



# *Berks County Jail System*

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## ***Jail***

1287 County Welfare Road  
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610-208-4800

## ***Community Reentry Center***

1261 County Welfare Road  
Leesport, PA 19533  
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TUESDAY, JUNE 23, 2015

TESTIMONY  
CONTINUITY OF MENTAL HEALTH CARE FROM PRISON TO COMMUNITY

PRESENTED TO THE  
SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

BY

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WARDEN

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## Greeting

Good morning, Senator Vance and Senator Kitchen and members of the Senate Public Health and Welfare Committee. I am Janine Quigley. I have spent all 29 years of my Corrections career at the Berks County Jail System and currently serve as the Warden. I am the immediate past president of the Pennsylvania County Corrections Association. Our membership is comprised of senior administrative officials from county correctional facilities in Pennsylvania and our focus is on issues that impact County corrections. I am grateful to have the opportunity to speak with you about my experience in Berks County where we are currently holding 1,210 inmates. While I can only give you examples from our jail, in speaking to my colleagues, I am very certain that most other jail administrators are faced with the same issues.

From an administrator's perspective, I have witnessed a significant increase in the number of inmates with mental illness with a corresponding increase in challenging circumstances for staff, the inmates, their families and the community as a whole. While I do not believe anyone would find it surprising that more individuals with mental illness are incarcerated, the degree to which it has impacted lives and operations may be surprising. I'd like to discuss what has contributed to this serious issue, examples of the challenges we face daily and very broadly where I see a real need for swift change.

## The Contributors

Since the mid-1800's, professionals in the U.S. have recognized that jails were not the appropriate environment to meet the needs of severely mentally ill people. One example is from Massachusetts in 1827 where a state legislative committee recommended that confining mentally ill individuals in jail be declared illegal. Over the next few decades, many new state mental hospitals were built across the nation, significantly increasing the availability of beds for treatment. (Dix, 1971)

After the 1850 Census there was 1 public, psychiatric bed available for every 5,000 people in the population. By comparison in 1955, before deinstitutionalization of mental patients in the US, it is reported that there was approximately 1 bed available for every 300 people in the population. (Torey and Miller, 2002) Individuals were treated as patients in hospitals, not as criminals in jails.

In 1939, Lionel Penrose, a British psychiatrist published a paper suggesting that the population levels of jails and the population levels of MH hospitals were inversely correlated. When the population declines in a Mental Health hospital, the population rises in a jail. Clearly, this is what we are now experiencing. (Penrose, 1939)

This theory surely was supported with the advent of deinstitutionalization. Good intentions abounded when we emptied state mental hospitals, but when we pushed these individuals out of the hospitals, we unintentionally pushed them into jails and prisons – the very place we said they shouldn't be in the 1800's.

Fast forward to the year 2000... the American Psychiatric Association estimated that about 20% of prisoners were seriously mentally ill with 5% actively psychotic at any given time. (APA, 2000) In 2000, approximately 20% of our inmates in Berks were taking psychotropic medications. By 2009, it was up to 24.4 % and today it is 29%.

In 2005, a study concluded that about three times more individuals with mental illness were in jails rather than hospitals. (Fuller Torrey, et.al, 2010)

The closing of state hospital beds was the initial contributor to this concerning situation. So now we have more people in jail with mental illness and when they are discharged (we have 6,800 discharges each year) where do they go? Without continuation of care, they are more likely to relapse, reoffend, victimize and end up back in jail. It is a vicious cycle.

In 1990 an inmate was committed to our jail for the first time. He has since been through our Booking department 18 additional times. During every one of those commitments, he has presented with severe mental illness, substance use disorder and significant behavioral issues. During a more recent incarceration in October of 2008, his mental state was concerning enough for us to refer him to a state hospital for treatment. Shortly thereafter he was ordered to be committed to Norristown State Hospital for treatment and it wasn't until March of 2009 that he was transferred. He returned to us in August and was released into the community in October. 21 days later he was recommitted. He is one of many who have been cycling through our system for years. I often wondered where he was living in between his incarcerations in Berks... I have since found out that he spent time in two other local county jails. That brings me to the challenges...

### The Challenges

1. **Our Design and Staffing:** Optimal care is difficult to provide in an environment designed for custody and control, rather than an environment designed for treatment and psychological support. Imagine staffing a hospital with security trained officers and only a few medical providers and treatment staff. Individuals are cycling through a jail whose primary purpose is incarceration and detention – acute needs are being met, but we are not designed to provide long term psychiatric care.
2. **Costs:**
  - **Managing Caseloads:** In 2015 we added a full time, Licensed Professional Counselor and a Mental Health Nurse to assist with rising caseloads.
    - Ex. 2009 Completed tasks by MH providers = 3,885
    - 2014 Completed tasks by MH providers = 13,324
    - 2015 Estimated tasks by MH providers = 18,324
  - **Supplying Medications:** 29% of the population are on psychotropic medications
  - **Psychologist and Psychiatrist Services:** At intake, inmates are asked, "Do you feel like you need to see a psychiatrist or a psychologist?"
    - In 2009 = 1,500 responded yes,
    - In 2014 = 4,354 responded yes. (Nearly tripled in five years.)
3. **Legal Matters & Inquiries Due to Frequency of Incidents and Wait times for Hospital Beds:**
  - **Longer Stays:** Once an inmate is ordered to be committed to a state hospital, the wait can range from 8 to 12 months, recently confirmed by two neighboring county Wardens. Here's part of the wording from an order, "Defendant is severely mentally disabled, in need of treatment, poses a clear and present danger to others and himself, shall be involuntarily committed to a State Hospital and shall remain in the Berks County Jail System until bed space is available." He was incarcerated Oct 4, 2014 and was finally transferred to a state hospital last week.

- **Major Management Problems:** These issues run the gamut from refusals to move, eat and bathe to assaults including exposures to bodily fluids, and destruction of property. At times, we have up to three officers on what we call "one on ones". Each officer is posted outside one inmate's door 24 hours a day for weeks or months due to the extreme concern for that inmate's safety. For 1200 inmates, we may only have 43 officers on duty so these non-planned posts require paying premium overtime rates and often mandating officers to stay at an even higher premium rate, with the risk of exhausting staff on a double shift. The Contributors, the Challenges, and now...

### The Changes We Can't Ignore

**System in Place for Continuity of Care:** Obviously with the population this high and the nature of high turn-over in jails, we must have a system in place for discharged inmates to gain access to *swift, affordable* outpatient treatment to avoid relapse, victimization and potential re-arrest in the community. At this time, we provide inmates referral to community-based mental health case management. However, case management is not the only service indicated for this population. Psychiatric care including access to medication, outpatient counseling, and supportive living are all critical components in the recovery of persons with mental illness. Until we address all of these needs, we are not effectively serving our reentering population. With this in mind, the system also has to account for the many times someone is released from jail without notice, perhaps on bail, through a time-served sentence at court or dismissal of charges.

I understand that we are discussing continuity of care today, which is essential since nearly one third of our population suffers from mental illness. But, I would suggest to you that if the number of people we put in jail were reduced, this would not be as serious of an issue. We are right back where we were in the 1800's. If an individual with mental illness is able to access treatment before they become a danger or once they do become a danger, choosing diversion rather than incarceration is the key. I would ask that you support policies and initiatives that reduce the number of individuals with mental illness going into the jail system. As I discussed, we were never intended to be a treatment facility and no one benefits from this archaic system. Many years ago, I heard a legislator speak at a national corrections conference about the rising populations in our jails. The speaker left the audience with a question: would you prefer a fence or an ambulance? Without protection at the top of a cliff, people run the risk of falling over the edge. Every time someone falls over the edge, there is the potential for injury and a cost to society to call for another ambulance. What if we just put up a fence at the top of the cliff and prevented the fall in the first place? I think we have called enough ambulances. The well-being of individuals suffering with mental illness and our communities at large are counting on us to restore this broken system.

Thank you for opening the dialogue on this issue and thank you for being open to hear my perspective from behind the razor ribbon. It was an honor to be here today.

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