Mental Health Services in State Prison: Current and Future Directions

Dr. Cynthia Wright, D.Ed.
Dr. Brian Schneider, PsyD, ABPP
Pennsylvania Department of Corrections

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About Dr. Wright

- D.Ed. from Indiana University of PA and MA from Edinboro University of PA.
- 15 years with PA DOC as a Regional and Institutional Licensed Psychologist Manager
- 12 years with PA Public Schools as a School Psychologist
- Experience in providing mental health services in a variety of settings.
- PA Licensed Psychologist, Nationally Certified School Psychologist, and PA Pupil Services Supervisor Certificate

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About Dr. Schneider

- PsyD from Carlow University and MS from University of Pittsburgh
- 5 years with PA DOC as a Regional and Institutional Licensed Psychologist Manager
- Experience in providing mental health services in a variety of settings
- PA Licensed Psychologist and Board Certified in Counseling Psychology (ABPP)

What is our role within the PA DOC?

- Provide consultative clinical support services to institutional psychology departments, develop departmental policy that conforms to PA and APA standards and ethics, conduct quarterly and annual audits of services.

Why this Presentation?

- The Department of Corrections has become the single largest provider of MH services in Pennsylvania.
- While the overall population of the DOC is declining, the MH population is on the rise.
- With the increase in mental health population, it has necessitated the DOC to refine and focus our psychological service delivery to the increasingly diverse needs of our incarcerated population.
- This presentation will demonstrate to participants the mental health services currently available to individuals housed by the Pennsylvania Department of Corrections.

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Objectives

- Explain the mental health challenges individuals face while incarcerated
- Describe the current mental health services being offered to those individuals who are housed by the Pennsylvania Department of Corrections
- Analyze direction Pennsylvania DOC is going in terms of mental health services being offered

PA DOC Data

- 36,501 were incarcerated in Pennsylvania as of 12.31.2021
  - 34,688 were Male
  - 1,813 were Female

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Identifying Mental Health Needs in PA

- MH/ID Roster:
- "A" - No history of MH treatment
- "B" - MH treatment within the past 2 years
- "C" – Actively prescribed psychotropic medication or being monitored by Psychology staff
- "D" – Serious Mental Illness (SMI), Intellectual Disability (ID), and/or Guilty But Mentally Ill (GBMI)

Identifying Mental Health Needs in PA

- MH/ID Roster:
- “A” – 33%
- “B” – 29%
- “C” – 30%
- “D” – 8%

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Screening for MH Issues

- All newly committed individuals or Parole Violators are screened by Psychology staff the day of arrival or within 72 hours
- Obtain basic demographic information
- MH, Abuse, Substance Abuse, Educational, Violence, and Vocational History
- Screen for trauma (PCL-5) and Autism Spectrum Disorder (AQ-10)
- Includes a Mental Status Exam
- Psychology staff complete Suicide Risk Assessment (SRA) based on Acute, Chronic, and Protective Factors
- Create Safety Plan

MH Challenges Faced

- Adjustment Disorders
- Insomnia
- Anxiety, Depression, PTSD
- IDD
- MDD, Bipolar, Schizophrenia, Schizoaffective D/O

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MH Service Delivery

- Psychological Support Associates (PSA), Psychological Support Specialists (PSS), or Licensed Psychologists (LP) deliver Psychological services
- Under the supervision of a Licensed Psychologist Manager (LPM)
- Psychology staff based on size of MH/ID roster (ratio)
- Attempt to have Psychology staff coverage in the evening and on weekends
- Attempt to have Psychology staff “housed” on the block they are providing Psychological services

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MH Service Delivery

- Delivery of MH services depends on roster status or clinical need
- Psychology staff see individuals in General Population:
  - “C” roster – Once every 90 days or as needed
  - “D” roster – Once every 60 days or as needed
- Individuals on the MH roster required to have Individual Recovery Plan (IRP)
- IRP’s updated based on Policy and Change of Status
- Psychiatry providers required to see every 90 days or as needed
- Psychiatry providers also utilize Telehealth

MH Service Delivery – Restricted Housing Unit (RHU)

- Every individual admitted is assessed for suicide risk and a MSE is completed
- Currently, all individuals are followed for three (3) consecutive days by Psychology staff (Nursing staff if Psychology is not available) after admission to RHU
- Individuals are offered out-of-cell (OOC) meetings with Psychology on monthly basis or as needed. SRA's are updated based on MH roster status or as needed.
- C-roster individuals have access to Psychiatry. Others if referred by Psychology.

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MH Service Delivery – Diversionary Treatment Unit (DTU)

- For individuals with an SMI housed in Restricted Housing
- Every individual admitted is assessed for suicide risk and a MSE is completed
- Currently, all individuals are followed for three (3) consecutive days by Psychology staff (Nursing staff if Psychology is not available) after admission to DTU
- Individuals are offered out-of-cell (OOC) meetings with Psychology every 14 days, or as needed.
- Individuals have access to at least 10 hours per week of structured activity (e.g. groups) and 10 hours unstructured activity (e.g. yard, recreation)
- Increased access to Psychiatry

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Specialized MH Services

- Residential Treatment Unit (RTU)
- Secure Residential Treatment Unit (SRTU)
- Behavior Management Unit (BMU)
- Intensive Management Unit (IMU)
- Psychiatric Observation Cell (POC)
- Mental Health Unit (MHU)
- Forensic Treatment Center (FTC)

Residential Treatment Unit (RTU)

- For individuals diagnosed with SMI or have a serious impairment in functioning
- Recovery Model
- Increased services via Psychology
- Multidisciplinary Group Programming
- Use of “rewards” or token economy
- Ultimate goal is reintegration into General Population if clinically appropriate

Secure Residential Treatment Unit (SRTU)

- Is designed to provide management, programming, and treatment for an incarcerated individual who exhibits SMI, chronic disciplinary issues, and demonstrates an inability to adapt to a general population setting
- The focus is to convey sufficient skills in behavioral control, coping, and compliance with recommended treatment
- Phase System
- More privileges as behavior improves
- Psychology integral in providing support
- Offered at least 10 Out-of-Cell Structured and Unstructured activities
- Typically released to RTU once on Phase 1

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Behavior Management Unit (BMU)

- Is designed to provide management, programming, and treatment for an incarcerated individual who exhibits severe Personality Disorder with functional impairment, chronic disciplinary issues, and demonstrates an inability to adapt to a general population setting
- The focus is to convey sufficient skills in behavioral control, coping, and compliance with recommended interventions
- Phase System
- More privileges as behavior improves
- Psychology integral in providing support
- Offered at least 10 Out-of-Cell Structured and Unstructured activities

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Intensive Management Unit (IMU)

- Used to house and provide socialization opportunities for individuals confined to a Security Level 5 (SL5) setting for extended periods
- The goal of the program is to identify thinking errors and provide the skills necessary to overcome inappropriate behaviors and reintegrate into general population.
- These individuals may be on the Department’s Restricted Release List (RRL).
- The program will use a progressive six-tiered phase system based on the individual’s adjustment and attainment of goals/objectives noted in his/her Behavior Improvement Plan (BIP).
- MH services provided based on MH roster status
- In-cell and OOC group programming

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Psychiatric Observation Cell (POC)

- Individuals who are a danger to themselves or others
- Assessed by Psychology staff and/or Nursing staff prior to placement
- Admitted to the POC via a Psychiatry Provider's order
- Seen daily by Psychology and Psychiatry
- Levels of watch and property determined by risk
- Goal is for stabilization within 72 hours
- SRA is part of discharge planning
- If longer, consider MH commitment

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Mental Health Unit (MHU)

- Individuals admitted under a 302 or 304 for acute stabilization
- Ability to force medication over objection
- In addition to medication management, offers a therapeutic milieu
- Can extend commitment with transfer to Forensic Treatment Center

Forensic Treatment Center (FTC)

- Long-term mental health placement
- The operation of the FTC is guided by the Regulations for Inpatient Forensic Psychiatric Hospitals, Chapter 5333 of Title 55, published by the Office of Mental Health.

Intermediate Care Unit (ICU)

- ICU is for the intensive mental health treatment of the individual
- Admission to the ICU shall be based on the following general criteria: multiple admissions to the Forensic Treatment Center (FTC) and/or other specialized units due to mental illness; patterns of inability to cope with general population or Residential Treatment Unit (RTU) stressors which are a result of mental illness; and noted intermittent noncompliance with medication that results in decompensation of the individual's overall mental health
- Increased MH contacts and group programming

Assessing Suicide Risk

- All individuals entering PA DOC
- Individuals being admitted to specialized units (i.e. POC, RHU, DTU, etc.)
- As clinically appropriate, changes in status
- Identify Suicide Risk/Protective Factors (SRPF)
- Acute, chronic, protective factors
- MSE
- Safety Plan

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Future Directions

- Neurodevelopmental Residential Treatment Unit (NRTU)
  - Designed for individuals with Diagnoses of Autism Spectrum Disorder or other Neurodevelopmental Disorder
  - Demonstrated need for targeted supports beyond a typical RTU (e.g., patterns of clinically significant impairments or adaptive deficits, etc., which are believed to be a result of the Neurodevelopmental disorder).

- Memory Care Unit (MCU)
  - Is designed to provide structure, consistency and support for individuals who have been diagnosed with Cognitive Impairment and Dementia
  - This is to help address the needs of the aging DOC population

Future Directions

- Psychological Assessments
  - Computer Administration and Scoring
  - Instant results
  - Wider range of instruments available to all institutions
- Training
  - Dialectical Behavior Therapy
  - Functional Behavioral Assessments
- Therapeutic Interventions
  - Develop a Standard of Care
  - Prescriptive Interventions
  - Focus on quality of treatment

Future Directions

- Clinical Supervision
  - Group
  - Individual
  - Skills training

- Policy Revisions
  - Policy Based Clinical Contacts
  - Clinical Need
  - Clinically Appropriate Allocation of Resources
  - Quality over Quantity

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Objectives – Revisited

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