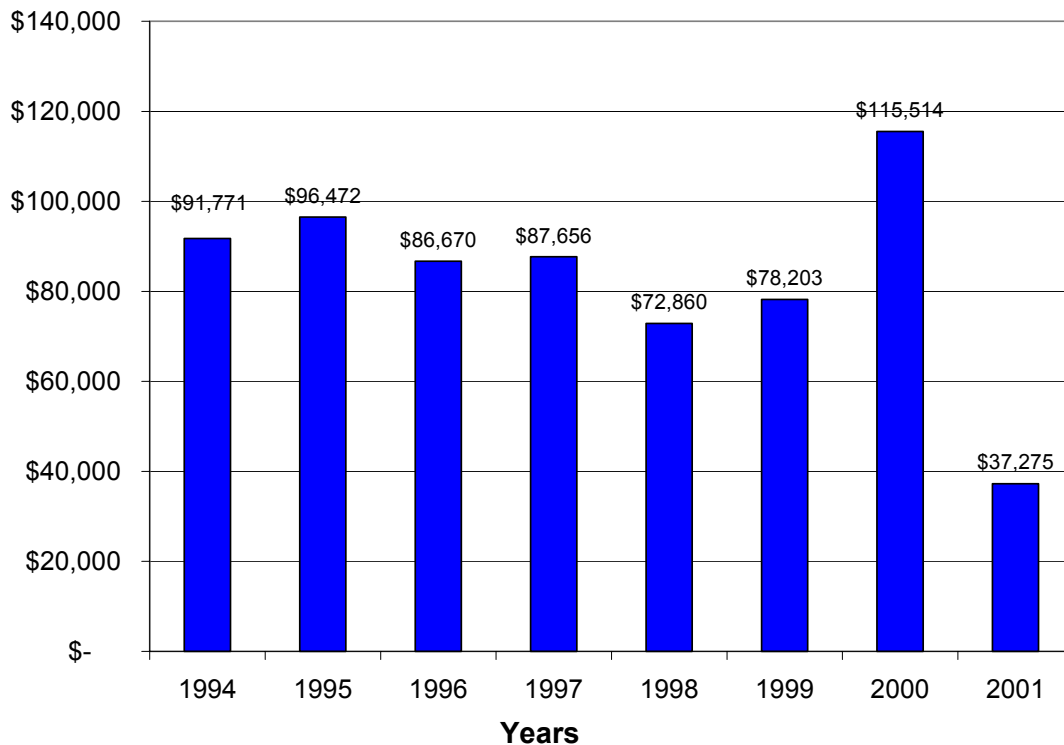
Jail Health is not staying current in its billings to Medicaid for medical services provided to enrolled inmates.

Jail Health receives Medicaid revenue for inmates enrolled in the program. Historically, this has been the division's largest source of revenue other than DAJD.

²² Account 51100 (salaries and overtime) and 51300 (benefits) totals plus 53105, that is used primarily for contract personnel services. The total for 2001 was \$11,951,591 and budgeted for 2002 was \$10,555,279.

²³ Medical and hospital fees include ambulance, x-rays, laboratory, and other professional fees that are not covered under the county's agreement with Harborview Medical Center for the treatment of jail inmates.

EXHIBIT I
Jail Health's Revenue from Medicaid, 1994-2001



SOURCE: ARMS 13th month reports.

Backlog in Billing

As the chart in the exhibit above indicates, Jail Health has received significantly reduced revenue from Medicaid in the last year. This is largely explained by a backlog in Public Health's billing system, which is not yet able to bill Medicaid appropriately for Jail Health's medical services. Jail Health told auditor staff that it plans to begin billing Medicaid again before the end of the year, and will be able to back-bill for appropriate services.

In addition, Jail Health's pharmacy has not consistently billed Medicaid for enrolled inmates' pharmaceuticals. Currently, pharmacy staff try to bill for particularly expensive drugs. This may mean approaching the pharmacy where the prescription was last filled, billing Medicaid through the pharmacy billing system, or picking up drugs at Harborview Medical Center and

having that agency bill for them. Pharmacy staff reported that time and staffing were the main obstacles to consistent billing.

We do not know the exact loss of revenue resulting from reduced Medicaid billing for medical services and inconsistent billing for drugs. We estimate total revenue from Medicaid could be much higher than it has been in 2001, between \$119,000 and \$155,000 annually.²⁴

Third-Party Private Insurance

Private insurance may also provide some additional revenue for Jail Health. However, Public Health has no process in place to recover this revenue.

Jails Do Not Ask About Coverage

Currently, neither DAJD nor Jail Health query inmates regarding insurance or other medical benefits as required by state law. RCW 70.48.130 requires county jails to ask inmates about their ability to pay for medical care, including insurance or other medical benefits. Neither the initial medical intake form nor the health assessment form used at the jails include this information. Jail Health's nurses assigned to Intake, Transfer, and Release (ITR), who see inmates with immediate medical needs upon booking also do not ask about Medicaid or other medical care coverage, although they do verify prescriptions at local pharmacies.

As a result, neither Jail Health nor DAJD knows how many inmates are covered by private insurance. Jail Health Services is reviewing ways to improve its revenue collection systems.

²⁴ These figures are based on an average of 300 billable services provided each month and a reimbursement rate of between \$33 and \$43 per service.

Other Federal Revenue

Public Health is a designated Healthcare for the Homeless agency. As such, its clinics qualify for reimbursement under the Federally Qualified Healthcare Center (FQHC) program over and above Medicaid reimbursements. Currently, Jail Health Services is not a part of the program's scope. However, Public Health staff believe that King County's jails could qualify for the program.

County Is Seeking to Qualify

Public Health is currently in the initial stages of planning to work with the federal program to include Jail Health within the scope of FQHC. Meeting program requirements include conducting a study of jail inmates to ascertain their housing status prior to incarceration, creating a program that would help inmates connect with community housing and social services, and changing the data collection system at Jail Health to meet program reporting requirements. Public Health will be working in concert with the local Healthcare for the Homeless regional office to ensure that their proposed increased scope of service is appropriate.

Revenue from additional FQHC reimbursements could provide an additional \$248,000 to \$372,000 for Jail Health Services depending on the number of inmates that meet the FQHC requirements.²⁵

²⁵ FQHC revenue is only available for services for individuals enrolled in federal Medicaid programs.

RECOMMENDATION 2 Jail Health Services should accelerate its efforts to increase reimbursements for medical services and pharmaceutical drugs by:

- Working with DAJD to document inmates' ability to pay for medical care.
- Working with Public Health to enable the billing system to obtain Medicaid or third-party insurance reimbursements for medical services provided to jail inmates.
- Developing consistent procedures for pharmaceutical billing.
- Securing FQHC status through the federal Healthcare for the Homeless program.

STAFFING AND OPERATIONS

Both the King County Correctional Facility (KCCF) and the Regional Justice Center (RJC) have a medical clinic staffed with a mix of nurses, nurse's assistants, nurse practitioners, and physicians. The KCCF is also equipped with an infirmary that serves inmates with acute, chronic, and convalescent health problems. Many of these inmates are experiencing detoxification from drugs or alcohol, have respiratory illnesses, or are using crutches or other devices that could be unsafe in regular housing. Psychiatrists, psychiatric nurses, and psychiatric evaluators provide mental health evaluation and treatment and assist in inmate classification.

For hospital and specialty care, inmates are taken to Harborview Medical Center (HMC) in Seattle. HMC covers the cost of facility fees for inmate treatment, and Jail Health Services pays for professional fees (including ambulance, x-ray, and laboratory) associated with an inmate's care. If necessary, inmates from the RJC can be taken to Valley Medical Center for emergency treatment, although Jail Health Services must pay directly for

those services. As a consequence, inmates with serious medical and psychiatric needs are housed at KCCF. Inmates may also receive outpatient treatment at a specialty clinic, such as a kidney dialysis center. In all cases, whenever an inmate is sent to a medical facility for treatment, at least one jail guard escorts the inmate. An extra guard may be sent as an escort if the inmate's security level is high enough to justify the additional guard.

Staffing Increased to Gain Accreditation

In order to prepare for the 2001 NCCHC accreditation audit, Jail Health Services employed two consultants to assess the agency's readiness for the process. The consultants reviewed Jail Health's operations and made recommendations for improved operational efficiency.

In addition, the consultants' reports found that Jail Health:

- Employed more highly qualified staff than did other similar jails.
- Employed more staff per inmate than did these other jurisdictions.
- Had a higher cost per inmate than did comparable jails.²⁶
- Was not consistent in tracking service utilization and did not have current workload data available for review.
- Did not have practice guidelines for doctors and nurse practitioners.

Although both studies noted high staff per inmate ratios at Jail Health compared to other jurisdictions, one report recommended additional staffing to improve administrative and support functions and increase timeliness of treatment.²⁷ The

²⁶ Based on cost per inmate day which is calculated using the total number of days spent at the jails by inmates over a year. This is actually more precise than using Average Daily Population.

²⁷ Moore and Associates, *Health Care Staffing Analysis: Seattle-King County Jail Health Services*, March 3, 2001. Also see B. Jaye Anno, *Seattle-King County Jail Health Services Program*, 1998.

recommendation resulted in a request for 10.6 additional FTEs (\$350,587) for Jail Health through the Omnibus Budget Request 2001-0294 (July 2001).²⁸ Public Health was given the additional staff and subsequently received accreditation from NCCHC in 2002.

Both county jails received accreditation from the NCCHC. While accreditation of the KCCF is required by the *Hammer* settlement, there is no similar requirement for the RJC. The latter is included in the accreditation process to provide for uniformity of care in both the jails.

Workload Monitoring and Tracking

Jail Health was unable to provide auditor staff with detailed systematic information in electronic form on services and workload, although manual records do exist.

Backlog in Data Entry

Data entry staff enter only non-Medicaid eligible medical encounters into Jail Health Services' computerized billing system. If the system had current and complete data, it could also be used to track workload. In addition, Jail Health Services is behind on making those entries. In July 2002, auditor staff observed data from January and March 2002 being entered into the system, a four- to six-month time lag.

Jail Health has been manually collecting some workload and service data since March 2001. However, while some data was collected at KCCF, this was not done on a regular basis at the RJC. This data cannot be used to evaluate the effectiveness and efficiency of current operations or determine where changes in service delivery or staffing levels might be advantageous. Jail Health's personnel told us they would be changing its service

²⁸ 1 ASIII (administrative position), .7 medical ARNP, .9 LPN-clinic, 1.2 medical RN, 1.5 psych ARNP, 1 RN (quality assurance), 2.8 infirmary LPN, and 1.45 Pharmacist Tech.

delivery model and staffing mix in the near future to address these concerns.

For many of these reasons, our cost allocation model could not explicitly identify the bases for jail health costs or their relationship to inmate population levels.

RECOMMENDATION 3 Jail Health Services should systematically collect reliable data in electronic format on services and workload indicators on a timely basis and apply that data to a staffing and cost allocation model.

COST CONTAINMENT EFFORTS AND THE NEED FOR STRATEGIC PLANNING

Jail Health Services has established cost containment and revenue committees, which are good first steps in improving the efficiency and effectiveness of Jail Health Services. These efforts need to be linked to the development of a strategic business plan.

Jail Health's staff have organized several committees to reduce agency costs and increase revenue.

- The **Pharmacy Therapeutics Committee** is exploring ways to increase Medicaid billing for expensive drugs, billing inmates through the commissary funds that DAJD coordinates for over-the-counter drugs, continuing the use of sample drugs received free of cost, and shifting pharmacy staffing to better use pharmacists' time.²⁹
- The **Operations Cost Committee** reviews purchasing protocols for supplies and analyzes lab fees and other

²⁹ Jail Health's pharmacy has historically received drug samples that help defray pharmaceutical costs. The pharmacy tracks the drugs donated to Jail Health Services but does not quantify the savings related to these drugs. In addition, it is unclear whether these specific drugs would be prescribed if they could not be obtained free of cost. Therefore, auditor staff could not quantify the specific savings related to these drug samples.

costs. In addition, the committee coordinated pre-training for contract nurses in Jail Health's protocols in order to familiarize them with procedures before they begin working.

- The **Scope of Practice Committee** has produced several small studies on utilization of services as well as some new protocols for the treatment of several conditions.
- Jail Health's **Staffing and Productivity Committee** is charged with evaluating ways to improve efficiency and effectiveness in service delivery.
- A **Revenue Enhancement Committee** is looking at increasing Medicaid revenue and changing service delivery models to allow for more billing. This committee and others have identified some additional ways to increase revenue by charging inmates for more medical services. These potential ideas include charging inmates for over-the-counter drugs and working with DAJD to more effectively bill inmate commissary accounts for drugs and medical services.

Although these committees have a defined purpose and meet on an ongoing basis, their timelines and connection to a business or strategic plan are not clear. This may limit the ability of the committees to identify areas of cost reductions and revenue enhancement in a timely manner.

The development of an updated business plan (or strategic plan) for Jail Health would enable a number of possibilities to occur, as long as the plan included appropriate components such as mission and vision statements, goals, objectives, and action plans, as well as performance and other outcome measures.³⁰

³⁰ In this study, a "strategic plan" and a "business plan" are used synonymously.

Such a plan would provide baseline information which DAJD and Public Health could include in a performance-based contract for jail services. Further, it would establish a basis for assessing jail health operations from the standpoint of managed competition. Finally, it would facilitate a more informed discussion of policy options for the delivery of health services to jail inmates.

RECOMMENDATION 4 In support of its efforts to reduce costs, improve service, and enhance revenue, Jail Health Services should develop an updated strategic plan that includes appropriate components such as performance measures. The plan should incorporate the ongoing efforts of the cost, revenue, and operations internal committees now in place.

The plan should establish a basis for a performance-based contract for jail health services between the Department of Public Health and the Department of Adult and Juvenile Detention. It should also incorporate the development of policy options for the delivery of services.

DAJD OVERSIGHT

At the present time, the county funds Jail Health Services mostly as a “pass through” in the DAJD budget. In other words, the county appropriates jail health money to DAJD, and that funding in turn goes directly to the Department of Public Health.

DAJD officials told auditor staff that their department has no formal oversight process other than NCCHC accreditation to ensure accountability for jail health services. DAJD does not routinely monitor or evaluate those services or their costs.

**Health Care Decisions
Can Affect Jail Costs**

Decisions by Jail Health's staff, however, may often drive some of DAJD's workload. For example, Jail Health's staff determine which inmates need additional observation due to suicide risks and which ones require health care that can only be provided outside of the jail. In recent years, the number of corrections officers required to guard these inmates has increased. Even though these Jail Health decisions impact corrections officer workload and DAJD's budget, Adult Detention does not have a means, such as a performance-based contract, to monitor Jail Health's decisions and to provide assurance that such staffing increases are reasonable.

The purpose of DAJD oversight of Jail Health is to monitor operations and policies which affect DAJD workload and costs. It does not mean that DAJD should review Jail Health's professional practices and standards. Instead, DAJD and county policy makers should have confidence that appropriate criteria and policies guide decisions by Jail Health. This applies especially for treatment outside the jail and other factors that have an impact on DAJD workload and costs.

RECOMMENDATION 5

DAJD and Jail Health Services should develop a formal oversight process for monitoring and evaluating health services provided to jail inmates. A performance-based contract between DAJD and Jail Health Services may provide additional accountability for those services.

APPENDICES

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LIST OF RECOMMENDATIONS

- RECOMMENDATION 1** DAJD should a) utilize the auditor’s cost model to help ensure that housing unit populations and staffing are managed cost-effectively, and b) conduct analyses of how operations and staffing in *all* areas of jail operations could change based on projected variations in jail population levels and inmate characteristics.
- RECOMMENDATION 2** Jail Health Services should accelerate its efforts to increase reimbursements for medical services and pharmaceutical drugs by:
- Working with DAJD to document inmates’ ability to pay for medical care.
 - Working with Public Health to enable the billing system to obtain Medicaid or third-party insurance reimbursements for medical services provided to jail inmates.
 - Developing consistent procedures for pharmaceutical billing.
 - Securing FQHC status through the federal Healthcare for the Homeless program.
- RECOMMENDATION 3** Jail Health Services should systematically collect reliable data in electronic format on services and workload indicators on a timely basis and apply that data to a staffing and cost allocation model.
- RECOMMENDATION 4** In support of its efforts to reduce costs, improve service, and enhance revenue, Jail Health Services should develop an updated strategic plan that includes appropriate components such as performance measures. The plan should incorporate the ongoing efforts of the cost, revenue, and operations internal committees now in place.

LIST OF RECOMMENDATIONS (Continued)

The plan should establish a basis for a performance-based contract for jail health services between the Department of Public Health and the Department of Adult and Juvenile Detention. It should also incorporate the development of policy options for the delivery of services.

RECOMMENDATION 5

DAJD and Jail Health Services should develop a formal oversight process for monitoring and evaluating health services provided to jail inmates. A performance-based contract between DAJD and Jail Health Services may provide additional accountability for those services.

EXECUTIVE RESPONSE



King County

Ron Sims

King County Executive

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JAN 24 2003

KING COUNTY AUDITOR

January 24, 2003

Cheryle Broom
King County Auditor
Room 1020
COURTHOUSE

Dear Ms. Broom:

Thank you for the draft preliminary report entitled Special Study of King County Jails. The study objective was to identify and analyze the main cost drivers of the county's two jails.

We wish to thank the audit staff for the time and effort they invested in conducting their analysis of jail operations and capacity issues. The scope of the special study was extensive and dealt with a complicated array of jail services and issues. The Department of Adult and Juvenile Detention (DAJD) especially appreciates the opportunity to have worked with Audit staff on the preliminary development of the cost allocation model included in the report. We look forward to continuing our collaboration in 2003 to complete the analysis of cost drivers in jail functions, apart from residential security, and to update the model to reflect the 2003 adopted budget. We believe that when this work is done, the model could be a valuable tool for decision-making in future years.

Recommendation 1: DAJD should a) utilize the auditor's cost model to help ensure that housing unit populations and staffing are managed cost-effectively, and b) conduct analyses of how operations and staffing in all areas of jail operations could change based on projected variations in jail population levels and inmate characteristics.

Response: DAJD concurs with the recommendation.

We support the auditor's recommendation that DAJD pursue further analysis in order to determine how projected changes in inmate population levels and in the categories of inmates housed within the jail system may affect operating costs. This recommendation merges with the goals of the planned 2003 jail population forecasting study.

DAJD also concurs with the recommendation that the department work with Jail Health Services (JHS) to develop a joint oversight process under the terms stated by the audit staff: "...under such oversight, DAJD would not have to decide or review Jail Health's professional practices and standards." It is the department's understanding that the oversight role applies to oversight of any contractual agreement between the agencies rather than actual operational oversight.



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EXECUTIVE RESPONSE (Continued)

Cheryle Broom
January 24, 2003
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In addition to addressing the formal recommendations made by the audit staff, other observations contained in the special study regarding operating constraints and efficient use of jail capacity merit comment.

The King County Executive and King County Council share the expectation that King County jail facilities be operated in a manner that is humane, safe and secure for inmates, staff, and the public. The *Hammer* settlement agreement, with its requirement that the King County Correctional Facility (KCCF) achieve and maintain National Commission on Correctional Health Care (NCCHC) accreditation and specific staffing levels at KCCF was the direct result of jail operating practices that were alleged to threaten King County's ability to meet this obligation. Staffing levels and operating protocols implemented at the Kent Regional Justice Center (RJC) and the proactive policy of double-bunking RJC cells at 65 percent represent acknowledgement of the principles and concerns underlying the federal mediated agreement/*Hammer* settlement. Moreover, the Facility Program Plan (FPP) and Facility Master Plan (FMP) adopted by the King County Council, as well as the Environmental Impact Statement (EIS) prepared during planning that preceded construction of the RJC, negotiations with the City of Kent and labor-management agreements further support the staffing and housing constraints within which the RJC operates.

DAJD staff concur with the auditor's observations that more recently built jail facilities, in some cases, do operate with higher staff-to-inmate ratios than the RJC although we have no information regarding whether the populations they house are comparable. However, the planning process for the RJC was thorough and included deliberate consideration of issues such as staffing ratios, operating philosophy and physical configuration options. The one staff to sixty-four inmates (1:64) direct supervision ratio and 65 percent double-bunking assumptions represent the outcome of this work.

There is a range of hypothetical policy changes and possible budget savings offered in the auditor's report as examples of options that would result in more efficient use of staff resources. The report states that the scenarios are not recommended as specific staffing plans, but the large cost-savings associated with the examples tend to focus attention on bottom line costs savings with no concomitant discussion of the serious operational, legal and risk implications potentially posed by operating a facility in a manner which may not be humane, safe, or secure. For example, one scenario envisions a living unit double-bunked to 100 percent, 128 inmates, with only one additional officer shared between two such units. In order to operate a unit in this environment, the housing areas would essentially have to be operated on "lockdown" status with 64 inmates confined to their cells with the remaining 64 inmates in the dayroom. The ability to maintain routine program activities, inmate movements and other functions while ensuring adequate supervision of the inmates in the unit, and at the same time maintaining surveillance of inmates confined to cells, would be virtually impossible. One of the underlying principles of a direct-supervision facility such as the RJC is the ability to limit lockdowns and to foster interaction between inmates and staff, and offer program opportunities, both of which assist in stabilizing inmate behavior and reducing operational problems.

Reducing or eliminating the ability to continue this interaction effectively eliminates the direct-supervision concept and results in both jails being operated under indirect supervision. King County should proceed cautiously and thoughtfully regarding the legal and financial ramifications of challenging these policies.

EXECUTIVE RESPONSE (Continued)

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Recommendation No. 2: Jail Health Services should accelerate its efforts to increase reimbursements for medical services and pharmaceutical drugs by:

- Working with DAJD to document inmates' ability to pay for medical care.
- Working with Public Health to enable the billing system to obtain Medicaid or third-party insurance reimbursements for medical services provided to jail inmates.
- Developing consistent procedures for pharmaceutical billing.
- Securing Federally Qualified Health Care (FQHC) status through the federal Healthcare for the Homeless program.

Response: We agree with this recommendation and are well into its implementation. Currently, JHS and DAJD are revising the receiving screening form to capture inmates' insurance information for billing purposes. In order to increase Medicaid reimbursements through the FQHC program, we are going through a process to determine if JHS is eligible to be covered under the Health Care for the Homeless Network's scope of services.

Recommendation No. 3: Jail Health Services should systematically collect reliable data in electronic format on services and workload indicators on a timely basis and apply that data to a staffing and cost allocation model.

Response: We agree with this recommendation and intend to carry out this effort in conjunction with the consultant work directed by the 2003 Budget Proviso for DAJD. The budget and scope of work are currently being developed. The specific service and workload indicators necessary to design realistic and reliable staffing and cost allocation models will include at a minimum: type and acuity of health conditions, number of inmates with various health conditions, access to inmates and changes in workload demands throughout the day, week and year. Additionally, the development of an electronic medical records system in the Jail will be a valuable tool in the collection of this data and in meeting the NCCHC standards.

Recommendation No. 4: In support of its efforts to reduce costs, improve service, and enhance revenue, Jail Health Services should develop an updated strategic plan that includes appropriate components such as performance measures. The plan should incorporate the ongoing efforts of the cost, revenue, and operations internal committees now in place. The plan should establish a basis for a performance-based contract for Jail Health Services between the Department of Public Health and the Department of Adult and Juvenile Detention. It should also incorporate the development of policy options for the delivery of services.

Response: We agree with this recommendation and have begun the development of a formal strategic business plan for JHS, led by the new JHS Management Team. This plan will address the interrelationship between JHS and DAJD in the delivery of health services and the accountability of health related costs. It will be completed in July of 2003.

Recommendation No. 5: DAJD and Jail Health Services should develop a formal oversight process for monitoring and evaluating health services provided to jail inmates. A performance-based contract between DAJD and Jail Health Services may provide additional accountability for those services.

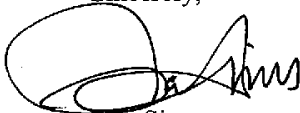
EXECUTIVE RESPONSE (Continued)

Cheryle Broom
January 24, 2003
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Response: We agree with this recommendation. There exists a strong collaborative working relationship between DAJD and JHS which can be enhanced with a joint oversight process and performance based contract for monitoring and evaluating both the health services provided to inmates, and the operational policies of DAJD as they relate to the efficient delivery of these health services. Using NCCHC as the framework, JHS and DAJD will determine how to provide quality services in a cost conscious environment. This performance based contract will be developed in conjunction with the strategic business plan discussed in Recommendation 4, above, and the 2003 Budget Proviso for DAJD.

We believe the actions we have taken and that are planned will enable us to strengthen management of jail and jail health operation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ron Sims', with a large, stylized initial 'R'.

Ron Sims
King County Executive

cc: Sheryl Whitney, Assistant County Executive
Calvin Hoggard, Chief of Staff, King County Executive Office
Steve Thompson, Director, Department of Adult and Juvenile Detention
Alonzo Plough, Director, Public Health – Seattle & King County
Steve Call, Director, Office of Management and Budget
David Lawson, Manager, Executive Audit Services

AUDITOR'S COMMENTS TO EXECUTIVE RESPONSE

We appreciate the executive's concurrence with all the recommendations in this report. Agency personnel were helpful and cooperative partners in this study effort.

The Auditor's Office is committed to working with the Department of Adult and Juvenile Detention and the Department of Public Health to update our adult secure detention cost allocation model so that it will continue to be a useful tool for budget and policy analysis, for the executive as well as the council.

The executive's response to the study includes detailed comments about jail staffing and capacities, particularly as they apply to double-bunking inmates at the Regional Justice Center (RJC). As the response acknowledges, the report's hypothetical scenarios for double-bunking inmates at the RJC illustrate the range of cost impacts of alternative policies and operational practices. The report explains how Adult Detention's RJC double-bunking costs per inmate and staffing levels are higher than when single-bunking. To clarify, RJC double-bunking operations require a higher level of staffing than the 64-inmates-per-officer ratio the executive response cites as a system-wide benchmark.

The response correctly notes that our study focused on cost analysis and did not evaluate the effectiveness or performance of Adult Detention's staffing policies. Rather, the analysis provided was intended to explain the operational drivers behind the RJC's higher cost double-bunking policies, and to illustrate possible housing and staffing options that would bring double-bunking staffing ratios and per-inmate costs closer to single-bunking levels.

We anticipate that the upcoming Operational Master Plan process will evaluate alternative operating scenarios, and will include a testing of assumptions as to why it may or may not be advisable to make current operations more efficient.

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APPENDIX 1
SPECIAL STUDY OF KING COUNTY JAILS
SCOPE AND OBJECTIVES

SCOPE

The study was limited to an analysis of the major cost components of adult secure detention in King County. It assessed the effectiveness of existing jail cost and staffing models and developed a cost allocation to show the effects of potential changes in the size and characteristics of the inmate population. The study also identified other areas for potential cost savings/cost avoidances.

OBJECTIVES

1. Determine what is an effective cost model for allocating jail costs among facilities, special units, and various population groups. Develop a cost allocation model to reflect full costs of adult secure detention.
2. Determine what is an effective staffing model for assigning corrections officers.
3. Identify thresholds where changes in jail population may impact corrections officer staffing, medical and psych staffing, and admin and overhead staffing, as well as the costs associated with such changes.³¹
4. Determine if there are opportunities for cost savings in the area of Jail Health services provided to inmates.
5. Identify other areas that may impact total operational costs

³¹ As noted in Recommendation 1 in Chapter 2 of this report, the Department of Adult and Juvenile Detention needs to conduct further analysis to confirm or modify thresholds in the auditor's cost model.

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APPENDIX 2

HOUSING UNIT AND ACTIVITY OFFICER STAFFING FOR ONE RJC HOUSING UNIT PER CURRENT DAJD POLICY AND FOR HYPOTHETICAL SCENARIOS

The table below shows the single- and double-bunking post levels for activity and housing unit officers that DAJD currently applies to each of its general population housing units at the RJC. It also illustrates the activity and housing unit officer post levels that were used in this report's hypothetical staffing scenarios.³² A post is a jail guard position staffed by a corrections officer.

	Shift 1	Shift 2	Shift 3	Total Posts
Current Policy				
<i>Single-Bunk Policy</i>				
Housing Unit Posts	1.00	1.00	1.00	3.0
Activity Posts	0.00	0.00	0.00	<u>0.0</u>
Total Posts				3.0
<i>Double-Bunk Policy</i>				
Housing Unit Posts	2.00	2.00	1.00	5.0
Activity Posts	0.27	0.27	0.27	<u>0.8</u>
Total Posts				5.8
Hypothetical Scenarios				
<i>Reduced Activity Officers</i>				
Housing Unit Posts	2.00	2.00	1.00	5.0
Activity Posts	0.00	0.00	0.00	<u>0.0</u>
Total Posts				5.0
<i>Reduced Housing Unit Officers</i>				
Housing Unit Posts	1.50	1.50	1.00	4.0
Activity Posts	0.27	0.27	0.27	<u>0.8</u>
Total Posts				4.8
<i>Reduced Housing Unit and Activity Officers</i>				
Housing Unit Posts	1.50	1.50	1.00	4.0
Activity Posts	0.00	0.00	0.00	<u>0.0</u>
Total Posts				4.0

³² One seven-day post requires approximately 1.8 officers to staff it when furlough, vacation, and leave days are factored in.

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ABBREVIATIONS

ADP.....	Average Daily Population
AJOMP.....	Adult Justice Operational Master Plan
CJ.....	Criminal Justice
CPI-U.....	Urban Consumer Price Index
CX.....	Current Expense
DAD.....	Department of Adult Detention
DAJD.....	Department of Adult and Juvenile Detention
DYS.....	Department of Youth Services
FQHC.....	Federally Qualified Healthcare Center
FTEs.....	Full-Time Equivalent Positions
HMC.....	Harborview Medical Center
IPD.....	Implicit Price Deflator
ISP.....	Integrated Security Project
ITR.....	Intake, Transfer, and Release
KCCF.....	King County Correctional Facility
NCCHC.....	National Commission on Correctional Health Care
NRF.....	North Rehabilitation Facility
OFM.....	Operations Forecast Model
RJC.....	Regional Justice Center
SDA.....	Secure Detention-Adult

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