Psychiatric Services Program
Licensed/certified max is 90. 2017 - 85 patients optimal census.
Active Treatment-Activity Therapy

Activity Therapy Hours
Distribution Pre-10/1/2016

Activity Therapy Hours
Distribution Post-10/1/2016
Active Treatment - Treatment Groups

Therapy Group Hours

Pre 10/1/2016
Post 10/1/2016
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 Diagnosis Snapshot

Diagnosis Distribution

- Schizophrenia and Psychotic Spectrum
- Bipolar Related
- Depressive Disorders
- Trauma and Stressor
- Substance-related
- ADHD
- Intellectual Disability
SSP Legal Status

2015

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

2016

- 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 desire training site for finishing students
    • Practicum
    • Clerkships
    • Internships
    • Post-master training toward licensure
    • Post-Doctoral training