

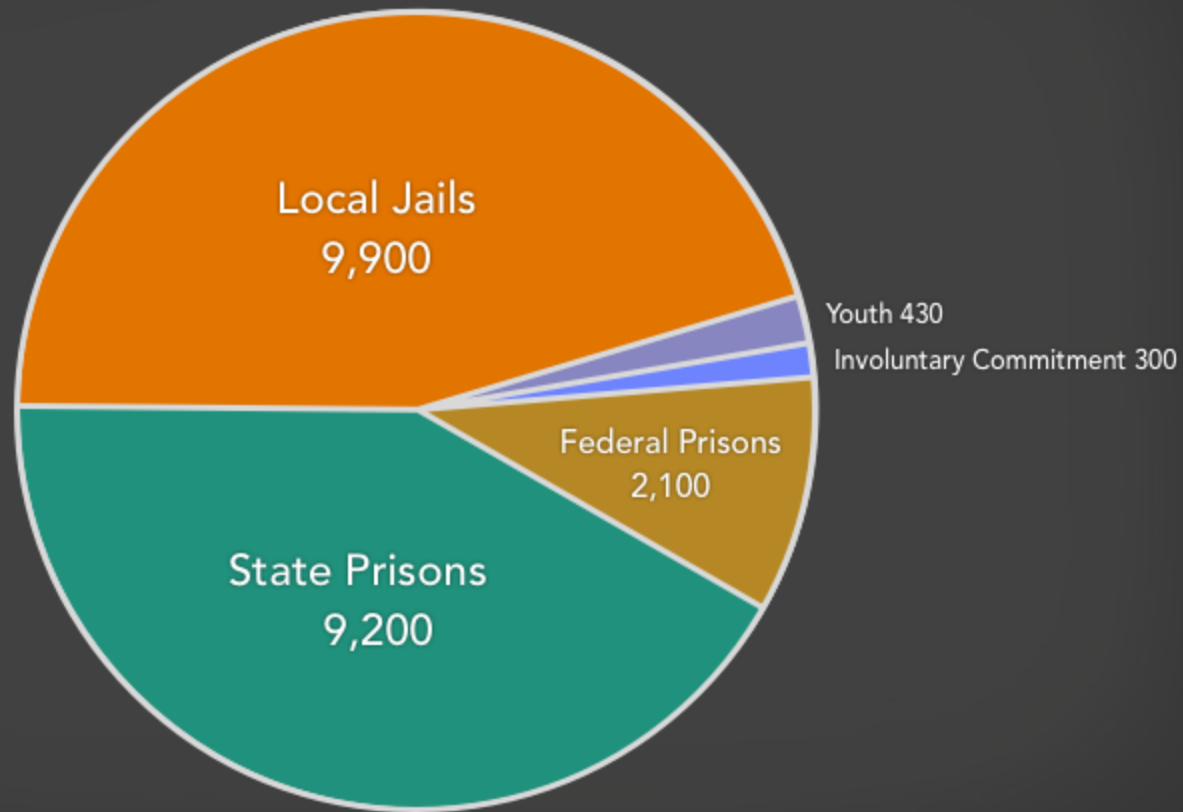
Challenges & Opportunities Treating Early Psychosis in Correctional Systems

Joanne Wojcik, PhD, APRN, CS

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How many Massachusetts residents are locked up and where?

22,000 of Massachusetts's residents are locked up in various kinds of facilities



Age at Time of Incarceration 1/1/21 (DOC)

Age	Criminal	Civil	Pre-Trial	Total
60+	155	48	4	207
50-59	506	78	9	593
40-49	1090	101	10	1201
30-39	1908	147	27	2082
20-29	2384	109	23	2516
19 & under	239	9	1	249
Total	6282	492	74	6848

Identified Mental Illness

Male: 38% were open mental health cases, 31% had a serious mental illness (SMI), and 28% were on psychotropic medication for the Custody Population as of 12/31/2020

Females: 70% were open mental health cases, 67% had a serious mental illness (SMI), and 63% were on psychotropic medication for the Custody Population as of 12/31/2020

MCI Norfolk, A Medium Security Prison

Keep in Touch

- A volunteer run program developed by LICSWs in the 1980's and I joined in 1991.
- Clinicians did not have access to DOC records and did not report back to DOC on the group meetings.
- The goal of the groups was to provide education about self awareness, parenting issues, fatherhood and child development

Keep in Touch

- Included 3 groups
 - Family Awareness – older fathers
 - Neustra Familia – Spanish speaking group
 - Young Fathers – younger fathers

Keep in Touch

- Focus on understanding own behavior, feelings and relationships including topics such as:
 - Anger management
 - Depression
 - Issues around substance use/abuse
 - Family dynamics including the role of primary family in shaping the dynamics of how they engage with their partner and children
 - Family health issues
 - Role of cultural expectations and stereotypes

Keep in Touch Groups

- Often not willing to go to Health Services due to trust issues
- Mental illness viewed as a “weakness” therefore at risk of victimization
- The men felt they were seen by DOC as trying to manipulate the system
- Very difficult to get an appointment
- Very few professional mental health providers
- Very limited number of available medications from each medication group (antipsychotics, antidepressants, mood stabilizers, etc.)
- Will talk about psychotic symptoms as symptoms of solitary confinement

More than Basic Mental Health Treatment is Needed

- Education is needed at all levels from Superintendent to Correctional Officers
- Change in DOC culture
- Funding to provide adequate mental health screening and treatment

Tackling early psychosis in jail

.....Anatomy of a failed effort

Rakesh Karmacharya

Initial idea

- Young adults with psychotic disorders often find themselves in trouble with the law, often due to issues related to their symptoms.
- Very little interaction between correctional system and mental health system
- Goal to reduce duration of untreated psychosis during critical period of incarceration.
- Facilitate cross-talk and interaction between staff in the two systems.

Let's Create a Partnership!



Middlesex County Jail
Billerica, MA



McLean Hospital
Belmont, MA

Middlesex County Jail



Middlesex
Sheriff's Office

Billerica, MA - 15 miles from McLean Hospital.

- Founded in 1692, one of the oldest law enforcement agencies in the U.S.
- Medium to Maximum security facility
- Houses both sentenced inmates (under 2 ½ years) and pre-trial detainees
- 800 beds total
- Mental Health caseload is 1/3 of jail population

Specialized Treatment Units and Programs:

- Housing Unit for Military Veterans "HUMV" (PTSD treatment; VA services)
- Young Adult Offenders Unit (18-25 years old; the first and only jail unit in the United States)
- Substance Abuse Unit (AA and NA programming)
- Medication Assisted Treatment Program (methadone and suboxone)

Partners in the Project

- **Middlesex Jail**
 - Special Sheriff Shawn Jenkins
- **McLean Hospital Psychotic Disorders Division**
 - Dost Ongur, MD, PhD
- **Robert Wood Johnson Foundation**
 - Clinical Scholars Program

Team Members

- **Kelly Scanlon, LICSW** – clinician with experience working in Bridgewater Hospital and expertise in treating young adults with psychotic disorders.
- **Sophie Kwass, LICSW** – clinician with expertise in treating young adults with psychotic disorders.
- **Talia Cohen** – research assistant with expertise in undertaking research with young adults with psychotic disorders.
- **Allison Brandt, MD** – psychiatry resident with interest in the treatment of severe mental illness in correctional settings.

Original Plan

- 1. Screening** – identify undiagnosed and untreated inmates with a psychotic disorder.
- 2. Treatment optimization** – work collaboratively to maximize treatment adherence
- 3. Group and individual therapy** – focus on coping skills, CBT, recovery and reintegration
- 4. Case management** – connect to appropriate treatment after release to reduce recidivism & reincarceration.

Timeline

Spring 2017: Received endorsement from Sheriff Koutoujian to collaborate

September 2017: Met with jail administrators at the Jail to discuss project and begin collaboration

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Strategic Planning Session – April 2019

Participants: 6 administrators from the Jail; 8 staff members at McLean Hospital involved in the project. The Sheriff and President of McLean Hospital joined for the last session.

Focus Question:

How can we build an innovative and sustainable model for the effective treatment of severe mental illness within the corrections system?



Working Proposal

A treatment-focused mental health unit in the jail staffed by McLean Hospital clinicians to provide programming, psychiatric treatment and aftercare planning to young adults with psychotic disorders.

Program Design

- Structured, milieu-based approach to recovery for young adults with psychotic disorders
- Size of unit: 20-30 young adult inmates with schizophrenia, bipolar disorder or related psychotic disorders.
- Medication management with McLean OnTrack psychiatrist
- Integrated network of skills training, technique reinforcement, and support.
- Individual and group therapy.
- Aftercare planning and case management.

Program Design

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00-9:45am	Mindfulness /Wellness	Mindfulness /Wellness	Mindfulness/Wellness	Mindfulness/Wellness	Mindfulness/Wellness
10:00-10:45am	Weekly Goals	CBT Skills	Medication Education	DBT Skills	Impulse Control
11:00-11:45am	Music/Creative Expression	Music/Creative Expression	Music/Creative Expression	Music/Creative Expression	Music/Creative Expression
12:00-12:30pm	COUNT	COUNT	COUNT	COUNT	COUNT
1:00-1:45pm	Deconstructing Stigma	Learning About Addictive Behaviors & Relapse Prevention	Seeking Safety	Managing Symptoms	Learning About Mental Health
2:00-2:45pm	Relationship/Family Issues	Coping with Worry Thoughts	Weekly Goals Check-in	Stress Management	Communication Skills
3:00 - 4:15PM	COUNT & DINNER	COUNT & DINNER	COUNT & DINNER	COUNT & DINNER	COUNT & DINNER

Program Staff

McLean Hospital staff

- Social Worker / Director of Clinical Programming (1 FTE)
- Social Worker for individual therapy, group therapy and case management (1 FTE)
- OnTrack Psychiatrist (0.5 FTE)
- Nurse Educator (0.1 FTE)
- Data Analyst (0.5 FTE)

Jail staff

- Director of Mental Health
- Unit Manager: 1 Corrections Officer during business hours
- Corrections Officers: 3 per shift daytime and evening, 1 per overnight shift
- Trained Mental Health Specialists (MHS/milieu staff)

Plans to evaluate pilot program and outcomes

- Ongoing assessment and evaluation of unit's performance, training of staff, and admin support to iteratively enhance services, programs and strategies.
- Collect data regularly on psychopathology rating scales, medication adherence scales, social functioning scales, violence scales
- Data collection from released inmates to assess psychiatric, legal, functional status post-release.
- Use pilot data to apply for funding both for implementation and research.
- Follow up with released inmates every 3 months during their first 2 years after release to monitor treatment status and functional recovery.

Anticipated outcomes

- Reduced incidents of self-injurious behavior and incidence of violence.
- Improved medication compliance and stabilization.
- Reduced transfers to Bridgewater State Hospital (maximum-security forensic hospital) due to decreased levels of acuity.
- Reduced disruptions in other jail units due to psychotic patients being housed in treatment unit.
- Successful and coordinated transitions back to community, leading to reduced recidivism/reincarceration.

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Summer-Fall 2019: Numerous meetings between McLean Hospital administrators and Jail administrators to flesh out the details for the development of a mental health unit in the jail.

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Spring 2020: Project nixed by the hospital.

Learnings...

- Many systemic challenges that makes this a difficult area to tackle for naïve clinicians
- Need committed partners with an innate interest in reaching underserved populations and with the political and financial resources for implementation
- Need a concerted effort and collaboration between DMH, DPH and DOC.

Recommendation

Pilot a FEP program in a jail

1. Provide FEP services while incarcerated – a golden opportunity
2. Collaborative bridge clinics that include criminal justice and mental health staff
during transitional phase
3. Coordinate transition to outpatient FEP sites