

**Mental Health Services
within Virginia
Department of Corrections'
Institutions**

**Presentation to the Joint Subcommittee Studying the
Commonwealth's Program for Prisoner Reentry to Society**

October 26, 2006

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Prevalence and Providers

- Approximately 15% of the offender population requires mental health services
- Within the DOC, these services are provided by Qualified Mental Health Professionals (QMHPs), i.e., Psychologists and Psychology Associates, Psychiatrists, Social Workers and specially trained nurses
- Overarching goal is to enhance public and institutional safety by providing quality assessment and treatment services to offenders and consultation and training to staff

'TYPICAL' MENTAL HEALTH SERVICES STAFFING

1 Psychologist : 250 General Population Inmates

4-8 hours contract psychiatric services per week

MENTAL HEALTH UNITS are more intensively staffed, e.g.,

Marion Acute Care (120 beds) has:

2 full-time Psychiatrists

4 full-time Psychologists

4 full-time Clinical Social Workers

24 hour Nursing

Continuum of Services

A continuum of services has been developed to meet the mental health treatment needs of offenders while incarcerated and to assist in planning for their release from the DOC. Services include:

- Acute Care
- Residential Treatment
- Outpatient Services
- Residential Treatment for Sex Offenders

LEVELS OF SERVICE

Acute Care Mental Health Services

Provided to offenders who are the most seriously mentally ill. Acute care units are located at:

Marion Correctional Treatment Center (males)
120 beds - licensed by DMHMRSAS and accredited by JCAHO

Fluvanna Correctional Center for Women
22 beds - licensed by DMHMRSAS

Residential Mental Health Services

- Provides treatment and other services in a structured setting to offenders who have mental disorders, often chronic
- The offenders do not require an acute care setting but, as a result of their mental disorder, have difficulty adjusting to a General Population setting
- All units are licensed by DMHMRSAS

Outpatient Mental Health Services

- Provided to offenders in General Population and Special Housing Units at every major institution. Services include crisis intervention, assessment, individual contacts and psychoeducational and therapeutic groups
- Psychiatric services are available at all major facilities

Sex Offender Residential Treatment (SORT) Program

- 78 beds, located at Brunswick Correctional Center plus pending unit
- For male sex offenders considered as moderate to high risk to re-offend and who are within 18-36 months of their expected release date
- Inmates undergo an extensive assessment process upon entry into the program and are then provided treatment services based on their needs

Sex Offender Residential Treatment (SORT) Program

- Funded in 1999 as part of the legislation enacting the civil commitment of Sexually Violent Predators
- Licensed by DMHMRSAS

Virginia Department of Corrections MENTAL HEALTH SERVICES



Screening for Mental Disorders

- Upon intake at Reception and Classification Center
- Upon arrival at initial institutional assignment
- Upon arrival at every subsequent institutional assignment

MENTAL HEALTH CLASSIFICATION CODES

- Initial assignment at Reception and Classification Centers
- When inmate's mental status or treatment needs change
- At Annual Progress Review
- When eligible for release

MENTAL HEALTH CLASSIFICATION CODES

MH-4 SEVERE IMPAIRMENT

Offender is seriously mentally ill and a danger to self or others or is unable to care for self. Acute care treatment setting required.

MH-3 MODERATE IMPAIRMENT

Offender has chronic mental health problems and has difficulty maintaining adjustment in General Population for extended periods of time. May transfer into and out of mental health units.

MENTAL HEALTH CLASSIFICATION CODES

MH-2 MILD-MODERATE IMPAIRMENT

Offender has on-going mental health issues with mild but stable symptoms and can typically function satisfactorily in a General Population setting.

MH-1 MINIMAL IMPAIRMENT

Offender doesn't require treatment but has history of self-injurious or suicidal behavior and/or mental health treatment within the past two years. Offender functions satisfactorily in a General Population setting and monitoring by a QMHP is typically not necessary. The offender is not prescribed psychotropic medication.

MH-0 NO MENTAL HEALTH SERVICES NEEDS

There is no documented history of mental health services needs or treatment within past two years and no current need for services.

MENTAL HEALTH CLASSIFICATION CODES

Percentage Across All Institutions

4	.2%	x = 47
3	1%	x = 315
2	9.6%	x = 2,956
1	9.2%	x = 2,840
0	75.3%	x = 23,266
X	4.7%	x = 1,462

DIAGNOSTIC CATEGORIES

DIAGNOSTIC INFORMATION BY FACILITY

Percentage of General Population at Men's Facilities

Security Level	Psychosis	Mood D/O	Anxiety D/O	Personality D/O	Dual Dx (MH & SA)
6	1%	8%	2%	4%	1%
5	3%	7%	1%	2%	1%
4	4%	14%	6%	40%	27%
3	8%	14%	6%	50%	36%
2/3	4%	5%	2%	40%	6%
2	2%	5%	3%	26%	15%

DIAGNOSTIC INFORMATION BY FACILITY

Percentage of General Population at Women's Facilities

Facility	Psychosis	Mood D/O	Anxiety D/O	PersonalityD/ O	Dual Dx (MH & SA)
FCCW	4%	16%	3%	13%	13%
VCCW	1%	30%	28%	44%	44%

DIAGNOSTIC INFORMATION BY FACILITY

Percentage of Offenders in Mental Health Units

Facility	Psychosis	Mood D/O	Anxiety D/O	Personality D/O	Dual Dx (MH & SA)
Brunswick	26%	26%	1%	26%	50%
Greensville	60%	39%	1%	30%	-
Marion CTC	72%	23%	0%	2%	76%
Powhatan	25%	13%	13%	13%	25%
FCCW	42%	19%	3%	11%	25%
SORT Program	0%	6%	6%	60%	8%

DIAGNOSTIC INFORMATION SUMMARY

Percentage of Offenders by Housing Assignment, Gender and Year

	Psychosis	Mood D/O	Anxiety D/O	PersonalityD/ O	Dual Dx (MH & SA)
Males GP & SHU	4%	9%	3%	27%	14%
Females GP & SHU	3%	23%	16%	29%	29%
Average 2006	4%	16%	10%	28%	22%
Average 2005	5%	17%	6%	54%	20%
Males MHU	46%	25%	4%	18%	50%
Females MHU	42%	19%	3%	11%	25%

RELEASE PLANNING

RELEASE PLANNING

- 13,196 offenders were released from DOC institutions between July 1, 2005 and June 30, 2006
- Release planning begins at intake. The DOC is implementing a risk-needs assessment tool to identify high risk offenders and their treatment needs. The instrument will be re-administered periodically to assess change.

RELEASE PLANNING (cont'd)

- The offender's Case Management Counselor and QMHP, where necessary, are integral components of the release planning process
- Offenders who require acute care treatment are committed to Central State Hospital

RELEASE PLANNING (cont'd)

- Upon discharge, psychotropic medications are provided to the offender and a follow-up prescription to the supervising P & P District
- For offenders receiving mental health services, a discharge summary is forwarded by the institutional QMHP to the supervising District and to the DOC Community Corrections' Mental Health Clinical Supervisor or Regional staff

RELEASE PLANNING (cont'd)

- Three new Community Corrections Regional MH positions and three new Transition Specialist positions have been established
- DOC has an intra-agency re-entry work group which includes representatives from the Budget and Research and Evaluation units

RELEASE PLANNING (cont'd)

- DOC is working with other State agencies to improve both the process for identifying offenders eligible for Medicaid and other benefits and for making application for benefits
- Work continues on specific elements of the MOU (SJR/HJR 142) agreed to by the DOC, DMHMRSAS and all of the CSB Executive Directors re: ensuring continuity of care for offenders upon their release to the community

Goals for Mental Health Services

- Matching services to facilities based on mission and needs of offender population
- Evaluation of programs and services and providing those which are evidence-based
- Developing and implementing transition services and resources

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