FALCON™

CASE STUDY

Built Environments and Mental Health in Jails

Motivating Inmate Change and Facilitating a Successful Community Re-entry

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Executive Summary

Due to overcrowding and significant increases in its inmate population, a Midwest County Jail expanded its bed capacity by building a new jail structure. Through collaborations, Falcon assisted this County in creating a built environment that facilitated the management and treatment of its mental health and substance abuse populations.

An inmate's state of mind and mental health condition can be directly or indirectly influenced by properties of a jail's built environment. Severely mentally ill inmates may become more vulnerable to jail built environments and may experience more adverse psychological consequences than individuals with less serious mental health issues.

Adverse built environments (for example, isolative housing, no sunlight, minimal or no amenities) can indirectly alter an inmate's psychosocial process that in turn can directly impact the inmate's sense of personal control, feelings of support, self-worth, motivation, concentration, fatigue and depression.

The Falcon Approach to Transforming New Built Environments

In helping the County develop a built environment for its new structure, it was critically important to ensure the following elements were considered:

1) A built environment that is less institutional, with more normative, therapeutic settings.
2) A built environment that is enriched, supportive, familiar, meaningful, with good air quality that supports good mental and physical health (for example, access to spaces with fresh air and outdoor sunlight).
3) Creation of environments that reinforce and motivate change, promoting successful reintegration into the community (for example, adequate programming or learning environments that help support the inmate's re-entry into the community). Adequate numbers and accessibility of program rooms, including indoor recreation and library/multipurpose rooms, are essential.
4) Special housing units that are appropriately organized, operationally sound, sized and configured correctly, located in the appropriate areas, not mixed with other populations, has proper ambience and is conducive to continuous monitoring.

For more information on the Falcon Approach to transforming built environments, please contact **Dr. Falcon** at **drfalcon@falconimpact.com**

5) Availability of single cells for certain mental health categories to contribute to: removal of stress, anxiety, and noise; minimizing risk of harm for vulnerable inmates; and facilitation of space personalization and staff management.
6) Development of a step-down system for suicide intervention that includes:
   - Mental-health-certified, protrusion-free, suicide-proof cells that are appropriately designed and located.
   - Transition or step-down units or dorms that are open, promoting recovery and the safe return of recovered inmates into the General Population.
7) The incorporation of gender responsiveness that requires consideration of female offender population demographics as well as factors that contribute to female patterns of offending.

A supportive built environment and the use of evidence-based models significantly enhances inmates' readiness for change.

Mental Health Housing

Acute Mental Health Unit Recommendations

In general, acute mental health units should be organized in small, manageable groups for therapeutic community and programming purposes. They should be designed with a specific structure that promotes easier patient accessibility and manageability. Unstable Severely Mentally-Ill Inmates (SMI's) are best housed in individual cells within the unit where they are less threatened or triggered and can feel safer. Accordingly, the following objectives were recommended:

1) Development of a clear definition of the Pod and Unit Criteria.
2) Establishment of the unit and execution of the criteria, objectives and mission in unison with a Multidisciplinary Team.
3) Seeking strong guidance from Mental Health Staff.
4) Requirement that the highest-level mental health authority provide a signature in order to allow admission to and exit from the unit.
5) Management should be in a multidisciplinary treatment team approach with documented treatment plans.
6) Creation and implementation of a policy for placement in an Acute Mental Health Unit for inmates with significant histories of mental health treatment, urgent conditions such as Psychosis, Major

Depression, Bipolar or inmates who are severely mentally-ill; actively psychotic; a danger to self or others due to mental illness (suicidal patients require stability in suicide watch first).

7) Adoption of the following discharge criteria:
   - Stabilization initiated, shows improvement and ability to function in a less acute area.
   - Not acutely psychotic or acutely suicidal; not assaultive, hostile, or aggressive.
   - Able to function in a higher-level group therapy.
   - Meets hygiene and basic ADL needs.

It was recommended that inmates who meet the above discharge criteria be placed in the non-acute mental health unit of the jail. Inmates who require ongoing monitoring due to lower level functioning and chronic baseline that needs frequent staff redirection, should remain in Acute Mental Health Housing.

Non-Acute Unit Housing Recommendations

In general, non-acute mental health units should be medium-to-small size units that promote normalization, socialization, and the ability for open observation. Non-acute inmates may also respond positively to sub-groupings within the unit as they offer opportunities for relationships within smaller settings, as well as, within the overall unit. Accordingly, the following objectives were recommended:

1) Development of a clear definition of the Pod and Unit Criteria.
2) Establishment of the unit and execution of the criteria, objectives and mission in unison with a Multidisciplinary Team.
3) Completion of a mental health review, history, and mental status exam by Mental Health Professionals on all new admissions within 24 hours.
4) Seeking strong guidance from Mental Health Staff.
5) Requirement that mental health staff oversee admission and exit from the unit.
6) Management should be a multidisciplinary treatment team approach with documented treatment plans.
7) Creation and implementation of a policy for placement in these units for inmates who have an active Axis I diagnosis but are stable on medications, with or without participation in treatment; or, has an active referral with Psychiatry; require ongoing monitoring whether or not on medications; are not acutely psychotic; are not acutely a danger to self or others; and mental disability precludes functioning in general population, are appropriate in these units.
8) Evaluation for discharge should be every two weeks. Consideration for discharge should fall within the following criteria:

- Meets treatment plan goals.
- Stabilized on medications with stable MSE.
- No outward signs of hostility and aggression.
- Consistently good behavior in the unit.
- No self-harming and suicidality.
- Good interactions with others.
- Able to follow security rules.
- Able to function in a GP environment as indicated by unit behavior.
- Meets hygiene and basic ADL needs.
- Inmates meeting criteria above are discharged into the general population.

Therapeutic Activity Recommendations for Acute and Non-Acute Units

In general, acute and non-acute mental health units should, as much as possible, have a therapeutic milieu environment with direct treatment components, including therapeutic behavioral interventions and behavioral management plans developed by mental health staff. Every specialized mental health unit should provide each participating inmate with a minimum number of therapeutic activities as established by the treatment team and in adherence to State, Community, and Industry standards. Any and all selected treatment programs should be outcome-driven and evidence-based therapies as registered in the National Registry of Evidence-Based Programs/Practices (NREPP) and Substance Abuse and Mental Health Services Administration (SAMHSA). The built environment should support programming and facilitate reintegration and readiness into the community.

Behavior Management Housing Recommendations

In general, the recommended objectives for these units include:

1) Policies that are developed jointly by security, mental health, and medical staff.
2) Ensuring coordinated procedures for appropriate management and monitoring.
3) Crosschecking and communication by all staff including security, medical and mental health for monitoring of progress.
4) Security taking precautions and requesting mental health evaluations prior to placement.
5) Segregation rounds by mental health and medical staff along with other mechanisms to meet requests for mental health services.

6) Thorough evaluations and recommendations for housing management by the highest mental health authority in the facility (usually a Psychiatrist) for inmates who become serious management problems due to their mental illness. Monitoring these inmates through a multidisciplinary approach is advisable.
7) Security and mental health staff working together to provide counseling and behavioral modification groups.
8) The possibility of "Step-Down" Behavior Modification programming to assist transition to less restrictive environments.
9) Training staff on behavioral management techniques.

Often, inmates in segregated environments become vulnerable to mental illness and often experience irritability, anxiety, depression and even suicidality. Solutions that can be applied:

1) Drawing in the appropriate amount of natural light to the unit and individual cells.
2) Avoiding safety risks associated with a mezzanine level, such as staircases, elevated heights, steps, etc.
3) Increasing visibility and line of sight for security staff.
4) Placing equipment such as cameras in cells that are the most difficult for staff to see.

The highest level of behavioral health management can be achieved only through a multidisciplinary team approach and close multidisciplinary collaboration. As such, teamwork within a highly complex environment becomes critically important in achieving team goals. It is necessary to establish a culture where mental health and security staff (in particular classification) interface in a collaborative manner with strong coordinated efforts when dealing with mental health housing, special populations, and behavior management inmates.

ABOUT FALCON EXPERTS

Falcon brings together some of the most distinguished, credentialed leaders in the field with a singular clarity of vision. We aim to elevate behavioral health services within the correctional industry to ensure real, sustainable results for families, communities and society as a whole. Our decades of experience deliver an approach that's disciplined, focused and innovative. With every challenge, we seek partners who share our dedication to transforming mental health services for the inmates in their care.

Falcon reimagines the jails and prisons of the future, built on foundational learning environments that promote change and opportunity. Through proven, safe, and progressive programs, we are passionately committed to helping inmates succeed upon release. And this optimism is at the core of how we tackle every problem - believing that no matter how challenged the system or inmate, transformation is possible when care is innovative, restorative and implemented with both passion and unparalleled expertise.

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