



Delaware Department of Correction's BH Services

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What is a Mental Disorder (Illness)?



- *The Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5)*⁽¹⁾
 - Syndrome with clinically significant disturbance in thinking, emotion regulation, or behavior
 - Reflects dysfunction in psychological, biological, or developmental processes underlying mental functioning
 - Associated with significant distress or disability in social, occupational, or other important activities
 - An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder



Prevalence of Various Mental Disorders



Community Samples

- 19% have diagnosable Substance Use Disorders (SUD)
- 3.2% of men and 4.9% of women have diagnosable serious mental illnesses
- 8.7% will meet criteria for Post-Traumatic Stress Disorder (PTSD) in their lifetimes; 3.5% prevalence in 12 months (current)

Correctional Samples

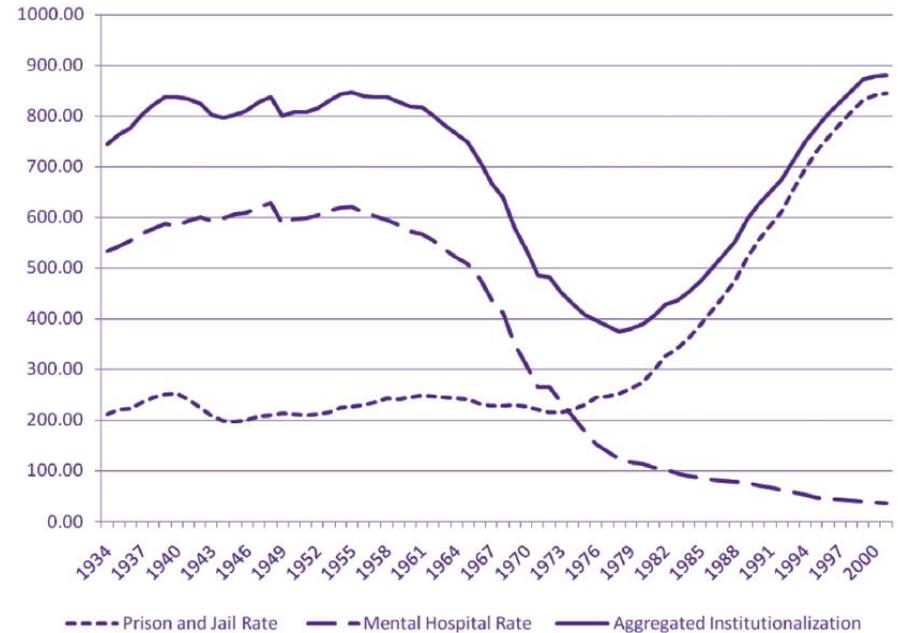
- 50% in prisons and 68% in jails have diagnosable SUD
- 14.5% of men and 31% of women have diagnosable serious mental illnesses
- 72% of jail inmates diagnosed with serious mental illness also have a co-occurring SUD
- Histories of trauma have been found in 100% of correctional sample
- 60% of men and 68% of women in correctional samples will meet criteria for PTSD at some point in their lives



“Trans-institutionalization”



- For centuries, those with serious mental illnesses were housed in mental institutions, eventually state hospitals (“Institutionalization”)
- 1960s and 70s - Hospitals closed in favor of community-based treatment programs/clinics
- 1980s – Aided by increase in street drugs (crack), mentally ill started filling jails (“Criminalization”)
- 1990s – Driven by “tough on crime” policies, sentences were as harsh as length of hospitalizations formerly
- Today there are 10 times as many individuals with severe mental illnesses in jail as there are in state hospitals
 - 2012: 356,268 with SMI in correctional facilities; 35,000 in state hospitals (2, 3)



Rates of institutionalization, including jails, in the United States (per 100,000 adults), 1934-2001.

Harcourt, Bernard E. "Reducing mass incarceration: Lessons from the deinstitutionalization of mental hospitals in the 1960s." *Ohio St. J. Crim. L.* 9 (2011): 53.



Infrastructure



Bureau of Correctional Healthcare Services

- Marc Richman, Chief
- Vince Carr, Medical Director
- Judith Caprio, BH Director
- Medical Services are provided by Connections
- BH Services are provided by Connections
- Pharmacy Services are provided by CorrectRx



Infrastructure



4 Level V Facilities

7 Level IV Facilities

Connections Medical Staff

- Medical Director at each site
- Full range of Providers (Physicians, Physician Assistants, Nurse Practitioners, Nurse, Support Staff)
- Infirmaries, Med Pass
- Consultations within and outside of the facilities



Infrastructure



Connections BH staff

- Mental Health Directors at each site
- Substance Abuse Directors at each site
- Full range of clinicians (qualified health professionals, as well as other clinical staff) providing individual, group and psychoeducational services)



Behavioral Healthcare Services Delaware DOC



- ✓ Special Needs Units
- ✓ Key Program
- ✓ Crest Program
- ✓ Reflections
- ✓ Transitions
- ✓ 6 for 1
- ✓ New Expectations (Level III)



Behavioral Health Services



- Available within all of the level 5 and level 4 facilities and is free of charge
- Patients can be referred by medical, security, or self-referral for services
- Patient will be evaluated by a licensed clinician to determine level of care needed
- Patient will be admitted to the behavioral health roster during length of incarceration and evaluated routinely by the treating providers



Behavioral Health Services



Service Types

- Routine Mental Health Visits
- Crisis intervention
- Individual and group counseling
- Discharge planning
- Psychiatric evaluations
- Medication management
- Court ordered MH evaluations
- Case management
- Recreational/art therapy
- Stabilization and management of acute psychiatric episodes

Evidence Based Interventions

- Illness Management in Recovery
- Seeking Safety
- Anger Management
- Trauma Informed Care
- Motivational Interviewing.



Special Needs Units



Length of Program

- Specialized units are available for pre-trial and sentenced offenders suffering with mental health & co-occurring disorders
- Units are used for psychiatric stabilization purposes; no set length of stay.
- Admission criteria is determined by clinical need, not by sentencing or court ordering

Services offered

- Individual counseling 1x per week
- Group therapy 2x per day;
- Treatment planning every 90 days
- Psychiatric medication evaluation every 30 days



Key Program



Description

- Program offered at HRYCI, BWCI and SCI
- Modified Therapeutic Community for sentenced offenders
- Length of program 9-12 months
- Comprehensive program with all required TC elements utilizing evidenced based practices

Evidenced Based Curriculum

- Seeking Safety
- Living in Balance
- Thinking for a Change
- Criminal Addictive Thinking
- Anger Management
- Trauma Informed Care (SOAR)
- Certified Parenting (Child Inc.)



Crest Program



Description

- Program offered at L4 (HDP, WCCC, CVOP, MCCC, SCCC)
- Modified Therapeutic Community for sentenced offenders-currently
- Length of program 4-6 months
- Comprehensive continuum of care for Level 5 offenders moving to a lower level of security with a focus on reintegration

Evidenced Based Curriculum

- Seeking Safety
- SMART Recovery
- Living in Balance
- Thinking for a Change



Reflections



Description

- DUI Program offered at SCI & BWCI for sentenced offenders
- Length of program 90 business days
- Program designed to address the bio-psycho-social consequences of alcohol use.

Evidence Based Curriculum

- Driving with Care
- Seeking Safety
- Living in Balance
- SMART Recovery



6 for 1



Description

- Program is offered at BWCI & HRYCI
- Modified Education TC for pre-trial population ONLY
- Length of Program 45 days
- Modified Therapeutic Community with a focus on specific groups for a transient population.

Evidence Based Curriculum

- Living in Balance
- Seeking Safety



Transitions



Description

- Sex Offender Treatment program for sentenced offenders; offered at all DOC facilities

Level 5

- 3 hours of group/ individual counseling per week. Length of program 18-20 months
- High intensity groups, expected to work toward accepting culpability for their offense; use of polygraph for individuals who deny their offense

Level 4

- 1 day per week of group therapy for 1 ½ hours
- Open-ended groups; topics related to sexual offending.

Tools and Interventions

- Sexual Offender Risk and Needs Assessments
- AASI (Adult Abel Screen Inventory)
- Pathways Model & Good Lives Model
- Therapeutic exercises: autobiography, cycle work, goal setting, re-integration, victimology, relapse prevention, arousal re-direction



New Expectations

Description

- Level 3 Substance Use Disorder Program for pregnant woman as an alternative to incarceration
- Length of program 9-15 months (woman can stay up to 6 months after baby is born)
- Includes comprehensive programming to keep the mother and child together to enhance the family relationship and decrease recidivism
- Complete collaboration with criminal justice and community providers

Evidenced Based Curriculum

- Helping Women Recover
- Beyond Trauma
- A Woman's Way
- Living in Balance



Restrictive Housing



- Nationally, significant attention is being paid to the issues of restrictive housing, segregated housing and solitary confinement.
- This is particularly focused on individuals with Serious and Mental Illness
- DDOC is currently involved in litigation with ACLU regarding these issues



DDOC Definition of SMI



See handout



Next Phase

- DDOC and Connections are systematically looking at our bh programming statewide.
- We are also involved with George Mason University and the roll out of the RNR which is designed to match offender characteristics with treatment need
- Consistent with national trends and our current involvement with the ACLU, we will continue to make clinically indicated changes to bh programming for SMI (and others).