

Managing the Mental Health Population at the Broward Sheriff's Office

By Winifred McPherson

Studies estimate that as many as 700,000 adults entering jails each year have active symptoms of serious mental illnesses,¹ with the majority (60 percent) of symptoms related to major depression, mania or psychotic disorders.² One study shows that the U.S. prison population will grow by 192,000 inmates (13 percent) from 2007 to 2011, and 45 percent of that growth will be attributed to four states, including Florida, and the federal system.³ And these figures do not even take into account jail growth. The Broward Sheriff's Office (BSO) has developed some innovative ways to manage inmates with mental health issues. In an effort to meet the needs of this population, a certified mental health team — comprising correctional staff, mental health practitioners and medical staff who are trained in managing the needs of mentally ill offenders — has been selected.

Background

A brief history of BSO. Broward County has a population of close to 2 million and only one jail system. BSO's Department of Detention operates the 12th largest local jail system in the U.S. with 5,722 beds and five jail facilities housing male and female misdemeanants, felons and juvenile inmates for all the municipalities in the county. The facilities operate under the Florida Model Jail Standards and are fully accredited by the American Correctional Association; the National Commission on Correctional Health Care (NCCHC); and the Florida Correctional Accreditation Commission (FCAC).

The jail's five housing facilities are: Main Jail, which is a podular jail that houses maximum/medium-custody inmates; North Broward Bureau, which is podular and houses the medium general population, the infirmary and the Mental Health Unit; and the Sheriff's North Jail, the Conte Facility and the Stockade, which are direct supervision jails that house medium/misdemeanor-custody

inmates. The five jails average approximately 5,300 inmates, of which about 850 (16 percent) are on prescribed psychotropic medication to treat serious mental illnesses.

The North Broward Bureau operates a 375-bed Mental Health Unit for male and female inmates experiencing severe symptoms of mental illness and those requiring specialized housing and treatment services. In 2007, the average length of stay for the mental health population was 76.28 days, compared with 29.02 for the entire inmate population. The units are divided into classification categories based on inmates' levels of psychiatric functioning and demonstrated institutional behavior. The "open" mental health units house the general mental health population, whereas the "closed" units house inmates requiring some level of segregation for safety and security reasons. There are also specialty units for intake, suicide watch, psychological evaluation and transitional programs.

Certified correctional staff. Inmates with mental health issues are supervised and managed primarily by the certified correctional staff who oversee their housing, recreation programs, meals and other activities. The certified staff are administratively selected for these positions based on their work ethic and input from supervisors. They are then given specialized training to manage the mental health population.

Beyond the standardized training for correctional staff mandated by the state, Mental Health Unit staff are given a block of basic mental health training in the academy and during their annual in-service training. In addition, the mental health staff must attend 40 hours of specialized, advanced mental health training. This specialized training, implemented in 2004, was used in 2006 as a model by the Florida Department of Law Enforcement's Criminal Justice Standards and Training Commission to develop a certified 40-hour advanced training class titled "Managing and Communicating with Inmates and Offenders"⁴ for law enforcement, correctional and correctional probation officers. Through this training, participants realize an increased

Table 1. Number of Negative Incidents in the Mental Health Unit by Category, 2003 – 2007

Year	Founded Grievances	Restraint Chair	OC Pepper Foam	Inmate on Inmate Battery	Inmate on Staff Violence
2003	44	81	107	262	70
2004 (First year of training)	53	57	64	218	38
2005	51	27	45	210	40
2006	22	37	54	174	52
2007	19	4	39	151	35

level of safety and management skills; learn about social, emotional and organizational intelligence to enhance human interaction skills; and practice communication skills to help them interact with individuals who have mental illness, substance abuse problems and co-occurring disorders. While initially costly, this investment in training has paid enormous dividends in terms of enhancing staff performance and morale and in reducing negative incidents. After implementation of this training, the Department of Detention saw a tremendous decrease in violence and behavior issues in several categories in the Mental Health Unit of the jail. The trend has continued as shown in Table 1 and Figure 1.

As a result of the training, there is a tremendous difference in officers' ability to recognize problems, communicate with inmates, observe behaviors and interact with medical practitioners on the needs of the mental health population. These performance changes are noted by the unit sergeants, who supervise correctional staff and inmates in the Mental Health Unit. The sergeants prefer to have trained individuals working in their units because they understand the process.

BSO Mental Health Services Division staff. The Mental Health Services Division consists of a licensed psychologist, a treatment supervisor, two doctoral interns, four mental health specialists and two discharge planners. This team is dedicated to meeting the needs of the mental health population by developing initiatives, providing programs and other services, and tracking and interacting with the court system for proper placement of mentally ill offenders in the criminal justice system. The team also provides a variety of services for treatment that incorporate individual therapy, psycho-social group programs, psycho-education, psychological assessments, release/discharge planning and deputy training. In 2007, the division conducted more than 1,200 individual and 3,000 group therapy sessions for nearly 18,000 treatment contacts on the Mental Health Unit. Inmates receiving these services have consistently rated them very highly on quarterly program satisfaction surveys. Team members have advanced degrees in behavioral health care and are appropriately trained, credentialed and/or supervised to provide mental health program services.

Contracted medical provider's mental health staff.

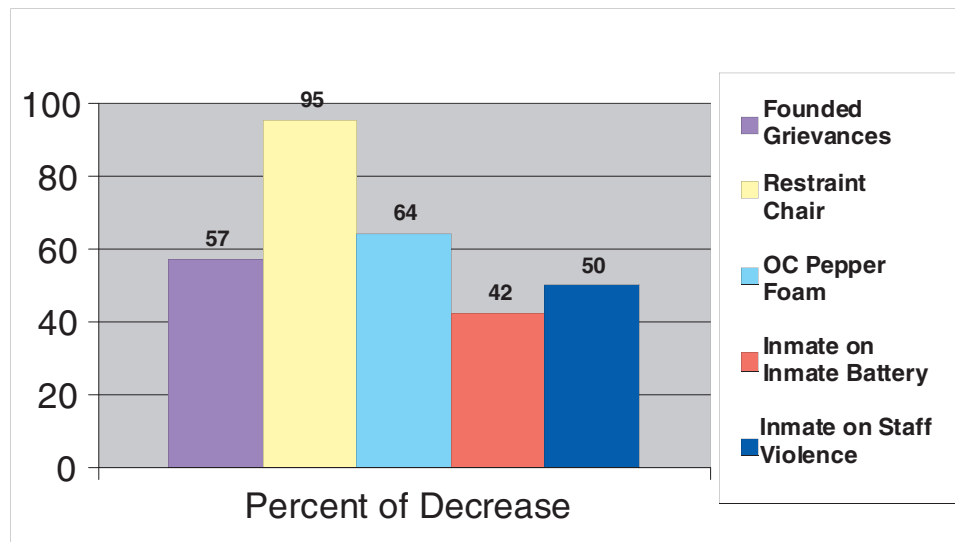
BSO has contracted with a medical vendor that provides mental health services to inmates who are incarcerated within the Broward County Jail system. These services consist of screening for mental health problems at intake, initial psychiatric evaluations, medication evaluations/renewals, crisis intervention, individual psychotherapy and discharge planning. These practitioners include two licensed psychiatrists, a licensed psychologist, a licensed social worker, a licensed mental health counselor, a mental health sick call nurse, four advanced registered nurse practitioners, a discharge planner and an administrative assistant.

The medical provider holds treatment team meetings to discuss cases that are of particular concern and to develop strategies for effective intervention as a crisis prevention strategy. When not on duty, a psychiatrist is on call and protocols are in place to address medication issues and involuntary hospital admission. Agreements have been established with local hospital receiving facilities and the Crisis Stabilization Unit to accept inmates in need of involuntary hospitalization.

Special Needs Management Team (SNMT) meeting.

A special needs meeting is chaired by the facility administrator to address the most high-risk or volatile inmates. The meeting, held once a week, rotates between the day and evening shifts to include input from staff on each shift. The meeting is attended at a minimum by the North Broward Bureau's major, captain, executive officer, shift lieutenants, unit sergeants, a deputy from each housing area, department mental health administrator/staff, contracted medical provider's administrator/staff (which includes psychiatrists) and the classification supervisor. Not only do these meetings aim to promote teamwork, but they also provide opportunities for communication among the various service providers for identifying and resolving inmate problems and planning for any upcoming concerns. *Corrections Today* magazine, the *Correctional Law Reporter* and the *Correctional Mental Health Report* are a few sources of literature reviewed for best practices and training for staff. Minutes from these meetings are available by e-mail and on unit bulletin boards for all medical, certified and civilian staff working in the Mental Health Unit.

Figure 1. Percent of Decrease in Negative Incidents in the Mental Health Unit, 2003 – 2007



The multidisciplinary team approach employed by SNMT has proved successful in the management of mentally ill inmates. There are a number of key components to this approach:

- Teamwork is critical. It is more than a philosophy; it is a well-organized structure, which is the result of careful planning with specific mental health staff, North Broward certified administrators and mental-health-trained correctional officers.
- The team provides consistent interactions, which enhance inmates' stability and results in good treatment, management and security.
- The team operates under policies and procedures that reflect the needs of individual inmates. Understanding that each inmate is different and that his or her level of functioning changes, the team uses individual and group plans in the treatment and management of inmates.
- Team members understand that inmates are held accountable for their behavior and that discipline combines safety issues with psychiatric need and individual levels of functioning.

Mental Health Program

According to Martin Drapkin's 2003 book, *Management and Supervision of Jail Inmates with Mental Disorders*, there are basic elements regarding the management of mentally ill inmates that should be present in every jail mental health service program.⁵ The BSO Department of Detention has met and surpassed the basic elements of Drapkin's model by mandating mental health training for staff and implementing programs that rehabilitate mentally ill inmates and challenge them to prepare for transition back into society.

Discharge planning. Discharge planning is a coordinated effort among the BSO Mental Health Division and security personnel, the jail's contracted medical provider, the courts, and the community mental health and substance abuse service providers. Considerable effort has been

made to strengthen the partnerships between these entities with a focus on system integration processes to facilitate inmate transition planning. BSO and the contracted medical provider participate on the community's Forensic Task Force, which focuses on diversion of the mentally ill involved in the criminal justice system. In addition, BSO convened its own task force, which includes local government agencies and their contracted community mental health providers, to focus on jail discharge planning issues and link inmates to community-based providers upon release from jail. A seven-day supply of psychotropic medication is given upon release, plus bus passes for transportation when needed. Community providers and case management teams from community mental health centers are notified when a patient they have been providing services to is arrested and when an incarcerated patient is about to be released. The Department of Community Control provides a *Reentry Guide* to help link inmates to community-based services upon release.

Crisis intervention. BSO uses Crisis Intervention Teams to assist with prebooking diversion of offenders with mental illnesses. This program brings law enforcement officers trained in crisis intervention together with community personnel and mental health professionals to provide services to mentally ill individuals and their families. In the case of incarceration, certified staff work with the mental health professionals to bring the necessary services to the inmates. As a post-booking diversion, in addition to other programs mentioned, Broward County has a Mental Health Court — which was the first of its kind in the nation — to transition the mentally ill out of the corrections system.⁶

Mental Health Unit housing and programs. The Mental Health Unit is podular in design and comprises 12 "open" dormitory-style housing units with 21 beds each and 23 "closed" segregation units that have between three and seven beds each. Mental health beds are also allocated in the jail's infirmary. There are a number of different mental health programs offered to inmates on the Mental Health Unit that are designed to meet the needs of inmates at different levels of psychiatric functioning. A more detailed description of the housing units and the mental health programming follows:

Open Unit housing — These units house inmates with psychiatric diagnoses or moderate adjustment and/or impulse control problems that require scheduled periodic to frequent clinical monitoring. Inmates are able to manage their psychiatric symptoms for the most part and interact with fellow inmates and staff with minimal problems. Interventions focus on continuing or maintaining improvements in psychiatric functioning and the provision of various programming options. The open dormitory-style units allow for increased freedom of mobility and access to programming and recreation areas. After a period of demonstrated stability of symptoms and behaviors, inmates may move to the general population.

Open Unit programs — Psycho-social group programs are held on a daily basis in one of the open units. A monthly schedule is developed informing inmates on each of the units when group programs will be offered to their specific unit and the topic of focus for each week. Each of the open units is offered group programming at least once per week. Inmates are exposed to a broad range of psycho-educational topics, which include: understanding mental illness; mood management/emotional awareness; self-esteem; feelings; anger management; stress management; substance abuse; harm reduction/coping skills; thinking errors; communication skills; medication management; life skills; relapse

prevention; discharge planning; and video therapy.

Intensive Program Unit — The Intensive Program Unit aids individuals in the development of behavioral options and the socialization and coping skills they need for transition to the general inmate population and the community. Individuals can be referred to or volunteer for these services and are screened for inclusion into the program. The program meets five times a week and offers a morning community meeting and an afternoon group program. This program unit, located in one of the male and female open units, uses a therapeutic community treatment modality.

Closed Unit housing — Inmates housed in this unit are in acute psychiatric crisis, present as a danger to themselves or others, or are grossly impaired in their ability for self-care and as a result may pose a safety or security concern. This area houses inmates that may need to be segregated from others for safety and security purposes, and it constitutes the highest level of service need outside of the infirmary. Although inmates are housed in single, segregated cells, these units are not disciplinary segregation. As such, officers are expected to allow each inmate as much out-of-cell time as possible and may even let inmates out together to interact if deemed appropriate.

Closed Unit programming — Currently, mental health staff provide programs in these units to decrease the harmful effects of isolation such as increases in psychiatric symptoms and paranoia. This programming entails individual counseling, psycho-social groups, and therapeutic recreation and leisure activities. The overall goal of these activities is to engage inmates in the treatment process, reduce isolation, increase pro-social behaviors, stabilize psychiatric symptoms and eventually move inmates to a less restrictive housing environment.

Transitional Program Unit — Inmates are referred to the Transitional Program Unit from closed units by mental

health staff and officers when the inmate is identified as interested in, and in need of, the support and skills offered in an open unit. These units house inmates who require closed unit housing but are willing — and deemed appropriate by both clinical and security staff — to participate in a more intensive programming component that will assist with adjustment to incarceration and movement to less restrictive housing. More intensive treatment services are provided and inmates are generally afforded day room access with the goal of teaching social and coping skills that will make relocation to an open unit successful. Individuals who voluntarily participate in this program receive individual and group counseling focused on effective coping skill areas, such as socialization, communication, conflict resolution, anger management and stress management, as well as any mental health or substance abuse issues they may have. Improvement in functioning is accompanied by increased privileges, time out of cell and ultimately movement to an open unit.

Outcome study. An outcome study was conducted to examine the efficacy of the Transitional Program Unit in meeting three primary program goals: 1) increased inmate socialization and engagement; 2) reduction in psychological symptomology; and 3) movement to a less restrictive environment. Significant findings suggest that inmates who received fewer negative incident reports, complied with medication and attended group counseling were more likely to transfer to less restrictive housing upon program completion. Furthermore, inmates in the study demonstrated a significant reduction in the intensity of the symptoms over time. The findings suggest that for at least some of the inmates participating in the program, the Transitional Program Unit is meeting its stated goals and has effectively assisted them in attaining the level of functioning required for movement from segregation to a less restrictive housing environment.

Individual therapy. Referrals for individual therapy are received by the Mental Health Division staff from the inmates through inmate request forms or from the contracted medical provider or detention staff. Upon request, inmates are assessed to determine the nature of their mental health issues; they then give written consent to participate and are assigned to a therapist accordingly. Individual therapy is conducted weekly or as often as deemed necessary.

Video programming. The Mental Health Division staff conduct video programming with special needs inmates in all housing areas of the Mental Health Unit. These individuals are offered educational video programming several days per week, focusing on the mental health treatment curriculum topics addressed throughout the week. The overall goal of these activities is to engage the individual in the treatment process and provide him or her with additional educational materials addressing mental health and/or co-occurring concerns.

Summary

Every effort is made to identify the inmates who need mental health assistance and provide them with stabilization and rehabilitation services when they enter the

Broward County jail system. Correctional staff are afforded advanced mental health training to manage and communicate with the inmate population. The internal and contracted mental health providers, along with certified staff, collaborate in a SNMT meeting to make collective decisions on the best care for inmates while they are incarcerated. This team effort is significant to success in the management of the inmate population.

BSO has put a great deal of time, effort and resources into designing a program that meets the needs of the mentally ill inmate population. It will continue to strive to ensure creative measures are used to deliver the best service possible to assist in inmate rehabilitation. From a jail administrator's perspective, these efforts have resulted in tremendously positive outcomes in terms of operations, security, staff morale and inmate management.

ENDNOTES

¹ Osher, F., H.J. Steadman and H. Barr. 2002. *A best practice approach to community re-entry from jails for inmates with co-occurring disorders: The APIC model*. Delmar, N.Y.: National GAINS Center.

² James, D. and L. Glaze. 2006. *Mental health problems of prison and jail inmates*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from www.ojp.usdoj.gov.

³ Deitch, M. 2007. Public safety, public spending: Forecasting America's prison population 2007 – 2011. *Correctional Law Reporter*, 18(6):81-96.

⁴ For more information, visit the Florida Department of Law Enforcement, Criminal Justice Standards and Training Commission Web site at www.fdle.state.fl.us/cjst/Commission/.

⁵ Drapkin, M. 2003. *Management and supervision of jail inmates with mental disorders*. Kingston, N.J.: Civic Research Institute.

⁶ Lerner-Wren, G. 2000. *Broward's mental health court: An innovative approach to the mentally disabled in the criminal justice system*. Williamsburg, Va.: National Center for State Courts.

Winifred McPherson is a major in the North Broward Bureau of the Broward County Sheriff's Office. Special thanks to Timothy Ludwig, Ph.D., BSO inmate mental health manager; Denise Vasquez, Psy.D., director of behavioral health for Armor Correctional Health Services; and Louis Diamond, classification supervisor at BSO, for their input in this article.