

Legislative Testimony

29 August 2022

---

*Gregory Briggs, Warden*

*Dauphin County Prison*

Good morning.

I'd like to thank the Behavioral Health Commission for having me today. My name is Gregory Briggs, and I am the current Warden of Dauphin County Prison. I am here to talk to you about the significant need for public investment in behavioral health services at the county-level.

My primary duty as Warden is to foster and maintain a correctional environment that guarantees the safety of every inmate and staff member at DCP. I do this by ensuring that my staff are properly trained and that the facility operates consistently according to policies and procedures that are fair, equitable, and legally sound. Our aim is to tend to the variable needs of the Dauphin County inmate population, for whatever length of time a person is with us. Regardless of the reason someone arrives at DCP, our agency is obligated to ensure the safety of the public while also providing the best services possible to the individuals under our care.

However, despite the treatment programming we offer, the physical and mental healthcare we provide, and the policies we implement to optimize service delivery, the daily admissions my staff and I receive reflect the overall health and wellness of our communities. When we receive an influx of individuals with a particular issue or need, such as opioid addiction or untreated mental illness, we are bearing witness to a problem endemic to the County as a whole. In this way, correctional agencies are a bellwether indicating where community investment is needed to improve overall wellness as well as to reduce the likelihood that individuals become incarcerated.

[Our DCP facility is the largest mental healthcare provider available to our Dauphin County].

This is due in part to a lack of capacity across the mental healthcare system, but it also results from the ways untreated or under-treated behavioral health issues can lead to lawbreaking or crime. To be clear, this is not a Dauphin County-specific trend: across the state of Pennsylvania and the nation, correctional agencies have now served as communities' most accessible source of mental health treatment for decades, despite the ways that mental health treatment in a correctional setting is naturally lacking. It also goes without saying that it is an injustice of our system that the neediest members of our community must enter the justice system to access mental healthcare, care that individuals then struggle to maintain after they are released from jail.

The good news is that we at DCP have seen evidence that community investment in behavioral health services can lead to reductions in justice-involvement for people with mental illness. In 2018, Dauphin County began the "Stepping Up Initiative," which trained the County's focus on reducing contacts between people with mental illness and the justice system by investing in behavioral health services. As a result, DCP realized a 10% reduction in overall population and another 10% reduction in the proportion of admissions classified as having acute behavioral health needs.<sup>1</sup>

Despite the success of Stepping Up, there is always additional work to be done. We witnessed the greatest reduction in admissions for individuals with [acute but relatively stable mental health challenges], but the proportion of inmates with serious mental illness has not been affected the same way. It is this latter population that we hope to reduce in coming years by ramping up our efforts. The success we have realized has been accomplished by county funding alone. We anticipate an investment of federal or state dollars in PA counties' mental health systems and in local jails would propel our efforts and serve our communities better.

---

<sup>1</sup> Otherwise described as acute mental illness (C-roster) and acute serious mental illness (SMI), distinction described by [NAMI](#)

While corrections officials, myself included, are committed to providing for our clientele as effectively as possible, we acknowledge that the correctional environment is not a therapeutic setting. Jail and prison facilities were never designed to provide intensive mental health treatment. Our corrections officers, though our highly trained professionals are trained in Crisis Intervention do not serve in a role where treatment is the focus, yet they are expected to recognize individuals in mental health crisis, provide verbal de-escalation to mentally ill inmates, and frequently experience job burnout associated with working with such a high-needs population. Ultimately, we should all want better not only for our corrections staff but also for the vulnerable members of our community who are in need of better care.

In recent years, the increasing complexity of corrections work and the difficulty of housing inmates with complex medical and mental health needs has been highlighted by leaders in corrections and criminology<sup>2</sup>. When I joined DCP as Warden in October 2018, I committed to my staff that I would provide the best environment for both staff and inmates to be successful. Given the proper resources, I am working to do just that.

Thank you for your time. I am happy to answer any questions the Committee may have.

---

<sup>2</sup> National Commission on Correctional Healthcare conference – Denver, CO, [August 2022](#); American Society of Criminology – Chicago, IL, [November 2021](#) — discussions of how to both divert and treat MI was a focus at each conference