

Mental Health and Substance Abuse Reporting Requirements
Section 425 of Public Act 159 of 2003

The FY 2004 Appropriation Act, Section 425, requires that the Department of Community Health report information by April 1, 2004 on both substance abuse and mental health programs provided to prisoners.

The following is the text of Section 425 and the three subsections of the boilerplate (in bold) followed in each case by the Department's response.

By April 1, 2004, the Department, in conjunction with the Department of Corrections, shall report the following data from Fiscal Year 2002-2003 on mental health and substance abuse services to the House of Representatives and Senate Appropriations Subcommittees on Community Health and Corrections, the House and Senate Fiscal Agencies and the State Budget Office:

Subsection (a) The number of prisoners receiving substance abuse services which shall include a description and breakdown on the type of substance abuse services provided to prisoners.

The information provided in Subsection (a) below was supplied by the Department of Corrections. The Department of Corrections is responsible for providing substance abuse services to prisoners.

Outpatient Substance Abuse Services: This is "traditional" outpatient level treatment primarily delivered in group settings. Prisoners participation usually ranges between 16 and 20 sessions. Total admissions for assessment and treatment – 6,493.

Residential Substance Abuse Services: These services consist of group and individual counseling and other rehabilitative efforts provided in controlled environments. This is the most intensive of the service options available for prisoners. Program participation is for a minimum of six months and may be extended an additional six months for individual prisoners. These services are provided at Cooper Street Facility for males and Western Wayne for women. Total admissions for assessment and treatment – 579.

Substance Abuse Education Services: Prisoners with substance abuse problems receive educational and motivational information. Didactic sessions are delivered twice per week and prisoners must attend 13 sessions in order to complete the program. Total number of enrollees - 5,168.

Subsection (b) The number of prisoners receiving mental health services which shall include a description and breakdown on the type of mental health services provided to prisoners.

INPATIENT

Acute Inpatient Care: Consists of inpatient hospital services provided at Huron Valley Center. Average annual census – 44.0.

Subacute Care: Hospital inpatient services provided to patient prisoners who are chronically mentally ill. This care is provided at Huron Valley Center. Average annual census - 186.0.

OUTPATIENT

Outpatient services encompass 15 outpatient mental health teams providing services in 22 prisons (see Attachment C – Map and Prison List). Two teams, the Reception and Guidance Center for men and the Reception Center for women, evaluate all prisoners believed to be mentally ill or believed to have a severe mental disorder after the MDOC prison entry screening.

The outpatient program has received accreditation for the treatment of mentally ill prisoners by the Commission on Accreditation of Rehabilitation Facilities (CARF).

The Outpatient Team serves two main functions. One is to ensure continuity, quality, and accessibility of care for prisoners discharged from Inpatient Acute Care, Rehabilitation Treatment Division, Residential Treatment Program, and Crisis Stabilization. Secondly, this program serves as a point of entry to the Corrections Mental Health Program for prisoners requiring mental health services.

The target population consists of: Individuals with symptoms of mental illness or disorders with moderate functional impairment due to the symptoms of mental illness or disorder who can care for their basic needs and live independently within the general prison population.

The Outpatient Mental Health Team is a multi-disciplinary team typically consisting of a psychiatrist, psychologist, clinical social worker, psychiatric nurse, prison resident unit officer or counselor, and secretary with one of the qualified mental health professionals

as the team supervisor or leader (see Attachment A). The team works with the prisoners in the identification of the needs and development of goals and interventions that are integrated into individualized treatment plans. Offices are centrally located within the prison and prisoners come from the housing units for appointments. Exceptions to this would be staff going to a prisoner's cell in a crisis situation or prisoners who are housed in segregation. The typical caseload is 160 prisoners and the hours of operation are Monday through Friday, 8:00 a.m. to 4:30 p.m.

The Outpatient Mental Health Treatment Program is based on a bio-cognitive behavior model, emphasizing correction of thought distortion, interpersonal interactions, psychopharmacology, and psychosocial rehabilitation. The goal is to help the prisoner to deal with the symptomatology of the mental illness in order to take control of the illness and compensate for the deficiencies the mental illness may cause. This is accomplished through teaching of various skills, medication, cognitive interventions, and a relapse prevention plan. The model goes beyond the elimination of positive symptomatology, such as hallucinations and delusions, through the use of psychotropic medication. It incorporates various methods to deal with the negative symptoms, such as severe, impoverished functioning skills, problems dealing with other individuals, presence of negative cognitive shifts, anhedonia, etc. Methods include cognitive restructuring, behavioral modifications, psychosocial education, self-help skills, and problem solving techniques.

RESIDENTIAL TREATMENT PROGRAM

The Residential Treatment Programs (RTPs) are located in four prisons, three male and one female. The RTP consists of eight treatment teams. The Commission on Accreditation of Rehabilitation Facilities (CARF) accredits the Residential Treatment Programs as partial day programs.

The primary treatment focus of the RTP is based on a bio-psychosocial rehabilitation model. The primary treatment goal is the acquisition of those skills necessary to function independently within the general prison community or within society following parole or discharge from prison. The RTP also provides treatment and support services to prisoners who no longer require psychiatric hospitalization but have not progressed behaviorally to the point where they can function independently in the general prison population.

The target population consists of prisoners with serious mental illnesses whose primary symptoms have begun to remit but who continue to demonstrate significant impairment in social skills and a limited ability to participate independently in activities of daily

living. These individuals cannot function adequately in the general prison population without significant support and modified behavioral expectations (see Attachment A).

The RTP treatment team typically consists of a qualified mental health professional as the team supervisor, a psychologist, clinical social worker, psychiatric nurses, clinical nurse specialist, activity therapists, secretary, medical records support, resident unit officers, resident unit supervisors, and counselors from the MDOC (see Attachment A). The staff offices and treatment areas are located in a prison housing unit. The typical team capacity is 70-85 prisoners. Services are provided seven (7) days per week, 8:00 a.m. to 8:00 p.m. The team works with the prisoners in the identification of their needs and in the development of goals and interventions to be incorporated into individualized treatment plans.

The goal of treatment is to achieve remission of the prisoners' symptoms and acquisition of skills to manage their symptoms and function independently. The methods used to accomplish the objectives consist of activity therapies, such as music and recreational; psycho-educational; psychotropic medication; cognitive restructuring; self-help skills; prison employment; problem solving techniques; behavioral therapy; and prison/community integration planning. The services are provided through intensive, direct support by staff with the provision of a minimum of 12 hours of activity per week.

CRISIS STABILIZATION PROGRAM

The Crisis Stabilization Program is an integral component of the continuum of care. The program provides services for managing and treating disruptive prisoners whose behavior is linked to symptoms of mental illness or who are engaging in or threatening to engage in suicidal/self-injurious behavior. The program provides expedited access to psychiatric evaluation in a mental health emergency through a combination of on-site and on-call services. The more intensive evaluation is done in a safe and secure setting. The treatment goal is to stabilize, with solution-focused treatment, prisoners experiencing a crisis of such intensity that their normal level of coping is no longer sufficient to allow them to stay in the general prison population. The goal is to return the prisoners to their previous level of functioning and/or send them on to the most appropriate level of care. The program is accessible 24 hours a day, seven (7) days per week.

The target population consists of prisoners whose symptoms and behavior initially appear to be indicative of mental health crisis with a need for immediate intervention and further evaluation. The crisis may be an urgent or potentially emergent mental illness and/or a high risk of suicide.

The Crisis Stabilization Team typically consists of resident unit officers, psychiatric nursing, health care nursing, a psychiatrist, and other qualified mental health professionals as necessary.

Interventions typically include brief solution-focused therapies, psychopharmacological intervention, crisis intervention techniques, brief psycho-educational interactions, strategies for thinking productively, and interpersonal interventions to modify behaviors.

Subsection (c) Data indicating if prisoners receiving mental health services were previously hospitalized in a State psychiatric hospital for persons with mental illness.

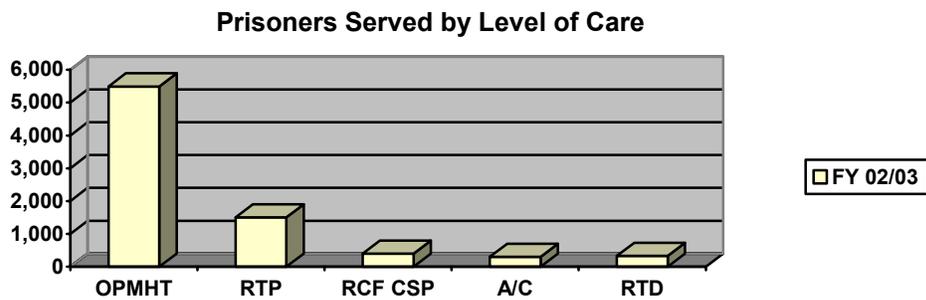
A total of 664 prisoners currently receiving mental health services were previously hospitalized in a State psychiatric hospital (as of March 09, 2004).

To put this number in context, approximately 3,140 prisoners were receiving mental health services in March 2004, while the entire prison population number 48,795 in February 2004.

Attachment A

Prisoners Served by Level of Care

FY YEAR	OPMHT*	RTP**	RCF CSP⁺	Acute Care	RTD
2002/2003	5,492	1,502	397	302	327



Average Caseload by Level of Care

FY YEAR	OPMHT	RTP	CSP	A/C	RTD
2002/2003	2026	669	7	44	186

