



Task Force Report

The Bucks County Task Force on Incarcerated Women and the Mentally Ill

December 5, 2001

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Introduction

The Task Force On Incarcerated Women and the Mentally Ill was appointed by the Honorable Diane Devlin Welsh, Magistrate Judge of the United States District Court for the Eastern District of Pennsylvania, in May 2000 pursuant to an agreement of the parties in a class action suit brought by inmates at the Bucks County Correctional Facility (BCCF). The mission of the Task Force, as stipulated by the parties, is to gather information and make recommendations on the treatment of inmates and potential inmates of the Bucks County Correctional Facility with emphasis on the treatment of women and the mentally ill.¹ (See Exhibit Number 1.)

From the outset, the Task Force members recognized the important role which they could play in developing long-term solutions to the issues raised in both the class action suit and in the 1983 Consent Decree entered into by the United States District Court in Inmates of the Bucks County Prison et al vs. Andrew Warren, et al., No. 79-1785.² That Consent Decree was the result of a settlement of a lawsuit by inmates of BCCF against the County of Bucks. The Task Force members have committed their time and energy to addressing these issues. (See Exhibit Number 2.)

Overall, the Task Force met twenty nine times, toured the BCCF on three occasions, and met with key BCCF staff nine times. In addition, the Task Force members toured the Berks County Correctional Facility, the Montgomery County Correctional Facility, and Montgomery County Emergency Services. The Task Force also met with ten guest speakers who provided

useful information on women inmates and the mentally ill. (See the Appendix for a list of Task Force Activities.)

A Facilitator was appointed by the Task Force, in October 2000, to assist the members in developing a framework, as well as a process, for task completion, coordination of meetings and facility tours, and records maintenance.

To expedite fact-finding, the Task Force created a matrix which enumerated the critical issues outlined in the Task Force Contract. The matrix contained open questions pertaining to each issue, references and resources, and initial recommendations. The Task Force as a whole examined issues related to the 1983 Consent Decree. In addition, Task Force members worked in four, two-person, teams. Each team focused on one of the four issues outlined below;

1. Women and Equal Access;
2. Incarcerated Mothers;
3. The Mentally Ill; and
4. General Issues affecting confinement at the BCCF.

Each team presented their initial findings to the Task Force for preliminary discussion and clarification. Based on these discussions and further research, the teams developed recommendations for review and subsequent discussion by the Task Force. Once the findings and recommendations were agreed to, the Task Force members compiled this report.

The report is organized around the four issues outlined above. An additional category, Implementation and Monitoring, outlines a method for implementing many of the Task Force recommendations as well as a process for routine monitoring of conditions at the BCCF. Findings and recommendations are listed in each section and a summarized list of recommendations

follows the Findings and Recommendations section.

Its findings, however, cannot yet be considered complete. The Task Force intended to interview individual inmates to continue our research and to confirm or negate information supplied by other sources. As a result of ongoing criminal investigations being conducted by the Bucks County Investigating Grand Jury, the Bucks County District Attorney's Office, and other law enforcement agencies, the Task Force is unable to gather all of the information necessary to complete its comprehensive report.

Specifically, during the Task Force's work, the Bucks County Investigating Grand Jury issued a Presentment on July 12, 2001, which recommended the arrest of eight individuals. Based upon the Grand Jury Presentment, the District Attorney's Office filed criminal charges, which included contraband, delivery of controlled substances, and criminal conspiracy. All of the criminal charges were related to controlled substances being brought into the Bucks County Correctional Facility between December 2000 and January 2001. As of the date of this report, the Task Force is aware that four defendants have entered pleas of guilty and that criminal prosecutions are still pending for the remaining four defendants.

As a collateral investigation to the narcotics/contraband Grand Jury probe, the Bucks County District Attorney's Office investigated allegations that sexual contact was occurring between some staff members at the Bucks County Prison and female inmates. On May 29, 2001, Bucks County Detectives filed criminal complaints for institutional sexual assault against a prison captain in charge of training, a sergeant, a correctional officer and a counselor. These acts are alleged to have occurred on various dates between 1999 and 2001. The cases are currently scheduled for trial on December 12, 2001.

Due to the fact that all of the defendants' cases are pending before the Court, and because of the ongoing expansive criminal investigations into these matters, the Task Force believed it to have been inappropriate to interview Bucks County Correctional Facility inmates at the time. It may be appropriate to do so in the future as this research is considered vital to achieve an accurate factual basis for further recommendations.

Overview of the Bucks County Correctional Facility

The Bucks County Department of Corrections operates the Bucks County Correctional Facility (BCCF), the Men's Community Corrections Center (MCCC), the Women's Community Corrections Center (WCCC), and the House Arrest Program. The Task Force began its duties by studying the composition of the incarcerated population at BCCF.

The BCCF, often referred to as the "new jail," was constructed in the early 1980's on South Easton Road in Doylestown and officially opened on June 18, 1985. Prior to that, the "old jail," now the James A. Michener Art Gallery on Pine Street in Doylestown, had been in operation since the late 1800's. Its demise was sealed with the Consent Decree issued in 1983 which found the jail to be in poor condition, exceeding its design capacity, and otherwise not meeting constitutional requirements.

Fifteen years ago, the BCCF yearly average population was 330.³ When it opened, the facility incorporated a new correctional design structure with innovative programs for treatment and education, and a direct supervision philosophy. At that time, it was considered to be a state-of-the-art correctional facility. In recent years, however, the population at the county prison has

reached 600, taxing the physical structure as well as the staffing complement and services provided. The population of offenders at all the facilities under the authority of the Bucks County Department of Corrections totals nearly 1,000.⁴ (See Exhibit Numbers 3 through 9.)

Since the mid 1980's, there have been a number of changes affecting the composition and size of BCCF's inmate population. Changes throughout the criminal justice system, such as the use of mandatory sentences for drug and alcohol offenses, and shifts in state parole decisions resulting in inmates serving longer minimum sentences in the prison have helped contribute to an increase in the county's inmate population. In addition, the composition of the prison population has changed in that more offenders are mentally ill, more are involved in substance abuse, or both. Nationally and locally, the number of women serving time has also increased dramatically.

Nationally, from 1985 to 1995, the number of incarcerated men doubled while the number of incarcerated women tripled. In 1980, women comprised 4.1% of the incarcerated population in state and federal prisons nationwide; in 1997, women comprised 6.4%.⁵ In adult jails however, women comprised 7% of the population in 1983 but comprised 11% in 1996.⁶ Between 1990 and 1998, the number of women incarcerated in county jails increased by 60% and in state and federal prison by 88%. In the same time, the number of women on probation increased by 40% and on parole by 80%.⁷ In 1998, roughly one million women were under some form of supervision in the criminal justice system across the nation.⁸

In Bucks County, women comprise approximately 10 % of the incarcerated population. On June 1, 2001, there were 65 women and 534 men in the BCCF.⁹ The average BCCF woman inmate is 35 years old, white, Catholic or Protestant, unemployed, a single mother, is a Bucks County resident, has a high school diploma, and has previously served time at the facility at least

once before her current sentence.¹⁰ Nationally, by contrast, incarcerated women tend to be younger, in their mid to late twenties, poor, unmarried with one to three children, non-white, and with lengthy past arrest histories.¹¹

Generally, women are involved in the criminal justice system for nonviolent crimes. More than 50% of women incarcerated in prisons across the nation in 1998 were there for drug or property offenses.¹² Although data is not readily available as to the crimes for which women are incarcerated at BCCF, drug involvement appears to play a critical role.

A highly influential variable affecting living conditions in the BCCF has been the dramatic increase in the male population. Initially, women were housed in F-Module which has 26 cells. In the late 1980's, however, the women were moved to A-Module. One of the reasons for this relocation was overcrowding. In spite of the rising percentage of women in the BCCF, A-Module has never exceeded its capacity. A-Module can accommodate 82 beds but the female population has never reached that number. Over the past four years the women's population has been in the range of 50% to 70% of capacity. The growing number of men, however, has negatively affected the conditions faced by the women, including their participation and access to services, jobs, and programs by diverting staff attention and resources to meet the ever expanding needs of the rapidly expanding male population.

United States jails and prisons are now increasingly housing individuals with mental illness -- a population formerly housed in separate mental health facilities and institutions. BCCF, like most county correctional facilities, was not designed as a mental health care facility but is faced with a growing population needing inpatient mental health care. Nationwide, approximately 16% of the 10 million offenders entering county jails each year have a mental disorder¹³ and 6% to 8%

of jail inmates have a serious mental illness such as major depression, bipolar disorder, and schizophrenia.¹⁴ Others estimate that 10 to 20% of jail inmates are mentally ill, emotionally disturbed, or mentally retarded.¹⁵ BCCF is no exception. Approximately 200 or nearly 1/3 of the BCCF inmates have some form of mental illness or are exhibiting such related behaviors.¹⁶

Illicit drug use by offenders has increased during the last two decades. In 1998, more than 26% of inmates across the nation were in county jails for drug offenses; 21% were incarcerated in state prisons; and 59% in federal prisons.¹⁷ An estimate of 60% to 83% of inmates in the United States used drugs at some point according to the Bureau of Justice Statistics (BJS) and the National Center on Addiction and Substance Abuse (CASA).¹⁸ Other sources suggest that between 75% to 90% of offenders have had serious bouts with substance abuse in their past.¹⁹

Roughly 75% to 80% of the BCCF population have some form of substance addiction.²⁰ In addition, many of these offenders have co-occurring disorders, i.e., both a serious mental disorder and a substance dependence or abuse disorder and require treatment for both.²¹ Most jails, including BCCF, are not equipped to provide the extensive treatment or hospitalization needed by this population. In many cases, there is a lack of available treatment or access to such needed services in the community as well. The mental health care network available in Bucks County is shrinking while the need for this type of care is increasing.

The Task Force Findings and Recommendations section of this report presents the findings and recommendations of the Task Force regarding women offenders, chemically dependent offenders, mentally ill offenders, and offenders with co-occurring disorders.

Task Force Findings and Recommendations

I. Equal Access

I A. Intake and Reception [Contract D-1]

Findings

I A 1. There is no separate intake and reception area for women. Once processed, women go immediately to A-Module, while men go to a separate special needs unit for evaluation before being assigned to a module. In A-Module, inmates are housed in an area with the entire women's population, regardless of classification. Once in A-Module, the women can be exposed to mental or physical illness since all facilities such as the shower and day room for women are commonly used.

I A 2. Intake processing and release occur in the same area for men and women.

I A 3. The number of processing offices is limited and those that exist are cramped. It is also difficult to hear when multiple interviews are taking place.

I A 4. The computers in the reception/intake area do not always function.

Recommendations

I A 1. A separate intake unit for housing women inmates should be created to ensure proper classification.

I A 2. A separate release area, that can be used by both men and women, should be created i.e., for court appearances and/or release from the facility.

I A 3. Additional space for processing both men and women should be created.

I A 4. Computers and other equipment should be maintained and updated when necessary to provide adequate support to the staff in the reception area.

IB. Womens' Mental Health Unit [Contract D-2]

Findings

I B 1. There is no separate mental health unit for women. One or more cells in A- module are used when needed.

I B 2. There is a Mental Health Unit for men that can house eight men.

I B 3. In the BCCF, women with mental illness are in A-Module where all the women are housed regardless of classification. Due to the close proximity, the general population on A-Module can hear outbursts and/or other inappropriate noise and see or otherwise be directly affected by the behavioral problems exhibited by women with mental illnesses.

I B 4. Descriptions of the conditions on A-Module are outlined in depositions. The following examples illustrate the current conditions.

From the Deposition of Carol Bohr, a BCCF Corrections Officer on A-Module, the following segment illustrates conditions for the mentally ill in A-Module. Question: "Is there any mental health help available for the women who are locked in their cells, or for the mental inmates who are walking around in general population, during the weekends at Bucks County Correctional Facility?" Answer: "Not on the weekends, no. During the week they can ask for help and we'll call but not on weekends no, there's no one there." Question: "So what happens if a mental patient has a crisis on the weekend?..." Answer: "If you have someone mental really acting out or yelling to another inmate, 'you bitch, I'll kill you', which this goes on quite often, I'll lock her and call shift command say, 'I had to lock so-and-so. She's gone off.' They'll say, 'then leave her locked pending mental health.' Question: "And what does locking do to resolve the problem?" Answer: "Keeps the other inmates safe." Question: "But you can't block the noise?" Answer: "No....."²²

The following excerpt is from a deposition of BCCF Corrections Officer Joyce Benedict concerning a mentally ill inmate. Question: "Well, who puts razor blades under the door?" [cell door of a mentally ill inmate] Answer: "When Kathy's in her mode, Kathy will go off for a couple of days, screaming at night, yelling because she's...whatever. She's very physical, she's very violent, so she pisses off a lot of inmates. So to get back at her they'll say, 'Here' - I mean, I'm sure they found a couple of clippers, some razor blades, 'Here Kath, eat it.' I mean, she'll tell you - she has told them who gave it to her. The inmates say, 'Hey, we had enough. It's been nights seen we got any sleep. Let her kill herself.'²³

In this segment, from the deposition of Officer Joyce Benedict further examples were given of the conditions aggravated on A-Module. Question: "Why are the other inmates so angry at Kathy Phillips?... That you observed. Did they tell you that they were angry at her?" Answer: "Yell at us to shut her the hell up." Question: "What else does Kathy Phillips do?" Answer: "Screams, bangs on the door, bangs her head She loves to bang on the door, kick the doors." Question: "For how many hours at a time will she do that?" Answer: "I've seen her banging on

the door, kick the door for hours, two to three hours at a time nonstop.” Question: “And this could be in the middle of the night?” Answer: “I used to work 10:00 to 6:00 for two years, sure.” Question: “And how many nights in a row would she do that?” Answer: “She’d sleep all day and do it all night. I’ve seen it done nights and nights in a row. She’s pissing people off, getting attention. It’s an attention thing.” Question: “So that other women, by the time the morning comes around, what kind of mood are they in?” Answer: “It’s tense, it’s real tense.”²⁴

In another segment from the deposition of Officer Benedict, the conditions for officers and general population inmates on A-Module are illustrated. Question: “What does guarding people in R.H.U, M.H.U. and general population status, why does that make it more difficult being a corrections officer in the women’s module?” Answer: “Because not all mental health patients are locked, they are out and about with the G.P. inmates, and the ones that are locked we have to keep constant contact with them, watching them. The ones that aren’t locked make’s it more difficult because until they do something, hurt somebody or themselves, they have to be---- we cannot lock them, so it’s constantly keeping protection on us, the inmates, them. It’s just a big burden, it’s a major burden.”²⁵ (See Exhibit Numbers 10 and 11.)

Recommendations

IB 1. A separate special needs unit for women inmates should be established. The proposed unit should be capable of housing a medical unit, a Mental Health Unit (MHU), and a Restricted Housing Unit (RHU) along with corresponding exercise yards. Modern correctional standards must be followed and adhered to regarding equal access. Separate areas for women are designated in Berks County Prison and in Montgomery County Correctional Facility although each is designed differently. Small jails may designate a particular number of cells for this purpose, but larger jails need a special unit for such inmates.²⁶

IC. Women’s Restricted Housing Unit [Contract D-3]

Findings

IC 1. There is no separate Restricted Housing Unit (RHU) for women. One or more cells in A-Module are used.

IC 2. There is a Restricted Housing Unit (RHU) for men.

IC 3. Separate areas for women are designated in Berks County Prison and in Montgomery County Correctional Facility although they are designed differently.

IC 4. Currently, women in restricted housing are in A-Module. Due to the close proximity, the general population in A-Module can hear and witness outbursts, cell extractions, and other activities.

Recommendations

I C 1. A separate special needs unit for women inmates should be established. The proposed unit should be capable of housing a medical unit, a Mental Health Unit (MHU), and a Restricted Housing Unit (RHU) along with corresponding exercise yards. Modern correctional standards must be followed and adhered to regarding equal access. Separate areas for women are designated in Berks County Prison and in Montgomery County Correctional Facility although each is designed differently.

ID. Separate Exercise Yard for MHU/RHU [Contract D-6]

Findings

I D 1. Since there is no separate MHU or RHU for women, there is no separate MHU or RHU exercise yard for women.

I D 2. Women use the same yard facilities as the men in RHU and MHU but at different times. They exercise one hour per day in accordance with state law.

Recommendation

I D. A separate special needs unit for women inmates should be established. The proposed unit should be capable of housing a medical unit, a Mental Health Unit (MHU), and a Restricted Housing Unit (RHU) along with corresponding exercise yards. Modern correctional standards must be followed and adhered to regarding equal access. Separate areas for women are designated in Berks County Prison and in Montgomery County Correctional Facility although each is designed differently

I E. Medical Unit for Women [Contract C-1; D-4]

Findings

I E 1. There is no separate medical unit for women.

I E 2. Medical services are available to women, although it may take two to three weeks for an appointment. According to Grace Sinclair, BCCF Nurse, routine pelvic and breast exams including a Pap smear are performed on women inmates under age forty every two years; women over age forty are examined every year.²⁷ The BCCF Director/Warden, however, reports that gynecological/obstetrical examinations are given annually, based on the time line of examinations reported by the inmate.²⁸ He further reported that a nurse practitioner assigned by the Woman's

Clinic of Abington Hospital conducts the gynecology/obstetrical (OB/GYN) examinations. (See Exhibit Number 12.)

I E 3. No state prison or county jail facility in Pennsylvania has an obstetrical unit.

I E 4. There is a negative airflow cell designated in A-Module for women with contagious diseases. If it is not needed for medical use, it can be occupied as a regular cell.

I E 5. Basic medical care is provided through the infirmary. Sick call is provided seven days per week. Emergencies are sent to Doylestown Hospital.

I E 6. There is no charge for medical care at BCCF.

I E 7. A physician is on duty in the facility five days per week for at least four hours per day for sick call. A podiatrist is on site once per month; a dentist is on site two days per week.

I E 8. Nurses are on duty seven days per week, twenty four hours per day.

I E 9. The nursing staff completes non-emergency admission screens within forty eight hours of admission. The nurse takes a brief psychiatric history during admission screening. All inmates receive a physical from a staff physician within fourteen days.

I E 10. BCCF is accredited from February 2000 through February 2003 by the National Commission on Correctional Health Care (NCCHC). (See Exhibit Number 13.)

I E 11. A letter dated 6/29/01 indicates that BCCF is in compliance with relevant standards based on a monitoring report of the National Commission on Correctional Health Care as measured by NCCHC's Standard for Health Services in Jails. (See Exhibit Number 14.)

I E 12. In general, women may be more susceptible to infectious diseases and other medical problems than men due to little to no access to prior medical care, ongoing drug and or alcohol addictions, low socioeconomic status, and long physical and or mental abuse histories.²⁹

Recommendation

I E 1. **A separate special needs unit for women inmates should be established.** The proposed unit should be capable of housing a medical unit, a Mental Health Unit (MHU), and a Restricted Housing Unit (RHU) along with corresponding exercise yards. Women may require more medical attention from long victimization and abuse histories that call for different approaches. Modern correctional standards must be followed and adhered to regarding equal access. Separate areas for women are designated in Berks County Prison and in Montgomery County Correctional Facility although each is designed differently.

I F. Work Programs [Contract A, E-1]

Findings

I F 1. Only sentenced inmates can be required to work.

I F 2. Pay varies from \$1.80 to \$2.10 per day depending on position.³⁰ (See Exhibit Number 15.)

I F 3. The Title 37, 1999 Audit states "There are many work programs available to the inmates, and all inmate workers are paid."³¹

I F 4. The Bucks County Correctional Facility Inmate Handbook, however, indicates that there are a limited number of jobs. Inmates apply for work through the module counselor for housing unit jobs. They complete an Inmate Job Application form via the module officer for a job off the housing unit. Inmates must follow application procedures. If they are approved, they are placed on waiting lists. (See Exhibit Number 16.)

I F 5. Outside the modules, there are seventy work positions available in the kitchen, warehouse, laundry, sanitation, and canteen, but most of these positions are limited to men for stated reasons of security, the potential for improprieties, sentencing status, and medical evaluation clearance. Specifically, thirty nine of the positions are kitchen jobs that are limited to men; of the remaining thirty one positions, only eleven are available to women.³² (See Exhibit Number 15.)

Focusing exclusively on the issues of availability and access to jobs would lead to the observation that nominal parity exists because over 10% of the seventy jobs are available to women. However, at present, there is no true parity because women are limited primarily to jobs in the laundry or within modules, where security and impropriety issues are not major factors. Both men and women can work as module runners or monitors on their respective modules.

I F 6. Women need the same range of opportunities as men and likewise, their needs must be met to the same extent that men's are in the correctional facility.³³ In this case, parity is the requirement of comparable levels of work or programming for men and women. Parity is not equality and equality is not the same as being identical.³⁴

I F 7. On June 1, 2001, 21% of the men (114 out of 534) and 25% of the women (16 out of 65) had jobs within BCCF. On this particular day, women held positions in the laundry, in the library, and in the dispensary in addition to those on the module. Men held positions in food service, sanitation, Braille, reception, barber, canteen, laundry, and on the module.³⁵ (See Exhibit Numbers 17 through 21.)

I F 8. Supervision issues, problems with impropriety, and the lack of a full complement of women who qualify (by sentence and medical evaluation) to work in the kitchen are considered obstacles for employment of women in that area of the correctional facility according to the BCCF Director and Deputy Warden of Inmate Services. Supervision problems are also listed as one reason why

women can not be employed in the warehouse.

Recommendations

I F 1. The variety of jobs available to women inmates should be increased.

I F 2. BCCF should examine different staffing patterns/supervising structures which could open additional work opportunities for women. Potential areas for analysis include those in food service, the warehouse, sanitation, and others. Bucks County correctional officials should bear in mind that "Jurisdictions that cite the problem of supervising inmate workers will not prevail if that rationale is used to deny female inmates access to work assignments."³⁶ Furthermore, Title 37, Sec 95.226. Housing (b)3 indicates that men and women can work together in food service with supervision.³⁷ (See Exhibit Number 22.)

1G. Religious Programs [Contract A, E-4]

Findings

I G 1. Religious services and Bible study groups are available to both men and women. (There is an exception, however, at times, with the Muslim services that require segregation of the genders on the basis of religious beliefs.) (See Exhibit Numbers 23 through 25.)

I G 2. There is no advanced sign-up for religious services; inmates choose to go to services.

I G 3. Services are usually held in a multi-purpose room at the BCCF. There is a quiet room that can be used for meditation in the women's CCC.

I G 4. Religious service schedules are usually not posted in the housing units but are announced via the public address system.

I G 5. A chaplain comes in one afternoon per week to provide some help in coordinating services, to network with the community for obtaining service leaders and materials, and to provide limited counseling. In this capacity, the chaplain is non-denominational.

I G 6. Currently, the chaplain provides assistance to the Deputy Warden of Inmate Services who has the primary responsibility for program coordination.³⁸

Recommendations

I G 1. Maintain equal access to religious services and programs.

I G 2. Schedules for religious activities should be posted in housing units. This will enable all inmates to learn what services are provided and when they are provided.

I G 3. Adequate space and supplies should be provided for services and study groups.

I H. Drug and Alcohol Treatment Programs [Contract A; 1983 Consent Decree]

Findings

I H 1. Fifteen therapy groups are available through the Bucks County Drug and Alcohol Department. The groups provide cognitive and/or cognitive/behavioral short term therapy. Groups include Psycho-educational, Primary Process, Relapse Prevention, Chronic Relapse, Dual Diagnosis, Specialty Groups, and Intensive Program. There are approximately 298 people in the groups.³⁹ (See Exhibit Number 26.)

I H 2. Some treatment is offered at BCCF for those inmates with a dual diagnosis of mental illness and addiction but there is no coordinated program. There is one dual diagnosis group. It serves approximately ten men, but no women. Women, however, may have individual sessions.

I H 3. There is a relapse prevention program but it can only serve 14 women.

I H 4. Due to scheduling overlap and time constraints with other programs, women often do not attend programs that are available.

I H 5. Drug and Alcohol and Mental Health Staff coordinate on a sporadic basis in spite of having the same caseloads in many instances. There is no formal mechanism or referral system between these two departments that operates to identify and treat co-occurring disorders.

I H 6. Inmates can request treatment or assignment to a group. The process for doing so is described in the Inmate Handbook. Assignment to treatment is not automatic and is based on a priority order established by the BCCF administration. Priority is given to Court ordered inmates and sentenced inmates.

I H 7. The Court can order a sentenced inmate to serve part of his or her sentence in a treatment facility. The Court may also order an unsentenced inmate to enter an inpatient or outpatient treatment program as a condition of pre-trial release.

I H 8. Assessments for pre-trial treatment do not occur unless secured by court order. Pre-sentence investigations are not usually completed unless specifically requested by a judge.

I H 9. Recent research in the areas of psychology and sociology has identified new ways of measuring and evaluating the effectiveness of rehabilitation efforts with correctional populations. In addition, this research has identified a variety of treatment modalities for this population which are more effective as well as identifying approaches which are less effective. These findings and strategies are available from a variety of sources including the National Institute of Corrections.

Recommendations

I H 1. The County should expand drug and alcohol treatment for male and female inmates. The increased number of women in jail is largely due to drug offenses while the increase in men is mainly due to violent offenses according to the Bureau of Justice Statistics.⁴⁰ Nationally, just one in ten women in 1979 was incarcerated for drug offenses while now, one in three is incarcerated for drug offenses.⁴¹

In 1998, for men and women, drugs were used regularly by 65.5% of convicted jail inmates and 16% committed their crime to get funds for drugs.⁴² Roughly half of the women in state prison had used alcohol and drugs, in the course of committing the crime for which they were sentenced.⁴³

Treatment provided in jails such as therapeutic communities, outpatient drug treatment, counseling services, peer group support, vocational therapy, cognitive therapy, and multi-modality programs demonstrate dollar savings.⁴⁴ According to the National Treatment Improvement Evaluation Study (NTIES) from the Center for Substance Abuse Treatment (CSAT), every \$1 spent on treatment saved society \$3, including cost savings from lower crime-related costs, higher earnings, and lower health care costs.⁴⁵ Across the nation, drug treatment and/or programs are provided in 73% of local jails; 32% provide detoxification; 30% provide drug education; and 64% provide self-help programs.⁴⁶

I H 2. The County should expand its only dual-diagnosis group for men into a coordinated treatment program (with an approved protocol for co-occurring disorders) for both men and women.

I H 3. The County should require communication/collaboration among its departments and private substance abuse and mental health providers.

I H 4. The County should provide state-of-the-art training on current correctional treatment of drug and alcohol issues and approaches for staff, such as those focusing on cognitive-behavioral treatment. County officials should consider a Model for Treating Substance Abuse developed by Bloom and Covington. This is a program based on research and clinical experience grounding gender specific substance abuse program in theory.⁴⁷

I I. Halfway Houses for Women [Contract D-8]

Findings

I I 1. The demand and need for halfway houses for women (with and without children) far exceeds current availability.

I I 2. Local facilities for women include Family House at Libertae in Bensalem and Last Chance Recovery House in Levittown. But the Family House at Libertae in Bensalem is the only residential program for recovering women with children in the county. Similar programs exist in neighboring counties and across the Commonwealth, but they are few in number ⁴⁸ (See Exhibit Numbers 27 through 29.)

I I 3. Available bed space is limited in capacity, with waiting lists for applicants.

Recommendation

I I 1. **Expand halfway houses for women and women with their children.** The United States Department of Health and Human Services funds sixty five residential treatment programs for women with their children that include therapeutic communities adapted to address the needs of mothers and children. These facilities are administered by the Center for Substance Abuse Treatment, CSAT.⁴⁹ Statewide, only 13 programs exist where recovering women may reside with their children.

I J. Cottage Industry [Contract D-9]

Findings

I J 1. Counties are not permitted to engage in private industry, regardless of gender, due to prohibitions in the Pennsylvania Penal Code. According to the law, counties may engage in some public service, however.

I J 2. Legislative attempts to change the law and permit private industry have been introduced in the Pennsylvania General Assembly for years, but the legislation has not garnered support for passage. Examples of both SB 638 (PN 670) and HB 780 (PN 880) of the 1997 – 98 legislative session reflect the intent of developing these work opportunities in county and state facilities.⁵⁰

Recommendation

I J 1. No recommendation

II Incarcerated Mother's/Father's Issues

Findings

II 1. No source of information is provided through the Bucks County Department of Corrections to incarcerated mothers or fathers regarding parental legal rights as they may relate to dependency, support, custody, or adoption issues.

II 2. The Bucks County Children and Youth Social Services Agency brings children placed in foster care to the facility for visits with parents. Although there is minimal collaboration between Children and Youth and the Department of Corrections, both agencies have recently begun to draft a manual for incarcerated parents. This proposed handbook is intended to explain incarcerated parents' visitation rights, expectations of parents when visiting with their children at prison, and appropriate visitation behavior.

Recommendations

II 1. **Information resources aimed at increasing the parenting ability of inmates should be developed.** Such resources may include a manual, a brochure, or a video that focuses on the challenges of parenting while incarcerated, on legal issues related to custody and adoption, visitation rights, and foster care. These informational materials should be bilingual and should also catalog area resources and local agencies offering support.

Most incarcerated women are mothers. Seventy-five to eighty percent of women in prison are mothers. These women have an average of 2.4 children. Sixty-six percent of incarcerated mothers have children under eighteen years of age. Seventy-two percent of incarcerated mothers under eighteen lived with their children before serving their sentence.⁵¹ Therefore, these issues are of critical importance to most of the women inmates who are the primary caretakers of their children.

Existing brochures, such as the one drafted by the Women's Prison Association, could serve as models for the development of material which is tailored specifically to address the needs of mothers and fathers incarcerated in Bucks County. Parents should be provided with information and support in planning for their children's well being as soon after arrest as possible, including limited Power of Attorney and guardianship forms.⁵² Bilingual brochures of basic information are provided in New York through the Women's Prison Association. These publications include ongoing education and counsel on the law related to children and the child welfare system. Bedford Hills Children's Center uses the publication, *The Foster Care Handbook for Incarcerated Parents: A Manual of Your Legal Rights* through the Incarcerated Mothers Law Project via Women's Prison Association and volunteers of Legal Services. Of particular importance is providing information on the Adoption and Safe Families Act of 1997, ASFA, which accelerated the termination of parental rights.⁵³

II 2. Collaborative case conferencing should be used with all appropriate agencies and departments, including Legal Aid, Children and Youth, Office of Guardian Ad Litem, and local advocacy agencies to coordinate the delivery of services (including joint discharge planning and aftercare) to incarcerated parents and their children.

II A. Visiting Area [Contract D-5]

Findings

II A 1. There has been no separate visiting area for children visiting their parent. Visiting is conducted in the multi-purpose room on weekends, as are all other visits.

II A 2. Inmates with children in foster care are permitted one visit every two weeks with the child. Such visits occur in the presence of representatives of the Department of Children & Youth. The visits take place in the interview rooms located in the main corridor of the prison, thus, exposing children to the general population.

II A 3. Some limited visiting is conducted through the parenting class.

II A 4. Contact visits with incarcerated mothers or fathers and their children have been utilized in the past at the BCCF as a way of maintaining ties between children and their parents. Studies indicate that fostering family relationships and connections are critical. This requires ongoing communication and visiting during the period of time in which the parent is incarcerated. The opportunity to visit with their children may be a critical factor in reestablishing a stable family unit after the parent's incarceration is completed.⁵⁴ The recent arrest of eight individuals for their alleged involvement in smuggling drugs into the prison during visitation has resulted in limited contact visits between inmates and visitors.

Recommendations

II A 1. **BCCF should designate a separate area in which children can visit their mothers or fathers.** Visiting should be in keeping with standards recommended by the American Correctional Association and should not expose children to the general population.⁵⁵

II A 2. **BCCF should encourage family communications** including the use of video conferencing where appropriate. The chance of a successful outcome after incarceration is enhanced when family members and children maintain close contact with mothers and fathers while they are incarcerated.⁵⁶ Any such contact, however, requires that security be of paramount importance.

II B. Scout Troop [Contract D-7]

Findings

II B 1. Girl Scout Troop 1618 of the Freedom Valley Council in Valley Forge, comprised of incarcerated mothers and their daughters, meets at BCCF on a bi-monthly basis. (See Exhibit Number 30.)

II B 2. It is difficult for the girls of Troop 1618 to travel to the prison for meetings. This often hinders attendance, and negatively affects the troops' activities.

II B 3. Girl Scouts Beyond Bars, a national program, began as an inmate mother-child visitation program in 1992 sponsored by the National Institute of Justice. This program is based on organizational partnerships between corrections agencies and youth service organizations that focuses on breaking the cycle of intergenerational incarceration of women; i.e., preventing the daughters of incarcerated mothers from becoming incarcerated themselves.⁵⁷ Research indicates that the children of incarcerated parents are five times more likely than their peers to be incarcerated when they are older.⁵⁸

Recommendations

II B 1. **Girl Scout Troop 1618 should be maintained and additional support should be secured.** The program has been sustained in a number of jurisdictions who have received additional funding and support from foundations, government agencies, private donations, and corporations.⁵⁹

II B 2. **BCCF should facilitate transportation for programs** such as Girl Scouts Beyond Bars as the population warrants.

II B 3. **Scouting opportunities may be expanded to include other established scouting programs if any.** "Such a partnership (between corrections and youth organizations) can be formed with any motivated youth service organization, including those serving boys."⁶⁰

II C. Parenting Class [Contract D-7]

Findings

II C 1. A Parenting Class for Incarcerated Mothers is held at BCCF and the WCCC; by April 2001, five cycles of the program were held with five or six slots per cycle. There was a waiting list of at least five incarcerated mothers at that time.

II C 2. One parenting class was completed at the WCCC this year to date and three at BCCF. The next class was scheduled to begin in November, 2001. Approximately twelve inmates attend a class. According to the BCCF Director, "there is no waiting list since the classes have been able to accommodate all those who may have registered."⁶¹ (See Exhibit Number 9.)

II C 3. The current program is modeled on a program developed in 1987-88 through a grant from the Penn Charter Foundation.⁶² Ann Adalist-Estrin, M.S., Director of Bridges developed this initial program.⁶³ (See Exhibit Numbers 31 and 32.)

II C 4. Funding for the class is limited. The dollar allocation for the parenting class is \$1,500 over three years and is part of a \$90,000 award for Intensive Case Management Services to Female Substance Abusing Inmates granted by the Pennsylvania Commission on Crime and Delinquency.⁶⁴

II C 5. Trained volunteers from Mt. Carmel Church in Doylestown conduct the parenting class.⁶⁵

II C 6. There is no culturally sensitive parenting program administered at this time within the BCCF or the CCC.

Recommendations

II C 1. **The existing curriculum should be re-designed and a full parenting program should be implemented** that includes classes sensitive to needs of the female inmate population at BCCF. It is important to build trust with program leaders because women focus on relationships throughout their lives.⁶⁶ Program staff should reflect the population served⁶⁷ and should represent the same cultural and racial characteristics as the women inmates whenever possible.

II C 2. **The class size of the current program should be expanded to make it available to more women.**

II C 3. **Provide support to staff and volunteers who are involved in this program, such as appropriate curricula, appropriate volunteer and staff training, sufficient funding and evaluation.**

II C 4. **Create and implement a parenting program for men.**

II D. Abuse Counseling for Women Inmates [Contract E-3]

Findings

II D 1. In the past, some abuse counseling has been provided but not on a consistent basis.

II D 2. It is not clear how women inmates in need of abuse counseling have been identified. For example, the BCCF Director has reported that there is no data readily available on abuse histories such as whether or not an inmate has experienced physical violence or has been a victim of sexual assault.⁶⁸ (See Exhibit Number 8.)

II D 3. Access to victim assault counseling is presently achieved only on specific request by an inmate.

II D 4. Counseling is provided on a one-to-one basis as needed. According to the Director/Warden, groups are not offered because there had been no significant response from women when presentations were made by counseling agencies at BCCF and WCCC.⁶⁹

II D 5. Women may find it difficult to discuss or reveal their domestic abuse or substance abuse histories in a group, especially in a prison environment.

II D 6. A Woman's Place provides abuse counseling in Bucks County. Both A Woman's Place and the Network of Victim Assistance have a strong outreach philosophy as part of their respective missions.

II D 7. The Bucks County Department of Corrections does not contract with the agencies listed above for these counseling services.

II D 8. The prison chaplain cited the need for additional counseling services particularly for those women inmates with self-esteem issues, and/or histories of abuse and chemical dependence.

Recommendations

II D 1. Diagnostic, screening, and classification procedures should address the identification of abuse issues.

II D 2. Provide abuse counseling to women inmates which addresses the prevailing issues of domestic violence and sexual assault victimization. A national study of incarcerated women found that 43% of women surveyed reported that they had been abused at least once before their current imprisonment, while the same survey reported that 12.2% of men indicated that they had been abused.⁷⁰ Roughly 1/3 of women in prison were first abused as girls, and the abuse continued into adulthood. Nearly 11% of young men in prison reported abuse as boys but it did not continue as they became adults. In 1999, the Bureau of Justice Statistics reported that nearly eight in ten women inmates who are mentally ill reported prior abuse-- either physical or sexual.⁷¹ Eighty per cent (80%) of women victimized by their partners develop drug and alcohol problems and therefore, frequently present co-occurring disorders.

II D 3. All counseling provided in the BCCF should be sensitized to the prevalence of abuse histories among women inmates. All counseling services should be designed to provide an

environment in which the results of abuse can be safely addressed.

II D 4. County officials should coordinate with professional counseling staff, such as A Woman's Place, the Network of Victim Assistance and other relevant parties to (1) identify the need for abuse counseling among women inmates, (2) develop an action plan to address any need for abuse counseling among women inmates, and (3) as necessary, contract with said agencies to provide these services on a permanent basis and implement a comprehensive abuse counseling program aimed at addressing the needs of abused women housed under the authority of the Department of Corrections.

III Mentally Ill Inmates [Contract B]

Findings

III 1. The BCCF mental health unit is run by the Bucks County Department of Health, which contracts with the Lenape Valley Foundation to run the Correctional Mental Health Services (CMHS). CMHS has been providing services to BCCF since 1982. CMHS provides: Clinical Services, Case Management Services, Court Psychological Evaluation Services, Consultation/ Training Services; also Sex Offender Psycho- educational Group--STOP (for males as a group, women individually) and stress management training. (See Exhibit Numbers 33 and 34.)

III 2. The Bucks County Department of Mental Health and Mental Retardation, a unit of the Department of Health, oversees the CMHS and provides a case manager.

III 3. During an interview with the Task Force, Carol Bamford, Director of Case Management and Crisis Intervention, stated that due to staffing and resource limitations within the Department of Mental Health/Mental Retardation, there is little or no monitoring of Lenape's records, treatment, or level of care.⁷² In recent correspondence, Phillip Fenster, Administrator, Bucks County Department of Mental Health/Mental Retardation stated that, "The Bucks County Department of MH/MR does not provide direct monitoring or oversight of any of the mental health clinical services provided in the Bucks County Prison by the Lenape Valley Foundation (LVF)."⁷³ (See Exhibit Numbers 35 and 36.)

III 4. Arresting officers occasionally bring people to prison who can be involuntarily committed through the Mental Health Procedures Act.

III 5. Lenape provides mental health services during the day and crisis intervention at night.

III 6. When referrals are made to CMHS by a staff recommendation, medical questionnaire on admission, or an intake classification interview, the case manager and/or Director of CMHS reviews the nature of the referral the day it is received and assesses the mental health priority need level. Depending on the determined need, the inmate is typically seen by a case manager.

psychologist, or psychiatrist anytime within five business days after referral.

III 7. For a one-month period, an active caseload at CMHS is comprised of 200 inmates: 88% male and 12% female. Of this 200, approximately fifty inmates are on medications (76% male and 24% female) on any given day. Of those fifty, approximately twenty have been diagnosed as seriously, persistently mentally ill, with disorders such as schizophrenia, bipolar, or major depression. These inmates usually have a history of psychiatric hospitalizations.⁷⁴ (See Exhibit Number 37.)

III 8. It can take as long as forty eight hours for newly processed inmates to receive medications. A caseworker/counselor can call a pharmacy or doctor to confirm medications. Once there is confirmation, the psychiatrist will write a script to continue that medication. There is no procedure for family members to provide medications for inmates and this practice is discouraged. This could breach security and present legal issues. A script is the accepted method for relaying medications.

III 9. There is an in-house pharmacy with formulary (protocol) medications. Anti-psychotic medications are part of the formulary.⁷⁵ Considerable pressure is apparent for doctors/psychiatrists to prescribe medications included in the formulary, however, forms are available for non-formulary medications.⁷⁶ (See Exhibit Number 38 through 40.)

III 10. On release, a script for medication may be given for two or three days; psychiatric drugs for two or three weeks.

III 11. CMHS follows regulations suggested by the Pennsylvania Department of Public Welfare concerning administration of psychotropic medications to protesting patients.⁷⁷ (Standard J-65 is essential for forced psychotropic medication.) CMHS follows all state laws and regulations concerning voluntary vs. involuntary treatment. (See Exhibit Numbers 41 and 42.)

III 12. Anti-psychotic medication may be involuntarily administered to inmates only if limited procedural protections are afforded and it is established that (a) the inmate suffers from a mental disorder; (b) there is danger to the inmate or others; and (c) involuntary treatment is in the inmate's best interest. Washington v. Harper, 494 U.S. 210, 110 S. Ct. 1028, 108 L.Ed.2d. 178 (1990). CMHS complies with Pennsylvania law, which provides protesting inmates with sufficient procedural safeguards.

III 13. Inmates may be used as "babysitters" or monitors to watch other inmates with certain behaviors consistent with mental illness and especially for suicide watch.

III 14. There is little or no communication or collaboration between the CMHS and other County agencies, such as Drug and Alcohol.

III 15. There is little or no team approach whereby all staff involved with a particular inmate discuss the inmate's risks and needs and collaborate on the development of a comprehensive case management plan aimed at addressing the inmate's deficiencies and enhancing her strengths.

Recommendations

III 1. An interdisciplinary team approach should be developed for the delivery of mental health services to inmates in Bucks County. “The effective management and supervision of inmates with mental disorders necessitate a team effort involving correctional staff and medical and mental health professionals. Jail management must work to foster this team effort....”⁷⁸ More emphasis should be placed on a team approach regardless of a crisis intervention focus or ongoing treatment focus. Along with this is the mutual support and respect from corrections and mental health staff that can be developed and strengthened by jail management. Proper care and management of mentally ill inmates requires extensive planning, clear policies and procedures, training, and continual supervision that can only be accomplished through the collaboration, communication, and cooperation of medical care professionals, corrections staff and management, mental health care professionals, and others.⁷⁹

III 2. The BCCF Mental Health Unit should be monitored on a routine basis by appropriate agencies such as The Bucks County Department of Mental Health and Retardation and the Department of Health.

III 3. Records should be reviewed on a consistent basis by the Department of Mental Health and Retardation. The courts have held that the quality of records is one factor in determining the constitutionality of a mental health system.⁸⁰

III 4. Additional funding should be budgeted for prescriptions of nonformulary drugs for inmates’ mental health treatment as determined by the treating psychiatrist.

III 5. The Department of Corrections and county officials must exercise control and coordination of all services and treatment for inmates which requires the Director/Warden and staff to not only communicate between / among various departments such as mental health and drug and alcohol, but also to facilitate the delivery of said services.

III A. Access to a Psychiatrist [Contract C-1]

Findings

III A 1. Mental health staff are available through Lenape Valley’s CMHS 5 days per week, from 8 A.M. till 4 P.M. Coverage is provided by a psychiatrist, Doylestown hospital emergency, or on-call service. Hospital emergencies are rare, however.

III A 2. The Correctional Mental Health Services Unit at BCCF includes two staff psychiatrists who report to Paul Woodburn (psychologist) and CMHS Director, for administrative issues. They

report to Alicia Badayos MD Chief Psychiatrist of Lenape for treatment issues. Other staff positions in this unit include a staff psychologist, case manager, office manager, and part-time clerk typist. (See Exhibit Number 43.)

III A 3. The psychiatrists are on site at BCCF one and one half days per week. They are on call at other times; one for one day and the other for a half day. They do not work together and have separate caseloads. One is employed via Lenape and the other is a private contractor with Lenape.

III A 4. There is no team approach to mental health treatment. The psychiatrists and others discuss cases on an as-needed basis. Greater emphasis is placed on triage than treatment.

III A 5. The primary role of the psychiatrist is to examine inmate patients and to issue prescriptions. The typical examination takes approximately one-half hour per inmate. After the first visit, the second visit is generally within 6 weeks.

III A 6. The psychiatrist has no formal role in "suicide watches" although they may consult with a psychologist.

III A 7. Typically, the psychiatrist works in the medical unit and does not enter the modules. The psychiatrist can enter the MHU if necessary.

III A 8. Typically, psychiatrists are not involved in housing decisions. However, they may be involved if there is great concern about the inmate.

III A 9. The psychologist often assists in conducting triage for the psychiatrists.

III A 10. Family members can call the psychologist directly; but they cannot call the psychiatrist.

III A 11. There can be a delay of one or two days for an inmate to see a psychiatrist due to the method of case management.

III A 12. Involuntary medications can be administered only with a mental health commitment.

III A 13. Seriously mentally ill inmates awaiting commitments for competency and/or evaluation for treatment generally have a three month wait for Norristown State Hospital.

III A 14. Overflow inmate patients are placed in RHU along side inmates with disciplinary problems.

Recommendations

III A 1. Mental health professionals should have increased access to MHU, especially for inmates with serious mental illnesses who may require treatment but may not be eligible for

commitment. Psychiatrists who spend time with patients primarily for medications may not be providing adequate services when treatment is needed.

III A 2. **A team approach to the delivery of mental health services should be emphasized in the BCCF.** When appropriate, this must include treatment for co-occurring disorders.

III B. Conditions of Confinement [Contract B; 1983 Consent Decree]

Findings

III B 1. The Mental Health Unit (MHU) is used solely for men. The MHU is considered a better option for those receiving treatment, in part because it is quieter. The unit, however, is in poor physical condition. One inmate reported that it is the "seventh level of hell."

III B 2. An inmate in the MHU reported that he had not seen the psychiatrist for 6 weeks, since the initial session.

III B 3. Up to 8 male inmates who are considered a danger to themselves or others can be housed in the MHU. Others are housed in E-Module or G-Module or in RHU if there are available beds.

III B 4. Women remain in A-Module. The cell(s) designated for MHU in A-Module are located close to the officers. Inmates housed in these specially designated cells are considered separate from the rest of the population in the Module and meet Title 37 standards according to the Director. However, the cell(s) are located in the Module, and the women in general population can witness a great deal of what takes place in the MHU cell.

III B 5. Holding seriously mentally ill individuals in jails may aggravate their psychiatric symptoms. Sensory isolation will often exacerbate auditory hallucinations. Furthermore, the lack of antidepressants or antipsychotic medications, or a change in such medications can worsen psychiatric symptoms.⁸¹ The potential for decompensation is increased in a stressful environment. When decompensation occurs a crisis situation can result that will then escalate the level and need for care and treatment.⁸²

Recommendations

III B 1. **The number of beds in the MHU should be increased.** A separate special needs unit including a MHU for women should be added to BCCF.

III B 2. **The current level of care in the MHU should be improved.** A study should be conducted to identify the best ways to improve the current level of care in the MHU by experts in

the field. The study should also examine ways to improve the physical condition of the unit.

III B 3. The County should contract with facilities for priority placement of inmates who need treatment pursuant to the Mental Health Procedures Act.

III B 4. The County should examine the feasibility of establishing a mental health unit similar to “Building 50” operated by the Montgomery County Emergency Services. This unit is a secure mental health treatment facility where inmates and non-inmates receive treatment in a mental health hospital setting. (See Exhibit Numbers 44 and 45.)

III C. Physical Restraints [Contract C-2]

Findings

III C 1. Staff has indicated that restraints are used only when absolutely necessary.

III C 2. Restraints consist of full in-cell restraints such as handcuffs and waist chains.

III C 3. Staff indicated that monitoring for the overall physical and mental well being of inmates is done on a consistent basis to determine if there is a continuing need to restrain the inmate.

III C 4. A-Module and MHU correctional officers make entries in the module logbook regarding inmates being restrained. The logbook is kept on the units and can be reviewed by shift supervisors, counselors, medical personnel, and CHMS staff.⁸³ (See Exhibit Numbers 46 and 47.)

III C 5. Entries in the logbook were made at least every 15 minutes for inmates in the unit by corrections officers or sergeants. The logbooks are used to maintain a record.

III C 6. The Task Force has found no evidence of misuse of physical restraints.

Recommendations

III C 1. **The logbooks should be reviewed on a regular basis by medical staff and corrections staff to assure that there are no problems. The use of restraints must be employed very carefully and there must be proper monitoring.⁸⁴ The National Commission on Correctional Health Care (NCCHC) recommends fifteen minute checks by trained health or qualified medical professionals. They recommend periodic monitoring for inmates restrained for non-medical reasons. The Accreditation Report states that the use of restraints or seclusion is used only upon a physician order with a treatment plan.**

III D. Cell Issues: Toilet/Plumbing Restrictions [Contract C-4]

Findings

III D 1. Staff indicated that the primary reason for toilet and plumbing restrictions is security, not treatment. Such restrictions are rarely used; only when it is absolutely necessary to do so for the protection of the inmate or others.

III D 2. Staff indicated that the decision to use such restrictions is made by the officer in consultation with his/her supervisor. A nurse is sometimes consulted. However, a psychologist or psychiatrist is not.

III D 3. The Task Force has found no evidence to the contrary.

Recommendation

III D 1. No recommendation.

III E. Deprivation of Blankets, Clothes, etc. [Contract C-3]

Findings

III E 1. According to staff, deprivation of blankets, clothes, and other items are used only when absolutely necessary for the protection of the inmate or others.

III E 2. Such deprivation is used for security if the inmate has been deemed a high suicide risk.

III E 3. Particular items may be removed⁸⁵ as part of a suicide watch.

III E 4. The Task Force has found no evidence to the contrary.

Recommendation

III E 1. No recommendation.

III F. Contracts: State Hospital Beds [Contract C-6]

Findings

III F 1. Although there is concern about its future status, the Forensic Unit at Norristown State Hospital is likely to remain open while other units close.

III F 2. A regional coalition, including the Bucks County Department of Mental Health and Retardation, is exploring ways to increase access to needed beds at the Norristown State Hospital and/or other facilities.

III F 3. The waiting period for beds at the Norristown State Hospital for BCCF inmates (as well as other county facilities) is generally a minimum of at least 3 months.

III F 4. Placement into private hospitals is rare due to lack of insurance on the part of the inmate or bail issues.

III F 5. On February 1, 2001, there were seven men in BCCF's MHU on the waiting list for beds at the Norristown State Hospital Forensic Unit. It is possible that an inmate may serve his entire sentence in the MHU, never gaining access to Norristown, regardless of the severity of the illness.

Recommendations

III F 1. Immediate steps should be taken to increase bed availability and access to Norristown State Hospital's Forensic Unit.

III F 2. County officials should develop appropriate alternatives for forensic care, such as access to private hospitals.

III F 3. County officials should study the feasibility of creating a forensic unit in Bucks County similar to "Building 50" operated on the grounds of the Norristown State Hospital by Montgomery County Emergency Services.

III G. Mental Health Training for Police and Correctional Officers [Contract C-5]

Findings

III G 1. Two four-hour segments of training on mental health and suicide prevention are provided to correctional officers during orientation training. Mental health issues are also covered in other areas throughout the training although they are mixed in the curriculum and are under different topics.

III G 2. Corrections Officer Carol Bohr stated during a deposition that limited training is provided regarding the mentally ill. The following example discusses training provided. Question: "Do you have any training to work with mentally ill people besides on the job I mean?" Answer: "No, not training, no. Mental Health-- when you are a new officer Mental Health Department talks to you about mentally ill people. But as far as how to handle them. No."⁸⁶

III G 3. The BCCF psychiatrist(s) are not involved in the staff training.

III G 4. According to Harry C. McCann II, Director of Police Training for Bucks County, (prior to his becoming the new Director of Law Enforcement Training, see the section on Staffing and Staff Training for further discussion) there is a new three hour training course for police in effect this year.⁸⁷ A "trainer" will provide training on special needs populations to police. Support materials are provided through the Municipal Police Officer's Education & Training Commission. (See Exhibit Number 48.)

Recommendations

III G 1. **County officials should take steps to increase communication, cooperation and collaboration among police, corrections, probation and parole, service providers, the courts, and others on mental health issues.** Other jurisdictions, such as Memphis, San Diego, and Atlanta have implemented mental health teams comprised of police, mental health representatives, probation officers, and others to provide home visits, crisis intervention and other services that are utilized prior to arrest.⁸⁸

III G 2. **Training, particularly in areas pertaining to specialized populations such as women inmates and the mentally ill, should be provided to all staff.**

III G 3. **The psychiatrist(s) should be included in training provided to staff on mental health issues.** Again, it is optimal to include mental health and other professionals who provide services to

the jail in the planning and conducting of such training, as part of the "team" approach to delivery of mental health services.⁸⁹

III G 4. The Bucks County Department of Corrections should provide and sponsor in-depth training sessions and cross training sessions on mental health issues for police, correction officers, and others based on or through Montgomery County Emergency Services Program.

III H. Pre-Trial Diversion for the Mentally Ill [Contract C]

Findings

III H 1. There is no formal mental health diversion program in Bucks County.

III H 2. Montgomery County has a nationally known mental health diversion program which is operated by Montgomery County Emergency Services. The program is housed at Building 50 on the grounds of the Norristown State Hospital. Building 50 is a fully accredited psychiatric hospital. Referrals can be made by arresting police officers, social workers at the prison, and the Court. Treatment of seriously mentally ill inmates thus takes place in an accredited hospital, not a prison. This program provides a multitude of services, including: a crisis hotline, walk-in service, emergency psychiatric evaluation, inpatient programs, crisis residential program, developmental disability clinic, drug and alcohol outpatient program, aftercare planning, criminal justice and forensic department, outpatient programs for specialized needs, forensic intensive case management, community outreach, a police education program, licensed mobile medical crisis, ambulance services, 23 hour bed treatment and assessment, psychiatric services in the county prison, assistance to the legal system, and education programs to law enforcement, social service, mental health, and community-based agencies on the local, national, and international levels.⁹⁰ The program admits patients primarily from Montgomery County, but if there are available beds, patients from Bucks and Chester Counties may be admitted as well.

III H 3. According to discussions with Bucks County Department of Mental Health and Mental Retardation, there has been a decrease of available mental health services in the Bucks County community.

III H 4. Specialty courts can provide a coordinating structure to manage placement and provide services for mentally ill inmates but the necessary infrastructure does not exist at present in Bucks County. The King County, Washington and Broward County, Florida Mental Health Diversion Courts, for example, have improved case processing time, have increased access to mental health treatment services, and have reduced rates of recidivism for these inmates, but those jurisdictions have services and personnel for community mental health services in place.⁹¹

The Pennsylvania General Assembly is considering passage of legislation that provides for the implementation and funding of mental health courts. Two pieces of legislation have been

introduced this session: the Senate version, SB 917 (Printer's Number 1082), provides for a mental health court division ; and the House version, HB 1880 (Printer's Number 2442) provides for a mental health diversion program with a funding provision of up to \$25,000 per county per year. Both versions discuss staffing, case management, and treatment.⁹² (See Exhibit Number 49.)

Recommendations

III H 1. Bucks County should develop its own mental health diversion program in conjunction with outpatient treatment for the alleged offenders and training for staff. Mental health diversion programs can provide the following advantages:

1. More appropriate treatment for mentally ill inmates,
2. Lowered recidivism among those mentally ill inmates who receive treatment in the community,
3. Less jail crowding in that mentally ill inmates who are diverted to community-based treatment will not use the scarce resources of the jail, and
4. Smoother jail operations in that this specialized population will not be present to disrupt regular operations.⁹³

In order to be successful, however, diversion programs aimed at mentally ill inmates must include additional resources for services based in the community. Unfortunately, many of these services are already used to service existing clientele. For example, in an interview with the Task Force, both Carol Bamford, Director of Case Management and Crisis Intervention, Bucks County Department of Mental Health and Mental Retardation and Phillip Fenster, Administrator, Bucks County Department of Mental Health and Mental Retardation, discussed an urgent need for additional mental health services in the community, especially in the neediest areas of Bucks County including Bristol and Bensalem. They also discussed staff shortages and reduced support.

County officials should review the pre-booking diversion program for women with co-occurring serious mental illness and substance abuse disorders operated by the Maryland Community Criminal Justice Treatment Program (MCCJTP). This program was developed through the Substance Abuse Mental Health Services Administration (SAMHSA).⁹⁴ In this program, a case manager provides mental health/ substance abuse treatment services and brokers other services in the community for the women participants and their children. This project also includes grants from HUD for access to shelters as well as collaborations with other agencies.

III H 2. County officials should study the feasibility of creating a forensic unit in Bucks County similar to "Building 50" operated on the grounds of the Norristown State Hospital by Montgomery County Emergency Services. As a short term measure, Bucks County should contract with Montgomery County Emergency Services to adequately house inmates with serious mental health treatment.

III I. Aftercare Programs for the Mentally Ill [Contract C]

Findings

III I 1. Aftercare is limited for inmates with mental health disorders.

III I 2. There are community linkages which are fostered through the mental health case manager of CMHS; but such resources can be accessed only if the inmate's release date is known ahead of time. Often, this is not the case and inmates are all too frequently released without adequate planning for needed aftercare services.

III I 3. The mental health case manager makes referrals for inmates needing mental health aftercare, but the case manager does not follow-up. This gap in care may lead to a lack of treatment in the community and ultimately, higher recidivism.

III I 4. The parole officer can monitor and enforce treatment for mentally ill inmates who are released on parole.

III I 5. Many of the mentally ill inmates released from BCCF are repeat inmates who have little or no support on the outside. They are expected by staff to return to the facility due to this lack of support.

III I 6. The availability of mental health care in the community for non-inmates as well as inmates is insufficient to meet the needs of the mentally ill.

Recommendations

III I 1. **Aftercare services for mentally ill inmates in Bucks County should be expanded.** At this point, services for the mentally ill are diminishing as opposed to expanding. According to Dennie B. Baker, President of Bucks County Chapter of NAMI in a *Philadelphia Inquirer* Op Ed, on June 4, 2001, "The Bucks County Mental Health System is in crisis." Northwestern Human Services, a major provider in Levittown and Bristol, has closed its doors to 1,300 clients due to losing money because of low state reimbursement rates. (See Exhibit Number 50.)

III I 2. **Bucks County should fund a discharge planner/case manager position to conduct follow-up with the mentally ill offender and assist with housing.** This coordination position could be based at the correctional facility and funded through corrections, mental health, and/or other related agencies.⁹⁵

III I 3. **Release planning should be conducted as early as possible during the inmate's incarceration.** Because continuity of care and timely treatment is so critical, collaboration on aftercare linkages are necessary well before release.⁹⁶ Optimally, the overall treatment plan of the

inmate would include release planning.⁹⁷ Formal discharge and release planning services are one of the core components of essential psychiatric services in jail. The others are screening, crisis intervention, and treatment.⁹⁸

IV. OVERALL CONDITIONS AND GENERAL ISSUES

IV A. Pre-Trial Diversion Procedures [Contract A, 1983 Consent Decree]

Findings

IV A 1. There are few pre-trial treatment diversion programs available for inmates to access through bail reductions.

IV A 2. There is no requirement for a bail commissioner in Bucks County and there is no such position in the County.

IV A 3. The Treatment Alternative for Street Crime Program (TASC) is a resource for pre-trial drug and alcohol treatment. One of TASC's primary objectives is to link the criminal justice system and the drug treatment community. TASC can divert inmates from the jail placement into a treatment program. TASC has a positive history in Bucks County but is underutilized and underfunded for pre-trial inmates. According to the BCCF Director, and later confirmed by William McDonald, TASC Director, TASC secured just 5 placements in pre-trial diversion programs in the past year.⁹⁹

Recommendations

IV A 1. Pre-trial bail services should be expanded to include additional treatment and diversion programs. Additional staff and training for this expansion will be needed.

IV A 2. Department of Corrections, Drug and Alcohol Services, and CMHS should evaluate and assess inmates for treatment options as early in their detention as possible in order to enhance and expedite pre-trial procedures. This requires staff to conduct the evaluations in a timely and coordinated manner. When pretrial service programs gather and present information about defendants' release options and subsequently supervise those defendants released during the pretrial period, jurisdictions can minimize unnecessary pretrial detention, reduce jail crowding,

increase public safety, ensure that released defendants appear for court, and equalize bail for the indigent.¹⁰⁰

IV A 3. TASC should be revitalized so that it can provide pre-trial services to inmates.

IV B. Assessments and Classification [Contract A, D-1]

Findings

IV D 1. The intake interview is the initial assessment of an inmate. The interview is conducted by a counselor soon after the inmate arrives at BCCF. The information collected during the intake interview is preliminary in nature; but it is used to determine what immediate mental health and medical services may be needed, what referrals may be made, and to which housing module the inmate will be assigned.

IV D 2. Inmates' needs are reassessed after sentencing. This post-sentencing assessment helps to determine an inmate's status for the Community Corrections Center and/or whether there is a need to be re-classified for housing. A screening board then looks at the inmate regarding milestones and/or achievements during the inmate's sentence such as entering a GED class and successfully completing that program. The screening board is comprised of a Deputy Warden, the Drug and Alcohol Director, and a CCC staff representative. The board determines where the inmate will serve the next part of his or her sentence.

IV D 3. Mental health and drug and alcohol evaluations may be ordered by the Court. These are typically done in depth, usually over the course of a week and are utilized to determine what programs and/or services are recommended for an inmate's treatment needs.

IV D 4. There are 11 counseling staff participating in the assessment/classification process and in counseling. Two of the 11 member unit are supervisors.¹⁰¹

IV D 5. According to staff counselors, the forms used for classification were developed by BCCF approximately 10 years ago. There is no indication that the classification forms being used at BCCF have ever been validated, and there is no information regarding how, when, where or who developed the forms. (See Exhibit Numbers 51 through 53.)

IV D 6. The Level of Service Inventory Revised (LSI-R), a comprehensive risk/needs assessment instrument developed in Canada, has been extensively researched and has been found to be valid across gender and race. The LSI-R has only recently been adopted for use by Bucks County at the CCC.¹⁰² (See Exhibit Number 54.)

IV D 7. The reception/intake unit processes 6,000 inmates per year under difficult working conditions. The main office for the reception interview (initial classification) is cramped and

numerous telephone interruptions interfere with the interview. There is limited physical space in which to conduct more than one interview at a time.

IV D 8. A referral for mental health services may result from the administration of an Intake Classification Summary that includes mental health and medical questions, an Inmate Questionnaire with Medical Questions on Admission, an Intake Classification Referral for Services within BCCF, or by a staff recommendation.

IV D 9. Counselors hold staff meetings once per month. Each counselor is assigned to a single housing module which houses up to 92 inmates.

Recommendations

IV B 1. The County should hire additional, qualified staff for reception/intake and classification, train said staff and provide adequate space for interviews. Staff and space must be available to perform a critical function that effects housing, programming, and may impact on recidivism. Classification is of critical importance and is the first step to reducing recidivism, the second being the delivery of appropriate treatment for the individual inmate.¹⁰³

IV B 2. The County should enhance and expand staff training and cross training.

IV B 3. BCCF's classification procedures, treatment, and programming protocols and institutional management approaches should be reviewed and revised. These revisions should build upon objective classification systems, treatment, and programming protocols and management approaches found to be reliable and valid across gender and race by current research.

IV B 4. BCCF should develop and implement a process by which classification instruments, treatment, and programming protocols and management approaches are evaluated and updated on a regular schedule.

IV B 5. The County and the Department of Corrections should keep current on classification instruments. Currently, the use of the LSIR should be broadened and should be adapted to the local population once sentenced. Proper training must be provided to qualified staff for the administration of this classification instrument.

IV B 6. The County should use pre-sentence investigations (PSIs) to aid in classification as to what needs must be met for the individual inmate. Many counties in Pennsylvania use PSI's for additional information about the offender, especially in areas of mental health, physical/sexual/ domestic abuse, and relevant psycho-social histories.

IV C. Decibel Level/ Noise [Contract F-1]

Findings

IV C 1. There have not been any decibel level or noise studies conducted at BCCF since it opened in the mid-1980's.¹⁰⁴

IV C 2. The noise made by mentally ill women living in A-Module disturbs other women inmates housed in that module. (See the section on 1B. Women's Mental Health Unit, for segments of the depositions describing current conditions on A-Module.)

IV C 3. While touring BCCF, the Task Force noted higher levels of structural and mechanical noise as compared to other county prisons toured by its members.

Recommendation

IV C 1. **Conduct a decibel level study of the BCCF.** The study should be done by a qualified acoustical specialist. The main purposes of the proposed study should be (1) to evaluate the noise level in the facility, and (2) to confirm compliance with the current standards such as the American Correctional Association's (ACA) standards addressing environmental conditions, specifically noise.¹⁰⁵

IV D. Exercise Yard for Men [Contract D-6]

Findings

IV B 1. Men and women have access to the main recreation yard for two hours Monday through Friday. They use the yard at different times.

IV B 2. If the weather is inclement, the multi-purpose room is used for recreation.

Recommendation

IV B 1. No recommendation.

IV F. Community Corrections Center [Contract A, 1983 Consent Decree]

Findings

IV F 1. The Community Corrections Center (CCC) for men (MCCC) has a rated capacity for 270 inmates.

IV F 2. The CCC for women (WCCC) has a rated capacity for 40 inmates. It is different from the men's center in several respects, including the fact that it only provides dormitory style housing. It is also an older facility in which airflow can be a problem. Some beds are reserved for women inmates serving weekend sentences. (See Exhibit Number 55.)

IV F 3. The CCC population for women and men fluctuates and rarely operates at full capacity. For example:

- a. On January 1, 2000, the CCC population was 204; 178 men and 26 women.
- b. On December 31 2000, the CCC population was 228; 210 men and 18 women.
- c. On April 3 2001, the CCC population was 258; 236 men and 22 women.
- d. On October 18, 2001, the CCC population was 239; 215 men and 24 women.

IV F 4. There is a disparity in the number of jobs for work release between men and women.

IV F 5. The number of jobs found by women on work release is insufficient. On August 8, 2001, there were twenty three women in the CCC; of these, three were on work release, six women were in intensive Drug and Alcohol Treatment, and the rest were waiting for jobs. On October 18, 2001, the number of women in the CCC was twenty four but only two were on work release.¹⁰⁶

IV F 6. Men have better access to employment opportunities due to a long standing job bank, "word of mouth" contacts, and networks developed over the years. There is no formal program for job development in place for men or women.

IV F 7. According to Kate Hodder, WCCC Director, women may do volunteer work such as addressing envelopes or otherwise assisting nonprofit organizations in mailings if there are no jobs through work release.¹⁰⁷

IV F 8. There is a Job Readiness Program offered at the BCCF and CCC by Vita Education Services. This program helps inmates prepare for joining the workforce, such as writing resumes, developing interviewing skills, determining job aptitude, and decision-making. This program does not provide specific skill training or job development.

IV F 9. Bucks County Office of Employment and Training, Inc., a nonprofit organization, provides services for job skills training. (See Exhibit Number 56.) There is no prohibition between linking these services with the Department of Corrections although, currently, there are no linkages

between these organizations.

IV F 10. Programs at the CCC emphasize reintegration into the community, including: work release, community service, electronic monitoring, and others based on the risk/needs identified through classification. Treatment available in the CCC includes Alcoholics Anonymous and Narcotics Anonymous, Drug and Alcohol Treatment, Basic Education (3 times per week in the evening), and a Parenting Class as needed.

IV F 11. Selection for the CCC is by classification and assessment. An inmate may also be placed in the CCC by court order. The CCC uses the LSI-R in combination with other classification and assessment instruments.¹⁰⁸

Recommendations

IV F 1. **County officials should determine if additional sentenced inmates meet the requirements for participation in the CCC. If they do meet the requirements, they should then be transferred from BCCF to the CCC.**

IV F 2. **The County should develop linkages between the Department and agencies to create direct sources of jobs or job skills training for inmates. The County should create a linkage between the Bucks County Office of Employment and Training, Inc. and the Department of Corrections.**

IV F 3. **The County should provide equal opportunity to women and men regarding jobs suitable for work release.**

IV F 4. **The County should increase efforts to place women in jobs and promote varied job opportunities for women inmates eligible for work release.**

IV G. Staff and Staff Training [1983 Consent Decree]

Findings

IV G 1. The BCCF is operating with twenty seven vacant positions as of 9/26/01. There were twenty four open positions for corrections officers in June, 2001. This created a shortfall of the desired 228 full time compliment of officers.¹⁰⁹ (See Exhibit Numbers 57 through 59.)

IV G 2. Studies indicate that under-staffing as well as overtime, rotating shift work, overcrowding, a change in philosophy, changes in management, and concern over supervising individuals who do not want to be confined can lead to correction officer stress. Such stress can cause impaired family life, impaired health, burnout, and early retirement.¹¹⁰ The impact of stress on corrections staff in the

facility can result in non-responsiveness to an inmate in need of care, an overly aggressive reaction to a problem, or a potentially explosive situation.

IV G 3. Overtime costs, on average, approximately \$1.2 million a year.¹¹¹ Overtime is used when the facility is under its staffing complement. Overtime is voluntary after six months of service but involuntary prior to six months of service.¹¹²

IV G 4. BCCF has received approval from the Pennsylvania Department of Corrections to conduct orientation training for its own correctional officers for three years, until March 21, 2004.¹¹³ The training will consist of two levels conducted by certified trainers at BCCF. This eliminates the need to send newly hired officers to the Pennsylvania Department of Corrections training facility in Elizabethtown. (See Exhibit Number 60.)

IV G 5. A new position has been created to lead the training unit. The Director of Law Enforcement Training, Harry C. McCann II, started this new position in mid-October 2001 and will report to the BCCF Director.¹¹⁴ Mr. McCann will oversee training for corrections staff and police officers in Bucks County. Another training position to assist in the training program was also created. (See Exhibit Numbers 9 and 61.)

Recommendations

IV G 1. The Department of Corrections should develop an intensive training module for all staff emphasizing gender sensitivity and responsiveness issues and identification of and proper response to behavior that may indicate mental illness. Cross training on these issues should be developed.

IV G 2. The Department of Corrections should recruit, train, and retain the full complement of corrections officers. Department of Corrections officials should continue to work with county officials and the county Human Resources/Personnel Department to further address salary and recruitment issues for BCCF staff.

IV G 3. The Department of Corrections should use additional screening tools to assist in selecting qualified candidates for corrections positions, such as background investigations, psychological tests, and drug and alcohol tests. (See Exhibit Number 62.)

V. IMPLEMENTATION AND MONITORING

Findings

V 1. The Director of the Bucks County Department of Corrections, J. Allen Nesbitt, is directly accountable to the County Commissioners. He also reports to The Bucks County Prison Advisory Board at its quarterly meetings. The Board is composed of the President Judge, the County Commissioners, the County Controller, the District Attorney, and the Sheriff. The Board has an advisory capacity only.

V 2. The organizational chart for the Bucks County Department of Corrections indicates that all departments working within the BCCF and CCC are under the authority of the Director. It further indicates that even those department heads for contracted services (such as Correctional Mental Health Services) report to the Director. (See Exhibit Number 63.)¹¹⁵

V 3. Although the Director oversees all activities within the Department of Corrections, there is little to no coordination between departments as described throughout this report. This lack of coordination is further exacerbated by a number of departments preparing separate budgets and being accountable to other county agencies. Staffing, including the function of hiring and firing, is conducted by the County Personnel Office. CMHS is a contracted service provided by the Lenape Valley Foundation. Its activities are overseen by the Office of Mental Health and Retardation and funded through the County. Drug and Alcohol Services is funded through the Commission on Drug and Alcohol. Program volunteers providing numerous services are not in the organizational chart and thus have no true reporting mechanism nor line of accountability.

V 4. The Bucks County Prison Advisory Board currently operates without independent sources of information and does not have the authority to provide independent oversight.

V 5. Bucks County is classified by its population as a Second Class-A (2-A) County. As such, the County's operating procedures as relevant herein are dictated by the Second Class County Code. See 16 P.S. Sect. 3102 (providing that the Second Class County Code applies to second class A counties "except where otherwise specifically limited"). (See Exhibit Numbers 64 and 65.)

V 6. While prior appellate court rulings held that the Second Class County Prison Board Act applied only to second class counties and not to a Second Class A-County Wood v. Parkhouse, 70 PA Commonwealth 299, 452 A.2d 1137, (1982), the Second Class County Prison Board Act, 61 P.S. Sects. 407.1 to 407.10 was repealed by the legislature, effective December 29, 2000. Provisions under the former act were then made part of the Second Class County Code, including

those specific provisions regarding jail oversight boards.

V 7. The County Jail Oversight Board Act, 61 P.S. Sect. 6001-A et seq. applies to class 2A counties. See 16 P.S. Sect. 3102. The Act continues the county prison board originally established under the "Second Class County Prison Board Act" and is composed of:

- (1) The county chief executive.
 - (2) Two judges of the court of common pleas, one of whom shall be the president judge or his designee who shall be a judge, and one judge appointed by the president judge.
 - (3) The county sheriff.
 - (4) The county controller.
 - (5) The president of county council or his designee.
 - (6) Three citizen members as provided in subsection c.
- (c) The citizen members shall not be employees of the county or of the Commonwealth.

They shall serve for a term of three years and shall be representative of the broad segments of the county's population and shall include persons whose background and experience indicate that they are qualified to act in the interest of the public. The citizen members shall be appointed by the county chief executive with the consent of county council. 16 P.S. Sect. 6003-A.

V 8. The County Jail Oversight Board's powers and duties include:

- (a) The Board's administrative powers and duties shall include the operation and maintenance of the prison and all alternative housing facilities, the oversight of the health and safekeeping of inmates and the confirmation of the chief executive's selection of a warden.
- (b) The Board shall insure that the living conditions within the prison and alternative housing facilities are healthful and otherwise adequate.
- (c) The Board shall, at least twice each year, conduct an unannounced inspection of the prison's physical plant. During such inspections the board shall interview a cross-section of inmates, out of the presence of the warden and his agents, to determine the conditions within the prison and alternative housing facilities. After each inspection, the board shall prepare a written report setting forth its findings and determinations which shall be available for public inspection.
- (d) The Board shall insure that the prison is being operated in accordance with its regulations, the laws and regulations of the Commonwealth and of the United States.
- (e) The Board shall investigate allegations of inadequate prison conditions and improper practices occurring within the prison and may make such other investigations or reviews of prison operation and maintenance. The books, papers and records of the prison, including, but not limited to, the papers and records of the warden and those relating to individual inmates, shall at all times be available for inspection by the board. 16 P.S. Sect. 6004-A.

V 9. The County Jail Oversight Board has the authority to promulgate such rules, regulations and forms as it deems necessary for the proper administration of the board and for the operation of the prison and alternative housing facilities. 16 P.S. Sect. 6005-A.

V 10. The County Jail Oversight Board Act specifically prescribes the role of Warden, as follows:

- (a) (1) The chief executive shall appoint a warden subject to confirmation by the board.

The warden shall serve at the pleasure of the chief executive, who shall fix an appropriate salary.

(2) The warden shall be a resident of the county six months after the date of appointment.

(b) Subject to approval of the manager, the warden shall employ deputies, assistants and other personnel required to adequately operate the prison and alternative housing facilities.

(c) The warden shall submit an annual written report to the board which shall contain information on the population, conditions and practices in the prison and other matters as specified by the board. The annual report shall be available for public inspection.

(d) The warden shall report to the county chief executive and to the board. 16 P.S. Sect. 6006-A.

V 11. The County Jail Oversight Board Act mandates that the Board meet at least once each month and that it shall keep regular minutes of its proceedings which shall be open to public inspection. 16 P.S. Sect. 6007-A.

V 12. The County Jail Oversight Board Act further establishes that all contracts and purchases required for the maintenance and support of the prisoners, repairs and improvements of the prison and alternative housing facilities and materials and supplies shall be conducted in accordance with the applicable provisions of the county administrative code. 16 P.S. Sect. 6008-A.

V 13. Montgomery County, also a 2A County, operates a similar organization called a Board of Inspectors which acts as a County Jail Oversight Board.

Recommendations

V 1. Bucks County should establish a County Jail Oversight Board as specified in Act 2000-85. Class 2 Counties in this Commonwealth, except 2A counties (Bucks, Delaware and Montgomery), have official boards as required by law. In light of recent statutory amendments, Class 2A counties now are under the same legal mandate.

As specified in Section 3003-A, the County Jail Oversight Board will have the authority to monitor, regulate and promulgate rules and regulations as necessary for the operation of the prison facilities as well as to implement any modifications to the existing program. Further, this statutory board must hold regular and frequent meetings (at least monthly), conduct its own investigations when deemed necessary and maintain open lines of communication between county departments and agencies that comprise the criminal justice system as well as with the public.

The broadened membership of the County Jail Oversight Board also encourages community awareness and responsible civic involvement in what has historically in Bucks County been a "community prison system," with programs and services provided to inmates largely based on community and volunteer activity.

The essence of our recommendation to comply with the County Jail Oversight Board Act is that this legislation and all of its terms encourages communication and cooperation in a timely manner between integral departments and agencies that impact on the county prison system. This type of Board has the full authority to directly enforce its intentions and to regulate its operations.

Moreover, the Act as written promotes accountability of all those responsible to keep the county prison system, its conditions and programs, and its inmates in a safe and healthy correctional facility in accordance with the laws, regulations and current knowledge of best practices in corrections.

V2. In the event that future legal interpretation of the applicability of the County Jail Oversight Board Act supports prior appellate court rulings that this Act does not apply to and/or specifically excludes 2A Counties, **the Task Force recommends that Bucks County should create a prison board similar to that as defined in the Act, and with similar power and duties, even if special legislation is required to give this proposed Board full enforcement authority.**

Montgomery County, also a 2A County and subject to the same statutory requirements of operation as Bucks and Delaware Counties, operates a Board of Inspectors which functions similarly to a County Jail Oversight Board. The Board of Inspectors monitors the operations of the Montgomery County Department of Corrections on a more routine basis than is required by the previous state statute and it also provides for more direct involvement of citizens in the oversight of the Montgomery County prison system's activities and operations.

V3. That the County Jail Oversight Board lacks the statutory membership of the District Attorney, now a member of the current form of prison board, is of no small concern to the Task Force. The District Attorney, as the chief law enforcement officer of the county, must at all times be kept informed of the conditions and activities at the prison. As the chief enforcer of court orders and the investigator of crimes committed both in and out of the prison facilities, **the District Attorney and designated staff must be an integral part of a responsive and responsible criminal justice system.**

The Task Force also recommends that the Bucks County Adult Probation and Parole Department and the Office of the Public Defender, which represents the majority of inmates, be included in the regular workings of the County Jail Oversight Board.

We, therefore, recommend that these departments work directly with the Warden and the Courts on a regular basis in the capacity of an adjunct or sub-committee to the County Prison Oversight Board, subject to the mandates of each departments' statutory responsibilities.

TASK FORCE RECOMMENDATIONS

I. EQUAL ACCESS

I A. Intake and Reception

I A 1. A separate intake unit for housing women inmates should be created to ensure proper classification.

I A 2. A separate release area, that can be used by both men and women, should be created i.e., for court appearances and/or release from the facility.

I A 3. Additional space for processing both men and women should be created.

I A 4. Computers and other equipment should be maintained and updated when necessary to provide adequate support to staff in reception.

IB. Women's Mental Health Unit [Contract D-2]

I B 1. A separate special needs unit for women inmates should be established.

IC. Women's Restricted Housing Unit [Contract D-3]

I C 1. A separate special needs unit for women inmates should be established.

ID. Separate Exercise Yard for MHU/RHU [Contract D-6]

I D. A separate special needs unit for women inmates should be established with corresponding exercise yards.

I E. Medical Unit for Women [Contract C-1; D-4]

I E 1. A separate special needs unit for women inmates should be established.

I F. Work Programs [Contract A, E-1]

I F 1. The variety of jobs available to women inmates should be increased.

I F 2. BCCF should examine different staffing patterns/supervising structures which could open additional work opportunities for women.

I G. Religious Programs [Contract A, E-4]

I G 1. Maintain equal access to religious services and programs.

I G 2. Schedules for religious activities should be posted in housing units.

I G 3. Adequate space and supplies should be provided for services and study groups.

I H. Drug and Alcohol Treatment Programs [Contract A; 1983 Consent Decree]

I H 1. The County should expand drug and alcohol treatment for male and female inmates.

I H 2. The County should expand the only dual-diagnosis group for men into a coordinated treatment program with an approved protocol for co-occurring disorders for both men and women.

I H 3. The County should require communication/collaboration among its departments and private substance abuse and mental health providers.

I H 4. The County should provide state of the art training on current correctional treatment of drug and alcohol issues and approaches for staff.

I I. Halfway Houses for Women [Contract D-8]

I I 1. Expand halfway houses for women and women with their children.

I J. Cottage Industry [Contract D-9]

I J 1. No recommendation

II. Incarcerated Mother's/Father's Issues

II 1. Information resources aimed at increasing the parenting ability of inmates should be developed.

II 2. Collaborative case conferencing should be used with all appropriate agencies and departments.

II A. Visiting Area [Contract D-5]

II A 1. BCCF should designate a separate area in which children can visit their mothers or fathers.

II A 2. BCCF should encourage family communications including the use of video conferencing

where appropriate.

II B. Scout Troop [Contract D-7]

II B 1. Girl Scout Troop 1618 should be maintained and additional support should be secured.

II B 2. BCCF should facilitate transportation for scouting programs as the population warrants.

II B 3. Scouting opportunities may be expanded to include other established scouting programs.

II C. Parenting Class [Contract D-7]

II C 1. The existing curriculum should be re-designed and a full parenting program should be implemented.

II C 2. The class size of the current program should be expanded to make it available to more women.

II C 3. Provide support to staff and volunteers who are involved in this program .

II C 4. Create and implement a parenting program for men.

II D. Abuse Counseling for Women Inmates [Contract E-3]

II D 1. Diagnostic, screening, and classification procedures should address the identification of abuse issues.

II D 2. Provide abuse counseling to women inmates.

II D 3. All counseling provided in the BCCF should be sensitized to the prevalence of abuse among women inmates.

II D 4. County officials should coordinate with professional counseling staff and community organizations.

III. Mentally Ill Inmates [Contract B]

III 1. An interdisciplinary team approach should be developed for the delivery of mental health services to inmates in Bucks County.

III 2. The BCCF Mental Health Unit should be monitored on a routine basis.

III 3. Records should be reviewed on a consistent basis.

III 4. Additional funding should be budgeted for prescriptions of nonformulary drugs.

III 5. The Department of Corrections and county officials must control and coordinate all services and treatment for inmates.

III A. Access to a Psychiatrist [Contract C-1]

III A 1. Mental health professionals should have increased access to MHU.

III A 2. A team approach to the delivery of mental health services should be emphasized in the BCCF.

III B. Conditions of Confinement [Contract B; 1983 Consent Decree]

III B 1. The number of beds in the MHU should be increased.

III B 2. The current level of care in the MHU should be improved.

III B 3. The County should contract with facilities for priority placement of inmates who need treatment pursuant to the Mental Health Procedures Act.

III B 4. The County should examine the feasibility of establishing a mental health unit similar to "Building 50" operated by the Montgomery County Emergency Services.

III C. Physical Restraints [Contract C-2]

III C 1. The logbooks should be reviewed on a regular basis.

III D. Cell Issues: Toilet/Plumbing Restrictions [Contract C-4]

III D 1. No recommendation.

III E. Deprivation of Blankets, Clothes, etc. [Contract C-3]

III E 1. No recommendation.

III F. Contracts: State Hospital Beds [Contract C-6]

III F 1. Immediate steps should be taken to increase bed availability and access to Norristown State Hospital's Forensic Unit.

III F 2. County officials should develop appropriate alternatives for forensic care.

III F 3. County officials should study the feasibility of creating a forensic unit in Bucks County similar to "Building 50" operated on the grounds of the Norristown State Hospital by Montgomery County Emergency Services.

III G. Mental Health Training for Police and Corrections Officers [Contract C-5]

III G 1. County officials should take steps to increase communication and collaboration among police, corrections, probation and parole, service providers, the courts, and others on mental health issues.

III G 2. Training, particularly in areas pertaining to specialized populations such as women inmates and the mentally ill, should be provided to all staff.

III G 3. The psychiatrist(s) should be included in training provided to staff on mental health issues.

III G 4. The Bucks County Department of Corrections should provide and sponsor in-depth training sessions and cross training sessions on mental health issues for police, correction officers, and others.

III H. Pre-Trial Diversion for the Mentally Ill [Contract C]

III H 1. Bucks County should develop its own mental health diversion program in conjunction with outpatient treatment for the alleged offenders and training for staff.

III H 2. County officials should study the feasibility of creating a forensic unit in Bucks County similar to "Building 50" operated on the grounds of the Norristown State Hospital by Montgomery County Emergency Services.

III I. Aftercare Programs for the Mentally Ill [Contract C]

III I 1. Aftercare services for mentally ill inmates in Bucks County must be expanded.

III I 2. Bucks County should fund a discharge planner/case manager position to conduct follow-up with the mentally ill offender and assist with housing.

III I 3. Release planning should be conducted as early as possible during the inmate's incarceration.

IV. OVERALL CONDITIONS AND GENERAL ISSUES

IV A. Pre-Trial Diversion Procedures [Contract A, 1983 Consent Decree]

IV A 1. Pre-trial bail services should be expanded to include additional treatment and diversion programs.

IV A 2. Department of Corrections, Department of Drug and Alcohol, and CMHS should evaluate and assess inmates for treatment options as early in their detention as possible in order to enhance and expedite pre-trial procedures.

IV A 3. TASC should be revitalized so that it can provide pre-trial services to inmates.

IV B. Assessments and Classification [Contract A, D-1]

IV B 1. The County should hire additional, qualified staff for reception/intake and classification, and provide adequate space for interviews as well as proper training.

IV B 2. The County should enhance and expand staff training and cross training.

IV B 3. BCCF's classification procedures, treatment, and programming protocols and institutional management approaches should be reviewed and revised.

IV B 4. BCCF should develop and implement a process by which classification instruments, treatment, and programming protocols and management approaches are evaluated and updated on a regular schedule.

IV B 5. The County and the Department of Corrections should keep current on classification instruments. Currently, the use of the LSIR should be broadened and should be adapted to the local population once sentenced.

IV B 6. The County should use pre-sentence investigations (PSIs) to aid in classification.

IV C. Decibel Level/Noise [Contract F-1]

IV C 1. Conduct a decibel level study of the BCCF.

IV D. Exercise Yard for Men [Contract D-6]

IV D 1. No recommendation.

IV F. Community Corrections Centers [Contract A, 1983 Consent Decree]

IV F 1. County officials should determine if additional sentenced inmates meet the requirements for participation in the CCC.

IV F 2. The County should develop linkages between departments to create direct sources of jobs

or job skills training for inmates.

IV F 3. Provide equal opportunity to women and men regarding jobs.

IV F 4. Increase efforts to place women in jobs and promote varied job opportunities for women eligible for work release.

IV G. Staff and Staff Training [1983 Consent Decree]

IV G 1. The Department of Corrections should develop an intensive training module for all staff emphasizing gender sensitivity and responsiveness issues and identification of and proper response to behavior that may indicate mental illness.

IV G 2. The Department of Corrections should recruit, train, and retain the full complement of corrections officers. Department of Corrections officials should continue to work with county officials and the county Human Resources/Personnel Department.

IV G 3. The Department of Corrections should use additional screening tools to assist in selecting qualified candidates for corrections positions.

V. IMPLEMENTATION AND MONITORING

V 1. Bucks County should establish a County Jail Oversight Board as specified in Act 2000-85.

V 2. Bucks County should create a prison board similar to that as defined in the Act, and with similar power and duties, even if special legislation is required to give this proposed Board full enforcement authority.

V 3. The District Attorney, The Bucks County Adult Probation and Parole Department, and the Office of the Public Defender and their designated staffs should work directly with the Warden and the Courts on a regular basis in the capacity of an adjunct or sub-committee to the County Prison Oversight Board, subject to the mandates of each departments' statutory responsibilities.

Conclusion

The Task Force on Incarcerated Women and the Mentally Ill was established on May 23, 2000 pursuant to an agreement between the parties to the lawsuit of Kathleen Phillips, et al. v. County of Bucks, No. 98-CV-6415. The agreement, as articulated in the Task Force Contract, has been overseen by the Honorable Diane Devlin Welsh, Magistrate Judge of the United States District Court for the Eastern District of Pennsylvania. The Task Force was designed to gather information and to make recommendations which, if enacted, will improve the overall conditions of the treatment of inmates, especially the treatment of women and the mentally ill. The Task Force has made nearly eighty recommendations which are summarized in the previous section. Additional documents and materials which were collected are attached. The Task Force spent much of the last eighteen months reviewing the issues delineated in its Contract:

1. General compliance with the 1983 consent decree;
2. Provision of services for the mentally ill in a criminal justice system;
3. Provision of diversion programs and after-incarceration placement and monitoring;
4. Construction of physical plant facilities for women inmates;
5. Provision of equal services to women inmates; and
6. Overall conditions of confinement in the Bucks County prison system.

While the Task Force closely followed its mandate as established by the parties in the Task Force Contract, it became quickly apparent that our job, while focused on the issues of women and the mentally ill in the Bucks County correctional system, would naturally lead us to examine general conditions of confinement as well as programming and treatment provided to all inmates. The local prison system is not an isolated institution disconnected from the community that it serves. Rather,

the Task Force found that the local prison system, as managed by the county government, serves the local courts, and is supplied with services from many local agencies, groups and volunteers. This type of prison system has historically been a product of and symbolic of the Bucks County community's philosophy. That philosophy has been: all inmates should be treated humanely and respectfully; that the safety of the community be protected; and that emphasis on rehabilitation and reintegration into the community be a priority.

Remnants of this philosophy for local corrections have been observed by the Task Force. For example, BCCF continues to depend on volunteers and non-profit agencies to deliver many of its programs, such as Vita Education Services, A Woman's Place, Bible Study, Girl Scout Troops and Bucks County Association for Corrections and Rehabilitation (BACR). Supplies, books and even clothing are often donated to the inmates from the community. The spirit of volunteerism remains in this institution, but that spirit has been sadly diminished by a number of factors which the Task Force has also observed; first and foremost, is the disbanding of the Office of Community Services which coordinated and encouraged volunteerism.

We also note that the administration's fragmented management style has not always been consistent with either our local prison or our criminal justice system. Until recently, there has been little dialogue or communication between departments within the prison, such as Drug and Alcohol Services and Correctional Mental Health Services. Still noticeably lacking is an effective communication system between the prison and the department related to it that supervises the same inmates when they are released on parole; the Adult Probation and Parole Department. The County Mental Health and Mental Retardation Department, which oversees mental health services within the jail, admits that it does not review inmates' treatment records. In addition, the Court and the

District Attorney have experienced periodic strain in their respective relationships with the prison administration on matters related to the criminal justice system.

What has been lacking with the erosion of direct supervision by this prison administration is accountability. No periodic review of inmates' treatment records, no spot-checks of programming, no inspections other than the Title 37 audits, and no mechanisms are present to quickly identify dangerous situations which have given rise to these lawsuits and to recent criminal prosecutions by the Commonwealth of Pennsylvania.

To BCCF's credit, state standards have been met based on audit reports which the Task Force reviewed. However, these standards are minimal in the corrections industry, and Bucks County's standards have previously exceeded the state's. Also, the Task Force learned of recent changes by the BCCF administration to develop better communication between its own departments, particularly between Correctional Mental Health Services and the Drug and Alcohol Department which conduct evaluations and develop treatment plans for inmates as they serve their sentences. More changes occurred as the Task Force worked, specifically in the areas of visitation and staff training, but it appears that those changes were based on the recommendations of the Bucks County Grand Jury (Report dated July 12, 2001) and in reaction to criminal prosecutions against four employees of the Department of Corrections who are accused of having sexual contact with female inmates.

These noted changes should help to improve the current conditions at BCCF, but they are only a small step toward complying with the Task Force's recommendations which call for changes in the physical plant, program modifications, increase in services and a return to the philosophy of local corrections noted herein above. The Task Force Report outlines recommendations for more small

steps and several larger ones to further improve BCCF. We ask that our work be viewed as a broad roadmap which outlines an integrated set of activities and milestones. Furthermore it should be examined and/or implemented to create coordinated and comprehensive solutions to problems as they arise.

Obviously, creating a separate women's unit for restricted housing, mentally ill and/or medically contagious inmates is a priority as reflected in the body of this report. Given the number of incarcerated women in the past ten years and Bucks County Correctional Facility's available space, the prison administration must add or convert an appropriate number of cells for these purposes in the existing women's Module.

It is also time to recognize the large number of mentally ill individuals who pass through BCCF, and to provide treatment that will maximize the potential for recovery, reduce recidivism, and improve the functioning of the prison. The Task Force makes recommendations for change in the administration of mental health services in the areas of diversion, the MHU, level of care, training and aftercare. These recommendations were made with an understanding of the strong commitment of Lenape Valley's Director and staff to provide quality services for the mentally ill. The simple reality, however, is that presently prisons do not provide the same level of care as provided in accredited mental hospitals.

According to Paul Woodburn, MS, Executive Director, CMHS, nearly one-third of BCCF inmates have some form of mental illness or are exhibiting such related behaviors. For the severely mentally ill inmates, the difference between the prison cells in the male mental health unit at BCCF and the facility in Building 50 and / or Norristown State Hospital is dramatic. It is the difference between warehousing the severely mentally ill and providing mental health treatment.

Unfortunately, the Commonwealth of Pennsylvania is no longer providing adequate state forensic hospitals for the severely mentally ill despite it's responsibility. As a result, access to state facilities, such as Norristown State Hospital, is unduly restricted. Such a restriction on the diversion of the severely mentally ill inmates has placed a significant burden on the BCCF, especially in terms of caring for these inmates.

It is clear that the Commonwealth of Pennsylvania must abide by it's responsibility to provide treatment for the severely mentally ill. This obligation includes establishing an adequate number of state forensic hospitals to treat this population.

Until such time as the state lives up to that responsibility, diversion of the severely mentally ill will not always be possible. Therefore, the level of care in the MHU should be raised to include the recommendations contained in this report. For those inmates who do not require placement in the MHU, the level of care should also be raised to reflect the recommendations contained in this report.

Aftercare and follow-up are essential. BCCF should not function as a "revolving door" with a high percentage of mentally ill inmates returning to prison. Recommendations for aftercare and a discharge planner will reduce recidivism in the prison, and aid in the transition of inmates to the community. Mental health services outside the prison must be able to accommodate the increased number of mentally ill inmates who will be directed to the health care system.

Better training for police and correctional officers is also important. Recommendations by this Task Force, if implemented, will assist police and corrections officers in recognizing mentally ill offenders and providing them with better techniques to deal with their behaviors.

The recommendations outlined herein are not the final solutions to the problems facing the

parties who must deal with inmates within the institution. Consistent, continued monitoring of the conditions within the facility must occur in order to avoid similar litigation in the future. In this regard, the Task Force learned two critical lessons in the course of fulfilling its mission.

The first lesson is that the solutions to the problems underlying the lawsuit do not reside solely within the Department of Corrections. On the contrary, the answers to the problems facing the parties will require the collaboration of public and private sector agencies and organizations from across the spectrum of both criminal justice and health and human services in the County and the Commonwealth. Very few improvements, if any, can be made in the problems facing the parties to the lawsuit if the larger picture is not addressed in a coordinated, comprehensive and collaborative fashion.

Secondly, the complexity and dimensions of the social and economic problems underlying the lawsuit are significant. To adequately address these extensive problems, direct oversight is needed to monitor the current conditions, to identify the resources required to address the challenges that lie ahead, and to coordinate the talent that must be assembled to employ those resources. The Task Force strongly recommends that Bucks County establish a County Jail Oversight Board, as statutorily required, to provide the ongoing oversight which will be needed to effectively address the issues underlying the lawsuit.

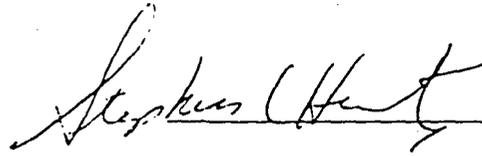
We emphasize that BCCF has many experienced and motivated employees. These dedicated public servants routinely pursue their mandate to provide a safe, orderly and respectful institution where inmates can serve their sentences, rehabilitate themselves, reintegrate into society, and thus maintain public safety. The Task Force lauds these staffers, as well as the many volunteers who continue in these efforts. With their perseverance, and with the continued assistance and oversight

of the County, lawsuits such as the ones that spawned this Task Force may not be necessary.

Finally, it is important to note again that each Task Force member endorses this report in its entirety. No single finding or recommendation is included herein without the unanimous support of each Task Force member. The report in its entirety represents the research, analysis, and conclusions of the Task Force Members. It does not represent any official or unofficial position of the Member's departments, organizations, or offices. We also emphasize that our time and efforts are only the beginning of a long and difficult process to return our local prison system, its services, programs, and treatment for inmates to the level that Bucks County and its citizens require.

This report is respectfully submitted by members of the Bucks County Task Force on Incarcerated Women and the Mentally Ill:

Stephen C. Hurvitz, Esquire

 Date 11/30/01

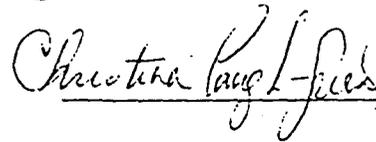
Christina A. King, Esquire

 Date 11/30/01

Joseph Michaels

 Date 11/30/2001

Christina Paugh-Greenwood

 Date 11/30/01

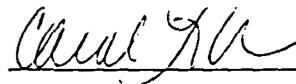
Honorable Cynthia M. Rufe

 Date 11/31/01

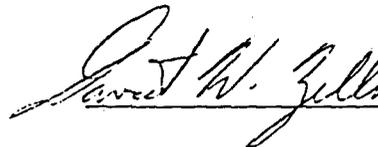
Frances P. Stengel

 Date 11/30/2001

Carol L. Wilson

 Date 11/30/2001

David W. Zellis, Esquire

 Date 11/30/01

Appendix

TASK FORCE ACTIVITIES

Task Force Meetings = 29

July 7, 2000	May 4, 2001
July 14, 2000	June 1, 2001
August 18, 2000	June 15, 2001
September 7, 2000	July 12, 2001
September 22, 2000	August 10, 2001
October 10, 2000	August 24, 2001
October 20, 2000	September 6, 2001
November 3, 2000	September 21, 2001
December 15, 2000	October 12, 2001
January 5, 2001	October 19, 2001
January 19, 2001	October 26, 2001
February 9, 2001	November 9, 2001
February 23, 2001	November 16, 2001
March 9, 2001	November 30, 2001
March 23, 2001	

Bucks County Correctional Facility Tours = 3

December 14, 2000
January 19, 2001
April 3, 2001

Bucks County Correctional Facility Meetings = 9

November 6, 2000
December 14, 2000
January 19, 2001
April 3, 2001
June 1, 2001
June 4, 2001
July 11, 2001
September 21, 2001
October 18, 2001

Other On Site Tours = 3

April 16, 2001 Berks County
May 30, 2001 Montgomery County
June 25, 2001 Montgomery County Emergency Services, Building 50

Invited Speakers = 10

Name	Title	Affiliation
J. Allen Nesbitt	Director	Bucks County Correctional Facility, BCCF
Lillian Budd	Deputy Warden of Inmate Services	Bucks County Correctional Facility, BCCF
Grace Sinclair	Supervisor of Personal Health Services	Bucks County Correctional Facility, BCCF
Paul Woodburn	Director	Correctional Mental Health Unit, (Lenape Valley) BCCF
John Oresic	Director	Drug and Alcohol Services, BCCF
Douglas Lansing	Correctional Consultant, Assistant Director (Retired)	United States Department of Justice, Federal Bureau of Prisons
Jeffrey Drain, Ph.D.	Assistant Professor	Social Work Mental Health Research Center, School of Social Work, University of Pennsylvania
Amy Blank	Research Assistant	Social Work Mental Health Research Center, School of Social Work, University of Pennsylvania
Phillip Fenster	Administrator	Bucks County Department of Mental Health and Mental Retardation
Carol Bamford	Director of Case Management and Crisis Intervention	Bucks County Department of Mental Health and Mental Retardation

End Notes

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3. Bucks County Correctional Facility, Memorandum, July 13, 2001
4. Bucks County Correctional Facility, Statistical Information on the Female Inmate Population at BCCF, July 7, 2000 and July 12, 2001.
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8. B. Bloom and A. McDiarmid, "Gender Responsive Supervision and Programming for Women Offenders in the Community." *Ibid.* p. 11.
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28. J. Allen Nesbitt, Memorandum, October 16, 2001.
29. C. Conley, Women's Prison Association: Supporting Women Offenders and Their Families, National Institute of Justice Program Focus, Washington, D.C., December 1998, p. 6
30. L. Budd, Memorandum, May 31, 2001.
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35. BCCF List: Inmate Jobs, June 1, 2001.
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66. B. Bloom and A. McDiarmid, Op. cit., p 13.
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68. J. Allen Nesbitt, memorandum, July 10, 2001, Op. cit.
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70. M. Chesney-Lind, Op. cit., p. 8.
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72. Task Force Minutes of March 9, 2001.
73. Letter from Phillip Fenster, Administrator, Division of Human Services, Department of Mental Health/Mental Retardation, November 3, 2001.
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Exhibits

1. Task Force Contract.
2. Inmates of the Bucks County Prison, et al. vs. Andrew Warren, et al., Number 79-1785- 1983 Consent Decree.
3. J. Allen Nesbitt, Memorandum, July 13, 2001, Bucks County Department of Corrections Population 1985-1989.
4. BCCF Chart April 3, 2001, Department of Corrections Population.
5. Statistical Information on the Female Inmate Population at BCCF, July 7, 2000.
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11. Deposition of Correctional Officer Joyce Benedict.
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