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

J. R. Manson Youth Institution Mental Health Services

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Juvenile MH Population
Jan- Mar 2019

JUVENILE	22/58	19/56	20/56
MH 4	5	4	3
MH 3	17	15	17
% JUV POP	38%	34%	36%

Screening and Assessment

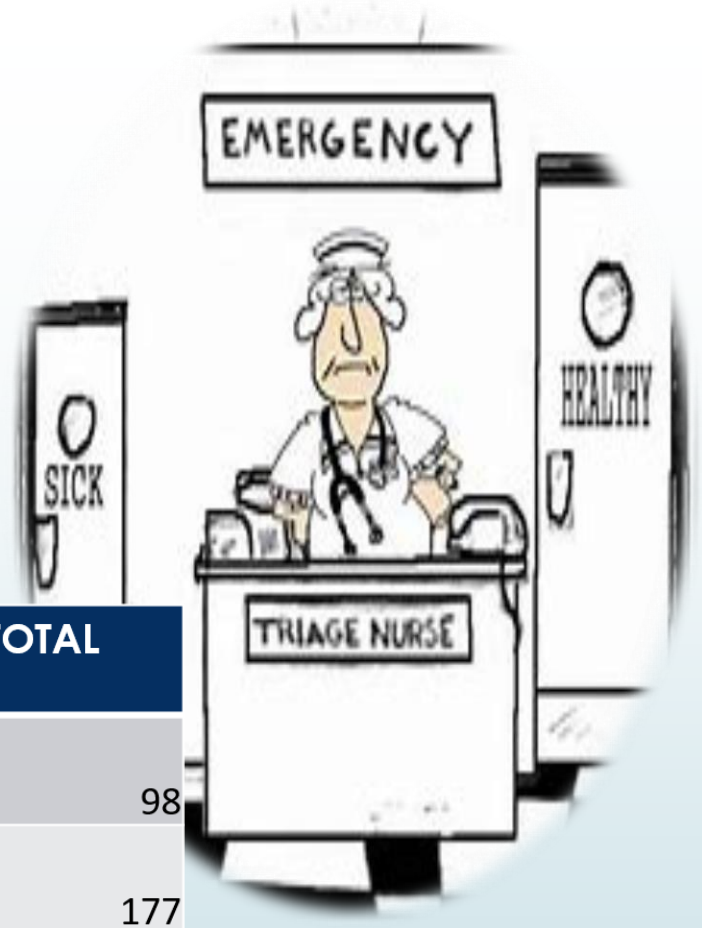
- All youth are assessed at intake by a licensed mental health professional.
- Receive a DSM-5 diagnosis and a preliminary treatment plan is developed that identifies target symptoms, goals, and anticipated discharge planning needs.
- Individuals with positive mental health screenings are referred for further mental health assessment.
- Referral to a higher level of care such as infirmary admission will occur if clinically indicated.
- Juveniles complete Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2) (Grisso & Barnum, 2006) and Connecticut Trauma Screen (CTS, Lang, J.M. & Connell, C.M., 2017).

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



	JAN	FEB	MAR	TOTAL
SELF	64	20	14	98
STAFF	73	53	51	177
HEALTH SVCS.	302	179	219	700
TOTAL	392	252	284	928

Psychiatric Evaluation and Medication Management

Juveniles in Infirmary

	JAN	FEB	MAR	TOT
MH ADMITS	17	18	6	41
ADULTS	13	17	5	35
JUVENILE	4	1	1	6
TOTAL DAYS	46	48	32	126
TOTAL ADULT	33	46	30	109
TOTAL JUV	13	1	2	16
AVE LOS	2.7	2.33	5.33	3.45
ADULT LOS	2.54	2.71	6.0	3.11
JUV LOS	3.25	2.0	2.0	2.67

Behavioral Observation Status

	JAN	FEB	MAR	TOT
BOS ADMITS	5	7	6	18
ADULTS	5	7	6	18
JUVENILE	0	0	0	0
TOTAL DAYS	14	11	9	34
TOTAL ADULT	14	11	9	34
TOTAL JUV	0	0	0	0
AVERAGE LOS	2.8	1.6	1.5	1.97
ADULT LOS	2.8	1.6	1.5	1.97
JUV LOS	0	0	0	0

Outpatient

	JAN	FEB	MAR	TOTAL
Outpatient	335	228	213	776
Psych MDS	235	164	189	588

Group Therapy

Mental Health Groups

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

MH Groups

	JAN	FEB	MAR	TOT
Grps	12	17	17	46
Adult	4	6	7	17
Juvenile	8	11	10	29
# I/Ms	102	135	172	377
Adult	22	35	52	109
Juvenile	80	100	114	294

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.

Zero Suicide Initiative

- 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.

Above and Beyond

	Policy	MYI Practice
Behavioral Observation Status Follow-up	1 day	3 day
Infirmary	5 day	5 day
CTQ & RHU MH4	None	2 xs q day
MH3	1 x mo	2 xs mo (min)
All intakes/transfers (only York)		
All seg/CTQ placements (only York)		

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.

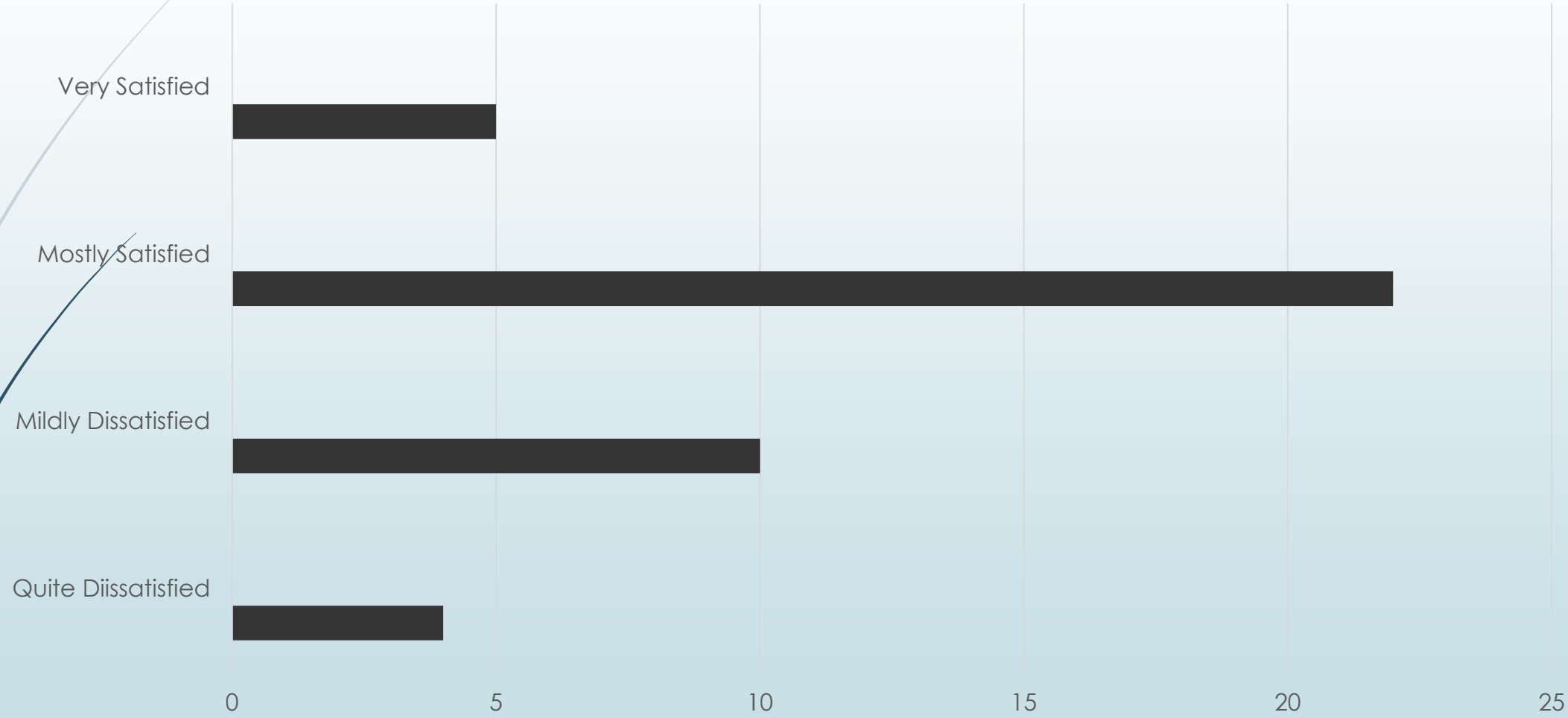
Mental Health Staffing

- Since January 2nd 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 1st filling a long-standing vacancy.

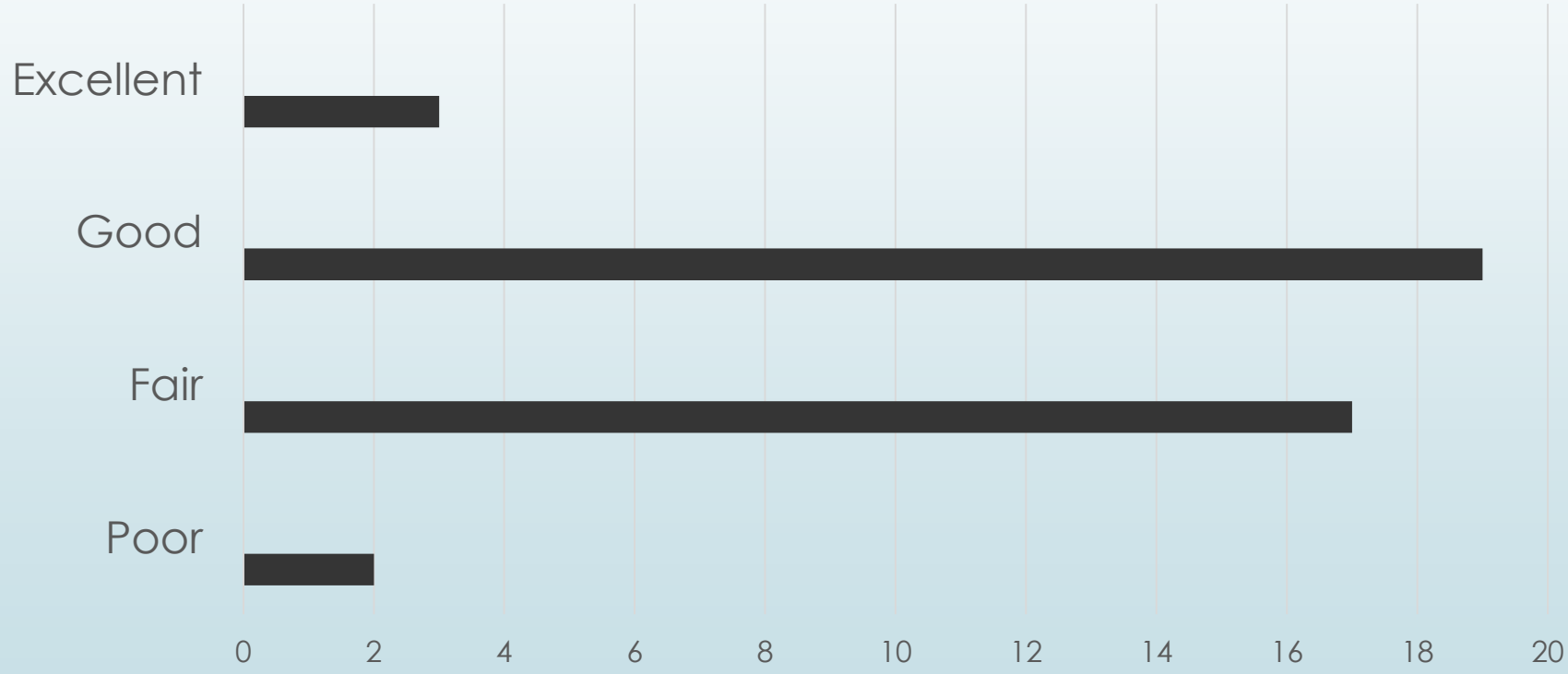
Juvenile MH Service Questionnaire Survey SAYS…

- 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



Satisfaction with Overall Quality of MH Services



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.