

**Committee on County Criminal Justice System Best Practices for the 21st Century –
Annual Award Program 2018
Honoring Best Practices County Jail Programming**

BACKGROUND

The County Criminal Justice Systems for the 21st Century, a subcommittee of the County Commissioners Association of Pennsylvania (CCAP) Courts and Corrections Committee has been charged by the CCAP Board with developing programs to promote best practices in criminal justice. First introduced as a means of promoting the 2003 CCAP Prison Overcrowding Task Force recommendations, the awards program has evolved over time to focus on best practices in general, rather than just programs that are designed to address overcrowding.

HISTORY

The County Commissioners Association of Pennsylvania undertook the Pennsylvania Prison Overcrowding project in 2001, in response to concerns raised by members about jail overcrowding and construction costs. The committee appointed a task force to conduct a study and report back its findings, assuming the board would take a policy position in support of finding funding for expansion and upgrades. A study was commissioned that examined the state of overcrowding, including the reasons behind those conditions, and the findings demonstrated a need to examine process before deciding on expansion of jail space.

In order to assure that counties would take advantage of the report findings to look for strategies that could be employed locally, the CCAP Board created the Committee on County Criminal Justice Systems for the 21st Century, and charged them with education for members and promotion of the report. The Committee designed the awards program as a way to highlight the work that counties are doing in this regard and to share that information for other counties to consider for their own plans.

The Awards program has evolved to include a component for juvenile detention and alternative programs, and an award honoring a county partner for their efforts in assisting counties with criminal justice goals. The awards program is in its eighth year.

AWARD PROGRAM GOAL

The focus of the award is to recognize county jails for implementation of best practices for jail operation. These may be consistent with the 2003 report recommendations or the recommendations of the recently released CCAP Comprehensive Behavioral Health Task Force Report. Best Practices may address conditions of confinement using successful re-entry initiatives, prevention or early intervention programs, development of effective linkages with community behavioral health services, family involvement, school communication and efforts to make communities safer. Efforts to introduce sharing or collaborations that result in improved outcomes for local justice systems are areas of interest, in that other counties may use the example of awardees in developing their own programs. Initiatives that may be considered include the following:

- Efforts to stabilize or reduce the jail population
- Adoption of assessment methodologies which identify areas for effective change
- Implementation of re-entry initiatives
- Establishment of community corrections programs
- Use of technology to enhance operations of the jail and outcomes for inmates
- Improving the quality of data
- Employment of innovations in housing and treatment of mentally ill inmates
- Development of community services efforts
- Implementation of diversion programs for specific populations
- Collaboration between county departments that are not traditionally involved with corrections
- Innovations through public/private partnerships

2018 Themes

While all projects and programs are of interest to the Committee and eligible to enter, the committee is encouraging the submission of projects that demonstrate the following:

- Addressing the Opioid Crisis
- Successful collaboration and partnerships at the local level
 - Court/judicial team impact on jail population, lives of inmates, successful community re-entry
- The use of evidence based correctional programming
 - Assessment of need/risk levels
 - Enhancement of offender motivation
 - Targeted interventions
 - Staff training consistent with delivery of programs, including positive reinforcement, environments conducive to success

NUMBER OF AWARDS

No more than one large county and one small county jail will receive an award. A large jail is one from a county of the first, second, second A or third class. A small county jail is one from a county of the fourth through eight class.

SELECTION CRITERIA

Entries will be judged on the following categories:

Problem description (10 points)

Background (20 points)

Soundness of approach (20 points)

Description of specific program elements (20 points)

Expectations and measurable goals (20 points)

Evaluation, sustainability (10 points)

PREPARING AND SUBMITTING YOUR ENTRY

Use the official award form in this brochure or available online at <http://www.pacounties.org/ProgramServices/Pages/Criminal-Justice.aspx> click on "Criminal Justice System Best Practices Awards"

ELIGIBILITY

A county jail is eligible to enter under the following conditions:

- The project took place in and was operating during calendar year 2017
- The county has applied for this award in the past, but can show an ongoing benefit to the project
- The county plays a significant leadership role in the development and implementation of activities
- The county commits to follow up evaluation by phone if requested by the committee
- The chair of the board of county commissioners must sign the form for non-home rule county submissions and the Chief Executive Officer must sign the form for home rule county submissions.

DEADLINE

Entries must be submitted via email using the electronic form no later than close of business February 10, 2018.

JUDGING AND SELECTION

All entries will be scored by the Committee on County Criminal Justice System Best Practices. The winning entry in each category will be announced at the CCAP annual conference in March, and afterwards, contacts identified for each winning submission will be notified. Awards will be presented at a time and location chosen by the awardee.

NOTICE

By applying the applicant agrees that items submitted for the program narrative will be posted on the CCAP and JDCAP websites, and made available to counties who wish to establish similar best practices. The signatures on the submission indicate agreement with the public posting, and the award recipient may be asked to share additional information with other counties. The Committee on County Criminal Justice Systems Best Practices reserves the right to disqualify and entry if all of the required elements are not included. Further, entries not receiving a minimum score may be disqualified. Further, entries that fail to achieve a minimum score may be disqualified.

OFFICIAL ENTRY FORM

Entrants must complete all sections for the entry to be considered by the Committee. A copy of this official entry is available at www.pacounties.org

County	Berks
County Class	3 rd Class
Address	1287 County Welfare Road
City, State, Zip Code	Leesport, PA 19533
Primary Contact, Title	Janine L. Quigley, CJM, Warden & Stephanie E. Smith, LPC, Deputy Warden
Contact Phone	610-208-4800, Ext. 4007

PROJECT INFORMATION

Title: Mental Health First Aid (MHFA) Certification

Project Start Date June 10, 2016

PROGRAM NARRATIVE

Enter program narrative that addresses each of the following subject areas, and does so in the order presented below. Entries must be submitting using this form. All sections must be complete. Entries submitted without the required information may be disqualified.

Problem Discussion - Enter comments on 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. This section is worth 10 points.

The face of our inmate population has been changing over the past few decades. We are seeing more and more inmates with serious mental illness incarcerated in county jails, and Berks is no exception. In Berks, we have been able to assess the indicators of this significant increase by reviewing some preliminary data. In the year 2000, 20% of the inmate population was prescribed psychotropic medications and by 2017, it rose to 36% of the population. Further, in a seven year period ending in 2016, the number of mental health tasks (contacts with Psychologists and licensed mental health providers) increased from approximately 4,000 contacts to 28,000 contacts. In the same period of time, the average daily population actually decreased from 1,083 to 1,029.

With this rising mental health population, we recognized a need to improve staff training and education about signs and symptoms of mental illness, for all of our staff, especially our custody supervisors and correctional officers. Custody staff are not traditionally trained in mental health awareness and on the whole tend to lack the information/education to understand and effectively respond to the specific needs of the mentally ill population. The need for further training and support was apparent in our facility and we endeavored to find a way to bring

evidence based training to our custody and support staff to enhance our ability to manage and deliver services to this population, thus reducing the number of cell side incidents requiring force and enhancing the safety and security of the inmates and staff.

Background – Enter history of the project, including any evidenced-based approaches to divert individuals from further penetration into the juvenile or adult justice system, community involvement strategies, formation of stakeholder groups, county- wide planning strategies, etc. This section is worth 20 points.

As the number of inmates with mental health needs has increased over the past several decades, we have enhanced and increased services. Diversion efforts prior to incarceration have been increasing when signs of mental illness are identified and services are available and appropriate. Further collaborative efforts have been ongoing with the Adult Parole and Probation, District Attorney, Public Defender and Mental Health/Developmental Disability Departments with identified individuals who are incarcerated, but meet criteria for expedited criminal case processing leading to community based treatment, case management and/or supervision. We have also partnered with Service Access Management (SAM) who accepts referrals from our psychologists. SAM provides a transitional plan for reentry and subsequent community case management to those inmates who are referred and agree to participate. Even with community supports, we still have a large population of inmates with mental illness who need to be managed inside the correctional facility. (Approximately 578 inmates are currently on the active treatment roster and an additional 87 inmates have been diagnosed with serious mental illness.) Psychiatric referrals and medication management services have been and continue to be offered, but the one area where we believed we needed to enhance our programs was rooted firmly in front line staff who have the most contact with inmates on a daily basis. We were lacking formal, unified training that front line staff could utilize to verbally deter and/or prevent self-harming behaviors and assault risks to staff and other inmates. Many times, without these skills, restraints and force would be the last remaining option of preventing self-harm or harm to others.

Soundness of approach – Enter a description of the ways the project conforms to either program themes or goals as established in the criteria. This section is worth 20 points

Mental Health First Aid USA is an 8-hour course that teaches a five-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer and self-help care. Participants learn the unique risk factors and warning signs of mental health problems, build understanding of the importance of early intervention and, most importantly, learn how to help someone in crisis or experiencing a mental

health challenge. Mental Health First Aid USA also had an added component that solidified it as the most appropriate training to use with our staff; a version specifically tailored for Public Safety staff including correctional officers. This version utilizes scenarios that officers would encounter while carrying out their duties, as well as specific information and critical information to consider when working with individuals suffering from mental health symptoms in a law enforcement capacity.

After selecting this training, we had to decide how to certify all staff and then continue certification for all new hires. Two issues were critical to evaluate before moving forward – initial cost and ongoing costs and training delivery success. In order to continue this program with minimal costs associated with training future employees, we decided to have two of our supervisory staff certified as trainers. We would then have flexibility in our schedules to get all staff initially trained, and we could train all new hires during their orientation periods with current supervisors who didn't need other staff to assume their duties during short-term absences to conduct training. Further, we know from past experience, that retention of information, basic acceptance of the material and willingness to utilize it is very often contingent upon the method of delivery. We believed that if our staff witnessed a team effort from the trainers who each represent the two main departments (Treatment and Custody), they would be more likely to support the effort. The Deputy Warden for Treatment who is already a licensed mental health professional was selected to train in tandem with a custody sergeant who has 20 years of community policing experience, 9 years of service to the jail system and has worked the two shifts and departments where most of our senior employees are assigned. His background and rapport with senior officers provided credibility and the ability to teach to a staff grounded in traditional correctional training.

We believe that the award program goals and themes have been met since the staff training is evidence based and was implemented in a way that bolstered its success in a correctional environment. We believe that the training was well received and accepted despite the skeptical and critical audience that typically exists in jails and specifically due to the fact that we selected a research based program. In addition, the strategic selection of two diverse trainers that we supported for certification brought to the classroom a delivery method conducive to success.

Program Elements – Enter a description of the elements of the project, utility, adaptability, strategies used, community and stakeholder involvement, evidence-based approached. This section is worth 20 points.

Berks County Jail System (BCJS) administrators are dedicated to effectively managing and treating our inmate population in the most ethical and constructive way possible. Inmates with serious mental illness pose a variety of management complications that, if not addressed effectively, put staff and other inmates at risk. Furthermore, if left untreated or ignored, these inmates eventually return to the community and continue to pose the same, if not a greater risk for re-offending.

In June of 2016, Berks County Jail System partnered with Berks County Department of Mental Health and Developmental Disabilities (MH/DD) to send two supervisors to be certified as trainers in Mental Health First Aid. This program is an evidence-based, in-person training with proven ability to teach individuals how to recognize and respond to the warning signs of mental illness and substance use disorders and link people with appropriate treatment and support. Mental Health First Aid increases the understanding that mental illnesses are real, common and treatable. Originating in Australia in 2001, Mental Health First Aid has expanded to more than 23 countries worldwide. Since the program was first introduced in the United States in 2008, more than 11, 000 instructors have been certified to teach the program and hundreds of thousands of Americans have now been trained as Mental Health First Aiders.

Mental Health First Aid is included on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP). The training fees were funded by MH/DD with retained earnings and the travel costs were funded by BCJS. The Deputy Warden for Treatment Services and the Sergeant attended the 5-day training program and passed the necessary evaluations to be certified as trainers.

In September of 2016, these two trainers began conducting training and certifying staff at BCJS. Supervisory staff were trained first, followed by our Special Operations Group (SOG) officers who are involved in the large majority of critical and high risk incidents at the jail. Early in 2017, custody officers received the training and certification and by March of 2017 all officers had been certified.

This certification is currently provided in our training academy for all new cadets and other new support staff. It will be offered on a bi-annual basis as the certification is valid for up to three years.

The potential for adaptability in other County jails is very high. This program could easily be replicated as most counties are experiencing the same challenges in managing a population with inmates who have mental illness. Other counties could use similar funding sources and the certification training is made available on a regular basis throughout the United States. Other jails may want to consider being creative when selecting trainers to certify, ensuring that they are focusing on who would best deliver the training, which may not be the obvious, solely treatment oriented staff member. Once agency staff are certified instructors, the program becomes much more sustainable and cost effective.

Expectations and Measurable Goals – Enter a description of the costs of the project, how it was funded, projected impact, number of inmates diverted or assisted, utilization of risk assessment, impact on recidivism. This section is worth 20 points.

Travel \$3,786.55- County General Fund – Jail System
Training: \$4,000.00- MH/DD Retained Earnings
Certification Training – 2 Supervisors spent 5 Days in Washington, D.C.

Time Supervisors Spent Thus far conducting training – 2 supervisors @ 120 hrs = 240 hrs total
Materials: \$16.95 per workbook x 296 participants = \$5,017.20 – Inmate Welfare Fund

While it is difficult to pinpoint cost savings, we have experienced a reduction in attempted suicides, completed suicides, and uses of force from 2016 to 2017.

While it is again difficult to quantify the exact number of inmates that may have directly benefited from this program, we know that on a daily basis our staff are equipped with and utilizing the skills of Mental Health First Aid to recognize everything from early warning signs to acute symptoms. Even though our population consists of 578 inmates on the active mental health roster and another 87 inmates diagnosed as seriously mentally ill, these are not the only inmates who benefit. We have an additional 142 inmates who have received treatment for mental illness in the past and whose symptoms could return. Our population today is 1,050, so in addition to the inmates previously discussed, we have a remaining 243 inmates who have not been identified but still benefit from individuals who are trained to catch early warning signs if they emerge. Overall, we believe that our entire population benefits from staff being trained to recognize symptoms in those who have never reported mental health issues as well as in those suffering from acute symptoms.

Evaluation/Sustainability – Enter details describing the process for evaluating success including assessment methodologies, data reports, continuation, and determination of success. This section is worth 10 points.

The staff have successfully participated and completed requirements of this program. Both supervisors attended the 40-hour Instructor Level course and became certified upon successful completion of written examinations and a practical evaluation by academy instructors. All jail staff members who attend a MHFA training course on site at the jail are required to take a test designed to measure if the individual successfully mastered the concepts and application of skills taught in the 8-hour course. All of the 296 individuals trained, successfully passed the knowledge test. These achievements indicate a strong likelihood of continued success with the program.

As the staff completed their training and began to utilize it, we began to recognize the impact on inmates. As discussed, it is difficult to quantify the number of inmates who have benefited from this training program and the staff members' newly acquired skills. We do know that many times, our last resort was using force to prevent harm to the inmate or others. What we have found is a reduction in the number of use of force incidents with mentally ill inmates, total attempted suicides and total completed suicides. Please note the following:

2016 = 159 Use of Force Incidents, Including Restraints **
2017 = 112

2016 = 29 Suicide Attempts **
2017 = 20

2016 = 3 Suicides
2017 = 0

** As defined by and reported to the PA Department of Corrections on the Extraordinary Occurrence Reports.

We cannot specifically claim a direct correlation between this reduction and MHFA training; however, this training was implemented in order to identify early warning signs of inmates in mental health distress and to educate staff on how to effectively communicate with them to prevent escalation of incidents. Anecdotally, management staff and the certified trainers have observed first line correctional officers and supervisors actively engaged in communications with inmates in mental health crisis. Their newly developed skills have deescalated and brought resolution to incidents that may have resulted in force, self-harm or assault on others. The data reported above demonstrates that progress is being made in helping the front line staff adapt to the challenges we face with this increasing segment of our population.

SUPPORTING DOCUMENTS

Please include any supporting documentation to demonstrate the impact of the project in cost or population outcomes, or other data to demonstrate the considerations utilized in determining the scope or design of the project. Scoring will be based on factors including the entrant's description of the problem, the soundness of the approach, and success in meeting goals and objectives. Award submissions will receive consideration for outcomes or best practices supported by data. **SUPPORTING INFORMATION SHOULD BE COPIED AND PASTED DIRECTLY INTO THE FORM USING THE BOX BELOW.**

See above statistics.

All forms must contain at least one signature. Signatures can be entered electronically, or submitted via fax using a separate form. To sign, right-click on the signature line, select "Signature Setup" from the drop down, and follow the prompts. If submitting signatures on a separate form, enter "FAXING" on the signature line.

2/13/2018

X

Ronald R. Seaman
County Chief Executive Officer

X



Christian Y Leinbach
Chair of Board of Commissioners
Signed by: Leinbach, Christian Y

SUBMITTING YOUR ENTRY – To submit the entry, save a copy of this completed form after all information, including signatures and supporting materials have been added. When saving the form, please assure that the document name includes the county name, the type of project and the year – (i.e. FranklinJailAward2018). Address an email to bpenyak@pacounties.org and attach the award submission.