pennsylvania
DEPARTMENT OF CORRECTIONS

TO: **Dr. Dale Adair, MD**
Office of Mental Health and Substance Abuse Services Medical Director and Chief Psychiatrist, Department of Human Services
Co-Chair of Behavioral Health Commission

Michael Humphreys
Acting Commissioner
Pennsylvania Insurance Department
Co-Chair of Behavioral Health Commission

Caolinn Martin
Deputy Policy Director
Pennsylvania Insurance Department
Co-Chair of Behavioral Health Commission

FROM: **Dr. Lucas D. Malishchak**
Director of the Psychology Office
Pennsylvania Department of Corrections

DATE: September 6th, 2022

RE: **Proposed Testimony for Behavioral Health Commission**

The Pennsylvania Department of Corrections' (DOC) mission is to *reduce criminal behavior by providing individualized treatment and education, resulting in successful community reintegration through accountability and positive change*. To be successful at achieving our mission, it is essential that we ensure all incarcerated people in the DOC have *access to mental health care*. Access to mental health care within the DOC begins before each patient arrives. For example, the DOC maintains strict training requirements of all DOC staff who work directly with patients living with mental illnesses to include the completion of *Mental Health First Aid*, as well as *Crisis Intervention Training*, so that our staff are able to identify the signs and symptoms of mental illness and appropriately refer patients to qualified mental health care providers, when needed. Additionally, the DOC has established a reliable and cooperative communication and information sharing system so that even before a patient living with mental illness arrives in our system from a Pennsylvania county jail, information on that patient's treatment and disabilities are shared and uploaded into the DOC's electronic medical record. Furthermore, in extraordinary circumstances, when the DOC learns of Pennsylvania county jail patients known to be living with Neurodevelopmental Disorders, like Autism Spectrum Disorder,

are scheduled for transfer to the DOC, the DOC's Psychology Office arranges for a DOC Regional Licensed Psychologist to visit the county jail to meet with the person, face to face, to prepare that person for transfer to the DOC.

When a person arrives into the DOC, our main focus is to ensure that person's safety as we begin our identification process for patient mental health care needs. On day one of every person's arrival into the DOC (i.e., as a new reception), they meet with a Psychology staff member for a detailed initial psychological evaluation, which includes a mental status exam, suicide risk assessment, neurodevelopmental screening, and trauma screening, among other clinical assessments. For those patients that arrive on prescribed psychotropic medications, those medications are bridge ordered (i.e., continued, as clinically appropriate) by Psychiatry staff on day one, as well. By day four, every person is administered an objective measure of Personality as well as an intelligence and cognitive abilities screening tool by Psychology staff. By day five, all patients actively receiving mental health care services are seen by a Psychiatric provider and have an individual treatment plan developed collaboratively with Psychology staff. Depending on each patient's need, following the initial reception and classification process, patients are transferred to their home facilities, where they will continue to receive appropriate mental health care services. Psychological services within the DOC are primarily delivered in an individual format, however, the DOC also delivers Psychological services in a group format at all facilities.

While every State Correctional Institution (SCI) within the DOC is different, there are several common mental health care system components that exist at all SCIs. For example, all SCIs have a Psychiatric Review Team (PRT). This holistic multidisciplinary treatment team not only includes mental health care staff (e.g., Psychology and Psychiatry), health care staff (e.g., Psychiatric Nurse, Registered Nurse, etc.), and Unit Management staff (e.g., Corrections Counselor, Unit Manager, etc.), but also includes Corrections Officers that work with the patient, and the patient themselves. The PRT meets regularly with all patients receiving mental health care to review and update their individual treatment plans. Additionally, all SCIs operate and maintain Psychiatric Observation Cells or crisis cells, where patients may be admitted in response to a mental health crisis for enhanced observation and safety. For those patients that require short or long term *inpatient mental health care treatment*, the DOC operates two internal inpatient Mental Health Units and one internal long-term Forensic Treatment Center. Finally, at 13 SCIs, the DOC operates Residential Treatment Units (RTUs) which were developed as enhanced-outpatient units, specifically for people living with Serious Mental Illnesses. While the DOC's mental health care system has improved dramatically over the past decade, our system faces several primary threats to our ability to deliver the most efficacious mental health care to incarcerated people in Pennsylvania state prisons. The three primary concerns facing our mental health care system at this time include the **recruitment and retainment of clinical staff, suicide prevention efforts and the deployment of evidenced based psychological treatments, and continuity of care efforts.**

At this time, the DOC has approximately a 46% vacancy rate of Licensed Psychologist Managers (LPM), which affects 15 of our 24 SCIs. The primary function of our LPMs is to provide clinical supervision of the more than 275 master's level clinicians that deliver direct Psychological Service care. These Psychological Services are delivered to more than 13,500 patients, or approximately 37% of the entire DOC population. ***I believe that by investing in creative, sustainable, and practical recruitment and retainment efforts for these professionals, employment as a Licensed Psychologist within the DOC would be far more attractive and competitive with the open market than we are currently***. Examples of efforts should include but

not be limited to student loan forgiveness benefits, a more competitive salary for our mental health professionals, pursuit of developing the DOC into an American Psychological Association approved internship site, reimbursement of current commonwealth mental health professionals' biannual CEUs and licensure renewals, and developing or securing a more robust professional regulatory liability insurance plan to help better protect mental health professionals in their clinical practice within the DOC.

While recruiting and retaining qualified mental health professionals is among one of our mental health care system's most pressing issues, there are several systemic clinical issues that require attention as well. For example, the DOC would like to *expand the deployment of evidenced-based psychological treatments for our patient population*. As referenced above, the percentage of our overall population receiving mental health care services is not only significantly higher than what is commonly experienced in the community, but also our patient population appears to present as more acutely mentally impaired as well. Expanding our utilization and deployment of Cognitive Behavioral Therapy, Dialectical Behavior Therapy, and other evidenced-based practices appropriately, appears warranted. Similarly, in 2018, the DOC discovered that ***more than 95% of all suicides that had occurred in our system within the past two decades occurred by a person that was alone in a cell at the time of their suicide***. Since that time, the DOC has made dramatic changes and improvements to our Suicide Prevention program. However, I believe that investing further into the expansion of our existing **Certified Peer Specialist (CPS) program**, will help reduce the total number of Suicides within the DOC's incarcerated population by further enhancing our system's oversight of people who are housed alone. The PADOC's Psychology Office has previously proposed a pilot program called **"Wellness Monitors" (WM)** as an expansion of the DOC's CPS program. A Wellness Monitor is an incarcerated person employed for the general purpose of augmenting (i.e., not replacing) non-physician ordered observations and touring procedures within an SCI in an effort to enhance patient safety and reduce patient suicide risk. The main role of a WM is to provide continuous *wellness rounds* of all blocks in an SCI, with special emphasis on those individuals who are housed alone. Our belief is that by reducing the amount of time incarcerated people spend alone, the DOC can systemically decrease overall suicide risk within the incarcerated population.

Finally, we believe that attention is required to enhance our system's continuity of care, *both at reception into our system and reentry into the community*. Upon reception, the DOC receives a limited amount of mental health care information related to each patient, as outlined per ***Act 84.*** Reviewing and ultimately expanding the requirements of Act 84 would provide the DOC's mental health care providers with additional rich and valuable information, thereby ensuring a safer transition into our care. Additionally, as our large mental health population prepares for reentry into the Pennsylvania community, it is critical that our system is equipped with an adequate number of social workers to lead the safe and successful reentry process for these vulnerable patients.