

A woman in a hospital setting, wearing a teal scrub top and a name tag, is pointing at a large screen displaying medical data. The screen shows a complex network of blue lines and dots, possibly representing a brain scan or a data visualization. The background is a blurred office or hospital room with blinds.

CORRECTIONAL MENTAL HEALTHCARE AND DMH

4/2/26 meeting

CORRECTIONAL MENTAL HEALTHCARE OVERVIEW

Department of Correction

- Number of facilities has decreased in recent years
- Mental health is provided by vendor staff (Vital Core)
- Facilities are typically staffed 24/7 by medical personnel who work closely with clinical staff
- Most facilities have 2 shifts of clinical coverage (with on call available 24/7)
- Depending on population needs (for example OCCC), the clinical staff to detainee ratio may differ
- Facilities likely have a Mental Health Director, Master's level clinicians (LMHC, LICSW, LCSW, etc.) who provide clinical services and treatment
- Psychiatry (MD, NP) work with clinical staff on medication needs and 18a's

CLINICAL SERVICES

DOC

- Typical services...
 - Mental Health Screenings
 - Caseloads (1:1s, groups, etc.)
 - Rounds on specialized units
 - Crisis services
 - Consultation with psychiatry on medication needs, adjustments, monitoring, etc.
 - Attendance at meetings with administration and other staff to ensure treatment needs are met
 - Daily clinical triage meetings (site specific)
 - Coordination of aftercare, for example working with DMH FTT, discharge planners, etc.

CLINICAL SERVICES

HOCs

- Operate under each Sheriff
- Typically, a distinct mental health team under health services, working closely with medical
- Initial mental health intake may be done by nursing or a clinician
- Master's level clinicians provide treatment, risk assessment, coordination with psychiatry, attendance at facility meetings
- 24/7 mental health on call coverage is typically available, on-site coverage varies by facility
- 2 facilities (Hampden and Middlesex) have ESUs (Evaluation Stabilization Units) that can be used by other HOCs for individuals requiring additional clinical supports
- Work with court clinics to ensure continuity of care for individuals coming to and from court
- Work with FTT staff to support the transition into and out of custody for DMH clients and those potentially seeking DMH services
- Interface with state hospitals on shared cases (DMH, BSH)

CORRECTIONS AND DMH

Crossover

- DMH forensics staff attend quarterly meetings with HOC Mental Health Directors. Vital Core administrators for mental healthcare for the DOC also attend.
- FTT (forensic transition team) members meet with mental health staff at the facilities, DOC and HOCs, to ensure continuity of care and services for DMH clients and those seeking DMH services
- DMH staff support HOCs and DOC on clinical consultations as needed
- Other forums exist as well where DMH and correctional staff interface (committees, stakeholder meetings, etc.)
- DMH works closely with DOC on CIT (Crisis Intervention Team) trainings and development

QUESTIONS

Thank you for your time

Joanne Tsakas Barros, PhD, LMHC, CCHP