

# Mental Health Services

## Introduction

The Minnesota Department of Corrections (DOC) Health Services Unit provides medical, dental, and behavioral health care to people in ten state correctional facilities.

As part of the Health Services Unit, Behavioral Health Services offers mental health assessment, and treatment of mental health issues and disorders. Behavioral Health Services is also responsible for providing sex offense and substance use disorder treatment at designated facilities.

Mental health services includes support services, self-help groups, evaluations, and short-term treatment for less serious issues and longer-term, intensive treatment for more serious mental health issues that impair a person's ability to perform or respond to day-to-day activities. Mental health services also responds to the needs of those considered to be seriously and persistently mentally ill, or who pose a risk to harm themselves or others. The most seriously mentally ill are treated in special units staffed by psychiatrists, neuropsychologists, psychologists, other licensed clinicians/supervisors, and non-licensed treatment staff. Designated facilities also offer ongoing supportive living services for people who may not be appropriate for placement in general population living units.

## Continuum of Services

Mental health services includes a continuum of mental health care options available through self-, professional-, or institutional-referral. Approximately 30 percent of adult males, 60 percent of adult females, and 50 percent of juvenile males utilize ongoing mental health services.

**At intake:** All incarcerated people participate in a brief mental health status screening during their initial institutional intake. Screening consists of a file review and brief clinical interview.

People with a history of mental health/psychiatric intervention, suicide attempts, or who are currently displaying symptoms of mental distress/disorder are evaluated further. Evaluation consists of file review, clinical interviews, and obtaining collateral material from outside sources. A full psychological evaluation consisting of collateral information, clinical interviews, and psychological testing is conducted when indicated.

**During incarceration:** Those in our care receive an interview and file review for brief mental health intervention; a full psychological evaluation for long-term intervention and institutional placement planning; crisis evaluation of mental status for immediate intervention; neuropsychological evaluation for diagnostic purposes and institutional placement planning; intellectual functioning screening and evaluation for placement purposes; institutional discharge planning; and, evaluation according to specific referral questions.

## Intervention Services

### Level 1

Self-help groups are available at all sites. Typically these activities occur during non-work hours for incarcerated people and are facilitated by staff and/or volunteers. The number and types of groups varies widely by facility and local interest. Groups usually occur on a weekly basis and are typically small, with 5 to 15 attendees, although a few groups may grow much larger. Groups include Alcoholics Anonymous and similar support groups, Anger Management, domestic violence, Beyond Violence, Beyond Trauma, grief support, meditation, critical thinking, mental health support, parenting, Families in Focus, relationships, healthy boundaries, and religious or spiritual support groups. All behavioral health staff are trained in Motivational Interviewing, and approximately 20 percent of security staff have received Crisis Intervention Training.

### Level 2

Services are provided by DOC professional staff and include outpatient intervention; psychoeducational groups for brief intervention and treatment preparation; psychotherapy groups mixing didactic and process elements; and individual psychotherapy.

Mental health staff serve all facilities. Services are provided in individual and group encounters. Individual encounters include brief assessments, intermediate assessments, individual therapy, and crisis intervention. Group encounters include formal, staff-planned, and facilitated group treatment sessions. Mental health staff conducted 10,516 individual therapy sessions in fiscal year 2018. The top 15 percent of users of individual therapy account for approximately half of all individual therapy sessions.

### Level 3

Supportive Living Services (SLS) units provide an intermediate level of mental health treatment services between outpatient and residential level services. SLS units are located in a designated area or within a living unit and provide mental health and daily living support services. These programs are available at each custody level but not at each facility. SLS units for male offenders are located at Lino Lakes, Rush City, Faribault, Moose Lake, and Stillwater. For women, the Women of Wellness Unit provides a highly structured program of skills development over a fixed schedule of 42 days to completion, followed by supportive services as needed and a return to the general incarcerated population community. There is also a longer-term SLS at Shakopee for women in need of ongoing mental health services.

### Level 4

This level provides services to people with an acute level of mental illness, who require residential care. Residential programs provide specialty assessments as well as acute and chronic mental health care within a secure environment at two facilities; Oak Park Heights for men and Shakopee for women. For men, the Mental Health Unit at Oak Park Heights provides the most intensive care. It is a system-wide resource for male offenders from other sites who are in crisis. An increasing number of chronically mentally ill people are also housed here when other placements are impractical.

## Release Planning

The DOC has a number of re-entry initiatives, including the provision of specialty release planning services for people with mental health and/or medical needs. Release planning efforts and transitional services focus on the assessed clinical needs of the incarcerated person. The primary goal of release planning is to connect people to the community resources that are best suited to meet ongoing clinical needs. Whether it is setting psychiatric appointments, arranging for treatment aftercare, or connecting people with other types of programming in the community, release planners work closely with case managers, community supervising agents, and community service providers to create appropriate supports to assist people in successfully transitioning back to their communities.

## Other Activities

Professional development through internships and training is available through Behavioral Health Services addressing: mental health services provisions in a correctional system; internship sites for college and graduate-level practicum and internship students; and opportunities for postgraduate competency in correctional mental health services.