DEPARTMENT OF CORRECTIONS

Though Improving, the Department Still Does Not Identify and Serve All Parolees Needing Outpatient Clinic Program Services, but Increased Caseloads Might Strain Clinic Resources

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Audit Highlights . . .

Our review of the Parole Outpatient Clinic Program (program) at the Department of Corrections (department) found that:

- ☑ *The program's new continuum process, while an improvement over its previous process, still does not identify and serve nearly 40 percent of mentally ill parolees.*
- ☑ *In 38 of the 83 cases we reviewed, social workers did not perform prerelease assessments, and 45 parolees were not seen by the clinics within required time frames.*
- ☑ *A new data management system, when implemented, may address some of the program's weaknesses, but it would be more effective if linked to other department computer systems.*

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The Joint Legislative Audit Committee requested that we review and evaluate the goals of the Department of Correction's (department) Parole Outpatient Clinic Program (program) and determine whether the department has adopted reasonable strategies to achieve these goals. The program serves parolees who have mental health needs as well as other parolees who can benefit from psychiatric treatment, such as sex offenders or violent offenders. These parolees receive treatments, including individual or group therapy and medication management, as determined necessary by the program's clinical staff. We found that the program has failed to serve many of the parolees that the department has determined could most benefit from its services. Specifically:

Finding #1: The department has failed to identify and treat a large number of parolees who had been diagnosed as mentally ill when in prison.

Although the program's recently implemented Mental Health Services Continuum Program (continuum process) has increased the proportion of mentally ill parolees it serves, a significant number are still not served. Additionally, the continuum process originally did not include inmates receiving inpatient Department of Mental Health treatment or participating in the Crisis Beds program, both of which include the more severely mentally ill, and therefore may pose a more significant risk to the public. However, the program advised us that it will amend its process to include inmates in these categories. The program has also developed a new data management system that it believes will allow it to better identify and serve all mentally ill parolees. However, the program estimated that this system would not be operational until the end of August 2001.

- ☑ *One-third of the parolees served by the program are not diagnosed with a mental illness but fit other criteria established by the department.*
- ☑ *The program should establish caseload standards and use its new system to identify its cost of serving different types of parolees so it can manage expected caseload increases.*

Before October 2000 the department relied on parole agents to refer parolees for evaluation and treatment. This process was not effective, and almost half of the nearly 24,000 mentally ill parolees that went on parole between July 1998 and September 2000 received no treatment at the parole outpatient clinics (clinics). Although the program implemented the continuum process for inmates scheduled for parole on or after October 1, 2000, it still failed to serve almost 40 percent of the more than 6,000 mentally ill parolees who went on parole between October 2000 and March 2001. This is far short of its goal of serving all mentally ill parolees.

We recommend that the program complete the implementation of its new data management system. After implementing the system, the program should identify parolees whom it failed to identify as needing services and ensure that they receive the treatment they need. In addition, it should implement its plan to include in its continuum process those parolees designated while in prison to have been in the Department of Mental Health inpatient and Crisis Beds programs.

To determine the progress the program has made in identifying and serving mentally ill and other parolees, the department should reassess the program one year after implementing the new data management system. The department should submit the completed assessment to the Youth and Adult Correctional Agency.

Department Action: Partial corrective action taken.

In its 60-day response, dated November 5, 2001, the department stated that it has installed its new data management system in two of its four regions and expects to have it fully installed and operational by December 15, 2001. To identify parolees who were not sent to the program for treatment, the department will be asking its parole agents to review their parolees' records and refer to the program those parolees who were classified as mentally ill while in prison but who have not been seen by the program during their parole. It also stated that it is in the process of amending its prerelease contracts to include those parolees designated while in prison to have been in the Department of Mental Health inpatient and Crisis Beds programs. It expects to have these amendments in place by January 2002. The department is currently working to develop a contract, that will provide an evaluation of the program. It expects to have developed the scope of the evaluation by January 2002, and then it will select a contractor to perform the evaluation.

Finding #2: The program does not always perform needed prerelease assessments or provide timely services.

As part of the continuum process, the department established guidelines requiring all inmates diagnosed with mental illness to be assessed before leaving prison on parole and that the parole clinics should see the newly released parolees within specified time frames. However, the program did not complete prerelease assessments for 38 of the 83 mentally ill parolees whose cases we reviewed, even though it had determined that these assessments were needed to properly identify and serve the inmate once on parole. Additionally, program clinicians saw 45 of these 83 parolees outside of the time frames the department has established in order to ensure that mentally ill parolees receive the treatment needed to protect the public and the parolees themselves. In 28 of these 45 cases, parolees were seen within 30 days after parole, but for the other 17, initial appointments did not occur until between 32 to 119 business days after parole.

We recommended that the program use its new data management system to monitor its contractors to ensure that they complete prerelease assessments on all mentally ill inmates scheduled for parole and that its clinics see mentally ill parolees within required time frames.

Department Action: Corrective action taken.

The program has assigned a program manager to monitor the contractors' performance in completing prerelease assessments. In addition, the program is using the new data management system to track the status of prerelease assessments of mentally ill inmates who are within 90 days of release from prison. Finally, the department has designed the system to ensure that its clinics see parolees within required time frames and has dedicated staff to ensure that this occurs.

Finding #3: The program's process for identifying parolees that need its services is not always effective.

Each month, the department provides the program with a list of mentally ill parolees due for parole within the next 120 days. The program then assigns each of the parolees on the list to a social worker, who then enters the information from their assessment onto the system. However, according to the program, the computer program developed to extract the information from the department's systems did not include all specified mentally ill inmates, so the lists the department produced for the program

were incomplete. Indeed, using this process, the program failed to identify and serve almost 39 percent of mentally ill inmates beginning parole terms between October 2000 and March 2001. At least part of this was due to problems identifying all mentally ill inmates about to be paroled.

Linking the program's new data management system to other department systems could improve its efficiency. We believe that if the program automated this exchange of information between the department's systems and the program's new system, it could provide more timely and complete information to the program, reducing the chances of its failing to identify inmates, and therefore, not providing them with needed services.

To more effectively identify all the parolees the program will serve, the program should link its new system to other department computer systems containing the information needed to do so.

Department Action: Pending.

The department is still exploring options that may be available to share data among its various department systems.

Finding #4: The program may not have the resources to serve all parolees that are not mentally ill but meet other criteria for treatment services.

The department has included in the designated population certain parolees who have problems other than mental illness—such as sex offenders and violent offenders—because it believes that they can benefit from psychiatric services provided by the program.

We found that between October 2000 and March 2001, the program failed to identify and serve more than 66 percent of sex offender parolees who were paroled during this period, even though it was required to serve this population. However, if the program were to implement an effective identification process, it may not have the resources to serve the increased caseloads.

The department should ensure that the program has adequate processes and resources to identify and serve parolees with problems other than mental illness.

Department Action: Pending.

In the future, the department intends to collect data on the time and resources it uses to treat parolees with problems other than mental illness. If through this process it identifies a need for additional resources, it will pursue them through the annual budget process.

Finding #5: The program should take additional actions to manage expected caseload increases.

The program's current data management system is not able to identify the level of effort—and related expense—that it incurs in treating the various types of parolees in its program. For example, a clinician may treat several different types of parolees: the mentally ill, serious sex offenders, and violent criminals. Because the program has not tracked the time clinicians spend providing services, it is not able to track how much of its resources it uses on the various types of parolees receiving treatment. Although its current system cannot collect this information, the program has an opportunity to use its new data management system to begin collecting the data it needs to determine the costs of services it provides to the different types of parolees. To accomplish this, the program would have to establish a unique designator for each type of parolee it serves, record the amount of time that clinicians spend with different types of parolees, and include all of its parolees on the system.

Moreover, the program has not developed caseload standards so that it can adequately monitor and assess the caseloads of its clinicians. The program could use standards to better evaluate its efforts, and to assess and justify the need for changes to its staffing as its workload changes.

To better identify its costs of treating parolees and to better justify additional resources it may require, the program should track the amount of time and resources it spends treating the different types of parolees.

To appropriately assess its clinicians' workloads and evaluate the need for additional resources, the program should develop caseload standards for its clinicians.

Department Action: Partial corrective action taken.

The department's new data management system will track the number and duration of treatments provided to mentally ill parolees. After the first year of operation, it intends to capture similar information for parolees it serves with problems other than mental illness. The department stated that it would explore opportunities to establish caseloads standards for its clinic staff.