



University of Connecticut Health Center

Correctional Managed Health Care

**Judiciary and Appropriations Committees Joint Informational Hearing
regarding Prison Overcrowding Costs
Thursday, April 10, 2008**

Questions to and Responses from Correctional Managed Health Care

MENTAL HEALTH SERVICES

Question:

What is the number of Offenders classified as needing mental health services

Response:

Approximately 4000 inmates are classified as needing mental health services.

Question:

How many offenders have symptoms of mental disorder that are based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)?

Response:

All inmates classified as needing mental health services (Mental Health 3, 4, and 5) meet the criteria for a psychiatric diagnosis included in the DSM-IV TR. Those with a sole diagnosis of substance abuse or substance dependence are not classified as mental health patients.

Questions:

What mental health services do inmates receive while they are incarcerated?
What is the evaluation process we currently use for determining if services are needed?
What is the process to provide treatment?

Response:

Intake assessments are conducted for every admission system-wide. In addition, a complete suicide assessment is done for every first-time admission, as well as for others referred for suicide assessment as a result of the initial intake

assessment. Based on initial screening inmates are classified as Mental Health 1-5. Those identified as Mental Health 1 or 2 do not require mental health follow-up. Every inmate classified as needing mental health services (Mental Health 3, 4, 5) has an individual treatment plan developed. The assessment tools include the intake screening by nursing staff, a structured mental health assessment by a qualified mental health professional (clinical social worker, psychologist), an initial psychiatric evaluation by Psychiatrist or Advance Practice Registered Nurse (APRN) if indicated and psychological testing for specific diagnostic clarification. In FY 2007, there were 145,737 mental health visits to social workers, psychologists and psychiatric nurse clinicians, including 23,962 suicide risk assessments. In addition, there were 41,769 visits to psychiatrists and 26,133 to APRNs.

Mental Health services are comprehensive from admission to discharge, and focus on access to care and outreach, screening and assessment, identification, treatment planning classification, and provision of distinct levels of service. All mental health services are all provided in concert with effective medication management.

Mental Health 5: On any given day, between 50-60 inmates are classified as Mental Health level 5. These inmates are experiencing acute mental health symptoms and require the highest level of mental health care. This is a short-term intervention equivalent to inpatient psychiatric care, lasting typically up to 10 days. Inpatient mental health services are provided at nine of the eighteen correctional facilities (Bridgeport, Corrigan, Garner, MacDougall, Manson, New Haven, Northern, Osborn and York). Inpatient services (typically a classification of Mental Health 5) include twenty-four hour care, individual counseling/evaluation sessions with psychiatrists, advanced nurse practitioners, psychologists and clinical social workers, as well as group programming as outlined in treatment plans.

Mental Health 4: There are presently about 450 individuals classified as MH level 4. Mental Health 4 housing is a service setting less intensive than inpatient services. Mental Health 4 housing offers an intermediate milieu level of service with psychiatric, individual therapy, and group therapy conducted on the housing unit. This level of care is for those who do not require inpatient treatment but who are not functioning optimally in the general population. The goal is successful reintegration into the general population.

Mental Health 3: Approximately 3500 individuals are classified as MH level 3, requiring general outpatient level of service such as case management and or prescription medication management. Problems range from institutional adjustment issues and mild adjustment disorders to bipolar disorder, borderline personality disorder and schizophrenia. Outpatient services are provided at fifteen of the eighteen facilities. These services also include individual counseling sessions and group therapy sessions for those not housed in the Inpatient Unit or in Mental Health 4 housing.

Sex Offender Treatment is provided at six facilities (Brooklyn, Cheshire, Garner, Manson, Osborn and York), with specialized curriculum and well trained and closely supervised staff.

Attached is a flowchart which outlines Mental Health Services process.
(Attachment A)

Question:

What is the number of offenders receiving medications as part of the treatment of their mental illness?

Response:

Approximately 3850 inmates receive psychotropic medication for treatment of their condition.

Questions:

Are all mental health inmates housed at Garner CI?
If they are not all at Garner CI, then please explain why this is so.

Response:

All inmates identified as needing mental health services are not housed at Garner. Garner currently houses about 375 Mental Health inmates. It houses primarily adult male inmates with a Mental Health classification of 4 or 5. There are a total of approximately 4000 inmates requiring some level of mental health services on any given day, with women at the York Correctional Institution and adolescent males at the Manson Youth Institution.

DISCHARGE PLANNING

Question:

How do we prepare inmates before they are released?

Response:

Twelve discharge planners are deployed throughout the state to assist inmates with identified medical or mental health needs in coordinating access to services on release.

For pre sentenced inmates, there is typically limited preparation prior to release. However, many exceptions exist. For example, if the inmate is a DMHAS client, close coordination with the community agency is established. Furthermore, if the inmate is receiving medication of any kind, a two week supply of medication is made available on discharge.

For sentenced inmates, the CMHC discharge planner works with the mental health staff to determine the best aftercare treatment options to include housing and community based treatment. Entitlements are also secured, and as with pre-sentenced inmates, a two week supply of medication is provided on discharge.

RESIDENTIAL PLACEMENT

Question:

How many residential placements do we have for offenders who have been diagnosed with mental illnesses?

Response:

There are 23 halfway house beds earmarked for inmates with a mental illness diagnosis. These are in addition to the 515 beds in the facilities (Garner, Osborn, Manson Youth, and York) to house inmates with a mental health diagnosis requiring acute care or supervision in specialized housing apart from the general population.

MENTAL HEALTH STAFFING

Questions:

How many staff are provided for mental health services?

Where staff located and what are the FTE for each of the facilities?

What is the professional level of each staff member (i.e, social worker, clinical psychiatrists)?

Response:

CMHC currently has 197 full time equivalent facility-based positions for qualified mental health professionals. These QMHP's include Psychiatrists, Advanced Practice Registered Nurses, Clinical Psychologists, Nurse Clinicians, Clinical Social Workers and Rehabilitation Therapists. Currently there are 180 filled positions and approximately 20 vacancies.

Attached is a chart (***Attachment B***) with staffing by facility.

BUDGET IMPACT

Question:

Address the changes in spending since August 2007. Outline projections of future costs associated with PA 08-1. Please show a breakdown of the cost increase or decrease in each area of your budget.

Response:

The language in PA 08-1 does not directly require a change in CMHC spending. To the extent PA 08-1 has slowed the number of inmates released through parole, contributing to the increase census in the correctional facilities it has had an impact on the cost of medical services. One million dollars of the current year deficiency estimate is attributed to this census growth impacting categories of prescription drugs, medical supplies, and overtime. To the extent inmate population remains at current levels into FY09, CMHC may need to revise

projections of expenditures in the categories identified to support ongoing services.

Fiscal Year '08:

Increase in Personal Services	\$325,000
Increase in Other Expenses	\$675,000

Questions:

How much of the total pharmaceutical cost is attributed to medication for treatment of offenders requiring mental health services?

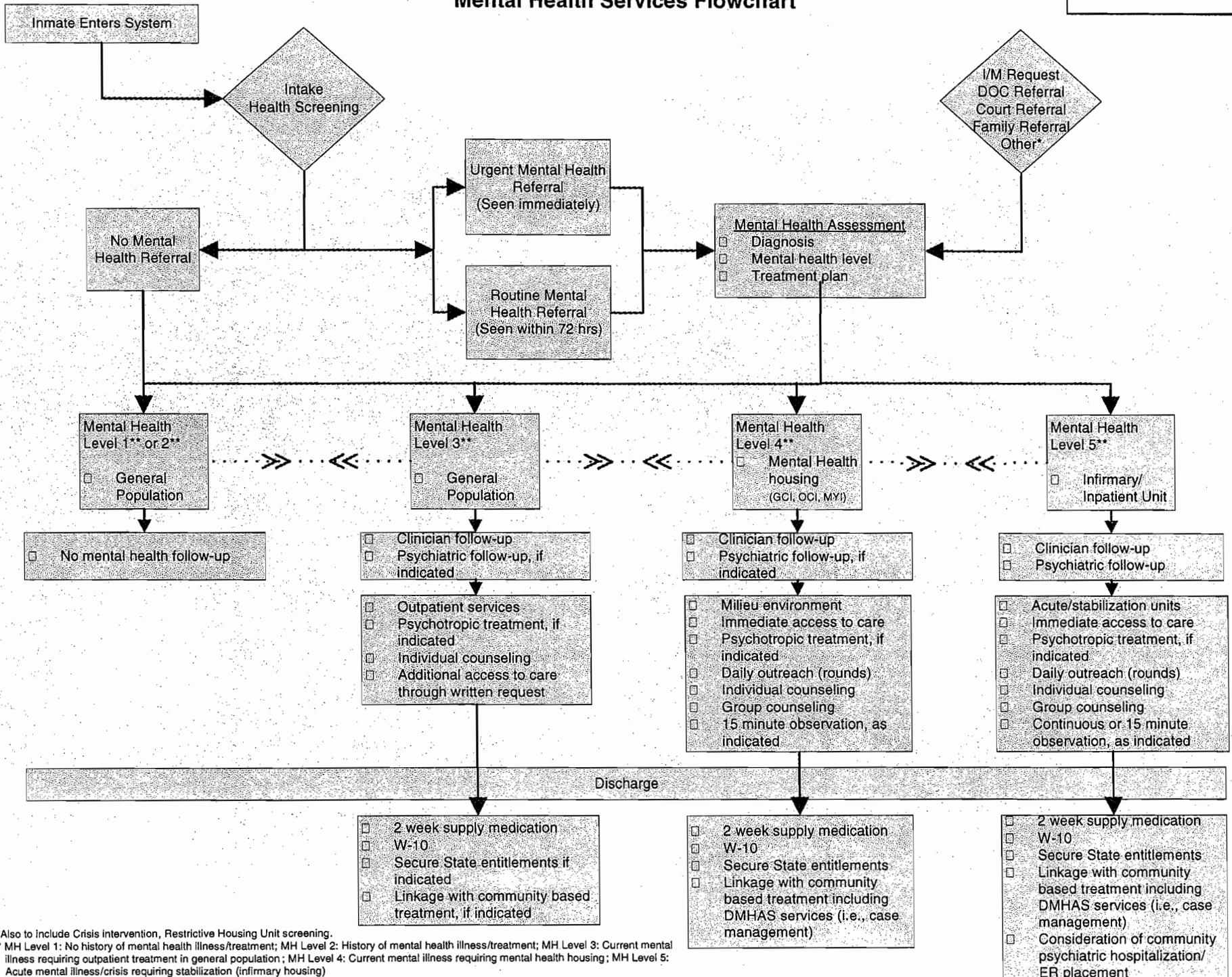
What is spent while the individual is incarcerated?

Response:

Approximately 33% of the total pharmaceutical costs are attributed to psychotropic medications; for fiscal year 2007 this amounted to \$5.8 million. This is for medication during incarceration and also includes cost for a two supply of discharge medication upon release.

CORRECTIONAL MANAGED HEALTH CARE Mental Health Services Flowchart

ATTACHMENT A



* Also to include Crisis intervention, Restrictive Housing Unit screening.

** MH Level 1: No history of mental health illness/treatment; MH Level 2: History of mental health illness/treatment; MH Level 3: Current mental illness requiring outpatient treatment in general population; MH Level 4: Current mental illness requiring mental health housing; MH Level 5: Acute mental illness/crisis requiring stabilization (infirmary housing)

ATTACHMENT B: CMHC FACILITY-BASED MENTAL HEALTH STAFFING*
As of April 8, 2008

Facility	Assistant Chief of Psychiatry	Psychiatrist	Psychologist	Postdoctoral Fellow Psychology	Psychology Intern	APRN	Nurse Clinician	Social Worker	Developmental and Rehabilitation	Total
Bergin CI										0.00
Bridgeport CC		0.80	1.00				2.00	4.00	1.00	8.80
Brooklyn CI								2.00		2.00
Cheshire CI		0.40	0.20				1.00	1.60		3.20
Corrigan CI		0.50	1.00		0.40		2.00	4.00		7.90
Enfield CI			0.10							0.10
Garner CI	1.00	4.50	4.00	1.00		1.40	6.00	24.00	6.00	47.90
Gates CI								0.20		0.20
Hartford CC		1.20	1.00			1.00	1.00	6.00		10.20
MacDougall- Walker CI		1.30	2.00		0.40	0.40	2.00	12.00		18.10
Manson Youth CI		1.10	0.80		0.40		1.00	11.00	1.00	15.30
New Haven CC		1.08	1.00				2.00	7.00		11.08
Northern CI		1.00	2.40			0.50	1.60	5.00		10.50
Osborn CI		1.20	1.00			2.00	2.00	13.00		19.20
Robinson CI			0.30			0.50	0.90			1.70
Webster CI										0.00
Willard-Cybulski CI			0.60				0.90	6.00		7.50
York CI	1.00	3.75	3.00		0.60	3.40	5.00	15.00	2.00	33.75
Total	2.00	16.83	18.40	1.00	1.80	9.20	27.40	110.80	10.00	197.43

* does not include general nursing positions (Registered Nurses and Licensed Practical Nurses) who provide medical and mental health care