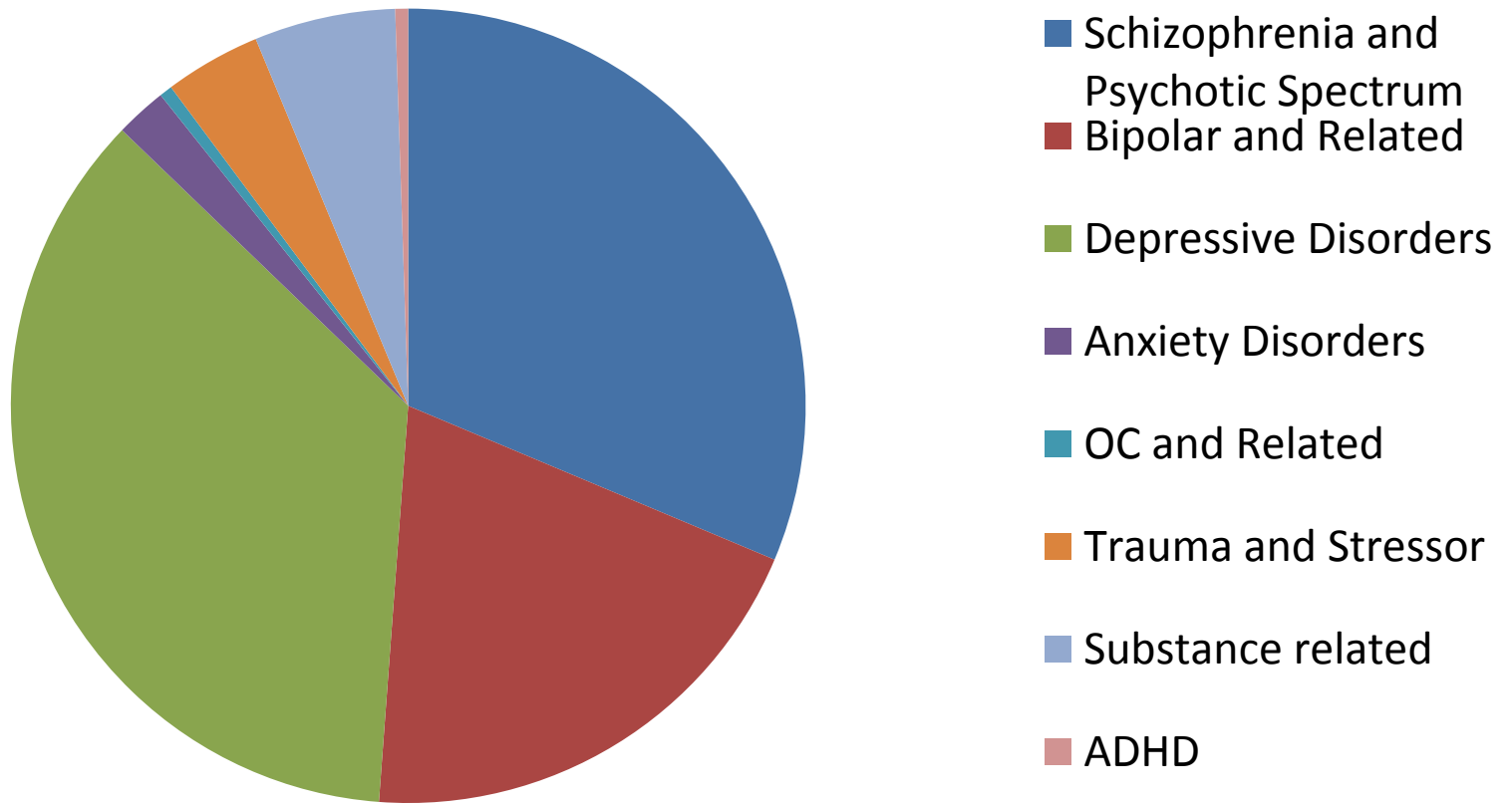


# Psychiatric Services Program

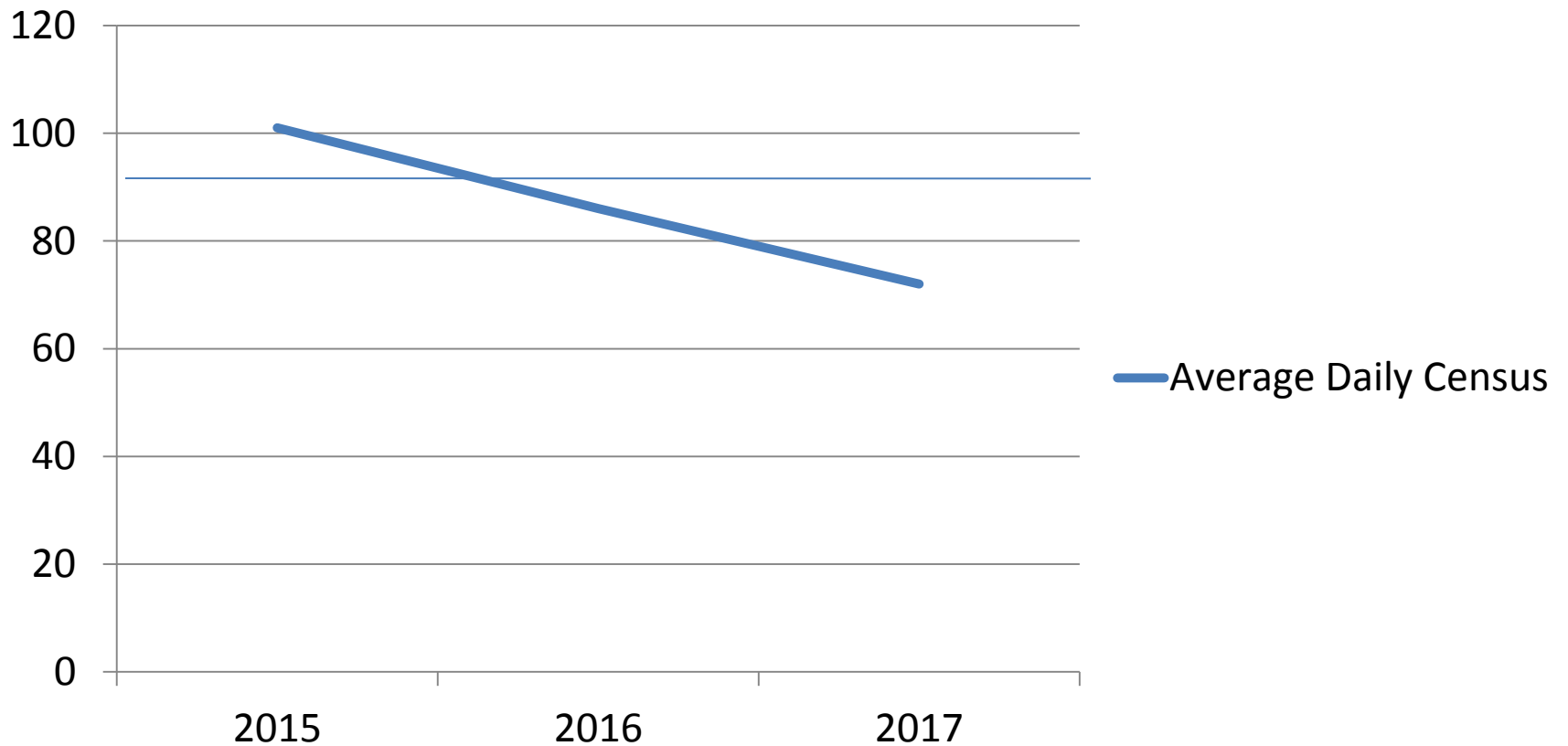
# PSP Diagnosis Snapshot

**Diagnosis Distribution**



# PSP Daily Census

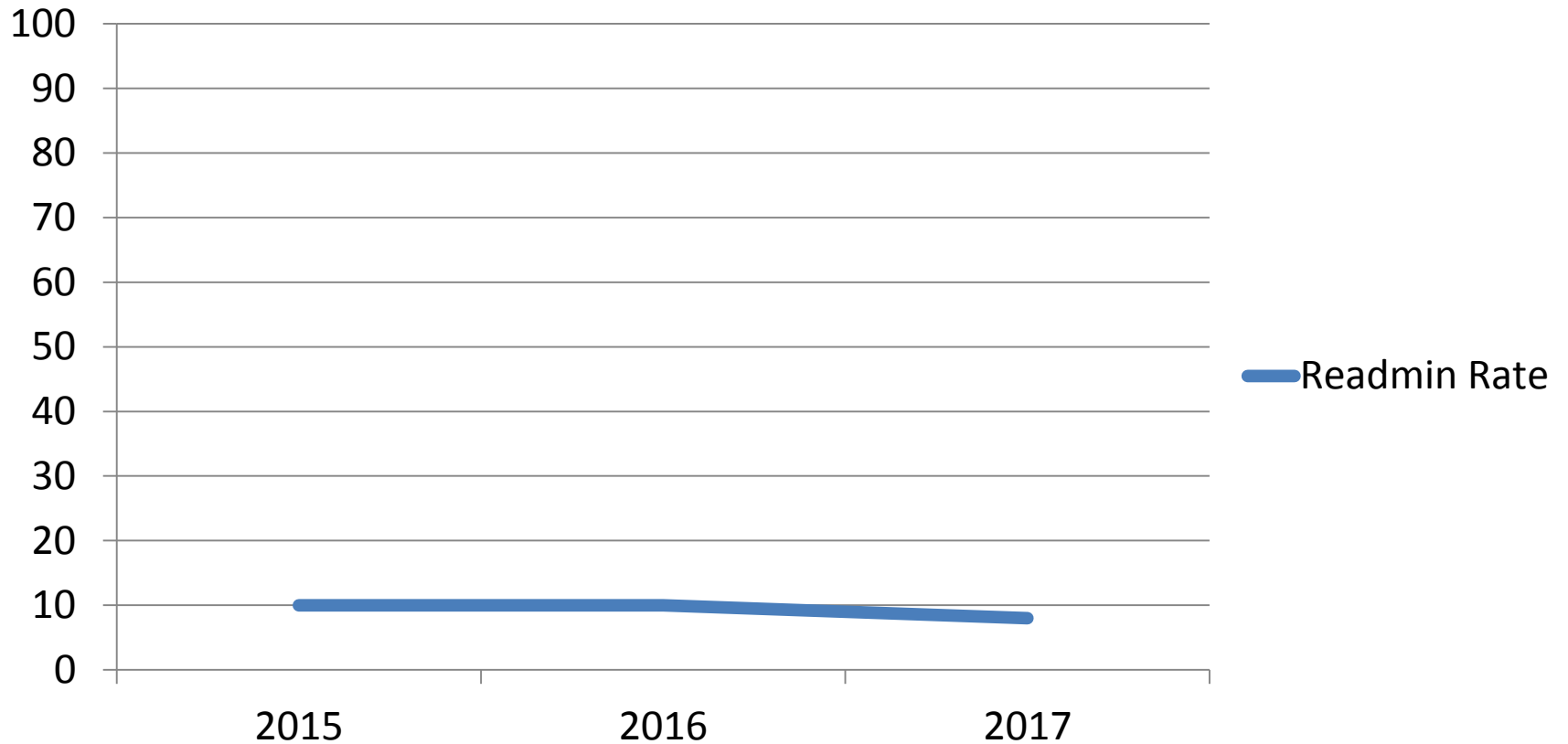
## Average Daily Census



Licensed/certified max is 90. 2017 - 85 patients optimal census.

# PSP Readmission Rate

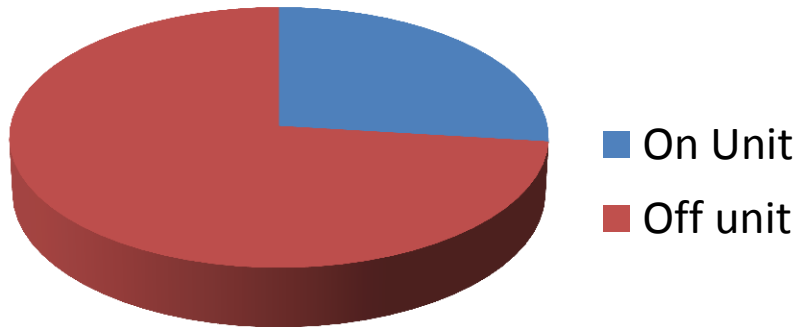
## Readmission w/in 30 days of discharge



# Active Treatment-Activity Therapy

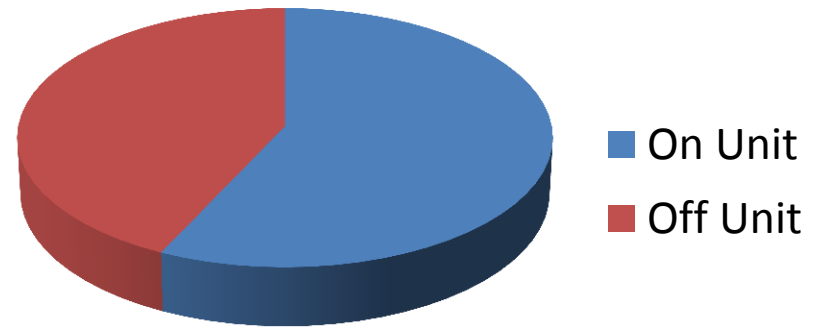
## Activity Therapy Hours

Distribution Pre-10/1/2016

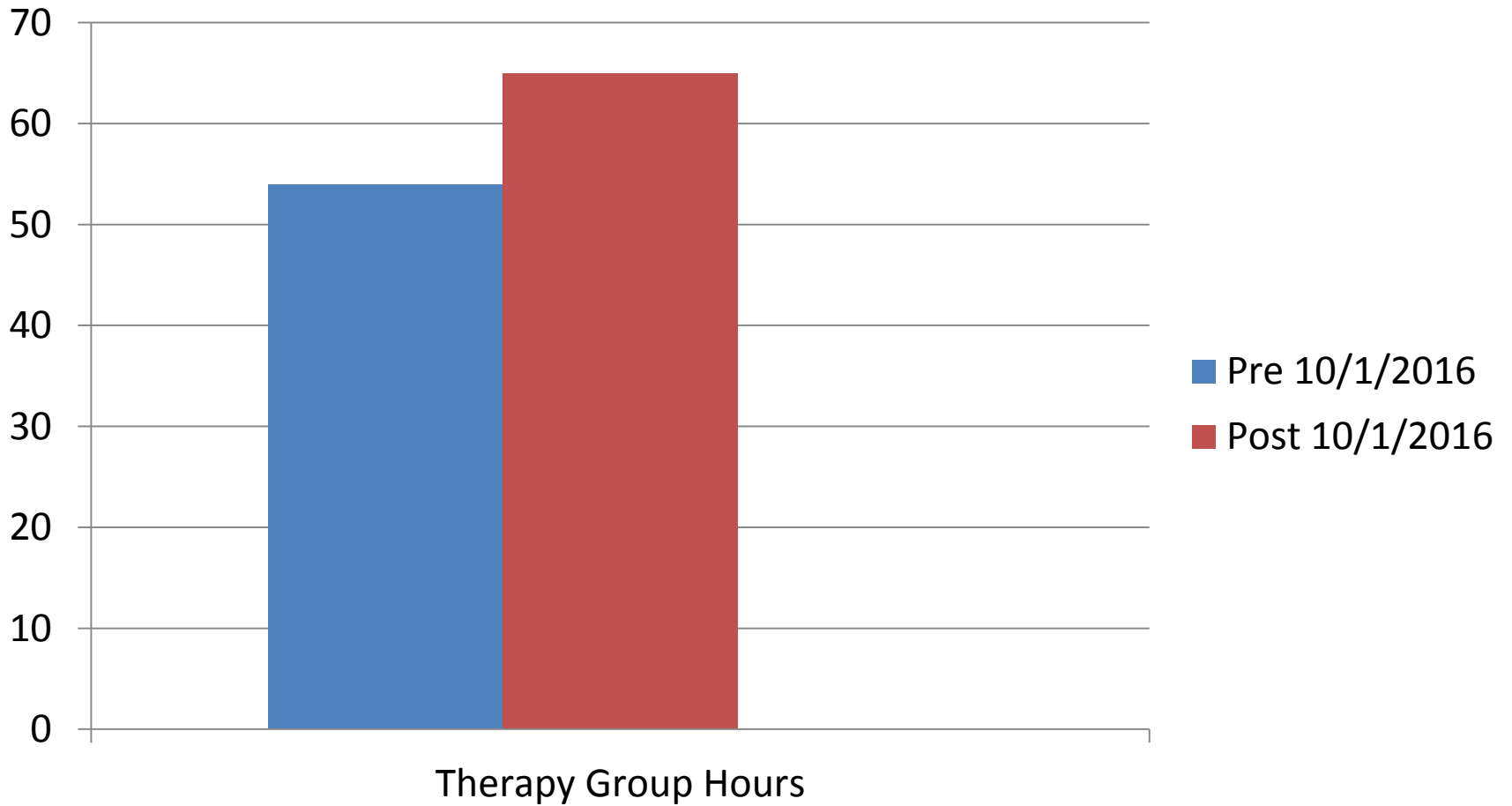


## Activity Therapy Hours

Distribution Post-10/1/2016



# Active Treatment-Treatment Groups



# Group Therapy

- Illness Management and Recovery \*
- Coping Skills
- DBT Mindfulness \*
- Co-Occurring Disorders
- Integrated Psychological Therapy \*
- Process Group \*
- Interpersonal Therapy\*
- Cognitive Behavioral Therapy-Depression\*
- Cognitive Behavioral Therapy-Anxiety \*
- Life After Trauma
- Mood Regulation
- Drama Therapy
- Competency Group

•Evidence-based Practice

# Active Treatment

- Group Therapy now available 6 hours/day, 5 days/week, all units, on unit
- Individual therapy still available on unit
- More activity therapy provided on the units, increasing availability to our most acutely ill patients
- Increased group therapy availability on all units simultaneously. Goal is to provide a minimum of 4 hours of group therapy, on units, per day, per patient.
- Not just more hours of group therapy now available, but expanding variety to better meet patient treatment needs.
- Improves individualization of treatment.

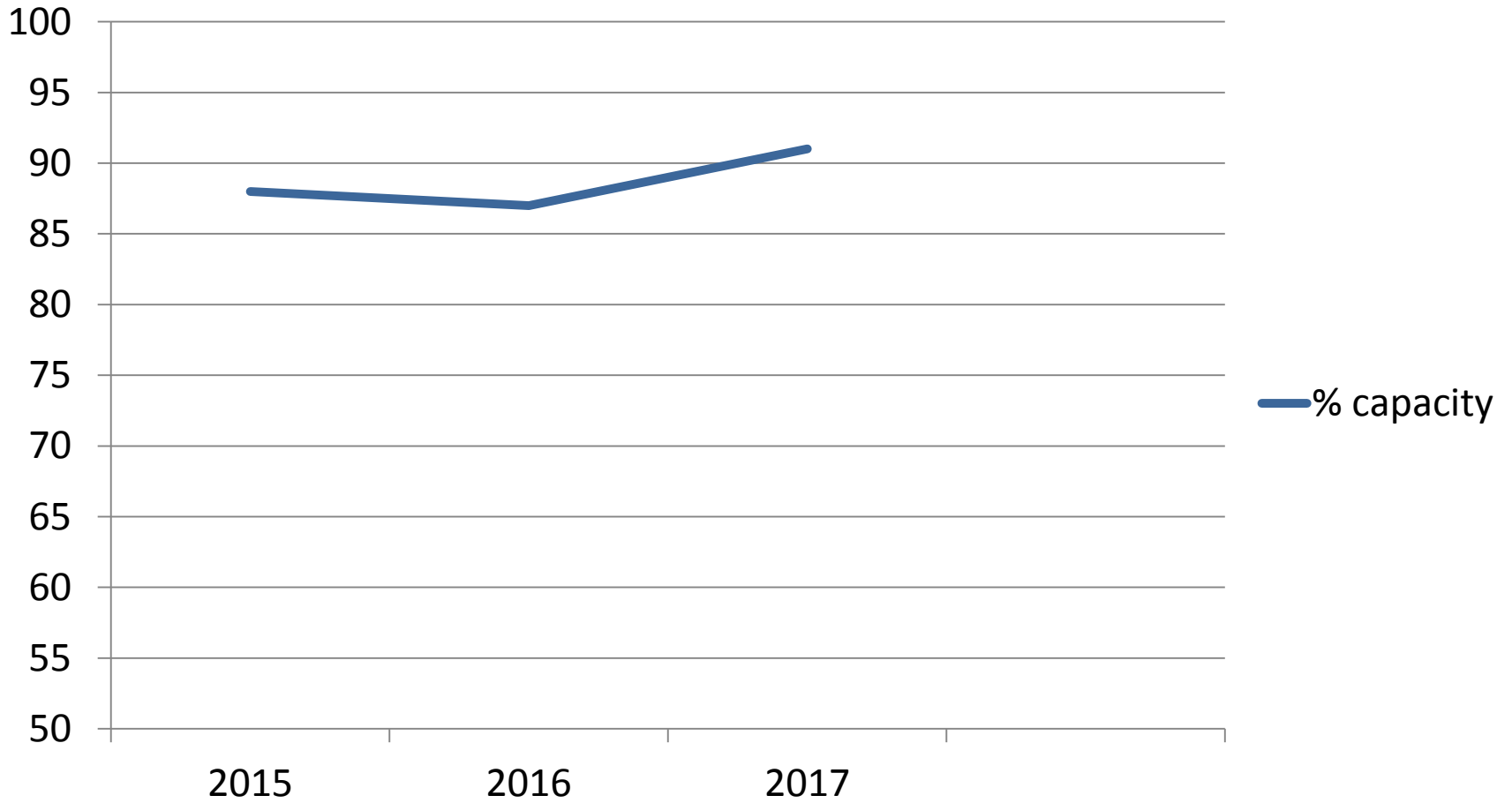


# PSP Active Treatment

- Next steps
  - Group therapy available on unit, 7 days/week
  - Increased availability of individual therapy
  - Advancing implementation of more trauma-informed practices
  - Reinvigorate more advanced activity therapies that had to be put on hold to cover staffing needs for shift to on unit service provision

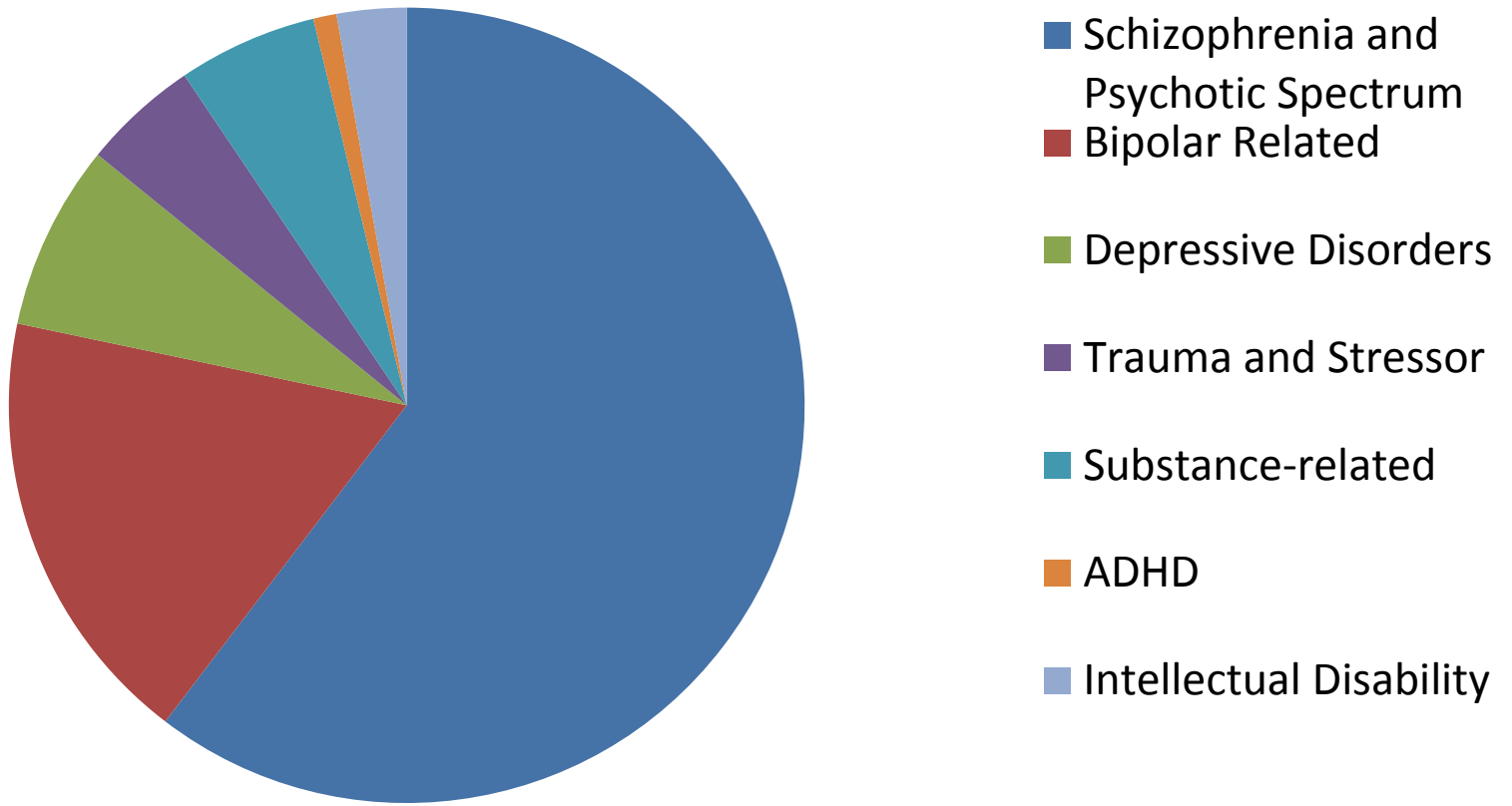
# State Security Program

# SSP Daily Census



# SSP Diagnosis Snapshot

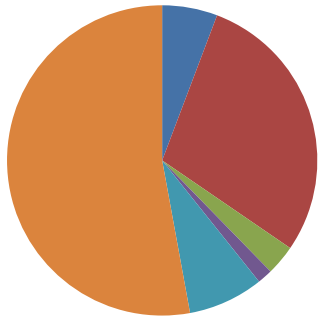
**Diagnosis Distribution**



# SSP Legal Status

2015

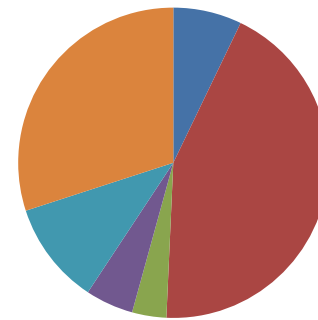
# Patients



- Lack of Mental State Eval/Tx
- CST Eval and/or Treatment
- Pre-Sentence Evaluation
- Sexual Predator Evaluation
- Treatment in Lieu of
- Correctional Transfer

2016

# Patients



- Lack of Mental State Eval/Tx
- CST Eval and/or Tx
- Pre-Sentence Eval
- Sexual Predator Eval
- Treatment in Lieu of
- Correctional Transfer

# SSP

- Staffing shortage created shift to nearly exclusive evaluation for providers on SSP, with limited treatment offerings beyond competency restoration and behavioral consultation to treatment teams.
- Some treatment still in place
- Next Steps:
  - Reintroduce more mental health treatment services on SSP to assist with symptom management

# Recruitment Efforts

# All Departments

- Essential and In Need
  - Chaplaincy -1 for entire hospital
  - Activity Therapy – sharply reduced, long-term staff, high percentage nearing retirement, represent essential services on all 3 programs
  - Social Services – significantly reduced and struggling to recruit, essential for admission, discharge, and service provision
  - Psychology – has system in place to bring in new potential hires, staffing currently too low to address demand for evaluation and treatment across PSP and SSP long term.



# Training Initiatives

- All 4 clinical programs are in various stages of implementation for plans to becoming a site for professional training
  - Identify requirements and begin putting elements in place to become a desired training site for finishing students
    - Practicum
    - Clerkships
    - Internships
    - Post-master training toward licensure
    - Post-Doctoral training