CLINICAL SCHOLARS

A Robert Wood Johnson Foundation program

Toolkit for Decreasing Psychosis-Associated Recidivism with Treatment in Jail

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ABOUT THE PROGRAM

Clinical Scholars is a national leadership program of the Robert Wood Johnson Foundation led by the University of North Carolina at Chapel Hill. Learn more about RWJF's Leadership for Better Health programs by visiting: rwjf.org/leadershipforbetterhealth

ABOUT THE TOOLKIT

This toolkit can be used by providers and administrators who are developing mental health housing units in the corrections setting. For more information contact: kscanlon1@partners.org

Citation: Karmacharya, R, Scanlon, K. 2020. Toolkit for Decreasing Psychosis-Associated Recidivism with Treatment in Jail. clinicalscholarsnli.org

TOOLKIT
December 2020

Toolkit for Decreasing Psychosis-Associated Recidivism with Treatment in Jail

The incarceration of mentally ill patients, who are often imprisoned due to issues related to mental health problems, is a major public health issue. According to the National Alliance for Mental Illness (NAMI), 2 million people with mental illness are imprisoned each year and up to 15% of these men and 30% of women have a serious mental health condition. Studies show that the prevalence of psychosis is 10 times higher in prison inmates than in the general population. Patients in the early stages of psychosis are more likely to be arrested and put in jail compared to those with chronic illness. In addition, minority patients from socially disadvantaged backgrounds are incarcerated at a higher rate.

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– National Alliance for Mental Illness (NAMI)

Jails have become *de facto* mental health facilities

Psychotic disorders, such as schizophrenia and psychotic bipolar disorder, are severe and debilitating disorders that strike patients in late adolescence or early adulthood and lead to chronic functional impairment. It has long been recognized that reducing the duration of untreated psychosis is pivotal in the long-term prognosis of patients. The presence of significant psychotic symptoms also increases the risk of recidivism in inmates who are released, and the lack of appropriate treatment increases risk of violence and re-incarceration. The diagnosis and treatment of psychosis among incarcerated young adults is a major unmet need in our society, yet one that is fraught with complex socio-political barriers.

For many **patients with severe mental illness, jail has become a revolving door,** with recidivism and re-incarceration due to their illness.

Planning

DEPART Jail program wanted to address this gap by forging a partnership between our psychiatric hospitalization and the local county jail. The goal was to foster cross-talk and collaboration between a mental health system and the correctional system in order to introduce evidence-based treatment approaches for the young adults in jail.

DEPART Jail program started with four arms to the project at Middlesex County Jail in Billerica, MA:

- Screening for Psychosis: Identify undiagnosed and untreated inmates with psychotic disorders using the PRIME early psychosis screening tool.
- Treatment Optimization: Develop individualized treatment plan including medication management.
- Group Therapy: Cognitive Behavioral Therapy (CBT) with a special focus on symptom management, medication compliance and coping skills.
- Case Management: Identify patients who are slated to be released in the next 6-12 months and set up appropriate outpatient follow-up in a psychosis specialty clinic near their home.

COMMUNITY PARTNERSHIPS

- Middlesex Sherriff's Office & House of Corrections
- McLean Hospital Psychotic Disorders Division
- McLean Hospital Business Development Office
- Scott Rauch, MD - President of McLean Hospital
- Sophie Kwass, LCSW – 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.

In April 2019, we conducted a strategic planning session with 6 administrators from the jail and 8 staff members from McLean Hospital, including the Middlesex County Sheriff and President of McLean Hospital.

Our focus question was **"How can we build an innovative and sustainable model for the effective treatment of severe mental illness in the corrections system?"**

From that focus question, we developed a proposal for a mental health unit in the jail staffed by McLean Hospital clinicians to provide programming, psychiatric treatment and aftercare planning to inmates with psychosis.

TEAM COMPOSITION

- Rakesh Karmacharya, MD, PhD, McLean Hospital—Project Lead and Psychiatrist
- Kelly Scanlon, LICSW, McLean Hospital—Clinical Social Worker

STRATEGIC PLANNING SESSION

Pictured: Middlesex County Sherriff, President of McLean Hospital, Kelly Scanlon, Rakesh Karmacharya, and Special Sheriff

Project work

To begin our services in the jail, McLean Hospital clinicians facilitated weekly group sessions in the Young Adults Unit focusing on psychoeducation, coping skills, expressive writing and mindfulness meditation. We built trusting relationships with the corrections officers and the clinical staff in the jail. In April 2019, we convened a strategic planning session that included the leadership and key staff from both institutions to explore how a collaborative partnership might be formed to better serve the mental health needs of inmates. From that workshop, we developed a working proposal for a treatment-focused mental health unit in the jail staffed by clinicians from the hospital to provide programming, psychiatric treatment, and aftercare planning to inmates.

PROGRAM DESIGN

- Highly structured, milieu-based approach to recovery for inmates with severe mental illness
- Size of unit: 20-30 inmates with schizophrenia, bipolar disorder or other psychotic disorders
- Comprehensive and integrated network of skills training, technique reinforcement, and support
- Educational and enrichment programming; recreational therapy, music therapy and art therapy
- Social Learning Programming combined with evidence-based programming
- Aftercare planning and case management

PROPOSED STAFFING FOR THE MENTAL HEALTH UNIT

McLean Hospital Staff:

- Director of Clinical Programming (FTE)
- Social Worker for individual and group therapy and case management (FTE)
- Medical Director / Psychiatrist (0.5 FTE)
- Clinical / 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)

MENTAL HEALTH UNIT PROPOSAL

A treatment focused mental health unit in the jail staffed by McLean Hospital clinicians to provide programming, psychiatric treatment and aftercare planning to inmates with psychosis.

- Screening – Identify undiagnosed and untreated inmates with psychotic disorder
- Treatment optimization – Collaborate to maximize treatment adherence
- Group and individual therapy – Focus on coping skills, CBT, recovery and reintegration (CCRR)
- Case management – Connect to appropriate treatment after release to reduce recidivism and reincarceration

MSO-MCLEAN PSYCHIATRIC DAY TREATMENT PROGRAM MODEL

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
11:00 – 11:45A	Mindfulness/ Wellness	Mindfulness/ Wellness	Mindfulness/ Wellness	Mindfulness/ Wellness	Mindfulness/ Wellness
12:00 – 12:30P	COUNT	COUNT	COUNT	COUNT	COUNT
1:00 – 1:45P	Weekly Goals	CBT Skills	Weekly Goals Check-In	DBT Skills	Impulse Control
2:00 – 2:45P	Stress Management	Learning about Mental Health	Coping With Worry Thoughts	Relationship/Family Issues	Medication Education
3:00 – 4:15P	COUNT & DINNER	COUNT & DINNER	COUNT & DINNER	COUNT & DINNER	COUNT & DINNER
4:15 – 5:00P	Music/ Art Group	Music/ Art Group	Music/Art Group	Music/ Art Group	Music/ Art Group
5:15 – 6:00P	Deconstructing Stigma	Learning About Addictive Behaviors & Relapse Prevention	Seeking Safety	Managing Symptoms	Communication Skills
6:15 – 7:00P	Wrap-Up	Wrap-Up	Wrap-Up	Wrap-Up	Weekly Goals Wrap-Up

DATA COLLECTION AND EVALUATION

- Ongoing assessment and evaluation of unit's performance, training of staff, and administrative support to iteratively enhance services, programs and treatment strategies.
- Collect data regularly on psychopathology rating scales, medication adherence scales, social functioning scales, violence scales
- Periodic data collection from released inmates to assess psychiatric, legal, functional status post-release.
- Publish outcomes in academic/clinical journals to disseminate our findings.
- Use pilot data to apply for funding both for implementation and continued research.
- Follow up with released inmates every three months during their first two years after release in order to monitor their treatment status and functional recovery.

EXPECTED 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 house in treatment unit.
- Successful and coordinated transitions back to community, leading to reduced recidivism/reincarceration.

Challenges and lessons learned

When we started, there was a steep learning curve. While there was a lot of enthusiasm in the Sheriff's Office and the jail leadership, there was also healthy skepticism about clinicians from an academic psychiatric hospital coming to work in the jail. There were regulatory and bureaucratic hurdles that meant that we could not actively treat patients in the jail when we started. We had enthusiasm and interest from committed clinicians, the correctional staff and the jail leadership.

Yet, despite our best efforts, our plan did not come to fruition. This was a wicked problem with layers of obstacles. For instance, due to labor laws related to unions, the hospital would not allow for nursing and milieu staff from the hospital to work in the jail. The administrators in the hospital informed that there are regulatory restrictions for physicians employed by the hospital – that they cannot work in facilities that are not licensed by the Department of Public Health. The jail falls under the Department of Corrections. There was a paucity of funds available to undertake such programs and, in the end, there was not enough to run a small pilot program.

We have learned that having committed people on the ground who provide direct care is an excellent beginning but it is not enough to tackle a problem that involves entrenched institutions with different goals, priorities and cultures.

Recommendations

This toolkit provides an overview of our plan to develop a treatment program for young adults with psychotic disorders in the correction system. This document they will help the plan we have put in place in the steps we took to achieve this goal. It also outlines that obstacles we are faced and the reasons for the eventual failure of our program.

Our experience shows that having committed clinicians as well as community partners are not enough to tackle a problem that involves institutions with different goals, cultures and motivations. A central feature of off statin but then needs to be careful planning in the early stages that identifies stakeholders that have the most leverage in terms of electrical power and financial resources.

While program design and recruitment of committed clinicians and other partners appear as pivotal parts of any program of this nature, we devoted a lot of time and effort in this area. Hence, we had a great group of committed partners at both institutions but given the lack of support from the leadership, we could not carry out our project to fruition. Hence, there needs to be a concerted effort early on to iron out the political and financial issues rather than implementing a lot of projects on the ground.

BEST PRACTICES

- Wicked problems come with wicked obstacles at many levels. A vision with great ideals and good intentions needs to be complemented by buy-in from the power-that-be that have the ultimate say in terms of finances and project approval.
- As clinicians, it is important for us to understand the political and regulatory landscapes that may lead to obstacles and avenues when trying to implement such programs.
- While we are accustomed to dealing with one patient at a time in clinical settings, you have to think at a systemic level and take note of the many different moving parts in the bureaucracies of the different institutions in order to have a chance at success.