Juvenile Justice Policy
Oversight Committee
Department of Correction
Mental Health Services Update

J. R. Manson Youth Institution Mental Health Services

Meleney B. Scudder, Psy.D., CCHP-MH
Craig G. Burns, MD, Chief Mental Health Officer
# Juvenile MH Population

**Jan- Mar 2019**

<table>
<thead>
<tr>
<th>JUVENILE</th>
<th>22/58</th>
<th>19/56</th>
<th>20/56</th>
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<tr>
<td>MH 4</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>MH 3</td>
<td>17</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>% JUV POP</td>
<td>38%</td>
<td>34%</td>
<td>36%</td>
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Screening and Assessment

- All youth are assessed at intake by a licensed mental health professional.

- Receive a DSM-5 diagnosis and a preliminary treatment plan is developed that identifies target symptoms, goals, and anticipated discharge planning needs.

- Individuals with positive mental health screenings are referred for further mental health assessment.

- Referral to a higher level of care such as infirmary admission will occur if clinically indicated.

Mental Health Services

- Screening and mental health assessment
- Crisis intervention and psychoeducation
- Psychiatric evaluation and medication management
- Outpatient therapy and group therapy
- Infirmary care
- Emergency evaluation
- Physician Emergency Certificate (PEC) authorization
- Psychologist Emergency Evaluation Referral (PEER) authorization
- Discharge planning
"Mental illness is nothing to be ashamed of, but stigma and bias shame us all."

BILL CLINTON
# Mental Health Referrals

<table>
<thead>
<tr>
<th></th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>TOTAL</th>
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<tr>
<td>SELF</td>
<td>64</td>
<td>20</td>
<td>14</td>
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<td>STAFF</td>
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<td>HEALTH SVCS.</td>
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<td>219</td>
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<td>TOTAL</td>
<td>392</td>
<td>252</td>
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Psychiatric Evaluation and Medication Management
Juveniles in Infirmary

<table>
<thead>
<tr>
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<th>JAN</th>
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<tr>
<td>MH ADMITS</td>
<td>17</td>
<td>18</td>
<td>6</td>
<td>41</td>
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<tr>
<td>ADULTS</td>
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<td>35</td>
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<tr>
<td>JUVENILE</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>TOTAL DAYS</td>
<td>46</td>
<td>48</td>
<td>32</td>
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<tr>
<td>TOTAL ADULT</td>
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<td>46</td>
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<tr>
<td>TOTAL JUV</td>
<td>13</td>
<td>1</td>
<td>2</td>
<td>16</td>
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<tr>
<td>AVE LOS</td>
<td>2.7</td>
<td>2.33</td>
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<tr>
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# Behavioral Observation Status

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<td>7</td>
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<td>18</td>
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<tr>
<td>ADULTS</td>
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<td>18</td>
</tr>
<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>TOTAL DAYS</td>
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<td>11</td>
<td>9</td>
<td>34</td>
</tr>
<tr>
<td>TOTAL ADULT</td>
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<td>11</td>
<td>9</td>
<td>34</td>
</tr>
<tr>
<td>TOTAL JUV</td>
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<td>0</td>
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<tr>
<td>AVERAGE LOS</td>
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<td>1.97</td>
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<tr>
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<td>1.6</td>
<td>1.5</td>
<td>1.97</td>
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<tr>
<td>JUV LOS</td>
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<td>0</td>
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# Outpatient

<table>
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<td>213</td>
<td>776</td>
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<td>Psych MDS</td>
<td>235</td>
<td>164</td>
<td>189</td>
<td>588</td>
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Group Therapy
Mental Health Groups

- Adjustment Disorder
- Anger Management
- Circles - Restorative Justice
- Mood Disorders
- Regulating Emotions
- Stress Management
- Trauma Education
# MH Groups

<table>
<thead>
<tr>
<th></th>
<th>JAN</th>
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<th>TOT</th>
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<tr>
<td>Adult</td>
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<td>7</td>
<td>17</td>
</tr>
<tr>
<td>Juvenile</td>
<td>8</td>
<td>11</td>
<td>10</td>
<td>29</td>
</tr>
<tr>
<td># I/Ms</td>
<td>102</td>
<td>135</td>
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<td>377</td>
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<tr>
<td>Adult</td>
<td>22</td>
<td>35</td>
<td>52</td>
<td>109</td>
</tr>
<tr>
<td>Juvenile</td>
<td>80</td>
<td>100</td>
<td>114</td>
<td>294</td>
</tr>
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Suicide Risk Assessment

- In 2005, Lindsay Hayes conducted a review of physical plant and CMHC policies at MYI.

- Dr. Kocienda, Director of Behavioral Health Services, collected statewide data of suicide attempt and self-injury incidents since 2014.

- CDOC SRA covers the following primary areas:
  - History of Self-Harm Behavior
  - Acute Risk Factors
  - Chronic Risk Factors
  - Evaluation of Current Risk
  - Feigning Screen
  - Risk Assessment and Disposition
Quality Assurance for MYI

- Infirmary cells are inspected daily by assigned officer.
- Monthly QI studies collected on infirmary admissions and treatment plans and monitored by UConn’s Correctional Managed Health Care department.
- Suicide attempts and Self-Injury Summary data
- Electronic health record should enable specific reports to be generated related to suicide assessment.
Zero Suicide Initiative

The fundamental belief that suicide deaths in a health care system are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care.
Embedded in a national strategy of suicide prevention that focuses on error reduction and safety in healthcare, which includes a set of best practices and tools that can be found at www.zerosuicide.com.

CT DOC is currently the only state correctional system attempting to implement this model.
<table>
<thead>
<tr>
<th>Behavioral Observation Status Follow-up</th>
<th>Policy</th>
<th>MYI Practice</th>
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<tr>
<td>Infirmary</td>
<td>1 day</td>
<td>3 day</td>
</tr>
<tr>
<td>CTQ &amp; RHU MH4</td>
<td>5 day</td>
<td>5 day</td>
</tr>
<tr>
<td>MH3</td>
<td>None</td>
<td>2 xs q day</td>
</tr>
<tr>
<td>All intakes/transfers (only York)</td>
<td>1 x mo</td>
<td>2 xs mo (min)</td>
</tr>
<tr>
<td>All seg/CTQ placements (only York)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Toward a Trauma Informed MYI

- Administer Connecticut Trauma Screen (CTS) to all juveniles at intake. It will give us an overall ACES Score and may be useful in identifying at-risk youth.

- Use Structured Trauma-Related Experiences and Symptoms Screener (Grasso, Reid-Quinones, Felton, De Arellano, 2013) STRESS v 1.4. This DSM-5 Screen may be utilized with youth who screened positive for trauma histories as a baseline measure and potential posttest for the Trauma Education group.

- CTDOC participated in Connecticut Multistate Trauma Collaborative Workgroup. Whose objective is to improve the well-being of youth, and families impacted by trauma.

- Pending proposal by Unified District 1 for educational staff to recognize the symptoms of trauma in correctional youth and teach more effective use of de-escalation techniques within the educational setting.
Mental Health Staffing

- Since January 2\textsuperscript{nd} 2019, MYI mental health staff no longer provide primary coverage to Cheshire Correctional Institution.

- An additional LPC was added to the first shift staff on February 1\textsuperscript{st} filling a long-standing vacancy.
Juvenile MH Service Questionnaire
Survey SAYS...

- Results suggest what we often have suspected to be true....

- The juvenile remember little from when they first arrive and we are likely to have to re-orient, remind etc. repeatedly before it is retained.

- New MH brochure has been created and is distributed to all new intakes which may assist in this process.
Satisfaction with Amount of MH Services

- Very Satisfied
- Mostly Satisfied
- Mildly Dissatisfied
- Quite Dissatisfied
Satisfaction with Overall Quality of MH Services

- Excellent
- Good
- Fair
- Poor
Key Notes

¬ All but one of the juveniles reportedly receiving services were able to identify their assigned mental health clinician.

¬ However, few of those receiving medication were aware of their prescribing physician’s name.

¬ In general, youth receiving MH services were generally satisfied with the services they received but many would like more groups.

¬ Individuals who tended to be “quite” dissatisfied tended to be classified as predominantly MH2 had a pending IPE and/or hx of TX in facilities with lower staffing ratios in prior placements as juveniles.
Groups Requested

Circles (7)  
Music Therapy (6)  
T.R.U.E. Program (3)  
Church (3)  
Anger Management (3)  
Drug Program (1)  
All Groups / Anything (10)
What’s New?

- Piloting Connecticut Trauma Screen (CTS) and Mental Health Consumer Survey
- MH Services brochure handed out to all new admissions
- Increased attention to family engagement (Adolescent Working Group, Open house, Family Survey re: interest in Mental Health First Aid Training
- Evaluate potential use of the Performance Based Standards (Pbs) Family Survey for Correctional Settings
- LPC beginning training under CATSO certified psychologist in Problematic Sexual Behavior Treatment
- Evaluate integrating trauma-informed module into CTDOC training academy
Future Considerations

- Evaluating modified Functional Family Therapy (FFT) for juvenile and potential funding sources for staff training

- CMHA training of DOC MH staff in Seeking Safety (Najivits, 2002) which is an evidence-based model that treats the co-occurring diagnoses of PTSD and substance use disorders

- USD1 training on the effects of trauma which may lay foundation for future introduction of Cognitive behavioral Therapy for Trauma in Schools (CBITS, Jaycox, L.H. & Langley, S. A., 2018)

- Incorporate a developmentally appropriate Resiliency Scale such as the Children and Youth Measure (CYRM, Ungar, M. and Liebenberg, L. 2009), Connor-Davidson Resilience Scale (CD RISC/CD RISC 2 (Connor, K. & Davidson, J. 2003), or the Resilience Scale (RS Wagnild & Young, 1993).
Family Survey for Correctional Setting
(Pbs: https://Pbsstandards.org)

- 2012 national family standards initiative to strengthen and support relationships between incarcerated youth, their families and staff.

- Uniform data collection tool that illustrates positive impact of data driven services on youth, staff and families.

- Survey creates a dynamic feedback between facilities and families in order to assist in the development of best practices that help families.

- Administered close to time of release to reflect families experience.

- Data collected biannually (Nov 1-April 30 and May 1-Oct 31)
Future Considerations

- Therapeutics Committee will review developmental appropriateness of current suicide risk assessment Instruments.

- Evaluate addition of an adolescent-specific assessment tool (e.g.)
  - Columbia Suicide Severity Rating Scale (C-SSRS)
  - Adolescent Suicide Assessment Protocol (CSAP)
  - Patient Health Questionnaire (PHQ-9)
  - Adolescent Suicidal ideation Questionnaire (ASIQ)
Mental Health First Aid

- To increase awareness by family members and significant others of how to help an adolescent who is experiencing a mental health challenge or addiction crisis.

- The course addresses some common issues for adolescents and teaches a 5-step plan on how to help youth in crisis.

- Anxiety, depression, substance use disorders, disorders in which psychosis may occur, disruptive disorders including ADHD, and eating disorders.

- Survey will be completed at the family day on May 22nd.

- Increased family engagement and more effective crisis intervention may not only reduce recidivism, improve global family functioning, and promote desistance.