



MICHIGAN DEPARTMENT OF CORRECTIONS

MENTAL HEALTH AND THE MDOC: STRATEGIES AND CHALLENGES

FEBRUARY 19, 2016

GOALS OF PRESENTATION

- ⌘ Provide Brief Overview of MDOC's Mental Health System
- ⌘ Summarize trends in our Mental Health population
- ⌘ Explain what is meant by Administrative Segregation (Ad Seg) and rationale for placement decisions
- ⌘ Describe monitoring and treatment provided in Ad Seg
- ⌘ Describe efforts underway to minimize the number of prisoners with Serious Mental Illness (SMI) in Ad Seg

MDOC Mental Health System Overview

- ⌘ 21% of prison population is being treated for mental health issues
- ⌘ Roughly half have SMIs such as schizophrenia, bipolar disorder, major depressive disorder, psychosis
- ⌘ Others have less serious mental health needs
- ⌘ MDOC has a continuum of care to address the full range of prisoners' mental health needs
 - All 32 facilities offer mental health services
 - Roughly 400 professionals (psychiatrists, psychologists, social workers, occupational and recreational therapists)

Mental Health Continuum of Care

- ⌘ Reception: Screening, Appraisal and Assessment
- ⌘ Mental Health Inpatient – 229 beds
- ⌘ Crisis Stabilization
 - Acute Care
 - Rehabilitative Treatment Services
- ⌘ Residential Treatment Programs (including Secure Status RTP) - 767 beds
- ⌘ Adaptive Skills Residential Program- 253 beds
- ⌘ Outpatient (including Secure Status Outpatient) - 7,820 prisoners
 - Prison based ambulatory assessment, counseling and psychiatric services
 - Institutional mental health services (segregation rounding, parole board reports, sex offender treatment)
- ⌘ Re-entry Services for Prisoners with mental health issues being released into the community

Trends in the MDOC Mental Health Population

The total number of prisoners with mental illness has steadily increased over the past several years.

- ⌘ At the end of 2011, there were 8,000 mentally ill prisoners in the MDOC
- ⌘ Currently they number nearly 9,400.
- ⌘ MDOC helped create the Governor's Mental Health Diversion Council in an effort to strengthen diversion approaches to prevent incarceration of individuals with mental illness, when appropriate.

What is Administrative Segregation?

⌘ What is Ad Seg?

- Placement into an identified cell that is separate from the General Population
- Way for correctional staff to safely manage prisoners with high risk of assaultive behaviors
 - ⌘ Protects other prisoners, as well as staff

⌘ When a prisoner is found guilty of serious misconduct, the Security Classification Committee convenes to determine placement for the prisoner that is conducive to safety and order. Mental Health staff participate in all such committee meetings when mentally ill prisoners are involved, and recommend treatment as necessary.

Segregation Statistics

& Total Prison Population	43,579
& Avg Daily Census in Ad Seg- Adults	779
& Avg Daily Census in Ad Seg- Youth	0
& Avg Daily Census in Ad Seg- SMI	77

Segregation Statistics

- ⌘ Median Length of Stay in Ad Seg
 - Adults in General – 77 days
 - Adults with SMI – 64 days
 - Youth - Not applicable

For prisoners with mental illness: What are the common situations that result in placement in Ad Seg?

- ⌘ Reasons are often the same as those for non-mentally ill prisoners.
- ⌘ Major Misconduct (threat, physical or sexual assault, fight).
- ⌘ Motivation can be fear-based, to avoid general population.

Monitoring and Support Provided from Custody and Clinical Staff

- ⌘ Prisoners with SMI in Ad Seg are seen at least once per week in a formal, out of cell, mental health contact, including psychosocial, psychiatric evaluation, individual therapy, case management, and medication as indicated.
- ⌘ Prisoners with SMI in Ad Seg receive regular monitoring, support and services from custody and Health Care staff.
- ⌘ Mental Health and Medical staff "round" in Seg units 3 times per week.

Plan to Minimize SMI in Ad Seg

- ⌘ Priority for MDOC to minimize the number of prisoners with SMI who are in Ad Seg
- ⌘ Four Point Action Plan developed to:
 - Safely move as many prisoners as possible with SMI from Ad Seg to transition programs or units
 - Optimize segregated prisoners' access to mental health services and institutional programs
- ⌘ Focuses primarily on prisons with the historically largest number of SMI in Ad Seg:
 - Marquette Branch Prison
 - Ionia Correctional Facility

#1: Review All Prisoners with SMI in Ad Seg and Develop placement recommendation for each

& Review considers:

- Misconduct history
- Current risk assessment profiles
- Clinical history and case formulation
- Current level of functioning
- Response to treatment
- Recommended level of care/transition unit placement

#2: Expand and broaden use of transition units and programs

⌘ Secure Status Outpatient Treatment Programs at Marquette Branch Prison and Ionia Correctional Facility

- Provide mental health treatment to prisoners with SMI who, because of ongoing risk of serious harm to others that persists despite assertive mental health treatment, would otherwise require management in Ad Seg
- Secure setting
- Progressive transition to general population

#2 (cont'd): Established (2013) Interim Care Program (ICP) at Marquette Branch Prison and Ionia Correctional Facility

- ⌘ Provides an alternative solution – allows management of prisoners with SMI who are too disruptive, uncooperative and/or dangerous to be managed in Secure Status Outpatient, outside of Ad Seg
- ⌘ Environment more closely models General Population
 - Regular case management meetings
 - Eligible for General Population incentives
 - In-cell educational programming
 - Religious services
 - 7 days yard activity
 - More interaction with staff and other prisoners
- ⌘ Collaborative Effort between Custody and Program staff
 - goal, whenever possible, is eventual transfer to secure status outpatient program and reintegration into General Population

#2 (cont'd): Expand and broaden use of transition units/programs

- ⌘ Establish SSOPT/Incentives in Segregation Programs at all Security Level IV facilities with Outpatient Mental Health Teams
 - Secure setting that facilitates access to mental health treatments and programs incentivizing pro-social behavior and reducing the violence risk profiles of prisoners who could otherwise require Ad Seg
 - Facilitates transition to regular General Population
- ⌘ Pilot Secure Status Adaptive Skills Residential Program at St. Louis Correctional Facility
 - Secure cells within the ASRP that facilitate access to mental health services and social skills programming designed to stabilize high risk behaviors and allow progressive transition to the regular ASRP environment
- ⌘ Formalize and expand reintegration programs for SMI prisoners who refuse to leave Segregation due to fear of General Population

#3: Staff development

⌘ Continue staff development efforts to promote improved understanding of the psychological and interpersonal factors motivating and reinforcing major misconduct:

- More effective clinical assessment and case formulation
- Improved skills in the use of best practice/evidence based psychosocial treatments (e.g. Dialectical Behavioral Therapy (DBT) and Trauma-Informed Care)
- Encourage and support assertive psycho-pharmacologic interventions and involuntary treatment when indicated

#4: Mental Health Services – Correctional Facilities Collaboration

- ⌘ Enhance and facilitate communication between mental health and custody staff to immediately alert mental health staff of instances of significant misconduct involving prisoners with SMI
- ⌘ Such timely sharing of information will serve to inform, if not pre-empt misconduct hearings

Next Steps

- ⌘ Implementation of this Action Plan is underway - under general oversight of Chief Psychiatric Officer, Mental Health Services Director, Health Services Administrator and Correctional Facilities Administration Leadership
- ⌘ Has resulted in a new level of collaboration between custody and clinical staff
- ⌘ Completion of action steps monitored by MDOC Executive Team