FAX

To:
CCAP

Attention:
Brinda Carroll Penyak

Fax:
717-232-2162

From:
Warden D. Edward McFadden

Date:
February 12, 2014

Pages:
Cover + 4

Re:
2014 Jail Best Practices Award entry

D Edward McFadden,
Warden
Chester County Prison
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West Chester, PA 19382
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2014 Jail Best Practices Award
Official Entry Form

This form must be attached to all entries. Entrants must complete all sections for the entry to be considered complete. A copy of this official entry is available electronically at *www.pacounties.org.*

County Name: Chester County Class: 3rd
Address: 501 S. Wawaset Rd. City: West Chester Zip: 19382
Contact Name: D. Edward McFadden Title: Warden
Department: Chester County Prison Phone: 610-793-1510
Fax: 610-793-1486 E-mail: dmcfadden@chesco.org

Project Information

Title: The Evolution and Far Reaching Outcomes of Establishing a Mental Health Unit at Chester County Prison
Start Date: January 2009

Each application must be submitted with two signatures. Place appropriate signatures on two of the lines below:

Chair of the Board of County Commissioners

County Chief Executive Officer

Chair of the County Prison Board

Program Narrative

A separate program narrative document must be attached to this form that answers the following questions in the order presented. This must be typed in a Word-document, Times New Roman, 10-point type.

Need: a description of the identified need and the background including what programs were in place before the current project, if any, and how it led to this effort

- **Program/policies: a description of how the project enhanced general operations programs/policies, treatment, and custody**
- Approach: a description of the project, including any evidenced-based approaches to jail diversion, community involvement strategies, formation of stakeholder groups, county-wide planning strategies, etc.

Evaluation: a brief description of how the project was evaluated and any lessons learned
Stakeholders: a brief description of the community, including a description of key stakeholders, organizations, and county departments that were involved in the project
Processes: a description of how the activities or processes utilized in this project were altered or will be continued based on experience, including plans for leveraging additional resources
Costs: a description of any costs associated with the project and how it was funded; cost savings, if any and any change in community acceptance, reductions in insurance costs, or inspection improvements that resulted from the program

Scoring will be based on the elements as described above.

Please attach supporting documents, forms or other information that support the award entry. Entries must be received by close of business on February 14,2014. Winners will be announced during the CCAP Spring Conference, March 23- 25 2014. More information: Brinda Carroll Penyak, *bpenyak@pacounties.org* or (717) 526-1010.

CCAP COUNTY COMMISSIONERS ASSOCIATION OF PENNSYLVANIA
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2014 Jail Best Practices Award Entry

NEED:

In January 2009, the Administration of Chester County Prison established a coordinated program designed to meet the special needs of the Persistent and Seriously Mentally Ill and at-risk segments of the inmate population. Despite the progress towards diversion made by Treatment Courts, it was evident the Prison would continue to house a significant number of Seriously Mentally Ill; therefore, an entire Medium Security Block was designated as a modified therapeutic community/mental health unit to provide safe housing for individuals who might be vulnerable in general population. Officers regularly assigned to this block were selected on the basis of their sensitivity to special needs as well as their security expertise. Although implemented in 2009, 2010 saw the expansion and full realization of the original project plan. Refinement of the plan, however, has been ongoing and continues to evolve to meet the needs of this population during incarceration and address the challenges that impede a more successful, pro-social reintegration to society.

PROGRAM/POLICIES:

Chester County Prison has a long standing history of identifying those individuals with Persistent and Serious Mental Illness upon commitment. Some of the primary reasons for defining this group are: to assure continuity of care and safety during incarceration; to develop appropriate reentry plans; to link this population with available diversionary paths (e.g. Mental Health/Treatment Courts) and support networks (e.g. Chester County Mental Health Protocol and Protocol Plus); reconciliation. To these ends, the Jail collaborates with the Court, the County Mental Health/Intellectual Disabilities Department, Adult Probation and Parole, Base Service Units, Drug and Alcohol, the Public Defender and the District Attorney, etc.

Once identified, residents are assigned to the Unit in a variety of ways: through daily Classification Meetings attended by Treatment Staff, Security, and Medical; from the point of commitment, with recommendations by the Medical/Mental Health Staff and in collaboration with Security, or when individuals are well known to the institution; when being stepped down from the Medical Housing Unit after being monitored for suicide risk. Typically, residents meet one or more of the following criteria: a diagnosis of Persistent and Serious Mental Illness; a marginal functioning level in general population; a step down from suicide watch; a physical or intellectual status that would present risk elsewhere in the facility.

APPROACH:

Beyond safe housing (care, custody and control), there was the goal to provide specialized treatment programs for Unit residents…the idea being not to just warehouse people, but to provide them with supports to facilitate a more successful transition to the community. Consequently, specialized Treatment Groups were implemented. These Groups are structured to accommodate the dynamics of a fluid population, which is the nature of county correctional institutions designed for generally short term incarceration. A description of the project and some related outcomes, including community and stakeholder involvement, are highlighted below:

- Increased contact with Mental Health Staff was achieved by expanding Unit wellness checks (this, in addition to Chronic Care Clinics and Sick Calls). Established schedules for conducting cell side visits twice weekly, in addition to once weekly unobtrusive observation. The expectation that increased contacts would contribute to a reduction in the frequency of mental health crises requiring four point restraints is monitored by the number of shifts involving the use of restraints; this number was reduced by approximately 98%from 2009 (229 shifts) to less than 6 shifts per year from 2010 through 2013 (there were 0 shifts involving restraints in 2010 and 2012).
- Expanded the frequency and content of Mental Health Treatment Groups for the Unit and implemented comparable treatment for the female population. The first Group was initiated in November 2009. Since that time, a rotation of psycho-education topics has been added to include Dual Diagnosis, Life Skills, Anxiety, Stress and Anger Management, etc. The Life Skills Education Groups feature the use of outside County agencies/stakeholders, such as Children/Youth Services, Crime Victims and the Veterans'

Administration. Further, in the 4th Quarter 2013, we launched the inaugural Resolution Leadership Program, a leadership development and mentoring program, with the support of the community based County Corrections Gospel Ministries. Group and individual sessions focus on the implementation of positive change through leadership and personal development, reconciliation, wellness, trauma awareness/exploration and goal setting, etc.

- Collaborated with the County Assistance Office and the County Mental Health/Intellectual Disabilities Department to streamline the process for obtaining Medical Assistance benefits for those diagnosed with Persistent and Serious Mental Illness. A single point of contact has been assigned at the CAO; the Prison's Forensic Case Manager interacts directly with the CAO contact who then facilitates applications to assure the activation of benefits effective the day of reentry to the community.
- Identified educational opportunities for Prison staff to heighten their sensitivity to the target population. Training is provided at no cost to the institution. The Mental Health Manager has been certified as a trainer for Hearing Voices That Are Distressing, Act 22, and How Being Trauma Informed Improves Criminal Justice System Responses. Further, as part of the on-site Academy Training Program implemented in April 2013, a Crisis Intervention Module was developed to include the Hearing Distressing Voices Simulation and Trauma Informed Treatment. The end result is that all incoming Officers are provided with additional tools to deescalate crises and better recognize the symptoms and stressors of mental illness. As an aside, having approved Academy Training at the institution resulted in an approximate savings of $32,000 for 2013.
- Created an electronic document for staff- initiated referrals to the Mental Health Team (2011). Response to these referrals (i.e. contact with the referred resident) is within 24 hours (week days) to 72 hours (weekends) for non emergency situations. Referrals for emergencies require accompanying protocols that provide avenues for immediate response. The electronic referral process is designed to provide proactive assistance to residents whose issues, if not addressed, would likely present fertile ground for the development of crises.
- Established protocols promoting collaboration between Security and Mental Health when internal disciplinary actions are being considered for mental health patients. This interaction allows for input from Mental Health in areas of housing, citations, etc., and dissuades punitive action that might precipitate further deterioration in mental status.
- Built upon a heightened awareness of mental health issues and crisis intervention to expand our suicide prevention efforts by:
    - Reviewing suicide risk factors in Roll Call, at minimum, on a quarterly basis. A laminated pocket card enumerating warning signs is distributed and available to staff at this time.
    - Developing a "Tip Packet" (bilingual) about mental health services and suicide prevention. This Mental Health Brochure is provided to all residents during their Medical Screen.
    - Distributing a fact sheet enumerating suicide risk factors/warning signs to be placed in the reference binders on each block as a reminder for Officers.
    - Displaying suicide awareness posters on each block.

These intensified efforts have contributed to a 5 ½ year absence of completed suicides.

EVALUATION:

The impact of the expansion of Treatment Groups, increased wellness checks and electronic Mental Health referrals has increased the number of contacts with the target population by more than 50%. This proactive approach to treatment allows individuals requiring intervention, or an increased level of care, to surface more readily and, likely, before reaching crisis level. The effectiveness of this approach is evidenced by a 98% reduction in the use of four point restraints.

Those individuals whose diagnosis meets the criteria for Persistent and Serious Mental Illness are linked with the County Assistance Office to ensure Medical Assistance is effective upon reentry. The process of completing CAO paperwork before release has been expanded to those who may be eligible in the general population and is facilitated through the Counselors in the Treatment Department.

Collaboration between Security and Mental Health on disciplinary actions has promoted, as appropriate, structured support for those whose behaviors are deemed to be a direct result of their mental illness. This prevents endangering

the welfare of individuals whose mental status is already fragile and/or compromised, and helps to deescalate crisis situations.

Educating staff to recognize the signs and symptoms of mental illness and heightening awareness/sensitivity to the needs of those in crisis has increased referrals to the Mental Health Team and promoted a pervasive, proactive framework. We have learned that coupling these methods with a multi-pronged approach to suicide prevention has reduced sentinel events, specifically, a 5 ½ year absence of completed suicides.

STAKEHOLDERS:

Stakeholders, organizations and county departments supporting this criminal justice involved population are varied, and their participation is fluid. As mentioned throughout this narrative, a list of those stakeholders includes, but is not limited to:

Treatment Courts
County Assistance Office
Children/Youth Services
Crime Victims
County Corrections Gospel Ministries
Veterans Administration
Public Defenders Office
Office of the District Attorney
Adult Probation and Parole
Bail
County Mental Health/Intellectual Disabilities Department
Base Service Units
County Department of Drug and Alcohol

PROCESSES:

The expanded frequency and variety of Treatment Groups will continue to evolve to meet the demands of the target population.

Proactive approaches to crisis prevention and intervention, such as electronic mental health referrals and suicide prevention techniques, will continue as cornerstones to our framework. These methods have already been expanded from use on the Mental Health Unit to the entire facility.

The education of staff to increase awareness of issues surrounding mental health, crisis intervention and de-escalation techniques has been included in on-site Academy Training and has been expanded to include all staff, not just those assigned to the Mental Health Unit. We will continue to seek additional training opportunities for the education of staff as they arise.

COSTS:

There were no direct costs associated with the creation of the Mental Health Unit or its continued operation. Changes were made using established staffing levels, and no renovations or additions to the existing physical plant were required. All education/training was, and is, done at no cost to the institution. Even the Train the Trainer Certifications obtained by the Mental Health Manager were free. As previously mentioned, there is a substantial savings connected to having on-site Academy Training. There are also hidden cost savings and economic advantages to the reduction in the use of restraints (e.g. reduction in the frequency of wellness checks by Medical and Security). There is also the reduction of costs incidental to legal actions typically pursued in the event of sentinel events (legal fees, insurance costs, settlements, awards, etc.). Finally, a recent article in GOVERNING STATES AND LOCALITIES references studies associating access to Medicaid with as much as a 16% reduction in recidivism rates; this statistic would certainly have a positive impact on our population diagnosed with Persistent and Serious Mental Illness as they are linked to Medical Assistance upon reentry.