



“We shape our buildings, and afterwards our buildings shape us.”  
*Winston Churchill, October 1943*

## **Justice Planning Analysis – Detention Facility Construction Phases I and II**

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### **Background of Planned Construction**

Reilly Johnson Architecture Firm has drafted a plan to build a new detention facility, while continuing to operate the old facility until construction is complete. The first phase involves the construction of a booking and release center with a new medical and behavioral housing unit, a medical outpatient clinic, an advisement courtroom, and new facilities to serve the housing units of the old facility with kitchen, laundry, and a central plant. Additionally, Phase I includes 592 new jail beds. The construction for Phase I will occur immediately adjacent, southwest of the existing jail facility. It will also include a new driveway from Broncos Parkway (between the Sheriff’s Office Headquarters and the Denver Broncos property.)

The second phase involves the demolition of pods 4 and 5 on the western side of the existing facility to make room for the construction of new housing units north of the Phase I construction and west of the remainder of the existing facility. During Phase II construction, existing pods 1, 2, 3, and 6 will continue to house inmates. Phase II construction will add 3 new housing pods, 4 stories each, organized into housing units capable of holding up to 64 inmates, for a total of 1,020 beds. There will be one multi-purpose room, one professional visit room, and one treatment room for each housing unit. Phase II concludes with the demolition of the remainder of the old facility.

The maximum total bed capacity of the Phase I and II construction projects will be 1,612. (an increase from the current beds of 1,458). Included in this total is 52 medical, behavioral control, and suicide watch units (an increase of 44). Also included is 168 intake and classification beds (an increase of 72). In addition to inmate beds, Phases I and II include an additional 11 multipurpose rooms for programming and an additional 11 professional visitation rooms, as well as an additional 16 medical or behavioral treatment rooms. Based on this analysis, these additions are necessary for the Sheriff’s Office to provide a high level of rehabilitative services and behavioral health programming, as well as promote deputy safety.

### **Deputy and Inmate Safety**

The question for this section is how does a physical, brick-and-mortar structure, detract from or promote the safety of officers working within it and inmates under county care?

The nominal bed capacity of the jail is currently 1,458. When the facility was built in 1986, it was originally designed to house 360 inmates. Over the last two years, the actual average

population has been just over 1,000; however, that capacity is only available because cells have been renovated for triple bunking. On any given day, as many as 200 inmates are housed in triple-bunked cells.

Academic literature examining the correlation between jail crowding and inmate-inmate or inmate-staff violence are generally inconclusive.<sup>1</sup> However, there are findings which do show a positive correlation between crowding (particularly cell crowding, like triple bunking, as opposed to facility crowding) and violent incidents among younger inmates<sup>2</sup> (Arapahoe County had 59% in the 18-34 age category for 2018), and also for those with behavioral health disorders.<sup>3</sup> Reducing cell crowding, therefore, is likely to promote officer safety in the jail.

In addition to the direct link between officer safety and crowding based on conflicts arising and tempers flaring due to the stress of close-quarters confinement alone, another line of academic research shows that the availability of jail programs positively correlates to reduced inmate violence while in custody. Programming has been shown to reduce inmate violence by providing daily structure and an opportunity for self-improvement while confined.<sup>4</sup>

The current facility layout is not conducive to providing a wide-array of inmate programs without significant staff involvement. The facility only has five rooms to hold programming, one in each pod. This means that in order to make a particular program available to all inmates housed throughout the facility, a significant amount of transport is necessary, which requires deputies to escort inmates to and from the program room. Often, staff is not available for this purpose. The facility has no space for program providers to office, nor to establish permanent centers out-of-which individualized inmate assistance could be rendered. This hinders the provision of programs to Arapahoe County Detention Facility inmates to ameliorate conditions which require long-term case management, such as employment and training services, homeless amelioration, and a host of self-improvement programs.

Given that the availability of and inmate participation in programming is a consistently-found positive correlate to reduced inmate delinquency and violence, and given the low ongoing operational cost of providing a space in which vendors can provide programs, it is imperative to explore options for expanding the scope of programs offered. At this point, the only realistic way to make more programs available is to provide space for that. Outside of an astronomical reduction in jail population, which is not probable, the only way to realize this is to build a new space in which programming can be held.

Phases I and II include a multipurpose room (classroom) in each of 16 housing units. In other words, for every 64 inmates there will be space to hold a program. In the current facility, there is

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<sup>1</sup> This may be due in large part because jails are not sufficiently distinguished from prisons in the literature and an inability to control for a number of other variables which pertain to the likelihood of in-jail incidents occurring. See footnote 2, generally.

<sup>2</sup> Travis Franklin, Cortney Franklin, and Travis Pratt. 2006. Examining the empirical relationship between prison crowding and inmate misconduct: A meta-analysis of conflicting research results. *Journal of Criminal Justice*, 34 at 408.

<sup>3</sup> Terry Kupers. 2008. Report on Mental Health Issues at Los Angeles County Jail, at 5.

<sup>4</sup> Richard McCorkle, Terance Miethe, and Kriss Drass. 1995. Roots of Prison Violence: A Test of the Deprivation, Management, and 'Not-So-Total' Institution Models. *Crime and Delinquency*, 41(3):317-331.

one multipurpose room for every 200 inmates, and those rooms are located in pods which are located relatively far away from each other. Phases I and II also have room for vendors to establish long-term program space, like a center, which inmates can visit and receive service from outside of the normal program schedule. The new construction is instrumental if Arapahoe County is ever going to offer self-improvement programs like parenting education or employment and training services.

### **Behavioral Health Programming**

The current jail facility is woefully inadequate in its ability to provide care to inmates experiencing behavioral health conditions. To wit: there are only 16 medical or behavioral control beds in the facility; there are a handful of spaces that can be used to provide adequate suicide watch. The booking facility is too small to accommodate booking staff and arresting agencies to complete requisite paperwork and house inmates awaiting booking, to say nothing of conducting medical and mental health assessments privately or efficiently. The jail books in an average of 1,464 inmates each month. This is too much volume to do even perfunctory medical or mental health needs assessments in the current space. These are done, but only after a few days have elapsed. The jail has medical staff, and an active and successful Jail Based Behavioral Services (JBBS) program which primarily serves inmates with substance abuse problems. However, space is lacking to provide necessary individual therapy and group therapy. There is very little opportunity for providers to hold behavioral health programming, or any programming other than religion, GED, domestic violence, and the occasional AA meeting. Additionally, given the facility space issues, there is currently a waitlist for numerous classes and programs, to include GED.

Moreover, cell crowding is a major concern for those experiencing mental health symptoms. Living in a crowded cell has been shown to exacerbate mental health symptoms, causing those suffering from underlying conditions which may have been manageable on the outside to decompensate while in jail.<sup>5</sup> In fact, there are numerous occasions in which a person might be booked who presents as medically stable, but who decompensates after several days in the jail and to such an extent that they become incompetent to aid in their own legal defense. These inmates, for whom competency is adjudicated to be a concern, must be restored to competency by the State Office of Behavioral Health, a process which typically takes several months, with transfers to and from the Colorado Mental Hospital at Pueblo. Many inmates who are successfully restored at Pueblo decompensate again upon their return, due to poor conditions and lack of services, and must be restored again. These inmates might spend up to a year in jail, in and out of the mental hospital, and not even be tried in court. Competency inmates present an enormous strain on Sheriff's Office resources.

With some 40% of the jail population at any given point with behavioral health needs, approximately 400-450 people, the behavioral health population of the jail is larger than the entire population the facility was originally built to house (360). With medical facilities built to serve dozens, the hundreds that present each day with high-level behavioral health needs, despite the valiant efforts of those who work there, are simply not able to keep up.

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<sup>5</sup> See note 3 above.

Reentry services are an important factor in the rehabilitation of all inmates, but particularly for those with behavioral health disorders. Generally, reentry services help inmates plan for their release from jail in terms of securing work, a place to live, and other immediate necessities. Behavioral health inmates benefit additionally from reentry planning as it facilitates their continuity of in-jail treatment once they reenter society, particularly in terms of medication and ongoing therapy. A study conducted on Connecticut inmates showed that for those suffering from a mental health disorder, the six-month recidivism rate for those participating in reentry services was half of those who did not.<sup>6</sup>

In Arapahoe County, we know that recidivism rates, defined here as return to the Arapahoe County Detention Facility, are significantly higher for three high-needs populations: substance use disorder (53%), mental health (46%), and homeless (58%), when compared to the general population (40%) over five years. Reentry services, and particularly those that coordinate in-jail and out-of-jail care, would reduce the recidivism rates of these populations substantially. Currently, reentry case management services are only offered to JBBS program participants. Due to limited resources and space constraints, JBBS is only able to serve 60 inmates at a time. Therefore, only a fraction of the inmates who need reentry services – and behavioral health programming generally – are able to obtain them. A reduction in recidivism is the most important measure of jail programming because it tells us exactly how effective a program is at improving individuals while they are confined. This is the goal of rehabilitation in the justice system.

The construction of a new jail facility would permit the Sheriff's Office to establish several more programs for treating the behavioral health population. The new construction anticipates having more multipurpose space for group therapy, having more therapy and professional visit space, and having space for the establishment of standing problem-solving centers, like a homelessness center, for instance. Establishing in-jail centers is essential for the consistent treatment of prevalent and perennial social maladies, such as homelessness or joblessness. In 2015 the Department of Labor sponsored a grant program designed to establish job centers in jails, and the programs funded showed positive outcomes, as expected.<sup>7</sup>

Another proposal is for the establishment of separate housing units for those with similar conditions. Given that most correctional institutions are not designed as therapeutic spaces, some jails, like Monroe County, Washington, have established special housing units to house and treat those with the highest acuity mental health needs. The Monroe County Jail special housing unit resembles a hospital, more than a jail, even though it exists entirely within the jail. Having therapeutically-minded spaces is good for the inmates who are not subject to the kind of environmental stress endemic in general population housing, and the staff assigned to those areas can be specially trained in trauma-informed care. Moreover, special housing is conducive to deploying crisis response with greater alacrity to immediate crises, as the highest acuity inmates are located in the same space. Similarly, separate housing units could be established to house specialty court clients (Veterans, Wellness Court, Sobriety Court, and Recovery Court), such that

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<sup>6</sup> Karen Kesten, et. al. 2011. Recidivism Rates Among Mentally Ill Inmates: Impact of the Connecticut Offender Reentry Program. *Journal of Correctional Health Care*, 18:20.

<sup>7</sup> Jeanne Bellotti, et. al. 2018. *LEAP Final Report*. US Department of Labor.

those held in jail for sanctions are not placed in the general population, and thus more likely to have their behavioral health condition exacerbated and treatment set back as a result.

In-jail programming is unlikely to help an inmate whose length of stay is too short. There is some question about what proportion of inmates could avail themselves of these programs, centers, and special housing units given such a high proportion of the jail population is unsentenced (approximately 50%) and therefore has a short length of stay (an average of 10 days in 2018). The average daily population of sentenced inmates in 2018 was 443, with an average length of stay of 72 days. This is certainly long enough for the benefits of programming to be realized. Moreover, it would be straightforward to identify those pretrial inmates who are not likely to make bond, but who are also likely to be sentenced to the Arapahoe County Jail, and so those individuals should be eligible for programming as well.

Given the programming, booking and release, and health facilities available in the current facility, in order for the Arapahoe County Sheriff's Office (ACSO) to provide a high level of service to its inmates, the population should be around 400 inmates<sup>8</sup> (1,073 average daily population in 2018). This size population would enable ACSO to provide a multitude of self-improvement and other behavioral health programming. The maximum number of bookings that should be processed in order to complete a behavioral health screen upon booking, given the current facility and resources available, should be closer to 9,000<sup>9</sup> (17,562 bookings in 2018).

Given that rehabilitation programs (67%) outpaced punishment (28%) as a favorable approach to crime prevention by the Arapahoe County respondents to the Ciruli and Associates survey, erecting a facility that accommodates rehabilitative programs, particularly for those with behavioral health disorders, and the homeless, must be the front face of any effort to ask citizens for supporting these initiatives.

### **Comparison to Other Jurisdictions: Larimer, Davidson, Bexar, Douglas**

Certain jurisdictions in Colorado and around the country provide some examples of behavioral health models. The purpose here is not to try replicate what other counties do, but to situate the current and future status of behavioral health in the Arapahoe County justice system with those of other places. Some aspects of these systems are replicable here; others are unrealistic.

#### Larimer County, Colorado

Larimer County is often touted as a model of behavioral healthcare for the criminal justice-involved. However, the ballot initiative passed in 2016, establishing a comprehensive behavioral healthcare system, has a mere tangential connection to the criminal justice system. For instance, it is an alternative receiving location for individuals transported by law enforcement who are in crisis. It is not an alternative to jail for those who are arrested on probable cause for having committed a crime. Larimer County already offers an alternative facility for housing those sentenced to jail alternative programs, such as weekenders and work release inmates. It also co-locates the Alternative Sentencing facility on the same campus as the jail and the county's

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<sup>8</sup> Estimate.

<sup>9</sup> Estimate.

community corrections facility. This allows Larimer County flexibility in sharing resources and programming among the three facilities.

Larimer County is most distinctive for its in-jail programming offerings. In particular, Larimer has two structured behavioral modification programs. One is called the Citizens Improvement Program which allows inmates to earn extra good time for participation specific programs such as: AA, NA, church service, life skills classes, and GED. The second program is called Transformation and Choices which is a 40-hour structured program designed to analyze how personality types affect behavior, attitudes, and conflict resolution styles, with a deep emphasis on building healthy behavioral change. Additionally, Larimer County offers a litany of behavioral health and self-improvement programming: Seeking Safety, Smarter Everyday, Celebrate Recovery, How to Have a Decent Relationship, creative writing, blues song writing, Authentic Manhood, Road to Freedom for Women, Yoga, Mindfulness, CSU Speakout writing, The Mankind Project, Anger Management, Transformations, AA, and NA. Finally, Larimer County incentivizes good behavior by offering better housing options, such as one-room dormitory-style cells for those who demonstrate consistent good behavior. Arapahoe County does provide some programs and services similar to Larimer County, however, the capacity to expand beyond what is currently offered is significantly limited due to facility constraints. If increased facilities were made available to address this issue, an increase in staffing would also be necessary to facilitate the programs.

#### Davidson County, Tennessee

Davidson County, which is comprised of Nashville and the surrounding areas, is on the verge of establishing an innovative behavioral health diversion program wherein a nurse works with jail booking and the arresting officer to determine whether the individual being transported is appropriate (based on legal and medical criteria) to be diverted to the Behavioral Care Center (BCC) or the jail. The BCC is a voluntary diversion program wherein the individual agrees to undergo an inpatient treatment program for a specified timeframe. At the end of the treatment, if the person was compliant and successful, no charges are ever filed. If the person fails the program, is disruptive, or chooses to quit, that person will be booked in the jail and charges will be filed. The facility housing the BCC is still under construction; it is slated to open this year. Nashville Police Department also has a robust co-responder program which will work closely with the BCC for appropriate clients.

#### Bexar County, Texas

The Behavioral Health Diversion program in Bexar County is one program in a continuum of services offered by the county government for those suffering from a whole host of social maladies, including homelessness, domestic violence, mental health, and substance abuse. Bexar County developed an entire campus replete with step-up housing for the homeless, a crisis center, long-term supportive housing, and a range of services provided by the county human services department and other providers, all collocated on the campus. The crisis center in particular is built as an alternative receiving site (alternative to the jail) for law enforcement to drop-off those in crisis who might be a danger to themselves or others.

### Douglas County, Colorado

Douglas County has a series of interconnected and robust services for those with behavioral health problems. It is called the Douglas County Mental Health Initiative. It includes a co-responder model for law enforcement, a collaborative care system to provide wraparound case management for adults and juveniles who need behavioral health treatment, and a top-notch reentry program. The jail reentry program is most instructive for Arapahoe County. Virtually every inmate leaving the Douglas County jail, who volunteers to receive it, is given a comprehensive reentry plan, complete with case management and resources, so that they can reenter society with many of their material needs met, at least for a short period of time. The Douglas County jail coordinates with the other aspects of the Mental Health Initiative, including human services and private charitable providers, so that housing, transportation, nutrition, work, and treatment is planned for upon release. For those leaving the jail with a remaining probation sentence, and who have a qualifying behavioral health disorder, they are connected with the 18<sup>th</sup> Judicial District Probation mental health program so that important in-jail treatment progress can be continued through probation sponsored out-of-custody treatment. Given more space and resources, this program could be replicated in the Arapahoe County Jail.

### **Arapahoe County Efforts to Mitigate Jail Overpopulation**

The behavioral health needs and population crush in general of Arapahoe County inmates continue to increase despite extensive efforts undertaken by ACSO, Judicial Services, and the 18th Judicial District. Many of the reforms implemented in Arapahoe County are commensurate with similar efforts of Larimer County.

In 2014, the Arapahoe County Justice Coordinating Committee undertook a strategic planning effort resulting in the creation of an Efficiency Subcommittee and a Behavioral Health Subcommittee which have identified and planned for many necessary reforms listed here with the general goal of reducing the impact of defendants and offenders on the Arapahoe County justice system.

### **Arapahoe County Sheriff's Office**

Court Date Notification Program – ACSO implemented a court date notification program in 2008 to call out-of-custody county court defendants to inform them of upcoming court dates. Until 2018, this program occupied a full FTE; since then, the program has operated via text messaging, and the automation inherent in that process reduced the FTE cost to .25. The Criminal Justice Planning Office (CJPO) has evaluated this program since the inception, and it is consistently successful at reducing defendant failures to appear for those defendants who are able to be reached. The program is equally successful as a texting platform as it was a telephone-based program.

Crisis Intervention Training (CIT) – For several years ACSO has endeavored to train every certified deputy in CIT. Since 2018, ACSO has trained every non-certified deputy in Mental

Health First Aid. These reforms enable the deputies in the Sheriff's Office to recognize when a suspect or defendant may be experiencing symptoms of a behavioral health disorder and to respond in a more clinically-minded manner. Although it hasn't been studied, these efforts likely reduce the number of incidents where a behavioral health symptom results in behaviors which, if unrecognized, would result in an arrest or a new charge.

Limiting Parole Holds – Arapahoe County Detention Facility (ACDF) watch commanders monitor the number of parole holds, and overflow holds are transported to Washington County.

Work Release/Weekenders – ACDF has 88 male beds and 22 female beds available for this purpose. The beds are rarely full. Although multiple efforts have been made and continue to be made to communicate the availability of this program to the judges, an impactful rise in court authorizations has not been realized.

Medicaid – In 2015, ACDF coordinated with the Arapahoe County Department of Human Services to enroll inmates in Medicaid, which takes effect upon being released.

Narcan – In 2016, ACSO partnered with the Colorado Office of Behavioral Health to provide intranasal Narcan to high-risk opioid inmates upon release, who are also trained in the use of this life-saving drug. Moreover, this program supplies this drug to jail and Court Services personnel.

Prescriptions – In 2018, ACDF in coordination with WellPath, the jail's medical vendor, provides a prescription for 30 days' worth of essential medications for individuals released from custody. This gives releasees a window to secure out-of-custody medications.

Medication-Assisted Treatment (MAT) – In 2018, ACDF implemented a MAT program to treat inmates suffering from opioid addiction while in custody.

## **Judicial Services**

Pretrial Risk Assessment – Pretrial Release Services conducts bond reports and risk assessments on more than 5,000 defendants each year. The risk assessment is an actuarial tool which predicts a given defendant's risk of failing to appear or committing a new offense while on bond. The bond report information aids judges in setting bond with a goal of reducing pretrial incarceration for those who have low risk of pretrial failure.

Pretrial Navigator Program – In 2017, the Judicial Services Division implemented the Pretrial Navigator Program to release defendants with behavioral health disorders from custody and to connect them with treatment and other resources to stabilize them in their recovery (sober living, transportation, nutrition assistance, employment and training services, and supporting their reconnection with family). By agreement between the public defender, the court, and the district attorney, those who remain compliant with the program requirements are sentenced non-custodially, such that recovery progress obtained through the program is not lost with additional jail or prison confinement. Since its inception in May 2017, this program has avoided 6,793 jail days among all its clients served.

Pretrial Supervision – Since 2014, Pretrial Release Services has increased its caseload capacity by an additional 250 clients to accommodate the growing need for alternatives to pretrial confinement. Pretrial supervision is often ordered for defendants whose risk of failing to appear and committing a new crime are too high for unsupervised release during pretrial. The out-of-custody supervision conducted by Pretrial Release Services saves the county tens of millions per year in jail costs avoided for those awaiting trial.

Bridges Program – In 2019, the CJPO facilitated a day-long planning meeting to implement locally the Bridges Program. This state-funded judicial department program intends to reduce the impact on the justice system and local jails of defendants who need to be restored to competency and to generally coordinate the provision of behavioral healthcare to defendants who need them. This program is anticipated to reduce case processing time for those with complicated behavioral health conditions and to reduce recidivism among its client population.

### **18<sup>th</sup> Judicial District**

Specialty Courts – ACSO works closely to help the 18th Judicial District operate four specialty courts to provide treatment-based alternative sentencing for appropriate offenders. These programs dramatically reduce recidivism among the clients served by them, as well as effectively rehabilitate clients.

Bond Guidelines – In 2017, the Chief Judge of the 18th Judicial District promulgated a new set of bond guidelines with a goal of decreasing bond for defendants charged with a variety of lower-level crime types.