U.S. Department of Justice
Office of Justice Programs

Bureau of Justice Statistics
Special Report

July 1999, NCJ 174463

Mental Health and Treatment of Inmates and Probationers

By Paula M. Ditton
BJS Statistician

At midyear 1998, an estimated 283,800 mentally ill offenders were incarcerated in the Nation's prisons and jails. In recent surveys completed by the Bureau of Justice Statistics, 16% of State prison inmates, 7% of Federal inmates, and 16% of those in local jails reported either a mental condition or an overnight stay in a mental hospital. About 16%, or an estimated 547,800 probationers, said they had had a mental condition or stayed overnight in a mental hospital at some point in their lifetime.

Based on information from personal interviews, State prison inmates with a mental condition were more likely than other inmates to be incarcerated for a violent offense (53% compared to 46%); more likely than other inmates to be under the influence of alcohol or drugs at the time of the current offense (59% compared to 51%); and more than twice as likely as other inmates to have been homeless in the 12 months prior to their arrest (20% compared to 9%). Over three-quarters of mentally ill inmates had been sentenced to time in prison or jail or on probation at least once prior to the current sentence.

Over 30% of male mentally ill inmates and 78% of females reported prior physical or sexual abuse. Since admission 61% of mentally ill inmates in State prison and 41% in local jails reported they had received treatment for a mental condition in the form of counseling, medication, or other mental health services.

Highlights

Over a quarter million mentally ill incarcerated in prison or jail

Reported a...	State prison	Federal prison	Jail	Probation
Mental or emotional condition	10.1%	4.8%	10.5%	13.8%
Overnight stay in a mental hospital	10.7	4.7	10.2	8.2
Estimated to be mentally ill*	16.2%	7.4%	16.3%	16.0%

*Reported either a mental or emotional condition or an overnight stay in a mental hospital or program.

- About 10% of prison and jail inmates reported a mental or emotional condition; and 10% said they had stayed overnight in a mental hospital or program.
- Together, 16% or an estimated 283,800 inmates reported either a mental condition or an overnight stay in a mental hospital, and were identified as mentally ill.

Mentally ill inmates were more likely than others to be in prison for a violent offense

	State prisoners	
Offense	Mentally ill inmates	Other inmates
Violent	52.9%	46.1%
Property	24.4	21.5
Drug	12.8	22.2
Public-order	9.9	9.8
Criminal history		
None	18.8%	21.2%
Priors	81.2	78.8

- About 53% of mentally ill inmates were in prison for a violent offense, compared to 46% of other inmates.
- Mentally ill offenders were less likely than others to be incarcerated for a drug-related offense (13% versus 22%).

Nearly 6 in 10 mentally ill offenders reported they were under the influence of alcohol or drugs at the time of their current offense

	State prisoners	
Before entering prison	Mentally ill inmates	Other inmates
Homeless in 12 months prior to arrest	20.1%	8.8%
Physical/sexual abuse		
Male	32.8%	13.1%
Female	78.4	50.9
Alcohol/drug use		
At time of offense	58.7%	51.2%
Drug use		
In month before offense	58.8%	56.1%

Mental health treatment since admission	Mentally ill inmates	
	State prison	Jail
Any treatment	60.5%	40.9%
Medication	50.1	34.1
Counseling	44.1	16.2

- Mentally ill State prison inmates were more than twice as likely as other inmates to report living on the street or in a shelter in the 12 months prior to arrest (20% compared to 9%).
- Nearly 8 in 10 female mentally ill inmates reported physical or sexual abuse. Males with a mental condition were more than twice as likely as other males to report abuse.
- 6 in 10 mentally ill State inmates reported receiving mental treatment since admission to prison.

Survey items used to measure mental illness

Do you have a mental or emotional condition? *(prison and jail inmates only)* ☐ Yes ☐ No

Have you ever been told by a mental health professional such as a psychiatrist, psychologist, social worker, or psychiatric nurse, that you had a mental or emotional disorder? *(probationers only)* ☐ Yes ☐ No

Because of an emotional or mental problem, have you ever —

Taken a medication prescribed by a psychiatrist or other doctor? ☐ Yes ☐ No

Been admitted to a mental hospital, unit or treatment program where you stayed overnight? ☐ Yes ☐ No

Received counseling or therapy from a trained professional? ☐ Yes ☐ No

Received any other mental health services? ☐ Yes ☐ No

Table 1. Measures of mental illness among State prison inmates, 1997

	State prison inmates	
	Percent	Cumulative percent
Reported a mental or emotional condition	10.1%	10.1%
Because of a mental or emotional problem, inmate had —		
Been admitted to a hospital overnight	10.7%	16.2%
Taken a prescribed medication	18.9	23.9
Received professional counseling or therapy	21.8	29.7
Received other mental health services	3.3	30.2

Prevalence of mental illness among correctional populations based on offender self reports

The findings in this report are based on the 1997 Survey of Inmates in State or Federal Correctional Facilities, the 1996 Survey of Inmates in Local Jails, and the 1995 Survey of Adults on Probation. In each survey, offenders selected through nationally representative samples were asked a series of mental health related questions. Respondents were asked if they have a mental or emotional condition and whether they had ever received treatment for a mental or emotional problem, other than treatment related to drug or alcohol abuse. (See survey questions in the box above.)

16% of State prisoners identified as mentally ill

For this report, offenders were identified as mentally ill if they met one of the following two criteria: they reported a current mental or emotional condition, or they reported an overnight stay in a mental hospital or treatment program. An estimated 1 in 10 State prison inmates reported a current mental or emotional condition (table 1). A slightly larger percentage (11%) of State inmates said they had been admitted overnight to a mental hospital or treatment program at some point in their life. Overall, nearly a third of all inmates reported they had a current mental condition or they had received mental health service at some time.

To take into account underreporting of current mental or emotional problems, past admission to a mental hospital was included as a measure of mental illness. Overall, 16% of State prisoners met these criteria, including 10% who reported a current mental condition and an additional 6% who said they did not have a mental condition but had stayed overnight in a mental hospital, unit, or treatment program.

Previously estimated rates of mental illness among incarcerated populations vary, depending on the methodology of the study, the institution, and the definition of mental illness. Estimates range from 8% to 16% among studies with more rigorous scientific methods, including random sampling and a standardized assessment or psychological testing. (See the box on this page.)

Past estimates of the rate of mental illness among incarcerated populations are higher than those for the U.S. general population. Among a sample of male jail detainees in Cook County (Chicago), Teplin found 9.5% had experienced a severe mental disorder (schizophrenia, mania, or major depression) at some point in their life, compared to 4.4% of males in the U.S. general population. The Epidemiologic Catchment Area program found that 6.7% of prisoners had suffered from schizophrenia at some point, compared to 1.4% of the U.S. household population (Robins and Regier).

Previous studies of the prevalence of severe mental illness in prison or jail

Study	Sample	Mentally ill*
Guy, Platt, Zwerling, and Bullock (1985)	Philadelphia jail pretrial admissions	16%
Teplin (1990)	Cook County jail admissions (males)	10%
Steadman, Fabisiak, Dvoskin, and Holohean (1987)	New York State prisoners	8%

*Generally includes schizophrenia, bipolar disorder, and major depression. See individual studies for variations in definition.

283,800 mentally ill in prison or jail; 547,800 on probation

Using the same criteria described for State prison inmates, 16% of offenders in local jails or on probation and 7% of inmates in Federal prisons were identified as mentally ill in recently completed BJS surveys (table 2). Probationers were somewhat less likely than inmates in State prisons or local jails to report an overnight stay in a mental hospital or treatment program but more likely to report a mental or emotional problem. Federal inmates had lower rates on both measures.

Assuming these rates have not changed since the surveys were conducted, an estimated 283,800 inmates in prison or jail were mentally ill as of June 30, 1998 (table 3). State prisons held an estimated 179,200 mentally ill offenders; Federal prisons held 7,900; and local jails, 96,700. Of those on probation at yearend 1998, an estimated 547,800 were mentally ill.

White inmates more likely than blacks or Hispanics to report a mental illness

Nearly a quarter of white State prison and local jail inmates and a fifth of white offenders on probation were identified as mentally ill (table 4). The rate of mental illness among black and Hispanic inmates and probationers was much lower. Among black offenders, 14% of those in State prison and local jails, and 10% of those on probation were identified as mentally ill. About 11% of Hispanic State prison and local jail inmates, and 9% of Hispanic offenders on probation had a mental illness.

Black and Hispanic inmates in Federal prison were half as likely as white inmates to report a mental illness. About 6% of black inmates and 4% of Hispanic inmates reported a mental condition or an overnight stay in a mental hospital, compared to 12% of white Federal prison inmates.

The prevalence of mental illness also varied by gender, with females reporting a higher rate of mental illness than males. Nearly 24% of female State prison and local jail inmates, and 22% of female probationers were identified as mentally ill, compared to 16% of male State prison and jail inmates and 15% of male probationers.

Offender mental illness highest among the middle-aged

Offenders between ages 45 and 54 were the most likely to be identified as mentally ill. About 20% of State prisoners, 10% of Federal prisoners, 23% of jail inmates, and 21% of probationers between ages 45 and 54 had a mental illness, compared to 14% of State inmates, 7% of Federal inmates, 13% of jail inmates, and 14% of probationers age 24 or younger.

The highest rates of mental illness were among white females in State prison. An estimated 29% of white females, 20% of black females, and 22% of Hispanic females in State prison were identified as mentally ill. Nearly 4 in 10 white female inmates age 24 or younger were mentally ill.

	Percent of females in State prison identified as mentally ill		
Age	White	Black	Hispanic
Total	29%	20%	22%
24 or younger	37	17	23
25-34	23	20	21
35 or older	33	21	23

Table 2. Mental health status of inmates and probationers

	State prison inmates, 1997	Federal prison inmates, 1997	Jail inmates, 1996	Probationers, 1995
Identified as mentally ill*	16.2%	7.4%	16.3%	16.0%
Reported a mental or emotional condition	10.1	4.8	10.5	13.8
Admitted overnight to a mental hospital or treatment program	10.7	4.7	10.2	8.2

*Reported either a mental condition or an overnight stay in a mental hospital or treatment program.

Table 3. Estimated number of mentally ill inmates and probationers, 1998

	Estimated number of offenders*			
	State prison	Federal prison	Local jail	Probation
Identified as mentally ill	179,200	7,900	96,700	547,800
Reported a mental or emotional condition	111,300	5,200	62,100	473,000
Admitted overnight to a mental hospital	118,300	5,000	60,500	281,200

*Based on midyear 1998 counts from the National Prisoner Statistics and Annual Survey of Jails and preliminary yearend 1998 counts from the Annual Probation Survey.

Table 4. Inmates and probationers identified as mentally ill, by gender, race/Hispanic origin, and age

	Percent identified as mentally ill			
Offender characteristic	State inmates	Federal inmates	Jail inmates	Probationers
Gender				
Male	15.8%	7.0%	15.6%	14.7%
Female	23.6	12.5	22.7	21.7
Race/Hispanic origin				
White*	22.6%	11.8%	21.7%	19.6%
Black*	13.5	5.6	13.7	10.4
Hispanic	11.0	4.1	11.1	9.0
Age				
24 or younger	14.4%	6.6%	13.3%	13.8%
25-34	14.8	5.9	15.7	13.8
35-44	18.4	7.5	19.3	19.8
45-54	19.7	10.3	22.7	21.1
55 or older	15.6	8.9	20.4	16.0

*Excludes Hispanics.

Mentally ill more likely than other offenders to have committed a violent offense

Fifty-three percent of mentally ill State prisoners, compared to 46% of other State prisoners, were incarcerated for a violent crime (table 5). Approximately 13% of the mentally ill in State prison had committed murder; 12%, sexual assault; 13%, robbery; and 11%, assault. Among inmates in Federal prison, 33% of the mentally ill were incarcerated for a violent offense, compared to 13% of other Federal inmates. More than 1 in 5 mentally ill Federal prisoners had committed robbery (predominantly bank robbery). Among inmates in local jails, 30% of the mentally ill had committed a violent offense, compared to 26% of other jail inmates. An estimated 28% of mentally ill probationers and 18% of other probationers reported their current offense was a violent crime.

Nearly 1 in 5 violent offenders incarcerated or on probation were identified as mentally ill.

	Percent mentally ill among violent offenders
State prison inmates	18.2%
Federal prison inmates	16.6
Jail inmates	18.5
Probationers	22.8

Unlike those in State prisons, the majority of mentally ill offenders in jail or on probation had committed a property or public-order offense. Almost a third of mentally ill offenders in jail and on probation had committed a property offense, and a quarter had committed a public-order offense.

Mentally ill offenders were less likely than other inmates to be incarcerated for a drug offense. About 13% of mentally ill inmates and 22% of other inmates in State prison were incarcerated for a drug offense. In Federal prison, where the majority of inmates are incarcerated for a drug offense, 40% of those identified as mentally ill and 64% of other Federal inmates were in prison for a drug-related crime.

6 in 10 violent mentally ill State prisoners knew their victim

Mentally ill inmates who were incarcerated for a violent offense were more likely to report that the victim of the offense was a woman, someone they knew, and under age 18. Nearly 61% of mentally ill State prison inmates who had committed a violent offense knew their victim. An estimated 16% had victimized a relative and 12% an intimate, such as a spouse, ex-spouse, boyfriend, or girlfriend.

More than half of the mentally ill reported that they had victimized a female during the current offense. An estimated 15% reported that their youngest victim was a child, age 12 or under, and 12% reported the victim to be between ages 13 and 17. A weapon was used by 44% of the violent State prisoners who were mentally ill.

Victim characteristics and use of weapon, by mental health status of violent State prisoners

	Mentally ill inmates	Other inmates
Gender of victim(s)		
Male	44.3%	51.5%
Female	44.0	37.5
Both males and females	11.7	10.9
Age of youngest victim		
12 or younger	15.4%	10.2%
13-17	11.6	11.0
18-24	17.3	20.7
25-34	25.7	30.9
35-54	23.8	22.8
55 or older	6.2	4.3
Victim-offender relationship		
Knew victim[a]	60.8%	52.1%
Relative	15.6	10.3
Intimate[b]	11.6	8.6
Friend/acquaintance	29.8	27.7
Other[c]	6.5	6.9
Knew none of victims	39.1	47.9
Use of weapon		
Yes	44.0%	41.9%
No	56.0	58.1

[a]More than one victim may have been reported.
[b]Includes spouse, ex-spouse, boyfriend, girlfriend, ex-boyfriend, and ex-girlfriend.
[c]Includes those known by sight only.

Table 5. Most serious current offense of inmates and probationers, by mental health status

	State prison		Federal prison		Local jail		Probation	
Most serious offense	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill probationers	Other probationers
All offenses	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Violent offenses	52.9%	46.1%	33.1%	13.3%	29.9%	25.6%	28.4%	18.4%
Murder*	13.2	11.4	1.9	1.4	3.5	2.7	0.5	0.9
Sexual assault	12.4	7.9	1.9	0.7	5.2	2.8	6.8	4.1
Robbery	13.0	14.4	20.8	9.1	4.7	6.9	2.0	1.4
Assault	10.9	9.0	3.8	1.1	14.4	11.0	14.0	10.5
Property offenses	24.4%	21.5%	8.7%	6.7%	31.3%	26.0%	30.4%	28.5%
Burglary	12.1	10.5	1.0	0.3	9.1	7.4	6.4	4.3
Larceny/theft	4.6	4.1	1.3	0.4	8.4	7.9	5.3	8.8
Fraud	3.1	2.6	5.0	4.9	5.2	4.4	11.7	9.2
Drug offenses	12.8%	22.2%	40.4%	64.4%	15.2%	23.3%	16.1%	20.7%
Possession	5.7	9.4	3.9	11.9	7.3	12.3	7.2	11.0
Trafficking	6.6	12.2	35.7	46.6	7.0	9.6	6.7	9.2
Public-order offenses	9.9%	9.8%	17.0%	14.6%	23.2%	24.6%	24.7%	31.6%

Note: Detail does not sum to total because of excluded offense categories.
*Includes nonnegligent manslaughter.

Half of mentally ill inmates reported 3 or more prior sentences

Mentally ill inmates reported longer criminal histories than other inmates. Among the mentally ill 52% of State prisoners, 54% of jail inmates, and 49% of Federal inmates reported three or more prior sentences to probation or incarceration (table 6). Among other inmates, 42% of State prisoners and jail inmates and 28% of Federal inmates had three or more prior sentences. About 10% of mentally ill prison inmates and 13% of jail inmates reported 11 or more prior sentences.

Mentally ill more likely than other inmates to be violent recidivists

Among repeat offenders, 53% of mentally ill State inmates had a current or past sentence for a violent offense, compared to 45% of other inmates. Forty-six percent of mentally ill jail inmates and 32% of other jail inmates with a criminal history had a current or past sentence or current charge for a violent crime. Among Federal prisoners with a prior sentence, the mentally ill (44%) were twice as likely as other inmates (22%) to have a current or prior sentence for a violent offense.

Although offenders on probation had shorter criminal histories, nearly 3 in 10 of the mentally ill were recidivists with a current or past sentence for violence.

	Probationers	
	Mentally ill	Other
Criminal history		
None	43.4%	54.1%
Priors	56.6	45.9
Violent recidivists	29.1	17.1
Other recidivists	27.6	28.8

Homelessness more prevalent among mentally ill offenders

Mentally ill offenders reported high rates of homelessness, unemployment, alcohol and drug use, and physical and sexual abuse prior to their current incarceration. During the year preceding their arrest, 30% of mentally ill inmates in jail and 20% of those in State or Federal prison reported a period of homelessness, when they were living either on the street or in a shelter (table 7). About 9% of other State prison inmates, 3% of other Federal inmates and 17% of other jail inmates reported a period a homelessness in the year prior to their arrest.

Fewer inmates reported they were homeless at the time of arrest. About 4% of mentally ill State and Federal prison inmates and 7% of jail inmates reported they were living on the street or in a shelter when arrested for their current offense. These rates were at least double those for inmates who were not mentally ill.

About 4 in 10 inmates with a mental condition unemployed before arrest

Mentally ill offenders were less likely than others to report they were working in the month before arrest. About 38% of mentally ill State and Federal prison inmates and 47% of mentally ill jail inmates were not employed in the month before arrest, while 30% of other State inmates, 28% of other Federal inmates, and 33% of other jail inmates were unemployed.

An estimated 30% of mentally ill and 13% of other inmates in State prison received some type of financial support from government agencies prior to their arrest. More than 15% of the mentally ill received welfare, 17% supplemental security income or other pension, and 3% compensation payments, such as unemployment or workman's compensation.

Table 6. Criminal history of inmates, by mental health status

	State prison		Federal prison		Local jail	
	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates
Criminal history						
None	18.8%	21.2%	24.3%	38.8%	21.0%	28.4%
Priors	81.2	78.8	75.7	61.2	79.0	71.6
Violent recidivists	53.4	44.9	43.7	21.6	46.0	31.6
Other recidivists	27.8	33.8	32.0	39.6	33.0	40.0
Number of prior probation/ incarceration sentences						
0	18.8%	21.2%	24.3%	38.8%	21.0%	28.4%
1	15.5	19.4	14.0	18.2	14.7	17.9
2	13.8	17.0	12.9	14.7	10.1	11.5
3 to 5	26.3	25.5	23.6	18.9	23.5	19.7
6 to 10	15.6	11.6	15.4	7.3	17.6	14.6
11 or more	10.0	5.3	9.7	2.2	13.2	7.8

Table 7. Homelessness, employment, and sources of income of inmates, by mental health status

	State prison		Federal prison		Local jail	
	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmate
Homeless						
In year before arrest	20.1%	8.8%	18.6%	3.2%	30.3%	17.3%
At time of arrest	3.9	1.2	3.9	0.3	6.9	2.9
Employed in month before arrest						
Yes	61.2%	69.6%	62.3%	72.5%	52.9%	66.6%
No	38.8	30.4	37.7	27.5	47.1	33.4
Sources of income[a]						
Wages	56.7%	65.6%	54.0%	66.4%	62.9%	77.1%
Family/friends	22.0	17.7	20.1	12.3	19.7	15.4
Illegal sources	23.4	27.0	22.5	28.8	19.4	14.4
Welfare	15.4	7.8	13.7	3.9	21.9	12.3
Pension[b]	17.3	4.1	16.5	3.7	18.4	4.9
Compensation payments	3.1	1.9	4.7	1.8	3.0	2.1

[a]Detail sums to more than 100% because offenders may have reported more than one source of income. For prisoners detail includes any income received in the month prior to arrest. For jail inmates, detail includes any income received in the year prior to arrest.
[b]Includes Supplemental Security Income, Social Security, or other pension.

Over half of mentally ill prison and jail inmates reported wages as their source of income prior to arrest, 23% of prison inmates and 20% of jail inmates reported income from illegal sources.

Offenders on probation were asked about their current employment and sources of income in the past year. Over half of mentally ill probationers and three-quarters of other probationers were currently employed. An estimated 52% of mentally ill probationers and 27% of other probationers said they received income from government agencies in the past year.

	Probationers	
	Mentally ill	Other
Currently employed		
Yes	55.9%	75.9%
No	44.1	24.1
Sources of income*		
Wages	69.3%	86.8%
Family/friends	17.9	16.3
Welfare	26.4	15.5
Pension	24.5	7.6
Compensation payments	10.2	7.7

*More than one source of income may have been reported.

Family history of incarceration and alcohol or drug use prevalent among mentally ill

Overall, 55% of mentally ill State prison inmates, 42% of Federal prisoners, 52% of jail inmates, and 40% of probationers reported a family member had been incarcerated at some point (table 8). About 47% of other State prison inmates, 39% of other Federal inmates, 45% of other jail inmates, and 34% of other probationers reported a history of family incarceration. Nearly a quarter of mentally ill State inmates said their father or mother had served time in prison or jail; 42% said a brother or sister had been incarcerated.

When compared with other inmates and probationers, the mentally ill also reported higher rates of alcohol and drug abuse by a parent or guardian while they were growing up. Approximately 4 in 10 mentally ill State prisoners, jail inmates, and probationers, and 1 in 3 Federal inmates reported their parent or guardian had abused alcohol or drugs while they were growing up. About 42% reported alcohol abuse by a parent or guardian, and 13% reported drug abuse.

At some point while growing up, a quarter of mentally ill State prisoners and local jail inmates lived in a foster home, agency, or institution. One in six mentally ill probationers reported living in a foster home or institution for a period of time during their childhood.

Mentally ill report high rates of past physical and sexual abuse

Mentally ill male State prisoners were more than twice as likely as other males to report physical abuse prior to admission to prison (27% versus 11%) and nearly four times as likely to report prior sexual abuse (15% versus 4%, table 9). Among male inmates 25% of the mentally ill in Federal prisons or in jails reported prior physical abuse, compared to 5% of other male Federal inmates and 8% of other male jail inmates. Mentally ill male probationers

Table 8. Family background of inmates and probationers, by mental health status

	State prison		Federal prison		Local jail		Probation	
	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill probationers	Other probationers
Family member ever incarcerated	54.9%	46.5%	41.5%	38.5%	51.5%	45.1%	40.3%	34.0%
Parent	23.4	17.4	13.4	11.1	23.7	18.9	19.6	11.1
Brother/sister	41.8	36.5	29.5	29.9	36.2	32.8	25.7	25.6
While growing up —								
Ever lived in a foster home, agency, or institution	26.1%	12.2%	18.6%	5.8%	24.1%	11.5%	15.9%	6.5%
Parent or guardian abused alcohol or drugs								
Alcohol only	30.6%	22.2%	24.6%	16.0%	29.3%	21.9%	32.4%	19.2%
Drugs only	2.0	1.8	1.2	0.8	1.7	1.2	1.0	0.4
Both	10.9	5.7	8.5	2.8	11.1	6.1	9.0	2.4

Table 9. Prior physical or sexual abuse of inmates and probationers, by mental health status

	State prison		Federal prison		Local jail		Probation	
Reported by offender	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill probationers	Other probationers
Ever abused before admission	36.9%	15.2%	34.1%	7.6%	36.5%	12.5%	38.8%	12.1%
Male	32.8	13.1	30.0	5.5	30.7	9.6	31.0	6.5
Female	78.4	50.9	64.1	36.1	72.9	40.3	59.4	35.7
Physically abused	31.0%	12.5%	27.5%	6.4%	30.0%	10.1%	28.1%	9.8%
Male	27.4	10.8	24.5	4.7	25.3	8.0	21.0	5.1
Female	67.6	40.2	50.0	29.4	59.8	30.8	46.7	29.7
Sexually abused	19.0%	5.8%	15.6%	2.7%	23.5%	5.9%	21.9%	5.8%
Male	15.0	4.1	11.6	1.5	17.2	3.4	14.2	2.4
Female	58.9	33.1	45.0	19.3	63.4	29.6	42.3	19.9

Table 10. Prior alcohol and drug use of inmates and probationers, by mental health status

Alcohol/drug use reported by offender	State prison		Federal prison		Local jail		Probation	
	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill probationers	Other probationers
Alcohol/drug use								
At time of offense	58.7%	51.2%	46.5 %	33.0%	64.6%	56.5%	49.0%	46.4%
Drug use								
In month before offense	58.8%	56.1%	48.1 %	44.6%	57.6%	47.3%	39.5%	30.3%
At time of offense	36.9	31.7	29.3	21.9	38.8	30.4	18.1	12.6
Alcohol use								
At time of offense	42.7%	36.0%	27.9 %	19.8%	44.3%	36.0%	41.4%	39.7%

were 4 times as likely as other probationers to report prior physical abuse (21% and 5%, respectively).

The rate of physical abuse reported by mentally ill female inmates was over twice that reported by males. Nearly 70% of female State prisoners, 50% of female Federal prisoners, 60% of female jail inmates, and 47% of female probationers reported a history of physical abuse.

Nearly 60% of female mentally ill State prisoners, 45% of female Federal prisoners, 63% of female jail inmates and 42% of female probationers reported prior sexual abuse.

6 in 10 mentally ill State inmates under the influence of alcohol or drugs at time of offense

Mentally ill inmates were more likely than others to be under the influence of alcohol or drugs while committing their current offense. About 60% of mentally ill and 51% of other inmates in State prison were under the influence of alcohol or drugs at the time of their current offense (table 10). Rates of alcohol and drug use at the time of the offense were even higher among mentally ill jail inmates, where 65% of the mentally ill and 57% of other jail inmates were under the influence. Among probationers, 49% of the mentally ill and 46% of others reported alcohol or drug use at the time of the offense.

Like other inmates and probationers, the mentally ill were more often under the influence of alcohol than drugs at the time of the current offense. About 43% of mentally ill State prison inmates and 44% of jail inmates had been drinking when they committed their current offense. Thirty-six percent of other inmates in prison and jail reported they were drinking at the time of the offense.

A third of mentally ill offenders alcohol dependent

Based on the CAGE diagnostic instrument, 34% of mentally ill State prison inmates, 24% of Federal prisoners, 38% of jail inmates and 35% of mentally ill probationers exhibited a history alcohol dependence (table 11).

CAGE is an acronym for four questions used by the diagnostic instrument to assess alcohol dependence or abuse. Respondents are asked if they have ever attempted to (C)ut back on drinking; ever felt (A)nnoyance at others' criticism of their drinking; ever experienced feelings of (G)uilt about drinking; and ever needed a drink first thing in the morning as an (E)ye opener or to steady their nerves. A person's likelihood of alcohol abuse is assessed by the number of positive responses to these four questions. Clinical tests involving hospital admissions, found

Table 11. Alcohol dependence and experiences of inmates and probationers while under the influence of alcohol, by mental health history

	State prison		Federal prison		Local jail		Probation	
	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill probationers	Other Probationers
History of alcohol dependence*	34.4%	22.4%	23.9%	15.6%	37.9%	24.3%	34.8%	22.1%
Because of your drinking, have you ever —								
Lost a job?	16.7%	9.0%	8.7%	4.7%	18.0%	10.3%	19.4%	5.3%
Had job or school trouble (such as demotion at work or dropping out of school)?	24.0	13.8	15.4	7.1	--	--	25.2	10.5
Been arrested or held at a police station?	35.2	28.3	30.7	18.3	41.5	30.7	45.7	41.1
While drinking have you ever —								
Gotten into a physical fight ?	45.7%	37.0%	36.4%	21.7%	49.8%	34.1%	43.9%	30.3%
Had as much as a fifth of liquor in 1 day, 20 drinks, 3 six-packs of beer, or 3 bottles of wine?	48.8	39.5	43.9	29.2	52.9	38.0	45.7	33.7

--Not asked of jail inmates.
*Measured by 3 or more positive CAGE responses. For description of the CAGE diagnostic measure see text.

three or more positive CAGE responses carried a .99 predictive value for alcohol abuse or dependence. (See *Substance Abuse and Treatment, State and Federal Prisoners, 1997*, BJS Special Report, NCJ 172871, for additional information on the CAGE instrument.)

Mentally ill inmates and probationers were more commonly alcohol dependent, reporting three or more positive CAGE responses. About 38% of mentally ill jail inmates reported signs of alcohol dependence, while 24% of other jail inmates reported signs of dependence. Among State prison inmates, 34% of the mentally ill and 22% of other inmates reported three or more positive responses.

Mentally ill offenders report negative life experiences related to drinking

In response to questions concerning their life experiences with alcohol, about 17% of mentally ill and 9% of other inmates in State prison said they had lost a job due to drinking. Among jail inmates with a mental condition, 18% had lost a job due to drinking, while 10% of other jail inmates reported losing a job. Nearly 20% of mentally ill probationers had lost a job; 5% of other probationers.

Amid other alcohol-related problems reported by the mentally ill, 35% of State prisoners had been arrested or held at a police station due to drinking, and 46% had gotten into a fight while drinking. Forty-nine percent of mentally ill State prison inmates, 44% of Federal inmates, 53% of jail inmates, and 46% of mentally ill probationers said they had consumed as much as a fifth of liquor (about 20 drinks) in 1 day.

Mentally ill jail inmates more often reported a prior stay in a detoxification unit for alcohol or drugs. An estimated 22% of the mentally ill in jail and 11% of other inmates reported they had been put in a detoxification unit.

Table 12. Maximum sentence length and time served by inmates, by offense and mental health status

Most serious offense	Mean maximum sentence length[a]		Mean time served: To date of interview		Mean time served: Total time to be served until release[b]	
	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates
Local jail inmates						
All offenses	20 mo	26 mo	6.5 mo	6.7 mo	8.7 mo	10.7 mo
Violent	30 mo	37 mo	8.8 mo	9.3 mo	14.7 mo	16.0 mo
Property	26	26	5.3	8.0	7.4	11.6
Drug	18	25	8.9	8.4	8.6	13.5
Public-order	8	20	5.0	3.3	7.0	5.7
Other	10	8	8.4	1.6	10.0	5.3
State prison inmates						
All offenses	171 mo	159 mo	54.4 mo	49.3 mo	103.4 mo	88.2 mo
Violent	230 mo	225 mo	71.8 mo	69.7 mo	142.5 mo	130.7 mo
Property	128	118	38.8	36.6	75.0	62.2
Drug	103	111	30.3	28.5	49.8	49.5
Public-order	83	81	29.1	27.8	50.8	47.6
Other	120	104	32.5	47.8	60.1	80.6

Note: Because data on sentence length and time served are restricted to persons in prison and jail, they overstate the average sentence and time to be served by those entering prison or jail. Persons with shorter sentences leave prison and jail more quickly, resulting in a longer average sentence among persons in the inmate samples.
[a]Based on the total maximum sentence for all consecutive sentences.
[b]Based on time served when interviewed plus time to be served until the expected date of release.

Mentally ill expected to serve 15 months longer than other inmates in prison

Overall, mentally ill State prison inmates were sentenced to serve an average of 171 months in prison, or about 12 months longer than other offenders (table 12). On average, violent offenders with a mental illness were sentenced to 230 months (5 months longer than other violent inmates) and property offenders 128 months (10 months longer than other inmates).

Mentally ill jail inmates typically had sentences shorter than other jail inmates. On average, mentally ill inmates had a maximum sentence of 20 months, while other inmates an average of 26 months. Violent, drug, and property offenders identified as mentally ill had average sentences that were 6 to 12 months shorter than other offenders.

On average, mentally ill inmates in State prison are expected to serve more time in prison than other inmates. From the time of admission to prison to the time of the survey, mentally ill offenders had served on average 5 months longer than other offenders in State prison. Based on the time of admission to the time of expected release, mentally ill offenders expected to serve a total of 103 months in prison, 15 months longer than other offenders. The largest differences in time served were among violent and property offenders. The mentally ill expected to serve an average of at least 12 additional months for violent and property offenses.

Unlike State prisoners, mentally ill inmates in local jails expected to serve less time than inmates who are not mentally ill. Overall, both mentally ill jail inmates and other inmates had served about 6½ months from the time of admission to the time of the survey. On average, mentally ill inmates expected to serve a total of 9 months in jail prior to release; other inmates expected to serve about 11 months.

Disciplinary problems common among mentally ill inmates

Mentally ill inmates in State or Federal prison, as well as those in jail, were more likely than others in those facilities to have been involved in a fight, or hit or punched since admission. Among State prisoners 36% of mentally ill inmates reported involvement in a fight, compared to 25% of other inmates (table 13). Mentally ill inmates in Federal prison were over twice as likely as others to report involvement in a fight (21% compared to 9%).

Twenty-four percent of mentally ill State prison inmates had been involved in two or more fights since admission, and 12% reported involvement in four or more fights. Among jail inmates 10% of the mentally ill had been involved in two or more fights, compared 6% of those not mentally ill.

Consistent with their more frequent involvement in fights, disciplinary problems were more common among mentally ill inmates than other inmates. More than 6 in 10 mentally ill State prison inmates had been formally charged with breaking prison rules since admission. About half of other inmates reported they had been charged with breaking the rules. Among Federal prison inmates 41% of the mentally ill had been charged with a rule violation, compared to 33% of inmates not identified as mentally ill.

6 in 10 mentally ill received treatment while incarcerated

An estimated 60% of the mentally ill in State and Federal prison received some form of mental health treatment during their current period of incarceration (table 14). Fifty percent said they had taken prescription medication; 44% had received counseling or therapy; and 24% had been admitted overnight to a mental hospital or treatment program.

Among jail inmates, 41% of those identified as mentally ill had received some form of mental health services since admission. The majority of those receiving treatment (34%) had been given medication. Fewer jail inmates (16%) than State prisoners (44%) said they had received counseling or therapy since admission.

Just over half of mentally ill probationers had received treatment since their sentence to community supervision. Counseling was the most common form of treatment (44%), followed by medication (37%), and an overnight stay in a mental hospital or treatment program (12%).

When sentenced to probation, an offender may be required by the court or probation agency to meet various conditions of the sentence, such as maintaining employment, submitting to drug testing, or participating in treatment. An estimated 13% of probationers were required to seek mental health treatment as a condition of their sentence. Forty-three percent of those required to participate in treatment had done so by the time of the survey.

Female mentally ill more likely than males to report treatment

Nearly 70% of mentally ill females in State prison, 77% of those in Federal prison, and 56% in local jails received mental health services while incarcerated, while 60% of males in State prison, 57% in Federal prison, and 38% in local jails reported treatment.

White mentally ill inmates reported higher rates of treatment than black or Hispanic offenders. About 64% of white State prison inmates identified as mentally ill had received treatment, compared to 56% of black offenders and 60% of Hispanic offenders.

	Percent of mentally ill receiving mental health services		
	State prison	Federal prison	Local jail
Gender			
Male	59.9%	57.4%	38.4%
Female	67.3	76.5	56.2
Race/ Hispanic origin			
White	64.1%	65.4%	44.7%
Black	56.4	50.0	34.2
Hispanic	59.9	62.5	40.6

Table 13. Fights since admission and violation of prison or jail rules, by mental health status

Discipline problem reported by inmate	State prison		Federal prison		Local jail	
	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally inmates	Other inmates
Number of fights since admission						
None	64.3%	75.6%	79.4%	90.9%	80.9%	86.7%
1	11.4	9.6	11.6	5.2	9.4	7.0
2 to 3	12.8	7.8	5.2	2.5	7.0	4.1
4 or more	11.5	7.1	3.8	1.4	2.6	2.3
Charged with breaking prison or jail rules	62.2%	51.9%	41.2%	32.7%	24.5%	16.0%

Table 14. Mental health treatment in prison or jail or on probation for those identified as mentally ill

	Percent of mentally ill offenders			
	State prison	Federal prison	Local jail	Probation
Since admission, the offender had —				
Been admitted overnight to a mental hospital or treatment program	23.6%	24.0%	9.3%	12.2%
Taken a prescribed medication	50.1	49.1	34.1	36.5
Received counseling or therapy	44.1	45.6	16.2	44.1
Received any mental health service	60.5	59.7	40.9	56.0

Overall, 17% of inmates in State prison, 10% in Federal prison, 11% in local jails, and 12% of those on probation had received some form of mental health services since their current admission to prison or jail or sentence to probation. The most common form of treatment in local jails was medication, reported by 9% of inmates. Probationers were more likely to have received counseling (10%) than to have taken medication (6%) while under supervision. Among State prison inmates 12% said they received medication while incarcerated, and 12% participated in counseling or therapy.

	Percent of all offenders who received mental treatment
State prison inmates	17.4%
Federal prison inmates	10.0
Local jail inmates	11.4
Probationers	11.5

Methodology

Data in this report are based on personal interviews conducted through three BJS surveys, the 1997 Survey of Inmates in State and Federal Correctional Facilities, the 1996 Survey of Inmates in Local Jails, and the 1995 Survey of Adults on Probation. Detailed descriptions of the methodology and sample design of each survey can be found in the following: *Substance Abuse and Treatment of Adults on Probation, 1995* (NCJ 166611); *Profile of Jail Inmates, 1996* (NCJ 164629); and *Substance Abuse and Treatment of State and Federal Prisoners, 1997* (NCJ 172871).

Accuracy of the estimates

The accuracy of the estimates presented in this report depends on two types of error: sampling and nonsampling. Sampling error is the variation that may occur by chance because a sample rather than a complete numeration of the population was conducted. Nonsampling error can be attributed to many sources, such as nonreponses, differences in the interpretation of questions among inmates, recall difficulties, and processing errors. In any survey the full extent of the nonsampling error is never known. The sampling error, as measured by an estimated standard error, varies by the size of the estimate and the size of the base population. Estimates of the standard errors for selected characteristics have been calculated for each survey (see appendix tables). These standard errors may be used to construct confidence intervals around percentages. For example, the 95% confidence interval around the percentage of State prison inmates who were identified as mentally ill is approximately 16.2% plus or minus 1.96 times 0.40% (or 15.4% to 16.9%).

These standard errors may also be used to test the statistical significance of the difference between two sample

Appendix table 1. Standard errors of mental health status for inmates and probationers

	Estimated standard errors			
	State prison inmates	Federal prison inmates	Jail inmates	Probationers
Identified as mentally ill	0.40%	0.55%	0.61%	0.89%
Reported a mental or emotional condition	0.33	0.45	0.54	0.84
Because of a mental or emotional problem, inmate had —				
Been admitted to a hospital overnight	0.34	0.45	0.47	0.67

Appendix table 2. Standard errors of selected characteristics of mentally ill inmates and probationers

	Estimated standard errors							
	State prison		Federal prison		Local jail		Probation	
Selected characteristic	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill inmates	Other inmates	Mentally ill probationers	Other probationers
Current offense								
Violent	1.36%	0.60%	3.65%	0.75%	1.71%	0.84%	2.74%	1.03%
Property	1.17	0.49	2.19	0.55	1.64	0.76	2.79	1.20
Drug	0.91	0.50	3.81	1.05	1.23	0.72	2.23	1.08
Public-order	0.81	0.36	2.92	0.78	1.55	0.83	2.62	1.24
Criminal history								
Any priors	1.06	0.49	3.33	1.07	1.47	0.89	3.03	1.35
Alcohol/drug use at time of offense	1.35	0.60	3.88	1.04	2.17	1.14	3.04	1.33
History of alcohol dependence	1.29	0.50	3.32	0.79	1.72	0.74	2.89	1.10
Ever abused								
Males	1.37	0.43	3.92	0.52	2.14	0.52	3.24	0.72
Females	1.93	1.30	5.63	4.03	2.38	1.46	5.92	3.03
Involved in fight or was hit or punched after admission	1.31	0.52	3.16	0.63	1.48	0.60	--	--
							--	--
Homeless								
In year before arrest	1.09	0.34	3.01	0.38	0.91	0.26	--	--
At time of arrest	0.52	0.13	1.50	0.12	1.69	0.63	--	--

statistics by pooling the standard errors of the two sample estimates. For example, the standard error of the difference between mentally ill State prisoners and other inmates who were incarcerated for a violent offense would be 1.49% (or the square root of the sum of the squared standard errors for each group). The difference would be 1.96 times 1.49 (or 2.91%). Since the difference of 6.8% (52.9% minus 46.1%) is greater than 2.91%, the difference would be considered statistically significant.

Estimating the number of mentally ill offenders under correctional supervision

Estimates of the total number of persons in prison, jail and on probation with a mental illness were obtained by multiplying the ratio of inmates or probationers identified as mentally ill from the personal interviews conducted in the three BJS surveys referenced above, by the total number of inmates in State prison, Federal prison, and local jails and the total number of offenders on probation.

For example, the total number of State prison inmates with a mental illness was estimated by multiplying the ratio of mentally ill offenders in State prison (16.2%) obtained from the 1997 Survey of Inmates in State Correctional Facilities, by the total State prison custody population at midyear 1998 (1,102,653) from the National Prisoner Statistics data collection.

Appendix table 3. Standard errors of mental health treatment in prison or jail or on probation for those identified as mentally ill

	Percent of mentally ill offenders			
	State prison	Federal prison	Local jail	Probation
Since admission, the offender had —				
Been admitted overnight to a mental hospital or treatment program	1.15%	3.32%	1.01%	2.00%
Taken a prescribed medication	1.36	3.91	2.22	2.90
Received counseling or therapy	1.35	3.88	1.26	3.03
Received any mental health service	1.33	3.84	2.16	3.03

References

Guy, Edward; Jerome Platt; Israel Zwerling; and Samuel Bullock. "Mental health status of prisoners in an urban jail." *Criminal Justice and Behavior.* 12(1), 29-53, March 1985.

Monahan, John. "Clinical and Actuarial Predictions of Violence" in Faigman, D and others, eds. *Modern Scientific Evidence: The Law and Science of Expert Testimony*, vol. 1. St. Paul, MN: West Publishing Company, 1997.

Mumola, Christopher. *Substance Abuse and Treatment, State and Federal Prisoners, 1997.* BJS Special Report, NCJ 172871, December 1998.

Powell, Thomas A.; John C. Holt; and Karen M. Fondacaro. "The Prevalence of Mental Illness among Inmates in a Rural State." *Law and Human Behavior.* 21(4), 427-438, August 1997.

Robins, Lee N., and Darrel A. Regier. *Psychiatric Disorders in America: The Epidemiologic Catchment Area Study.* New York: Free Press, 1991.

Steadman, Henry; Stanley Fabisiak; Joel Dvoskin; and Edward Holohean. "A Survey of Mental Disability among State Prison Inmates." *Hospital and Community Psychiatry.* 38(10), 1086-1090, 1989.

Teplin, Linda A. "The Prevalence of Severe Mental Disorder among Male Urban Jail Detainees: Comparison with the Epidemiologic Catchment Area Program." *American Journal of Public Health.* 80(6), 663-669, 1990.

*U.S. Government Printing Office: 1999 — 454-795/00013

The Bureau of Justice Statistics is the statistical agency of the U.S. Department of Justice. Jan M. Chaiken, Ph.D., is director.

BJS Special Reports address a specific topic in depth from one or more data sets that cover many topics.

Paula M. Ditton wrote this report under the supervision of Allen J. Beck. Christopher Mumola provided statistical assistance. Tina Dorsey and Tom Hester produced and edited the report. Marilyn Marbrook, assisted by Yvonne Boston, prepared the report for publication.

July 1999, NCJ 174463

This report and others from the Bureau of Justice Statistics are available through the Internet —

http://www.ojp.usdoj.gov/bjs/

The data from the 1997 Surveys of Inmates in State and Federal Correction Facilities, the 1995 Survey of Adults on Probation, and the 1996 Survey of Inmates in Local Jails are available from the National Archive of Criminal Justice Data, maintained by the Inter-university Consortium for Political and Social Research at the University of Michigan, 1-800-999-0960. The archive may also be accessed through the BJS Internet site.

Types of Health Care Services Provided

- Inpatient hospital care
- Ambulatory sick call
- Emergency care
- Routine preventative examinations
- Chronic disease management
- Medication program
- Health care education
- Dental services
- Psychiatric services
- Infectious disease prevention and treatment
- Access to specialty care
- Continuous care

Types of Health Care Services Not Provided

- Services determined not to be medically necessary
- Experimental or investigatory treatment
- Cosmetic surgery
- Radial keratotomy (vision improvement surgery)
- Transsexual surgery
- Fertility treatment
- Treatment for sexual dysfunction
- Tattoo removal
- Dental braces

Health Care Cost Summary Fiscal Year 1998-99	
Regional Contract Costs	$ 72,501,000
Medical Personnel Costs (includes medical records staff and nurses)	$ 36,142,000
Dental Personnel Costs	$ 5,584
Other Costs (administrative, fixed assets, etc.)	$ 10,474
Total Cost	$ 124,701,000

Inmate vs. Public Health Care Cost Comparison	
Average Annual Healthcare Cost Per Inmate*	$ 3,495
Average Annual Blue Cross/Blue Shield (BC/BS) Cost Per Patient**	$ 2,329 to $ 5,193
Average Annual COBRA Cost Per Patient***	$ 3,000

*DOC costs include hospitalization, specialty care, preventative care, pharmacy, psychiatric care, dental, and vision.

**BC/BS costs include hospitalization, specialty care, preventative care, pharmacy, and psychiatric care. Does not include dental or vision and certain deductible costs must be met by the patient.

***COBRA costs include hospitalization, specialty care, preventative care, pharmacy, psychiatric care, vision, and hearing. Does not include dental.

April 2000
www.cor.state.pa.us

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Health Care Services

PUBLIC SAFETY • SOBRIETY • EDUCATION • WORK
CITIZENSHIP • PARENTING

The department is committed to providing quality health care that is consistent with it's constitutional obligation and community standards.

Tom Ridge, Governor
Martin F Horn, Secretary of Corrections

Highlights

Since 1995, the Department of Corrections has:

Implemented a Quality Improvement Process, contracted with regional vendors, and created an automated medical records system.

Developed infection control practices, including a Hepatitis C protocol, which are used throughout the prison system.

Instituted a medical co-payment policy to reduce non-essential medical visits.

Instituted a telemedicine program to provide better access to off-site medical specialists. Telemedicine is now used in 18 institutions.

Opened SCI Laurel Highlands, a specialized facility for the care and treatment of elderly and seriously ill inmates.

Overview

The Department of Corrections (DOC) has a constitutional duty in its delivery of health care to provide inmates with access to care, care that is ordered, and professional medical judgment. The department is committed to providing quality health care consistent with community standards. Efficient and effective health care delivery is achieved through quality improvement processes, administrative supervision of contract medical vendors, comprehensive policy and procedures, adequate staffing, preventative and specialty services, dental services, chronic care clinics and infection control.

Contracted Medical Services. The DOC contracts medical services for its 25 institutions. The institutions are divided into three contract regions:

Central Region - Wexford Health Services
Eastern Region - Correctional Physician Services
Western Region - Prison Health Services

By contracting medical services, the department reduces its fiscal liability because costs are set at a constant daily rate per inmate regardless of the level of care needed. A private contractor also has greater ease and flexibility to recruit competent clinical staff and is able to negotiate large discounts with hospitals and vendors, resulting in reduced costs to the contractor.

Doctor Visits. In 1999, there were 242,191 inmate doctor visits. 155,405 of these visits were initiated by the inmate through the normal sick call procedures and the remaining 86,786 visits were initiated by DOC staff.

Preventative Health Care. Physical examinations are completed on all inmates upon intake. Inmates age 50 and over are given comprehensive medical exams annually and dental exams biannually. Breast exams, pap and pelvic exams, and mammograms are administered for females during their comprehensive medical exam. A baseline electrocardiogram is conducted for all inmates at age 40.

Disease Management. The department created a Correctional Infection Control Practices Manual to standardize infection control procedures throughout the department. Inmates are tested for HIV/AIDS under the provisions of Act 148 of 1990 and treatment is consistent with community standards. Inmates are tested annually for tuberculosis and treated according to established guidelines. The department has developed a Hepatitis C treatment protocol that guides treatment decision-making and improves consistency of care.

Medical Co-Pay. In accordance with Act 40 of 1996, the Prison Medical Services Act, the department, in 1998, instituted a $2 medical co-pay policy. Medical co-pay is required for non-emergency sick call visits, initial medical prescriptions, self-inflicted injury or illness, and sports injuries. Medical co-pay is not required for emergency medical treatment, mental health treatment, chronic disease treatment, follow-up medical visits, and infirmary or long term care.

Telemedicine. Telemedicine technology allows the department to conduct consultations, primarily in the areas of psychiatry, dermatology, and infectious diseases. This has resulted in less off-site inmate medical trips and has increased the continuity of healthcare because the same specialist provides service to all institutions within their region.

Transplant Policy: In 1997, the department established a policy on inmate organ donor/recipient transplants that authorizes donations/transplants on a case-by-case basis. For an inmate to be an organ recipient, he or she must be identified by the medical director of the institution as being a candidate for transplant. Because many inmates have chronic illnesses and histories of drug and alcohol dependency, few are acceptable medical candidates to donate or receive organs. An inmate may only donate an organ to a family member, and the inmate must be the only family member suitable for donation. The patient or family member is responsible for all costs associated with the inmate's participation as a donor, including reimbursement for corrections officers who will provide security at the hospital.

SCI Laurel Highlands is a specialized correctional institution designed to provide long-term care to elderly and seriously ill inmates. Currently, 320 inmates require long-term care. An additional 107 inmates need skilled nursing care. These numbers will grow as our population ages.

If you would like more information about Health Care Services, please call :

Bureau of Health Care Services
717- 731-7000

Or visit our website
www.cor.state.pa.us

MALE AND FEMALE INMATES ON THE MH/MR ROSTER

Year (as of Dec 31)	Male Population	Males on MH/MR	Female Population	Females on MH/MR
1999	34,800	4,490 (12.9%)	1,584	495 (31.3%)
1998	34,860	4,686 (13.4%)	1,517	522 (34.4%)
1997	33,553	4,928 (14.7%)	1,411	531 (37.6%)
1996	33,061	5,290 (16.0%)	1,476	601 (40.7%)

In 1999, approximately 13.7% of all inmates were on the MH/MR roster. These are inmates who carry a psychiatric diagnosis, but are compliant with treatment.

MALE AND FEMALE INMATES ON THE PRT ROSTER

Year (as of Dec 31)	Male Population	Males on PRT	Female Population	Females on MH/MR
1999	34,800	982 (2.8%)	1,584	116 (7.3%)
1998	34,860	985 (2.8%)	1,517	148 (9.8%)
1997	33,553	977 (2.9%)	1,411	102 (7.2%)

In 1999, approximately 3.0% of all inmates were on the PRT roster. These are inmates who are non-compliant with treatment and are seriously mentally ill.

April 2000

www.cor.state.pa.us

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Mental Health Services

PUBLIC SAFETY • SOBRIETY • EDUCATION • WORK
CITIZENSHIP • PARENTING

The Department of Corrections provides comprehensive mental health services to the inmate population requiring these services.

Tom Ridge, Governor
Martin F Horn, Secretary of Corrections

Highlights

Nearly one in seven inmates have mental health needs that are addressed by a variety of treatments and services.

The department is committed to meeting the mental health needs of all inmates, ranging from intensive inpatient psychiatric services to basic anger management programs. Services are provided in all institutions and in specialized psychiatric units.

The department recently opened a special Community Corrections Center (CCC) in Philadelphia to provide a broad range of community reintegration services to mentally ill inmates.

The department has taken steps to enhance its inmate suicide prevention efforts, including additional staff training and developing better methods of assessing potential for suicide.

The number of suicides has dropped from 14 in 1995 to 8 in 1999.

Overview

The Pennsylvania Department of Corrections (DOC) provides a broad continuum of mental health services to ensure that regardless of how major or minor the emotional disturbance, services are available to all inmates in the prison system. Treatment services include outpatient and psychological and psychiatric services and inpatient psychiatric treatment.

Inmates and Mental Health

Mentally ill inmates are tracked on the Mental Health/Mental Retardation (MH/MR) and Psychiatric Review Team (PRT) rosters. Approximately 13.7% of all inmates are on these two rosters. Inmates who are seriously mentally ill have a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or cope with the ordinary demands of life.

Outpatient Services

Outpatient psychology and psychiatry services are provided upon an inmate's initial intake and as needed throughout his or her period of incarceration at all institutions. The Department employs 153 psychologists. Inpatient psychiatric treatment is available to all inmates, and is provided in Mental Health Units (MHUs) located in five prisons (Graterford, Frackville, Cresson, Pittsburgh, Houtzdale, Muncy) and the Forensic Treatment Center (FTC) at Waymart.

Mental Health Units and the Forensic Treatment Center

The MHUs are small inpatient psychiatric units that are licensed by the Department of Public Welfare's Office of Mental Health (OMH). They provide short-term emergency and voluntary mental health commitments. They are operated by vendors under contract with the DOC. The FTC is a 125 bed psychiatric hospital licensed by OMH. It provides long-term inpatient psychiatric treatment and accepts inmates from all DOC institutions and jails in the surrounding 11 counties. It also provides short-term care for SCI Waymart inmates.

The Intermediate Care Unit (ICU) at Waymart is a 55-bed OMH licensed unit that accepts inmates who have a history of serious mental illness, psychiatric hospitalizations, and Special Needs' Unit (SNU) placements. The ICU prepares inmates for living in a SNU.

Special Needs Units are non-licensed areas or blocks in 19 DOC prisons where inmates with special needs can receive additional or more intense treatment services, support, and protection. The SNUs house approximately 1,600 inmates with handicaps, primarily mental illness.

The Special Assessment Unit (SAU) at Waymart is a five-bed psychiatric unit that conducts mental health assessments on inmates in long term disciplinary custody. Placement is for up to 90 days.

The Special Observation Unit (SOU) at SCI Camp Hill is an observation area for newly committed inmates who are experiencing stress and are suspected to have mental health problems.

Community Corrections

The 20-bed community corrections center for mentally ill inmates, operated by Gaudenzia, is located in Philadelphia and is the first center of its kind in the United States. The goal of the program is to provide residents with the necessary treatment and aftercare to be functional and self supporting and to live within the community as productive, tax-paying members of society. Residents receive assistance with employment, education and training, counseling, stress and anger management, drug and alcohol treatment, and connections to community services.

Suicide Prevention

Since 1995, the DOC has enhanced its suicide prevention efforts by augmenting training for staff in RHUs and SMUs. The DOC has produced suicide prevention videotapes and brochures which are presented to inmates upon reception and periodically thereafter. The DOC has also developed a suicide risk indicators' checklist administered to inmates upon initial and RHU reception, and purchased new flame-proof, tear-resistant smocks and blankets for use by inmates on suicide watch. The number of institutional suicides has dropped from 14 in 1995 to 8 in 1999, while the inmate population increased from 28,554 in January 1995 to 36,384 in December 1999.

If you would like more information about mental health services please call :

Bureau of Health Care Services
717- 731-7000

or visit us on the web at
www.cor.state.pa.us

Community Corrections
Pennsylvania Department of Corrections

Community Corrections

Act 173 of 1968 authorized the establishment of pre-release centers throughout the Commonwealth. Also known as Community Corrections Centers (CCC), they provide a structured, supervised living arrangement and supervision to inmates and parolees as they either approach their parole release date or are released from a state correctional institution. Prior to placing an inmate in a CCC, the Department of Corrections (DOC) provides written notice to any registered victim, the prosecuting attorney, and the sentencing judge.

Highlights

The DOC operates 14 Corrections Centers and private vendors operate 43 facilities throughout the Commonwealth.

Of the 43 private facilities, 17 are Pennsylvania Department of Health licensed in-patient drug treatment facilities.

As of March 7, 2000 there were 2,261 individuals in all phases of the Community Corrections program. Of that number, 147 or 6.5% were women.

Six of the Department's Community Corrections Centers provide services solely to women. Thirteen centers are providing services to both men and women in segregated areas of their facilities.

Residents of the Community Corrections program earned $12,228,248 during fiscal year 1998/99. They paid $2,723,965 in taxes and $401,998 in court costs, fines, and restitutions.

The Substance Abuse Violators Effort (SAVE) program under contract to Eagleville Hospital provides services to parolees. Community Corrections provides services to parolees encountering substance abuse difficulties in the community in the Philadelphia area. As of December 31, 1999 there were 22 individuals in the in-patient portion of the program and 55 individuals in the outpatient program. In all, 442 parolees had the opportunity to participate in the SAVE program. The program consists of a three-month inpatient treatment program plus nine months of outpatient treatment services. Outpatient services begin with one group and two individual counseling sessions per week and gradually move to one group session per week and one individual session per month.

The Residential Substance Abuse Treatment Program (RSAT) provides drug & alcohol services to technical parole violators through an institution-based therapeutic community (TC). This is followed by community corrections residency with outpatient treatment comprised of two group sessions per week and one individual counseling session per week and finally by intensive parole supervision. Currently, there are 114 inmates participating in the TC portion of RSAT, 59 participating in the CCC portion of RSAT, and 145 are on intensive parole supervision. Over 600 individuals have entered the TCs through these programs.

The RSAT program, currently operational at three state correctional institutions - SCI Graterford, SCI Huntingdon, and SCI Cambridge Springs, will be expanded to three additional sites in late spring and early summer of this year. Those new sites will be SCI Albion, SCI Camp Hill, and SCI Somerset.

In addition to its transitional and drug and alcohol programming, Community Corrections provides the following:

- Boot Camp aftercare programming in Erie, Pittsburgh, Philadelphia, and in the very near future, Harrisburg. These programs provide a structured transitional six-month residency program for individuals returning to their home community and an additional six months of outpatient treatment services as the individuals transition from residency to an approved home plan.

(continue)

Tom Ridge
Governor

Martin F. Horn
Secretary of Corrections

Community Corrections

- Special residential programming for inmates who are severely mentally ill is being provided through the Gaudenzia FIRST program in Philadelphia. This program provides residential services along with key community linkages to assure a smooth transition for these special needs individuals.

- Halfway-back residential beds for parolees who are encountering difficulties on the street.

- Special vocational training and on-the-job training for parolees through the Crispus Attucks program in York, PA. This program is providing residential services, basic education, and vocational training to young offenders who gain on-the-job experience rehabilitating buildings.

- Residential dually diagnosed treatment for inmates and parolees with mental illness and substance abuse is being provided in Philadelphia, Allentown, and Pittsburgh via private vendor contracts.

We are presently seeking residential services, including GED and vocational training, for young adult offenders who will be released from SCI Pine Grove.

Community Corrections residents contributed to the costs of their program by reimbursing the Department of Corrections **$1,491,838** in rent as a requirement of participation in the program.

During fiscal year 1998/99, **33,991** urinalysis tests were conducted in Community Corrections facilities. The positive test rate was less than .2 percent. Mandatory urinalysis tests of pre-release individuals are conducted on a weekly basis. A positive urinalysis for unprescribed medications or illegal drugs can result in a return to a state correctional institution. Relapse can also result in more intensive residential programming.

The budget for Community Corrections for fiscal year 1999/00 is as follows:

Total:	**$50,560,000**
Contract Facilities Non-Drug and Alcohol (D&A)	**$30,000,000**
Contract Facilities D&A:	**$8,500,000**
Commonwealth Facilities and Administration:	**$12,060,000**

Supervision in Community Corrections facilities is intensive. Individuals must provide their whereabouts to facility staff at all times. Regular, unannounced verifications are conducted by center staff, oftentimes when least expected.

Prescriptive plans are developed for each individual entering the program. Counselors meet with residents at least twice each week. Progress towards meeting prescriptive program plans is reviewed monthly with the inmate and center staff.

All inmates who can physically do so are expected to work and have responsibilities within the facility. It is the individual's responsibility to seek and obtain employment with the guidance and direction of center staff.

Drug education is offered to all residents and community service is mandatory.

The program is viewed as a privilege. Failures to participate, abide by rules and regulations, and unaccountability for one's time can result in a return to a state correctional institution.

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Health Care Services

Medical Co-Pay

AUTHORITY:
Act 40 of 1996 - The Prison Medical Services Act requires each inmate to pay a "co-pay" for medical services.

DISCUSSION:
Inmates are charged a co-payment fee of $2.00 for certain medical visits and for some initial medications. The co-payment process began July 1, 1998. Revenue generated from co-payment is deposited into the General Fund.

PROCESS:
1. Inmate signs up for sick call.
2. Inmate is advised that he or she may be charged for the visit.
3. Medical care is rendered (no services are refused due to lack of funds).
4. For chargeable services, the specified amount is deducted from the inmate's account, after the service has been rendered.

SERVICES FOR WHICH FEE IS COLLECTED:
- Inmate's request for non-emergency care.
- Medical service due to a self-inflicted injury or illness.
- Medical service due to an injury or illness arising from participating in sports.
- Initial prescription except for those listed under services not charged.

SERVICES FOR WHICH FEE IS NOT COLLECTED:
- Physical, dental or mental health screening provided to an inmate upon intake.
- Immunizations, tuberculosis testing, hepatitis B vaccination, and other treatments instituted by the Department of Corrections (DOC) for public health reasons.
- Annual or biannual physical and dental examinations.
- Mental health treatment.
- Medical treatment for a chronic disease or illness.
- Infirmary care.
- Hospitalization.
- Long-Term Care.
- Laboratory tests.
- Psychotropic medications.
- Medications prescribed for an inmate for public health reasons.
- Medical care performed at the request of the DOC.
- Medical referral ordered by DOC healthcare professionals.

RESULTS:
Co-payment has been an effective method of minimizing non-substantiated sick-call requests, thereby increasing health care staff availability for legitimate sick-call requests and patient contacts for acute and chronic health care needs.

Co-Payment Fees Collection

Year	Collected
July 1998 - June 1999	$282,134
July 1999 - February 2000	$165,431
Total	$447,565

Tom Ridge
Governor

Martin F. Horn
Secretary of Corrections

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Health Care Services

Mental Illness

DEFINITIONS:
The Department of Corrections uses the following definition for serious mental illness:
A substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or cope with the ordinary demands of life.

Mental Health/Mental Retardation (MH/MR) Roster: A list of inmates who suffer from mental illness and/or mental retardation*.

Psychiatric Review Team (PRT) Roster: A subset of the MH/MR roster. Individuals placed on this roster suffer from serious mental illness.

MALE AND FEMALE INMATES ON THE MH/MR ROSTER

Year (as of Dec 31)	Male Population	Males on MH/MR	Female Population	Females on MH/MR
1999	34,800	4,490 (12.9%)	1,584	495 (31.3%)
1998	34,860	4,686 (13.4%)	1,517	522 (34.4%)
1997	33,553	4,928 (14.7%)	1,411	531 (37.6%)
1996	33,061	5,290 (16.0%)	1,476	601 (40.7%)

MALE AND FEMALE INMATES ON THE PRT ROSTER

Year (as of Dec 31)	Male Population	Males on PRT	Female Population	Females on MH/MR
1999	34,800	982 (2.8%)	1,584	116 (7.3%)
1998	34,860	985 (2.8%)	1,517	148 (9.8%)
1997	33,553	977 (2.9%)	1,411	102 (7.2%)

*The total MR population is 1.25% of the total DOC population.

APRIL 2000
www.cor.state.pa.us

Tom Ridge
Governor

Martin F. Horn
Secretary of Corrections

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Health Care Services

Psychiatric Hours

PSYCHIATRIC HOURS:
Medical vendors on contract with the Department of Corrections (DOC) provide psychiatric services to inmates. The services include: consultation, assessment and evaluation, treatment and medication review by a psychiatrist.

Psychiatric services are provided by the following contracted vendors:

EMSA	Central Region
Wexford	Western Region
CPS	Eastern Region

Psychiatric Hours

Institution/Region	Weekly Hours	Annualized Hours
Central Region		
Camp Hill	80	4,160
Cresson	35	1,820
Houtzdale	35	1,820
*Huntingdon	16	832
Muncy	46	2,392
Quehanna		
Rockview	40	2,080
Smithfield	30	1,560
Western Region		
Albion	30	1,560
Cambridge Springs	18	936
Greene	34	1,786
Greensburg	20	1,040
Mercer	25	1,300
Pittsburgh	75	3,900
Somerset	40	2,080
Waynesburg	7	364
Laurel Highlands	8	416
Eastern Region		
Chester	16	832
Coal	30	1,560
Dallas	45	2,340
Frackville	25	1,300
Graterford	90	4,680
Mahanoy	32	1,664
Retreat	25	1,300
**Waymart	215	11,180

*SCI Huntingdon has one state psychiatrist who works 40 hours per week, in addition to the contracted psychiatric hours.

**SCI-Waymart has one state psychiatrist who works 37.5 hours per week, in addition to the contracted psychiatric hours.

Tom Ridge
Governor
Martin F. Horn
Secretary of Corrections

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Health Care Services

Telemedicine

DEFINITION:
Telemedicine is the process of having patient contact where the patient and specialists are at different sites. The monitor and scope provide fully interactive visual and auditory assessment tools.

Number of Telemedicine Consults

12/98	6/99	12/99	2/00
776	1,572	2,608	2,960

HISTORY:
The Department started using telemedicine in 1998 at SCI Smithfield. Sixteen (16) institutions have telemedicine capabilities. All institutions will have telemedicine capabilities by mid-summer of 2000.

PROCESS:
- Facility has a computer monitor which is connected via telephone lines to the medical specialists at various locations.
- Patient is placed in room with equipment and with a health care provider to facilitate and guide the specialist's contact with the inmate.
- Specialist reviews the medical information prior to the contact.
- Specialist then makes his or her recommendation through verbal or written communication.

ADVANTAGES OF TELEMEDICINE:
- Expanding access to health care specialists for remote prison facilities.
- More competitive marketplace which results in a reduction of health care expenditures.
- Decrease security risks and costs by limiting inmate transfers to off prison sites for consultations.
- Results in shorter waiting times (reduced delays) to see specialists.
- Access to better quality specialists and enhanced continuity of care because the same specialist provides the service to all institutions within the region.

STATISTICS:
Since the inception of the use of telemedicine in February 1998, the institutions have completed a total of 2,960 consults as of 2/29/00.

# of Consults	
Psychiatry	2,073
Infectious Disease	501
Dermatology	372
Opthamology	1
Orthopedic	6
General Surgery	3
Nephrology	4
Total	2,960

Consult Purpose

2,472 (84%)-Follow-up Care
479 (16%)-Initial Consultation
9 (less than 1%) Other

Outcome

2,147 (73%)-Continue Follow-up with Telemedicine

613 (21%)-On-site Treatment

87 (3%)-No Further Treatment

80 (3%)-On-site Visits

33 (less than 1%) Off-site Visits

Tom Ridge
Governor

Martin F. Horn
Secretary of Corrections

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Health Care Services

Dialysis

DISCUSSION:
The Department of Corrections (DOC) provides both Peritoneal and Hemodialysis to the inmate population. These services are performed at SCI Graterford, SCI Laurel Highlands, and SCI Muncy, a prison for women, through contracted medical services.

DEFINITIONS:
Hemodialysis: A method for providing for the functioning of the kidneys by circulating blood through tubes made of semipermeable membranes. These dialyzing tubes are continually bathed by solutions that selectively remove unwanted material. This process may take up to four hours to complete.

Peritoneal Dialysis: Dialysis in which the lining of the peritoneal cavity isused as the dialysis membrane. Dialyzing fluid introduced into theperitoneal cavity is allowed to remain there for one or two hours and is then removed. Very few inmates require peritoneal dialysis.

Facility	Year Hemodialysis Services Introduced	# Inmates on Hemodialysis[1]	Hemodialysis Capacity
SCI Graterford	1994	17	42
SCI Laurel Highlands	1998	18	51
SCI Muncy	1998	2	4

Location	Average Cost per Hemodialysis Treatment [2]	Security[3]	Total
State Correctional Institution	$275.00	$0.00	$275.00
Community Dialysis Center	$125.00	$400.00	$525.00
Community Hospital Dialysis	$425.00	$400.00	$825.00

1. Number of inmates on hemodialysis as of 3/20/2000.

2. On average, three hemodialysis treatments per week are required.

3. If dialysis is provided off prison grounds, security escort is required. Security costs include transportation costs and corrections officer salaries.

Tom Ridge
Governor
Martin F. Horn
Secretary of Corrections

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Health Care Services

Dental Services

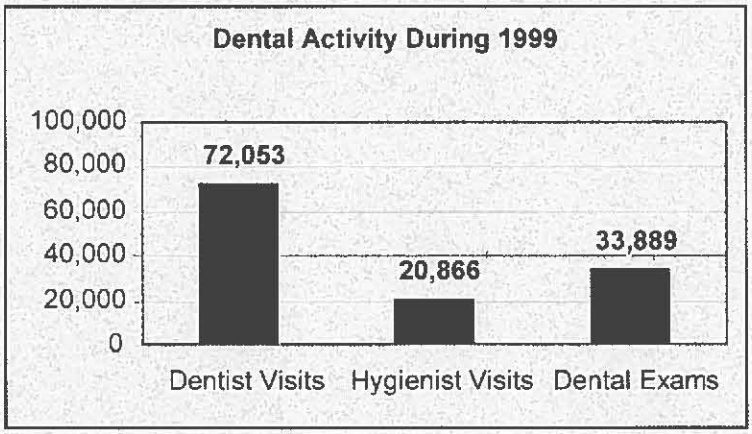
DISCUSSION:
The DOC has undertaken a massive review of inmate dental services.

The DOC contracted with correctional dental consultants in 1999-2000 to review dental practices and to provide recommendations for improved services. A permanent dental committee was established to address policy, productivity, infection control, quality improvement/utilization review, management organization structure, and personnel/recruitment. A draft dental policy was completed which establishes a better-defined scope of service to include:

- A comprehensive dental intake examination and a biannual dental exam for inmates under age 50.
- A needs driven care system driven by a treatment plan replacing the current sick call based system.
- A dental classification system based upon level of care dental needs.

The approach to dental care is governed by common practices in other correctional settings, the National Commission on Correctional Health Care, American Correctional Association Standards, and the American Dental Association Standards.

ACTIVITIES:
- A new dental policy was drafted by the policy subcommittee.
- A productivity model was established.
- An infection control manual was completed.
- Quality Improvement monitors are being established.
- A dental organizational structure is being established to include a Chief of Dentistry.
- Recruitment practices and personnel issues are under review.



PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Off-site Hospitalization

Health Care Services

DEFINITION:
Contract vendors are responsible for all off-site hospitalization costs.

DISCUSSION:
Inmates who require acute care for cancer, cardiac conditions, surgical conditions or who are in need of advanced nursing care such as intensive cardiac or medical surgical care are transferred to hospitals for treatment.

The average length of stay for hospitalizations has decreased from an average of 5.3 days in 1997 to 3.7 days in 1999 due to standardized utilization review procedures. There were approximately 4,098 bed days utilized in off-site hospitalization in 1999.

PROCESS:
1. Medical Director or designee orders the inmate to be transferred to outside hospital.
2. DOC security staff provide transportation for non-emergency cases. Emergencies are sent via ambulance.
3. Vendor staff performs utilization review to assure inmate is receiving the necessary medical care.
4. Inmates are returned to the prison once they are stabilized and their medical needs can be met or appropriate services provided.

Western Region (9 hospitals)
Greene County Memorial Hospital
Meadville Medical Center
Millcreek Community
Sharon Regional Health System
St. Francis Central
Somerset Hospital
Westmoreland Health System
*Allegheny General
*Allegheny University Hospital System

Central Region (10 hospitals)
Centre Community
Holy Spirit Hospital
J.C. Blair Hospital
Muncy Valley
Philipsburg
Tyrone Hospital
*Altoona Hospital
*Conemaugh Valley Hospital
*Geisinger Medical Center
*Hershey Medical Center

Eastern Region (7 hospitals)
Good Samaritan Regional Medical Center
Marian Community Hospital
Shamokin Area Community Hospital
Suburban General Hospital
*Crozier-Chester Medical Center
*Divine Providence Hospital
*Wyoming Valley Health Care System

PRIMARY CARE HOSPITALS:
The primary care hospitals are local hospitals that provide basic acute and emergency care.

***TERTIARY CARE HOSPITALS:**
These hospitals are generally larger and provide more specialized acute care, such as more specialized cardiovascular surgeries, cancer therapies and transplantation programs.

APRIL 2000
www.cor.state.pa.us

Tom Ridge
Governor

Martin F. Horn
Secretary of Corrections

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Quality Improvement (QI) Plan & Management Review Audit

Health Care Services

DISCUSSION:

The Department of Corrections (DOC) Quality Improvement (QI) activities, including the Management Review Audit, are designed to ensure the delivery of quality, efficient health care services to inmates incarcerated in State Correctional Institutions (SCI's). The Quality Improvement Plan is a physician-directed systems' approach that is data driven and is intended to provide objective and measurable results. Services covered by the QI plan include: all needed inmate medical services, those provided by vendors, community physicians and hospitals.

The Bureau of Health Care Services (BHCS) creates the annual Quality Improvement Plan, facilitates the Quality Improvement Committee, and completes an annual evaluation of the quality improvement activities.

The Management Review Audit represents an institution's annual "report card." It is a comprehensive review of health care policies, procedures and comprehensive care delivery by community standards. The Management Review Audit assesses the institution's compliance with DOC policy, procedures and applicable laws and health care standards. The audit is performed annually at each SCI.

Other quality improvement management activities include: the development of consistent policies and procedures, professional education, communicable disease surveillance, medical record improvement, clinical supervision, emergency care and services, inmate health education, entrance screening, medical clearance prior to transfer, appropriateness of medical transfers, adherence to inpatient area procedures, preventive care, infection control, utilization review, and risk management.

PROCESS/PROCEDURES:

Monitors/Indicators
The Quality Improvement Plan monitors include: chronic disease management: HIV, Hepatitis C, diabetes mellitus, neuroleptic/mood stabilizer medication, hypertension, asthma, emergency response, specialty referrals (On & Off Site), health screenings, medication errors and access to health care. State quality improvement monitoring is completed six times per year. In addition to state monitoring, each Institution's Quality Improvement Committee develops site-specific monitors. These monitors may include further monitoring of state QI issues, issues identified by the BHCS Management Review, or areas proactively identified by the institution's QI Committee.

Follow-up
A follow-up review of the institution's corrective plan of action is conducted by the Regional Quality Improvement Coordinator during routine site visitis, or a special follow-up review is scheduled as necessary.

QUALITY IMPROVEMENT COMMITTEES

A State Quality Improvement Committee provides a forum for the development of clinical policy, monitors and indicators, and implementation of the Quality Improvement plan.
The Regional Quality Improvement Committee is the forum for the institution's medical directors to have input into the development and maintenance of the Quality Improvement Plan.
The Institution Quality Improvement Committee activities include: proactive problem solving, development of site specific QI monitors, review of monitor and indicator performance, and establishing and monitoring corrective plans of action.

RESULTS & IMPACT OF THE QUALITY IMPROVEMENT PLAN AND THE MANAGEMENT REVIEW AUDIT

- Improved health care quality.
- Improved Contract Compliance and reduced costs as a result of employing utilization review.
- Improved access to care and continuity of care.
- Reduction in existing class action medical suits.
- Enhanced health care planning, management and evaluation within the institutions as a result of the Management Review Audit. Management review also aids the institutions in preparing for accredita tion audits.

Tom Ridge
Governor

Martin F. Horn
Secretary of Corrections

APRIL 2000
www.cor.state.pa.us

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Health Care Services

Vendor Pharmacy Service

DISCUSSION:

Pharmaceutical services for inmates are provided by the Department of Corrections (DOC) medical vendors who contract with pharmacies or provide their own pharmacy. Major pharmacies used include:

- Central Region - Diamond Drug
- Western Region - Stadtlander's Pharmacy and Boswell Pharmacy
- Eastern Region - The Medical Vendor, Correctional Physician Services has its own pharmacy

Each vendor has its own formulary or a list of medications that are usual and customary and are being provided at a set price. The formularies are comprehensive and consistent in that they all include psychotropic, narcotic, cardiac/anti-hypertensive, antiviral, anti-diabetic agents, and seizure medications. All non-formulary medications must be approved by a vendor representative.

Medication formularies help to control costs by setting a ceiling on price, using generics unless contraindicated, and purchasing with volume discounts.

Pharmaceuticals that are experimental, investigational or are not approved by the U.S. Food and Drug Administration in general marketing, or are otherwise not generally recognized as suitable or appropriate for treatment of the diagnosed medical condition, are not permitted to be used.

The vendors provide oversight of the pharmacy operation through monthly visits to each institution by a registered pharmacist to review operations.

Some over-the-counter medications are available for the inmate population in the commissary.

PROCESS:

1. A physician or physician's assistant writes an order for medication.
2. The order is faxed to the pharmacy. There is a back-up local area pharmacy for orders needed immediately . Institutions receive deliveries six days per week.
3. Medications are received within 72 hours in a multi-dose system.
4. Nursing staff compares medications sent with the order to ensure that correct medication and dosage is received.
5. Nursing staff administers the medication to inmates either through direct observation or self-medication.

Tom Ridge
Governor

Martin F. Horn
Secretary of Corrections

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Health Care Services

Health Care Costs

HEALTH CARE COST SUMMARY - Fiscal Year 1998-99

Health Care Cost Summary Fiscal Year 1998-99	
Regional Contract Costs	$ 72,501,000
Medical Personnel Costs (includes medical records staff and nurses)	$ 36,142,000
Dental Personnel Costs	$ 5,584
Other Costs (administrative, fixed assets, etc.)	$ 10,474
Total Cost	$ 124,701,000

Cost Increases

Year	Total Health Care Cost	Average Daily Health Cost Per Inmate
FY 1996-1997	$ 116,058,000	$ 9.45
FY 1997-1998	$ 118,625,000	$ 9.49
FY 1998-1999	$ 124,701,000	$ 9.58

COMPARISON OF SPECIALIZED INSTITUTIONS TO NON-SPECIALIZED INSTITUTIONS

SCI Laurel Highlands
SCI Laurel Highlands provides long-term and personal-care services for the inmate population requiring this level of care. The current capacity is 167 long-term care beds (85 skilled care and 82 personal care). Long-term care includes skilled nursing and skilled rehabilitation services. Long-term care is performed by or under the direct supervision of skilled nursing or rehabilitative personnel. The daily activities of this population require constant intervention and monitoring by the medical staff. Inmates in personal care need assistance with activities of daily living and verbal cues and prompting.

The Forensic Treatment Center (FTC) at SCI Waymart
The FTC is a 125 bed psychiatric hospital licensed by the PA Department of Welfare's Office of Mental Health. The FTC serves inmates from the Department of Corrections as well as jail inmates from an 11 county catchment area.

Expenditures for these institutions are higher due to specialized services, such as intensive psychiatric interventions, psychotropic medications, skilled nursing care (Hospice), dialysis, and rehabilitative services.

	Institution Population (as of 2/29/00)	Average Age	Number of Nursing Staff
SCI Laurel Highlands	374	47	70
SCI Waymart	1,210	40	55
Average Other SCI's	1,492	35	22

(continue)

Tom Ridge
Governor

Martin F. Horn
Secretary of Corrections

Health Care Costs for 1998-99

	Personnel	Regional Contract	Total Health Care Cost	Annual Health Care Cost Per Inmate	Average Daily Cost Per Inmate
Laurel Highlands	$3,555,000	$2,379,000	$5,958,000	$15,804	$43.30
Waymart	$4,641,000	$2,377,000	$7,109,000	$6,071	$16.63
Average all SCI's	$1,718,000	$2,945,000	$5,156,000	$3,495	$9.58

The $3,495.00 annual health care cost per inmate provides f or comprehensive care including: hospitalization, specialty care, dental, vision, pharmacy, preventative care, and psychiatric care.

The average annual cost of private Blue Cross and Blue Shield is $2,329.00, though that cost may be as high as $5,193. This includes hospitalization, specialty care, preventive care, pharmacy, and psychiatric care. It does not include vision and dental and there are deductibles that must be met.

PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Health Care Services

HIV Approach to Care

Discussion:

Act 148 of 1990 allows the Department of Corrections to test an inmate for HIV for medical reasons, upon that inmate's request, or when an employee is exposed to the inmate's blood.

Process/Procedure:

Upon reception to the DOC, all inmates are educated about HIV and AIDS. Peer educators work with the medical staff to instruct inmates on the risk factors of HIV and AIDS and the methods of preventing transmission. In addition, those inmates who fall into high-risk categories are encouraged to be tested, as well as receive instruction on the significance of adhering to the prescribed medication regimens.

In August of 1998, SCI Chester began a pilot program to ensure the continuity of care for HIV infected inmates who are soon to be released. Inmates involved in the program receive discharge planning which includes assistance in securing housing, medical care, and finding local support groups. Of the15 inmates who have enrolled in this program, two have been successfully discharged from the program.

	1999	1998	1997	1996	1995
HIV Positive	708	704	476	432	404
AIDS	231	273	221	220	186
Deaths from AIDS	12	20	20	34	38

Tom Ridge
Governor

Martin F. Horn
Secretary of Corrections

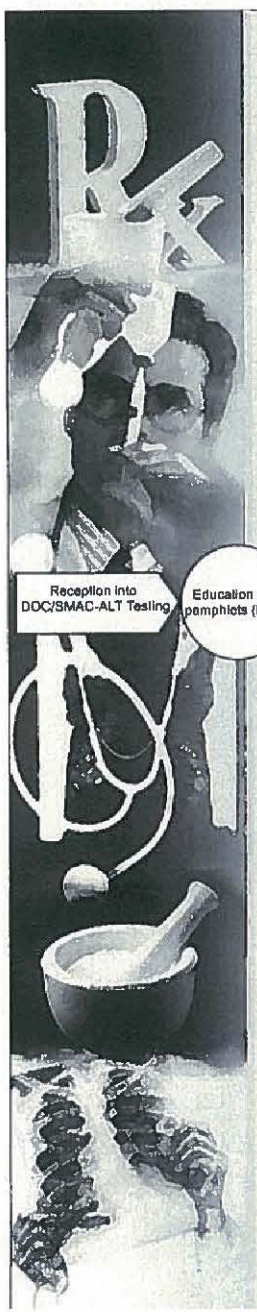
Hepatitis C (HCV)

PUBLIC SAFETY • SOBRIETY • EDUCATION • WORK
CITIZENSHIP • PARENTING

APRIL 2000
www.cor.state.pa.us

Tom Ridge
Governor

Martin F. Horn
Secretary of Corrections

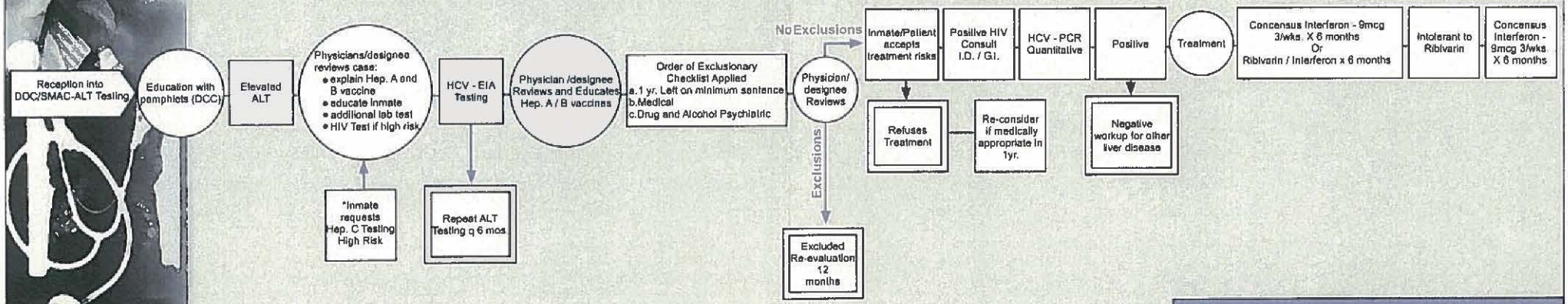


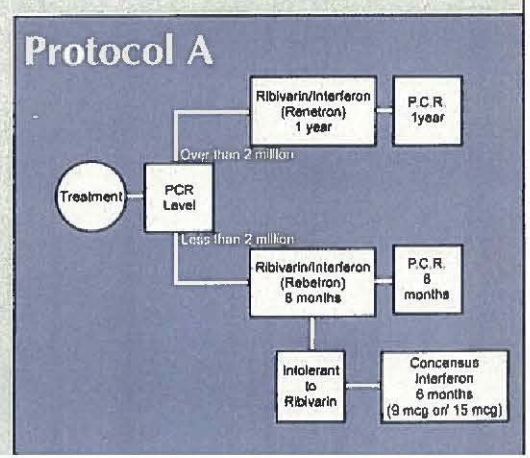
Hepatitis C (HCV)

DEFINITION:
Hepatitis C is a viral infection of the liver. It is most efficiently transmitted from blood to blood contact (i.e., I.V. drug use, blood transfusions, and accidental occupational exposure). It is rarely transmitted via sexual contact. The virus may cause cirrhosis or scarring of the liver, which can progress to liver cancer.

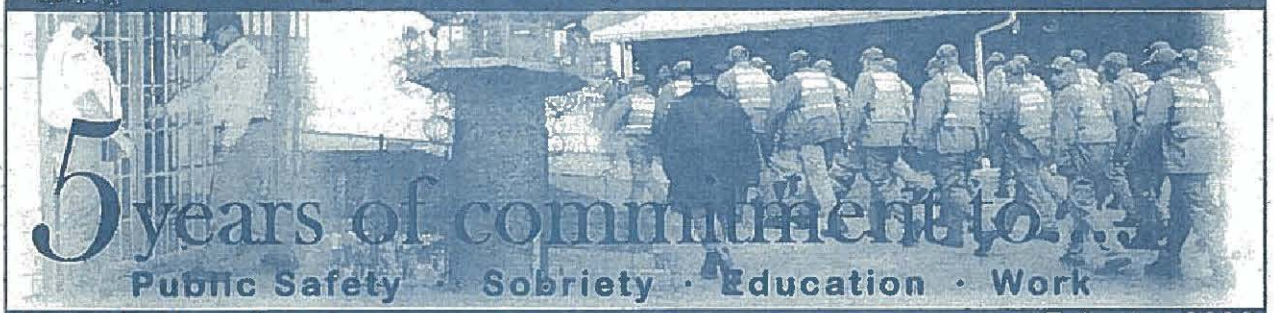
DISCUSSION:
Hepatitis C in prisons presents the Pennsylvania Department of Corrections (DOC) with a unique clinical challenge due to the chronic nature of the disease. It is common for this chronic disease to exist for 20-25 years before cirrhosis develops.

Protocol for Hepatitis C Identification and Treatment





Pennsylvania Department of Corrections



Martin F. Horn, Secretary — February 2000

Overview

At the direction of Governor Tom Ridge, the Pennsylvania Department of Corrections has undertaken initiatives designed to enhance public safety and the security of our institutions. The following pages showcase our results from 1995 to the present.

Recidivism rates are declining!
Fewer inmates are returning to prison within three years of their release.
Of the inmates released in 1994, 50% returned to state prison within three years. For those released in 1996, the three year return rate dropped dramatically to 39%.

Assaults are down!
Inmate on staff assaults have declined by 32% from 1995 to 1999.
Inmate on inmate assaults have declined by 26% from 1995 to 1999.

Misconducts and grievances are down!
Serious inmate misconducts have declined by 28% from 1995 to 1999.
Inmate grievances have declined by nearly 23.7% from 1995 to 1999.

Contraband drug use is down!
The number of cell searches has more than doubled from 1995 to 1999.
Drug finds have decreased by over 50% from 1995 to 1999.

Positive drug tests are down!
The total number of drug tests conducted increased four-fold from 1995 to 1999. The number of tests conducted is twice the national average.
Total positive drug tests have decreased from 5.9% of all tests conducted in 1995 to 1.5% of all tests in 1999.
Random Drug testing has increased by 43.5% from the 4th quarter of 1998 to the 4th quarter of 1999.
The percentage of positives on random drug tests was .3% for the 4th quarter of 1999.

Drug and alcohol treatment resources are increasing!
Treatment spending has increased by 200% from 1995 to 1999.
The number of inmates enrolled in treatment programs has increased by 58.7% from 1995 to 1999.

More inmates are enrolled in educational and vocational programming!
The number of inmates enrolled in school has increased by 9.5% from 1995 to 1999.
The number of inmates enrolled in vocational programming has increased by 18.7% from FY 1995/96 to FY 1998/99.

More inmates are working!
The number of inmates assigned to work has increased by 14.6% from 1995 to 1999.
Since 1995 a total of 996,101 inmate work hours have been devoted to community work projects. Net savings for these projects amounted to $5,353,511.

Division of Planning, Research . Statistics and Grant Management • Bureau of Management Information Services
PA Department of Corrections , P. O. Box 598, Camp Hill , PA 17001-0598 Telephone (717) 731-7149
Martin F. Horn, Secretary — *Kathleen Gnall, Chief*

Mission Statement

The Pennsylvania Department of Corrections recognizes and accepts its public responsibility to maintain a safe and secure environment for both the incarcerated offenders and the staff responsible for them.

We believe that every inmate should have an opportunity to be constructively engaged and involved in a program of self improvement.

Authority exercised over inmates will be fair and professionally responsible.

We recognize our responsibility to be open to and provide access to inmate families, religious groups, and community volunteers.

We are sensitive to the concerns of victims and their need for inclusion in the correctional process.

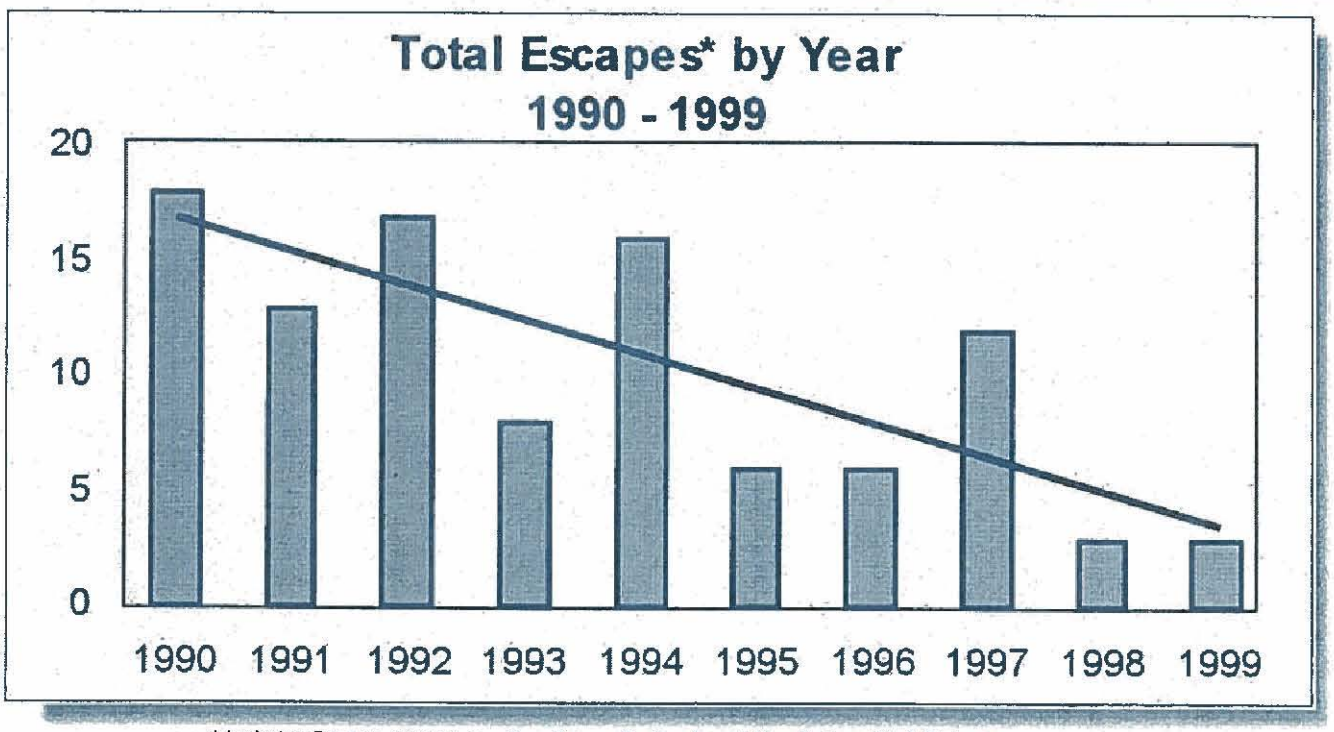
We recognize that our greatest source of strength lies within our human resources – the men and women and their families who are the Pennsylvania Department of Corrections.

5 years of commitment to.....

Public Safety · Sobriety · Education · Work

Is there an increased emphasis on public safety and institution security? YES!

Policy Enhancements	Security Enhancements	Physical Enhancements
Created Public Safety face sheets on all inmates. Enhanced victim notification process. Created escape packets for use in emergencies on all inmates.	Removed inmates serving life sentences from outside work detail. Implemented community emergency notification procedures. Initiated mounted patrols. Enhanced drug detection by using Canine Teams and electronic drug detection devices to search inmates, staff, visitors, property and common areas.	Added security cameras at all 25 institutions. Added razor wire to perimeter fencing and initiated other perimeter upgrades. Zoned institutions to enhance the control of inmates. Added housing units to securely confine violent offenders.



* Includes Breach, Walkaway, Non Return Furlough and Non Return Work Release

PUBLIC SAFETY

5 years of commitment to.....

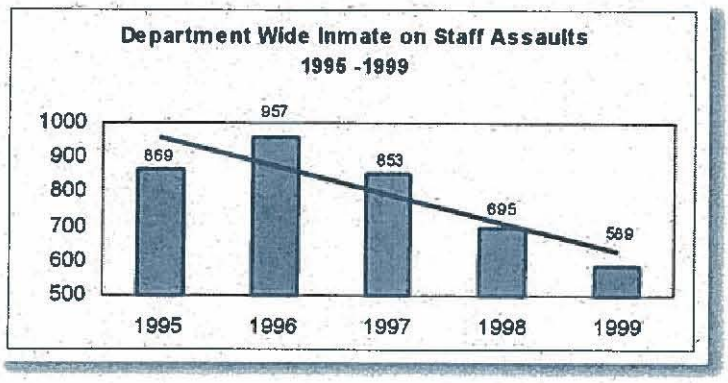
Public Safety · Sobriety · Education · Work

Have assaults in prison declined? YES!

Inmate on Staff Assaults have declined!

The total of inmate on staff assaults decreased by 32.2% from 869 in 1995 to 589 in 1999.

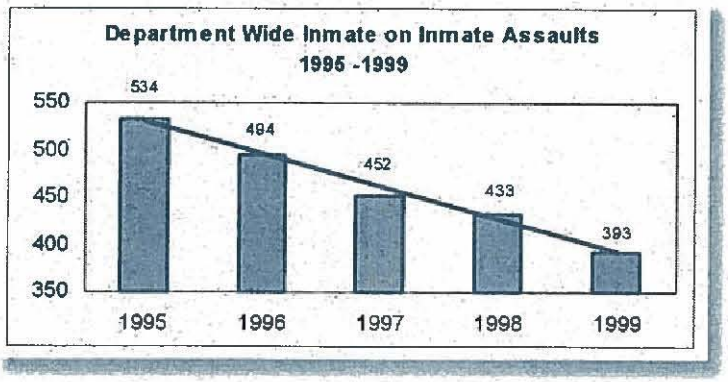
Major assaults have declined by 33.3% from 54 in 1996 to 36 in 1999.



Inmate on Inmate Assaults have declined!

Annual total of inmate on inmate assaults decreased by 26.4% from 534 in 1995 to 393 in 1999.

Major assaults have declined by 75.7% from 115 in 1996 to 28 in 1999.



ASSAULTS

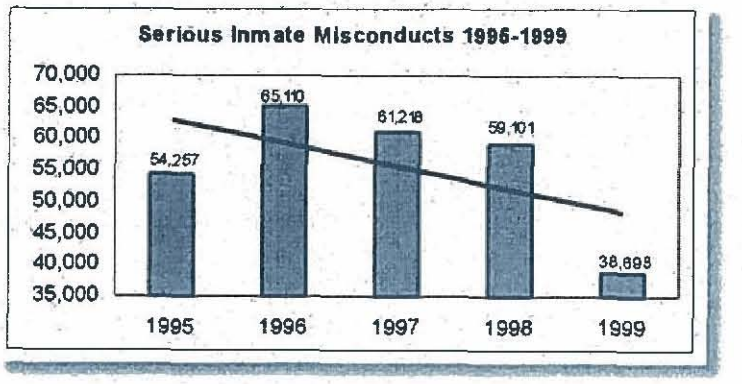
5 years of commitment to.....

Public Safety · Sobriety · Education · Work

Are inmates receiving fewer misconducts and filing fewer grievances? YES!

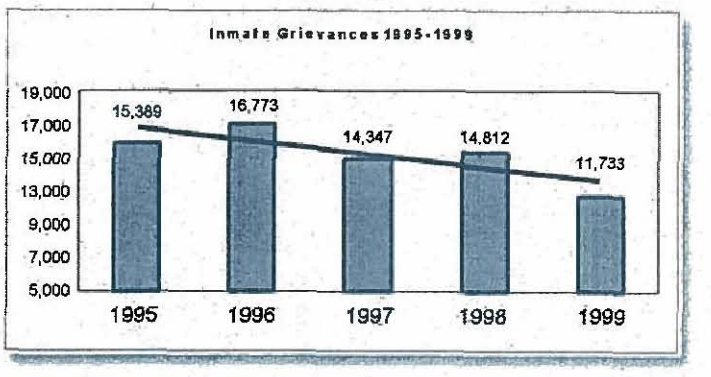
Serious Inmate Misconducts are down!

The number of serious misconduct charges filed against inmates declined by 28.7% from 54,257 in 1995 to 38,698 in 1999.



Inmate Grievances are down!

The number of grievances filed by inmates declined by 23.7 % from 15,389 in 1995 to 11,733 in 1999.



MISCONDUCTS

5 years of commitment to.....

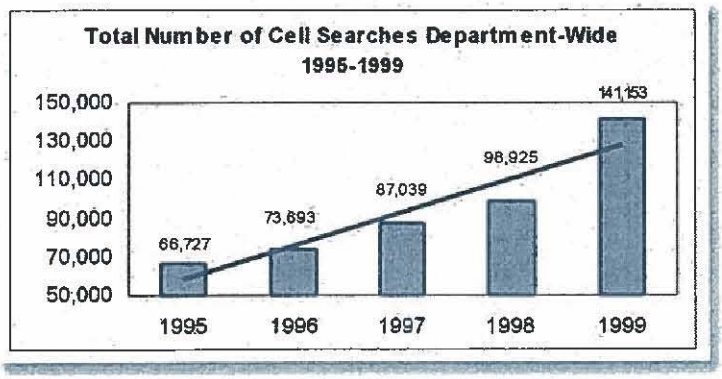
Public Safety · Sobriety · Education · Work

Are there fewer drugs in prison? YES!

Cell Searches have increased!

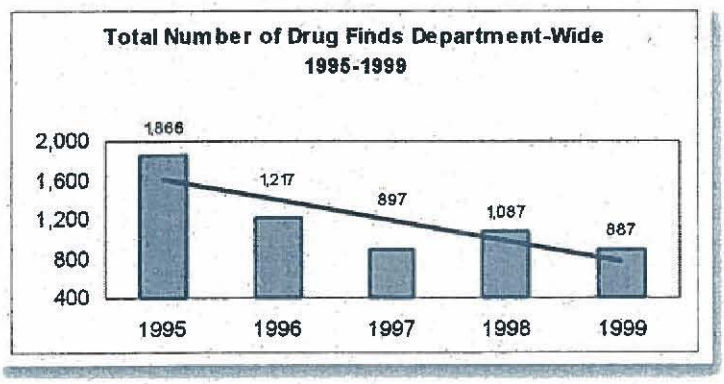
All inmates are now searched a minimum of three times a year.

The total number of cell searches conducted increased by 111.5% from 66,727 in 1995 to 141,153 in 1999.



Drug Finds have decreased!

The total number of drug finds has decreased by 52.5% from 1,866 in 1995 to 887 in 1999.



CELL SEARCHES / DRUG FINDS

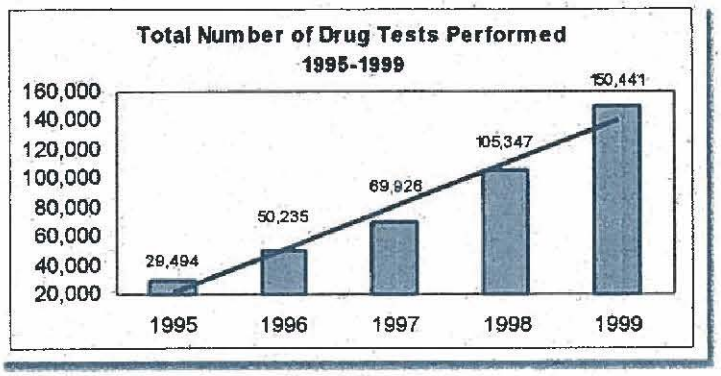
5 years of commitment to.....

Public Safety · Sobriety · Education · Work

Are there fewer drugs in prison? YES!

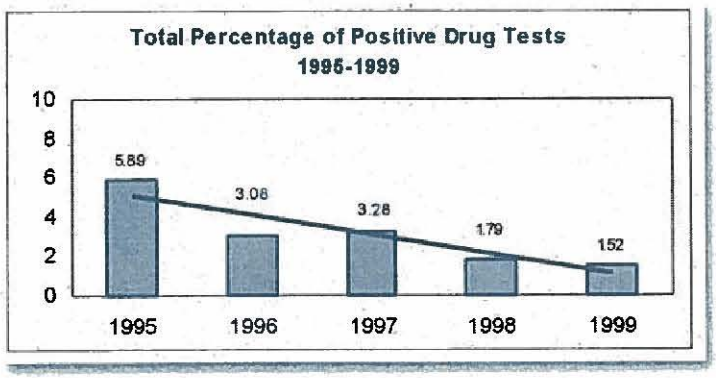
All drug testing has increased! The Department is conducting twice as many drug tests as the national average for prison systems (based on statistics from the 1998 Corrections Yearbook).

The total number of drug tests conducted increased four-fold from 29,494 tests in 1995 to 150,441 tests in 1999.



Positive drug tests have declined!

Total positive drug tests have declined from 5.9% of all tests conducted in 1995 to 1.5% of all tests conducted in 1999.



DRUG TEST / POSITIVE DRUG TESTS

5 years of commitment to.....

Public Safety · Sobriety · Education · Work

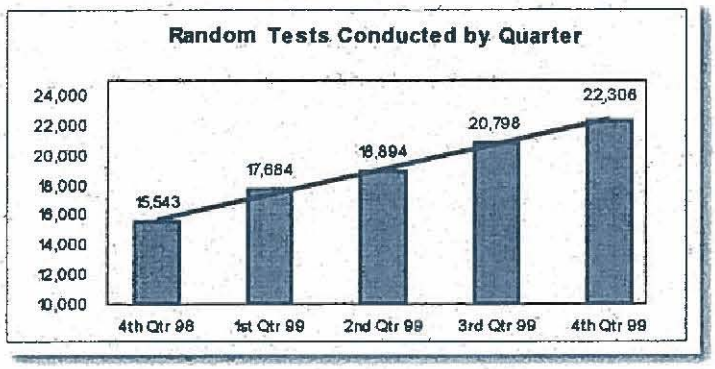
Are there fewer drugs in prison? YES!

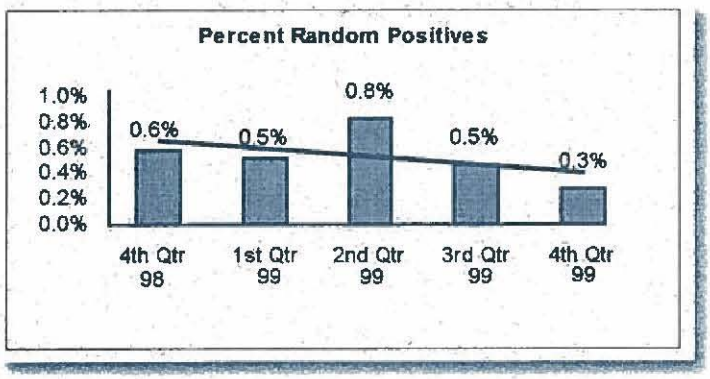
Random Drug Testing Introduced.

In October of 1998, the Department instituted random drug testing for the inmate population.

From October of 1998 through December of 1999, the Department conducted 95,000 random tests.

The monthly average for percent positives on random tests is one-half of one percent. The percent positive has declined further in the last quarter of 1999.





DRUG TEST / POSITIVE DRUG TESTS

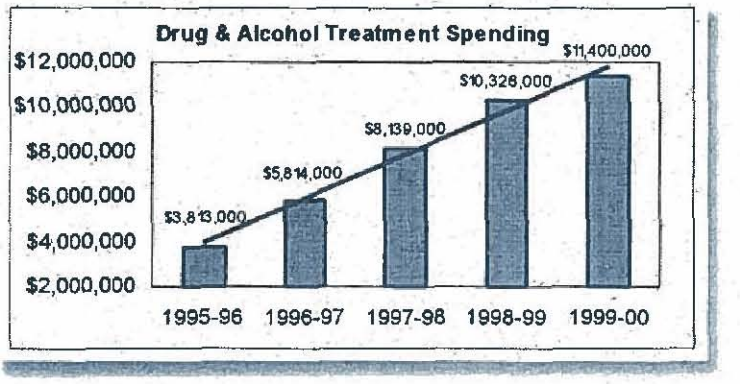
5 years of commitment to.....

Public Safety · Sobriety · Education · Work

Have we increased drug and alcohol treatment programs and are more inmates participating ? YES!

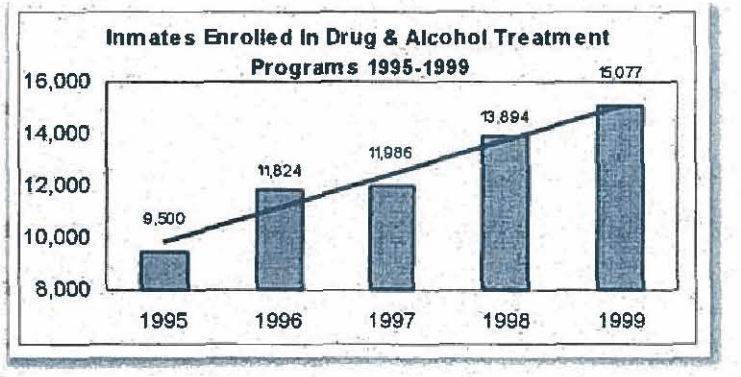
Treatment spending has increased!

Drug and alcohol treatment spending has increased by 200% from $3,813,000 in FY 1995/96 to $11,400,000 in FY 1999/00.



More inmates participating!

Inmates enrolled in Drug and Alcohol Treatment programs have increase by 58.7% from 9,500 in 1995 to 15,077 in 1999.



Increased emphasis on treatment!

Since 1995, seven therapeutic communities that serve approximately 700 inmates per year have opened.

A standardized drug and alcohol screening tool and program for inmates with drug and alcohol needs has been developed.

In 1998, the State Correctional Institution at Chester was opened. This institution is dedicated to treating inmates with serious drug and alcohol problems.

SOBRIETY

5 years of commitment to.....

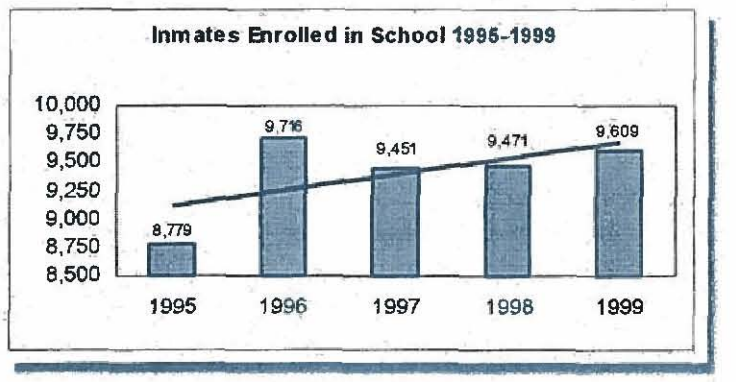
Public Safety · Sobriety · Education · Work

Has the number of inmates enrolled in educational and vocational programming increased? YES!

A change in the philosophy of the importance of education has led to the department instituting a policy that requires inmate to read at the fifth grade level in order to work.

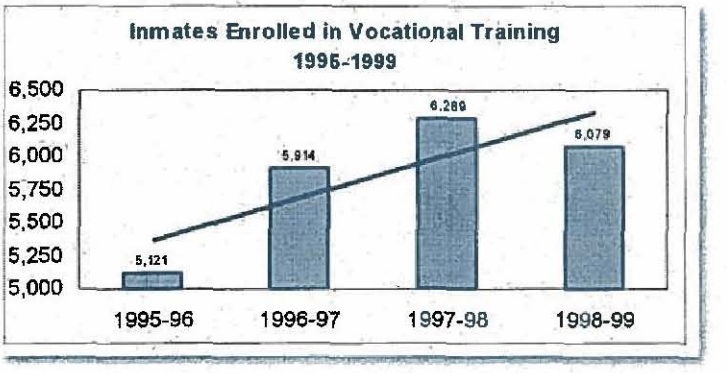
More inmates enrolled in school!

The total number of inmates enrolled in school has increased by 9.5% from 8,779 in 1995 to 9,609 in 1999.



More inmates enrolled in vocational training!

The total number of inmates involved in vocational training has increased by 18.7% from 5,121 in FY 1995/96 to 6,079 in FY 1998/99.



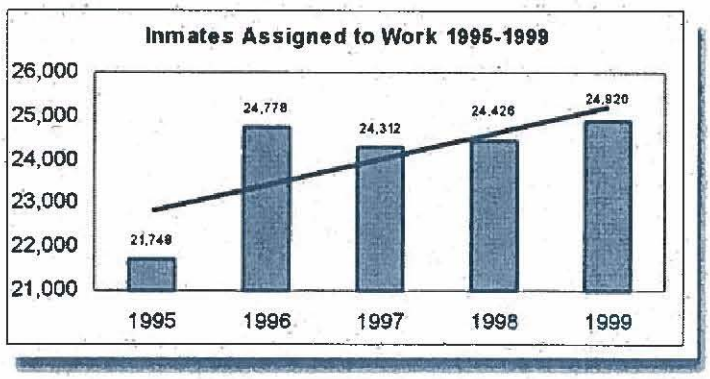
5 years of commitment to.....

Public Safety · Sobriety · Education · Work

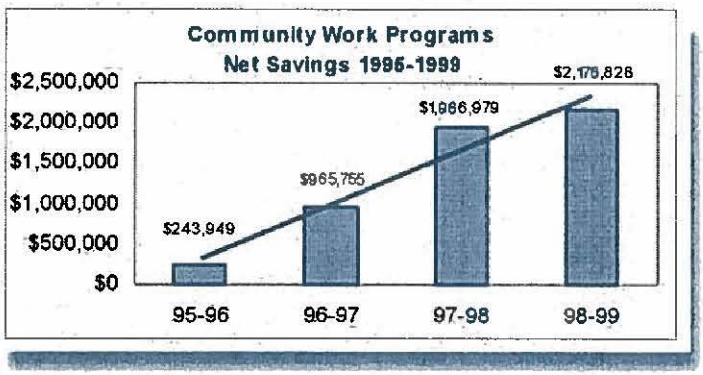
Has the number of inmates working increased ? YES!

The total number of inmates assigned to work has increased by 14.6% from 21,748 in 1995 to 24,920 in 1999.

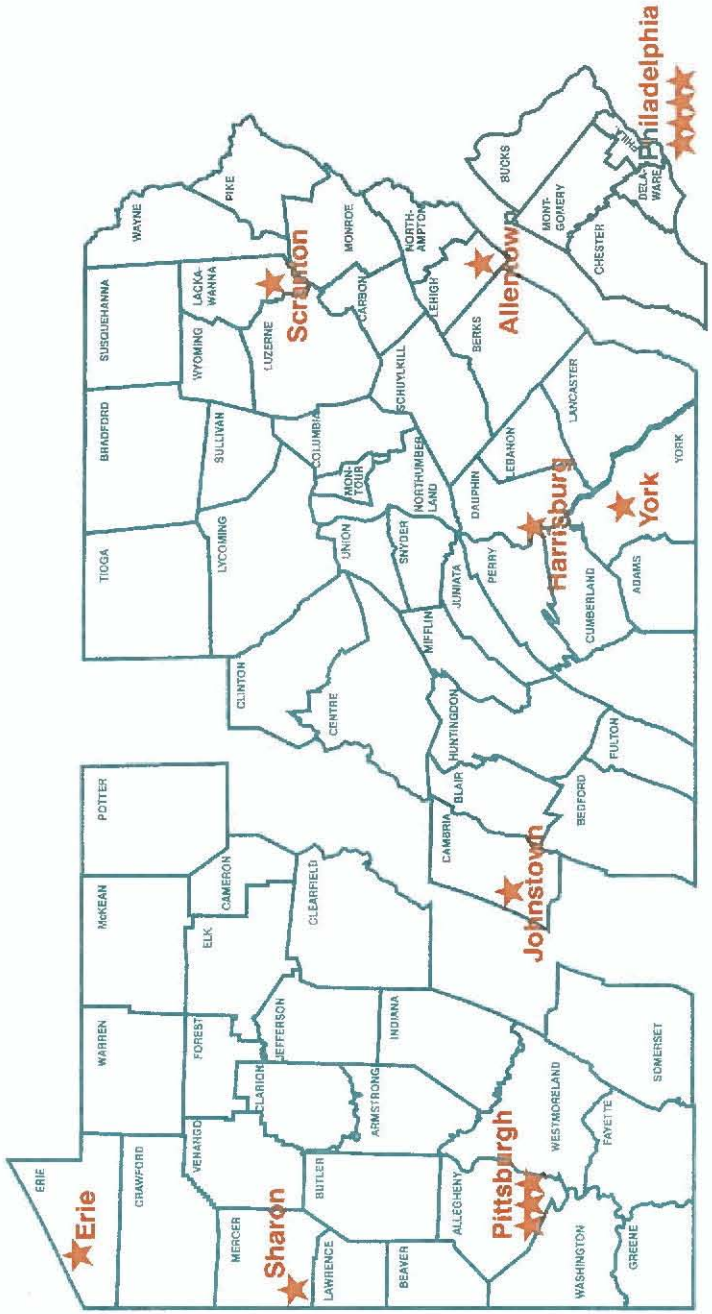
The total number of inmates employed increased by 24.3% from 19,517 in 1994 to 24,250 in 1998.



Since 1995, a total of 659,420 inmate work hours have been devoted to community work projects. Net savings for these projects amounted to $5,353,511.



BUREAU OF COMMUNITY CORRECTIONS



CCC Region I

CCC Region II

CCC Region III

DEPARTMENT OF CORRECTIONS

Martin F. Horn
Secretary

Jeffrey A. Beard, Ph.D.
Executive Deputy Secretary

William J. Love
Deputy Secretary
for Specialized Facilities

BUREAU OF COMMUNITY CORRECTIONS

DIRECTORY OF OFFICES, COMMUNITY CORRECTIONS CENTERS AND CONTRACT FACILITIES

Thomas A. Rogosky
Director

Kenneth W. Dehus
Assistant to the Director

Helen Seferyn
RSAT Coordinator

Joanne Zarko
Administrative Officer

Mark Derrick
Automation Coordinator

Jane Shiffler
Clerical Supervisor

P. O. Box 598
Camp Hill, PA 17001-0598

Telephone: (717) 731-7147
Fax: (717) 731-7153

October 1999

VALUES STATEMENT

We are a team of dedicated professionals:

- Committed to EXCELLENCE;
- PROUD of Our Vision and Our Accomplishments;
- Driven by INTEGRITY;
- Guided by COMPASSION and MUTUAL RESPECT for Each Other;
- RESPONSIVE to Each Other, Those Committed to Our Care and the Public;
- Evaluated by the INNOVATION and RESOURCEFULNESS with which we Realize Our Mission, Our Goals and Our Objectives.

COMMUNITY CORRECTIONS MISSION STATEMENT

WE THE BUREAU OF COMMUNITY CORRECTIONS OF THE PENNSYLVANIA DEPARTMENT OF CORRECTIONS RECOGNIZE AND WELCOME OUR RESPONSIBILITIY TO PROVIDE A MONITORED RE-ENTRY OF OFFENDERS FROM INCARCERATION TO RESPONSIBLE COMMUNITY LIVING.

WE ARE CONCERNED ABOUT PUBLIC SAFETY. A PROFESSIONAL STAFF ASSESSES EACH APPLICANT, MONITORS ALL ACTIVITIES AND HOLDS EACH INDVIDUAL ACCOUNTABLE FOR THEIR ACTIONS.

WE ARE SENSITIVE TO THE NEEDS OF VICTIMS AND THE COMMUNITIES IN WHICH WE LIVE AND WORK. THE IMPORTANCE OF THEIR INPUT IS RECOGNIZED.

WE BELIEVE SERVICES SHOULD MEET BOTH THE NEEDS OF THE PUBLIC AND THE OFFENDER. ALL COMMUNITY PRIVILEGES MUST BE EARNED BY THE PARTICIPANTS. EACH STAFF MEMBER IS COMMITTED TO THE CARE AND CUSTODY OF THOSE INDIVIDUALS UNDER THEIR CHARGE.

WE ARE COMMITTED TO RESTORING HARMONY TO THE COMMUNITY THOROUGH THE PERFORMANCE OF REGULAR COMMUNITY SERVICE ACTIVITIES AND THROUGH THE SYSTEMATIC PAYMENT OF RESTITUTION, FINES AND COURT COSTS.

WE BELIEVE OUR COMMUNITY CORRECTIONS CENTERS AND CONTRACT FACILITES AFFORD THE BEST OPPORTUNITY FOR OFFENDERS TO CHANGE CONSTRUCTIVELY AND REINTEGRATE WITH EMPLOYER, FAMILY, FRIENDS AND NEIGHBORS.

COMMUNITY CORRECTIONS IS PROUD TO SERVE THE PUBLIC AS A VIABLE LINK IN THE CORRECTIONAL PROCESS BY MAINTAINING A SAFE AND HEALTHY ENVIRONMENT FOR ALL.

REGION I

REGIONAL OFFICE
Manuel A. Arroyo – Director
Sandra L. Smith – Assistant Regional Director
Wilhelmina Ellison – Clerical Supervisor
Helen Gramlich – Secretary
Rose Ceraso – Secretary
Jacqueline Cadogan – Secretary
Evans Gary, Jr. – Contract Facility Coordinator
Stephen P. Dombkoski – Contract Facility Coordinator
Gladys Reid – Contract Facility Coordinator
Luis A. Resto – Contract Facility Coordinator
Glenn Yanis – Contract Facility Coordinator
LuAnn Wertz – Referral Specialist
Donna L. Hall – Referral Specialist
1355 West Cheltenham Avenue
Elkins Park, PA 19027
Telephone: (215) 560-1600 Fax: (215) 560-1601

PHILADELPHIA CCC #2
Paul M. Bivins – Director
Juanita Brigman – Secretary
407 North 8th Street
Philadelphia, PA 19123
Telephone: (215) 560-3041 Fax: (215) 560-4120

PHILADELPHIA CCC #3
Stephanie R. Smith – Director
Mishael Milner-Nash – Secretary
219 East High Street
Philadelphia, PA 19144
Telephone: (215) 560-4885 Fax: (215) 560-5774

PHILADELPHIA CCC #4
Robert M. Sunshine – Director
Kerlynne Brigmon – Secretary
1628-1630 North 15th Street
Philadelphia, PA 19121
Telephone: (215) 560-5328 Fax: (215) 560-5621

PHILADELPHIA CCC #5
Hilliard Preston – Director
Roberta Albany – Secretary
1221-1223 Bainbridge Street
Philadelphia, PA 19147
Telephone: (215) 560-4543 Fax: (215) 560-5508

REGION 1 CONTRACT FACILITIES

BEACON CENTER (CCF-CPC)
901 N. Carlisle Street, 2nd Floor
Philadelphia, PA 19130
Telephone: (215) 235-3300

CIVI GENICS, INC. (RSAT-OPS)
230 N. Monroe Street
Media, PA 19063
Telephone: (610) 565-2186

DIAGNOSTIC & REHABILITATION CENTER (D&A, CCF-CPC)
229 Arch Street
Philadelphia, PA 19106
Telephone: (215) 625-8060

DIVERSIFIED HEALTH, L.L.C. (D&A)
101 North Providence Road
Wallingford, PA 19086
Telephone: (610) 892-9167

EAGLEVILLE HOSPITAL (D&A, SAV-OPS)
100 Eagleville Road
Eagleville, PA 19408
Telephone: (610) 539-6000

EAGLEVILLE NORTH PHILADELPHIA (D&A)
1007A West Lehigh Avenue
Philadelphia, PA 19133
Telephone: (215) 228-0780

FOOD FOR LIFE CCC (CCF-CPC)
918 North Broad Street
Philadelphia, PA 19130
Telephone: (215) 235-8660

FOOD FOR LIFE VETERANS CENTER (CCF-CPC)
1344 West York Street
Philadelphia, PA 19132
Telephone: (215) 223-9770

GAUDENZIA FIRST PROGRAM (MHS-CCF)
1306 Spring Garden Street, 6th floor
Philadelphia, PA 19123
Telephone: (215) 413-8260

GAUDENZIA RE-ENTRY HOUSE (CCF)
5401 Wayne Avenue
Philadelphia, PA 19144
Telephone: (215) 438-5082

GAUDENZIA HOUSE WEST CHESTER (D&A, CCF-CPC)
1030 South Concord Road
West Chester, PA 19382
Telephone: (610) 399-6929

HANNAH HOUSE, INC. (CCF-CPC)
2831 North Hutchinson Street
Philadelphia, PA 19133
Telephone: (215) 228-4410

HOSPITALITY HOUSE OF PHILADELPHIA, INC. (CPC)
2130 North Hancock Street
Philadelphia, PA 19122
Telephone: (215) 427-3086

KINTOCK (D&A, CCF-CPC)
1347 Wood Street
Philadelphia, PA 19107
Telephone: (215) 440-9730

LIBERTY MANAGEMENT (CCF-CPC)
1007 West Lehigh Avenue
Philadelphia, PA 19133
Telephone: (215) 227-1930

LYCOMING HOUSE (D&A, CCF-CPC)
1712 Point Breeze Avenue
Philadelphia, PA 19145
Telephone: (215) 468-2797

MINSEC (CCF-CPC)
201 East 12th Street
Chester, PA 19013
Telephone: (610) 872-0511

ONWARDS, INC. (CCF-CPC)
809 West Lehigh Avenue
Philadelphia, PA 19133
Telephone: (215) 225-1291

SELF, INC. (CCF-CPC)
1303-1307 Susquehanna Avenue
Philadelphia, PA 19122
Telephone: (215) 769-0500

SELF–HELP MOVEMENT (D&A, CCF-CPC)
2600 Southampton Road
Philadelphia, PA 19116
Telephone: (215) 677-7778

STONEBRIDGE/RHD (D&A)
5145 Germantown Avenue
Philadelphia, PA 19144
Telephone: (215) 849-5600

VOLUNTEERS OF AMERICA/STATION HOUSE (CCF-CPC, BCA)
2601 North Broad Street
Philadelphia, PA 19132
Telephone: (215) 226-6400

REGION II

REGIONAL OFFICE
Paul M. O'Connor – Director
Susan E. Clausen – Secretary
Tara I. Davis – Secretary
K. James Black – Contract Facility Coordinator
James Boyd – Contract Facility Coordinator
Albert Foster – Referral Specialist
1235 Elmerton Avenue
Harrisburg, PA 17110
Telephone: (717) 787-8127 Fax: (717) 787-5407

ALLENTOWN CCC
Edward W. Krug – Director
Elizabeth Martinez – Secretary
Andrea L. Krajcic – Secretary
608-610 Hamilton Mall
Allentown, PA 18101
Telephone: (610) 821-6741 Fax: (610) 821-6558

HARRISBURG CCC
Jeffrey A. Troutman – Director
Carol R. Shillow – Secretary
27 North Cameron Street
Harrisburg, PA 17101
Telephone: (717) 787-4427 Fax: (717) 772-6929

JOHNSTOWN CCC
Robert B. Young – Director
Gail Anthony – Secretary
301 Washington Street
Johnstown, PA 15901
Telephone: (814) 533-2416 Fax: (814) 533-2622

SCRANTON CCC
John W. McGuire – Director
Rita M. Mayer – Secretary
240 Adams Avenue
Scranton, PA 18503
Telephone: (570) 963-4215 Fax: (570) 963-3077

YORK CCC
Richard J. Manning – Director
Sandra Sutherland – Secretary
317 West Market Street
York, PA 17401
Telephone: (717) 771-1342 Fax: (717) 771-1231

REGION II CONTRACT FACILITIES

ADAPPT TREATMENT SERVICES (D&A, CCF-CPC)
417-419 Walnut Street
Reading, PA 19601
Telephone: (610) 478-8800

ATKINS HOUSE (CCF-CPC)
305-307 East King Street
York, PA 17403
Telephone: (717) 848-5454

CAPITOL PAVILION (CCF-CPC)
2012 North 4th Street
Harrisburg, PA 17102
Telephone: (717) 236-0132

CATHOLIC SOCIAL SERVICES (CCF-CPC)
409-411 Olive Street
Scranton, PA 18509
Telephone: (570) 342-1296

CONEWAGO PLACE (D&A, CCF-CPC)
424 Nye Road
Hummelstown, PA 17036
Telephone: (717) 533-0428

CRISPUS ATTUCKS/YOUTHBUILD (CCF-CPC)
158 South Duke Street
York, PA 17403
Telephone: (717) 854-6444

GAUDENZIA, INC. COMMONGROUND (D&A, CCF-CPC)
2835 North Front Street
Harrisburg, PA 17110
Telephone: (717) 238-5553

GAUDENZIA, INC. CONCEPT 90 (D&A, CCF-CPC)
Harrisburg State Hospital
Spruce Street, Bldg. 21
Harrisburg, PA 17110
Telephone: (717) 232-3232

OUTBOUND HOMES (CCF-CPC)
2901 North 6th Street
Harrisburg, PA 17110
Telephone: (717) 236-8863

RIGHT TURN OF PA (CCF-CPC)
901 Sixth Avenue
Altoona, PA 16601
Telephone: (814) 944-3035

TRANSITIONAL LIVING CENTER (CCF-CPC)
900 West Third Street
Williamsport, PA 17701
Telephone: (717) 326-7220

TREATMENT TRENDS/KEENAN HOUSE (D&A, CCF-CPC)
18-22 South Sixth Street
Allentown, PA 18105
Telephone: (610) 439-8479

WERNERSVILLE/CONEWAGO (D&A, CCF-CPC)
Wernersville State Hospital
Sportsman's Road, Buildings 18 & 19
Wernersville, PA 19565
Telephone: (610) 685-3733

REGION III

REGIONAL OFFICE
Robert V. Belcik – Director
Kim J. Killian – Secretary
Irene M. Egyed – Secretary
Daniel A. Kohut – Administrative Officer
William A. Morse – Contract Facility Coordinator
Dennis A. Rhodes – Contract Facility Coordinator
Vacant – Referral Specialist
1301 Beaver Avenue
Pittsburgh, PA 15233
Telephone: (412) 565-5657 Fax: (412) 565-5606

PITTSBURGH CCC #1
Bill Dolata – Director
Mary Cherevka – Secretary
915 Ridge Avenue
Pittsburgh, PA 15212
Telephone: (412) 322-6806 Fax: (412) 565-5112

PITTSBURGH CCC #2
Ron Pristas – Director
Beverly McClain – Secretary
501 North Negley Avenue
Pittsburgh, PA 15206
Telephone: (412) 565-5360 Fax: (412) 565-5381

PITTSBURGH CCC #3
Gail L. Harris – Director
Cheryl C. Marsh – Secretary
535 South Aiken Avenue
Pittsburgh, PA 15232
Telephone: (412) 681-1202 Fax: (412) 565-3597

ERIE CCC
John Hannah – Director
Mary Gavin – Secretary
423 West 8th Street
Erie, PA 16502
Telephone: (814) 871-4281 Fax: (814) 871-4711

SHARON CCC
Marcia Combine – Director
Connie Gates – Secretary
300 West State Street
Sharon, PA 16146
Telephone (724) 983-5135 Fax: (724) 983-5708

REGION III CONTRACT FACILITIES

ALLE-KISKI PAVILION (CCF-CPC)
17th Street and 4th Avenue
Arnold, PA 15068
Telephone: (724) 339-8400

GATEWAY/BRADDOCK (D&A, CCF-CPC)
426 George Street
Braddock, PA 15104
Telephone: (412) 351-3548

GATEWAY/ERIE (D&A, CCF-CPC)
2860 East 38th Street
Erie, PA 16510
Telephone: (814) 899-0081

GATEWAY REHABILITATION CENTER (D&A, CCF-CPC)
Moffet Run Road
Aliquippa, PA 15001
Telephone: (412) 766-8700

GOODWILL COMMUNITY CORRECTIONS CENTER (CCF-CPC)
2400 East Carson Street
Pittsburgh, PA 15203
Telephone: (412) 381-2676

PENN PAVILION (CCF-CPC)
701 Penn Avenue
New Brighton, PA 15066
Telephone: (724) 843-3212

RENEWAL, INC. (D&A, BCA, CCF-CPC)
339 Boulevard of the Allies
Pittsburgh, PA 15222
Telephone: (412) 456-1441

SERENITY HALL (D&A, BCA, CCF-CPC)
414 West 5th Street
Erie, PA 16507
Telephone: (814) 459-4775

LEGEND

Community Contract Facilities (CCF)
Community Parole Centers (CPC)
Drug & Alcohol Facilities (D&A)
Mental Health Services (MHS)
Residential Substance Abuse Treatment (RSAT)
Out-Patient Services (OPS)
Boot Camp Aftercare (BCA)

Section 2

CENTRAL OFFICE

Secretary		975-4860
Martin F. Horn	Fax #	787-0132
Executive Deputy Secretary		975-4868
Jeffrey A. Beard, Ph.D.	Fax #	787-0132
Deputy Secretary-Administration		975-4998
John Shaffer	Fax #	731-0497
Deputy Secretary-Eastern Region		975-4972
Dennis R. Erhard	Fax #	731-0437
Deputy Secretary-Western Region		975-4865
Thomas A. Fulcomer	Fax #	731-0437
Deputy Secretary-Intergovernmental Relations		975-4876
William M. Reznor	Fax #	731-0497
Deputy Secretary-Specialized Facilities & Programs		975-4930
William J. Love	Fax #	731-0437
Office of Chief Counsel		975-4864
Sarah B. Vandenbraak	Fax #	772-3176
Assistant Counsels (Utley Drive)		731-0444
	Fax #	975-2217
Office of Legislative Affairs		975-4969
Mary Beth Marschik	Fax #	731-7013
Press Office		975-4862
Michael Lukens	Fax #	731-0498
Bureau of Administration		975-4897
Lee T. Bernard II	Fax #	975-2242
Bureau of Correctional Industries		731-7132
Linda Morrison	Fax #	975-2226

Bureau of Health Care Services		731-7031
Catherine McVey	Fax #	731-7000
Bureau of Human Resources		975-4861
Daniel R. Tepsic	Fax #	975-2232
Bureau of Inmate Services		730-2707
William Harrison	Fax #	731-7159
Bureau of Management Information Services		731-7149
Andy Keyser	Fax #	731-7058
Bureau of Operations		975-4884
Jacob D. Bliek	Fax #	787-1758
Office of Equal Employment Opportunity		975-4905
Raphael K. Chieke	Fax #	787-1758
Office of Professional Responsibility		731-7777
Clifford O'Hara	Fax #	975-2243
Office of Standards & Practices & Security		731-7111
J.D. Shutt	Fax #	731-7114
Accreditation		
Barry Williams		731-7111
Security		
Dan Nagy		730-5012
	Fax #	731-0432
Staff Development and Training Office		367-9070
William D. Sprenkle	Fax #	367-3912
Computer Services Division		731-7149
Michael P. Cannon	Fax #	731-7058
Office of Victim Services		731-7060
Kathy Buckley		800-322-4472
	Fax #	731-7067

STATE CORRECTIONAL INSTITUTIONS

INSTITUTION	TELEPHONE #	FAX NUMBER	CODE
ALBION	814-756-5578	814-756-5804	ALB
CAMBRIDGE SPRINGS	814-398-5400	814-398-5113	CBS
CAMP HILL	717-737-4531	717-783-7185	CAM
CHESTER	610-490-5412	610-447-3000	CHS
COAL TOWNSHIP	570-644-7890	717-644-4882	COA
CRESSON	814-886-8181	814-946-6977	CRE
DALLAS	570-675-1101	570-826-2024	DAL
FRACKVILLE	570-874-4516	570-621-3429	FRA
GRATERFORD	610-489-4151	610-270-1859	GRA
GREENE	724-852-2902	724-852-5541	GRN
GREENSBURG	724-837-4397	724-832-5535	GRE
HOUTZDALE	814-378-1000	814-378-1030	HOU
HUNTINGDON	814-643-2400	814-949-7922	HUN
LAUREL HIGHLANDS	814-445-6501	814-443-0304	LAU
MAHANOY	570-773-2158	570-621-3096	MAH
MERCER	724-662-1837	724-662-1940	MER
MUNCY	570-546-3171	570-546-2745	MUN
PINE GROVE			PIN
PITTSBURGH	412-761-1955	412-565-3596	PIT
QUEHANNA	814-263-4125	814-263-3901	QUE
RETREAT	570-735-8754	570-826-2237	RET
ROCKVIEW	814-355-4874	814-355-6060	ROC
SMITHFIELD	814-643-6520	814-946-7339	SMI
SOMERSET	814-443-8100	814-443-8137	SMR
WAYMART	570-488-5811	570-253-7129	WAM
WAYNESBURG	724-627-6185	724-627-5660	WAY