

# REPORT HIGHLIGHTS



BEHAVIORAL HEALTH PROGRAMS  
PERFORMANCE AUDIT, NOVEMBER 2016

DEPARTMENT OF CORRECTIONS

## CONCERN

The Department of Corrections (Department) lacked adequate processes and data to monitor staff for compliance with its regulations and standards and to demonstrate the effectiveness of its Mental Health Services Program (Mental Health Program) and the Sex Offender Treatment and Monitoring Program (Sex Offender Program). Additionally, for the Sex Offender Program the Department did not use a risk-based approach to prioritize offenders for enrollment.

## KEY FINDINGS

- The Department has implemented significant programmatic changes to the Mental Health and Sex Offender Programs in recent years, but does not have adequate information or performance measures to fully assess the impact of the changes or the effectiveness of the programs in serving the Department's overall mission or the program purposes.
- Mental Health Program staff did not always assess and record offender mental health needs consistently, timely, and in accordance with requirements. In addition, staff did not always properly update offender treatment plans and lacked evidence that they provided an adequate number of mental health contacts.
- The Department lacked adequate data to monitor out-of-cell time for offenders with serious mental illness and can improve some of its controls to better ensure that it meets provisions in Senate Bill 14-064 and Department regulations limiting the use of long-term isolated confinement.
- The Department has not established effective controls to ensure that sex offenders are adequately assessed and prioritized for treatment under the Sex Offender Program. The number of sex offenders enrolled in treatment each year decreased from 484 in 2012 to 465 in 2015, while the number of offenders awaiting treatment increased, from 1,527 in 2012 to 1,979 in 2015.
- Over Fiscal Years 2015 and 2016, the Department had a staff vacancy rate, generally, of over 20 percent for the Mental Health Program and over 30 percent for the Sex Offender Program. Staffing constraints contributed to a number of the problems we identified.

## BACKGROUND

- The Mental Health and Sex Offender Programs provide treatment to help offenders better manage mental illness and maintain appropriate behavior, ensure safety at the prison facilities, and promote successful offender reintegration in the community upon release.
- As of December 31, 2015 the Department had identified 6,926 offenders as having mental health treatment needs and 1,979 offenders as needing sex offender treatment.
- Senate Bill 14-064 prohibits the housing of offenders with mental illness in long-term isolated confinement unless exigent circumstances exist.
- In Fiscal Year 2016, the Department received \$16.8 million for the Mental Health Program and \$4.4 million for the Sex Offender Program.

## KEY RECOMMENDATIONS

- For the Mental Health Program, improve controls over offender assessments and coding, and other aspects of service provision, including conducting systematic monitoring activities to identify and correct problems. For the Sex Offender Program, improve controls over sex offender assessments, and implement written enrollment and prioritization policies and procedures.
- Improve oversight and documentation of out-of-cell hours offered to and received by offenders in the Residential Treatment Programs, and improve controls over prohibiting offenders with serious mental illness from being housed in long-term isolated confinement.
- Improve controls over evaluating the performance of the Mental Health and Sex Offender Programs, including establishing performance goals and measures, improving information systems, and monitoring goal achievement.