

SAMPLE Fiscal Analysis

Solitary Confinement Reform Legislation

Below are some suggested areas to explore in addressing fiscal concerns of your legislature regarding proposed reforms in the use of administrative segregation/solitary confinement. It is not an exhaustive treatment but should provide some useful strategies and ideas when countering many states' claims that reforms are "too expensive."

Overview

Any costs of this bill, primarily DOC staffing, evaluations, and training, will be off-set many fold by the dramatically reduced numbers of individual inmates in administrative segregation/solitary confinement, by far the highest expense for the government involved in this bill.

Financial Benefits -- General

- Release of any inmate from administrative segregation/solitary confinement within 6 months of his release from DOC custody

Removal of one inmate from administrative segregation/solitary confinement saves the DOC about \$_____ annually. As ____% of all inmates released from solitary confinement in our state are released from prison and directly into the community, assuming ____% of ____ total (____), that savings is at least 6 months (half) of \$_____ annually.

Financial Benefits – Mental Health Evaluations

- In-person mental health evaluations for all inmates with preexisting mental health problems before being admitted to administrative segregation

If current approximation of inmates with mental health problems in solitary confinement is ____% of ____ individuals, that number is about _____. Using DOC numbers, administrative segregation/solitary confinement costs the DOC approximately \$_____ annually more than/compared to \$_____ in general population per inmate. If all ____% of the inmates with mental health problems currently in administrative segregation/solitary confinement are evaluated out, this means this bill could result in annual savings of up to \$_____ – if even 10% are evaluated out, the savings would be \$_____ annually. These savings will off-set the expense of mental health evaluations and staff discussed below.

- Requirement of in-person mental health evaluations for all inmates after 30 days in administrative segregation/solitary confinement (and every 30 days thereafter)

Performing mental health evaluations of inmates after the first 30 days and after each subsequent 30 day period will result in removal of some inmates from administrative segregation/solitary confinement. Removal of one inmate from administrative segregation/solitary confinement saves the DOC approximately \$_____ annually. Multiply this figure by the number of inmates who evaluate out. These savings will off-set the expense of mental health staff and evaluations discussed above and below. Any additional expenses will be off-set by the reduction in individuals held in administrative segregation/solitary confinement, as discussed above.

- Addition of mental health staff to classification committee for placement in solitary confinement

As this staff will have been added to the DOC staff as the clinician(s) tasked with

completing mental health evaluations discussed above by this time, their involvement in classification proceedings will not incur additional DOC expenses. Any additional expenses will be off-set by the reduction in individuals held in administrative segregation/solitary confinement, as discussed above.

Financial Benefits – Juveniles

- Removal of children under 18 (or 21) in administrative segregation/solitary confinement from adult facilities will result in approximately \$_____ annual savings per child. The average cost of incarcerating a juvenile in our state is \$_____; the average cost to incarcerate an adult in solitary is \$_____. **Options:** since our state funds the adult prisons separately from juvenile facilities, this transfer results in savings for the DOC OR Since our state funds both adult and juvenile facilities, (*assuming juvenile costs are lower than adults in solitary*), there is approximately \$_____ savings per child transferred.

Financial Costs

Note: All costs connected to this bill will be off-set by the significant savings discussed above.

- In-person mental health evaluations for all inmates with preexisting mental health problems before being admitted to administrative segregation/solitary confinement
If one new clinician on staff is required to complete these evaluations, the approximate cost is \$100,000 - \$200,000 (salary and benefits). See http://www.bls.gov/oes/current/oes_co.htm#29-0000 (based on US DOL information, psychiatrists, the highest level of doctor eligible for this role, earn a mean annual salary of \$_____ in our state)
- In-person mental health evaluations for all inmates in administrative segregation/solitary confinement after 30 days (and every 30 days thereafter)
If one new clinician on staff is required to complete these evaluations, the approximate cost is \$_____ (salary and benefits). See http://www.bls.gov/oes/current/oes_co.htm#29-0000 (based on US DOL information, psychiatrists, the highest level of doctor eligible for this role, earn a mean annual salary of \$_____ in our state) This clinician might also serve as the person to complete initial mental health evaluations, eliminating this expense.
- Additional staff training
Specific training costs will potentially increase given the particularized nature of the training. Relatively soon after implementing this new law, training can be conducted by DOC mental health staff so outside expenses can ultimately be eliminated.

Uncertainties –

- Reporting
This cost may be negligible given the reporting already required but if it is measurable, it constitutes one form per evaluation. The anticipated reduction in number of inmates in administrative segregation/solitary confinement will result in fewer forms over time.

Time & discounts --

- Staff training currently exists – Proposed Bill _____ requires additional mental health-specific training so length and number of trainings may be higher. At the beginning of implementation of the new program, more training will be necessary; refresher courses and updates will be required at subsequent dates.

- Significant insight can be gained from consultation with the Mississippi Department of Corrections which has dramatically reduced its administrative segregation/solitary confinement housing system-wide and even closed a supermax facility by diverting the seriously mentally ill from long-term isolation and creating a mental health step-down unit; reforming its classification system to ensure that only prisoners who truly need to be housed in segregation for safety and security reasons are placed there; and instituting affirmative behavioral management policies and plans for prisoners in administrative segregation/solitary confinement to earn their way back to general population facilities.