

**TESTIMONY OF PRIMECARE MEDICAL, INC. SUBMITTED TO THE
BEHAVIORAL HEALTH COMMISSION**

PrimeCare Medical, Inc. is a private correctional health care company that has been in existence since 1986. It provides services at 76 county correctional facilities and juvenile detention centers in 5 states. Currently, PrimeCare provides the health care services in 36 Pennsylvania counties, including Dauphin County. Care is provided by approximately 1650 dedicated employees. All PrimeCare facilities operate consistent with the standards promulgated by the National Commission on Correctional Health Care (“NCCHC”). PrimeCare has received both of the NCCHC’s highest awards; Facility of the Year (Lehigh County- 2011) and Program of the Year (Dauphin County – 2016).

Working in county jails and juvenile detention centers we receive our patients literally off the streets. State prison inmates have been involved in the system for a significant period of time. They have most likely been detoxed off any addictive substances, received better medical care than they were accustomed to, have become acclimated to being incarcerated, and they have received their sentence thus removing the uncertainty of their situation. Our patients may be under the influence of or addicted to substances, uncertain of their future and without any health care for a considerable amount of time. Our population is also very transient. We may have them for only a few hours or several years. We also have patients that return to the facility numerous times.

Over its 36 years in operation PrimeCare has seen many changes in the health care needs of its patient population. In the 1980’s correctional health care consisted of meeting the basic needs of the patient population. Since that time it has progressed to being on the front lines of the AIDS crisis, combatting other infectious diseases such as Hepatitis, MRSA and COVID-19. Recently there has been an increased prevalence of transgender patients as well as the

introduction of Medication Assisted Treatment (“MAT”) programs. While there have always been mental health concerns with a segment of our patient population, it is much more pervasive and acute currently. Drug abuse and COVID-19 have both dramatically impacted the frequency and severity of the mental health patients we are now seeing. There has also been a marked increase in patients presenting with dual diagnosis; mental health and substance abuse; mental health and intellectual disabilities; and mental health and dementia/Alzheimer’s.

In the 1980s the medical team in a correctional facility would consist of a doctor who would come to the facility a couple hours a week and a nursing staff to pass medications and answer patient sick call. Now the team will have dentists, nurse practitioners and physician assistants, psychiatrist, psychologist, and full-time counselors. You may also have certified alcohol and substance abuse counselors. Company-wide, PrimeCare employs 12 psychiatrists, 21 Psych NP/PA, and approximately 150 psychologists/licensed counselors. The Mental Health staffing at the Dauphin County Prison is detailed below.

Position	Mon	Tues	Wednes	Thurs	Fri	Sat	Sun	Hr/Wk*	FTEs
Psychiatrist	4	4	4	4	4			20	0.5
Psy NP/PA		5		5				10	0.25
Psychologist	16	16	16	16	16			80	2
LPC	16	16	16	16	16			80	2

*24/7 on call provider coverage is also available

Each patient that comes to the Dauphin County Prison will undergo a medical intake, have a suicide screening conducted as well as a gender specific depression assessment. Depending on the results of these screens the individual may be placed on a suicide watch or be scheduled to be seen by the mental health team. Each patient will also undergo a physical within

the first 14 days of their incarceration. This affords another opportunity for the patient to identify a need for mental health treatment. In addition, during the initial intake process each patient is provided education as to how they can access medical care.

With the closing of the State Mental Health Hospitals, it is often said county jails have become the *de facto* mental health hospitals. If one were to take this statement as true and with PrimeCare providing care in 36 counties makes PrimeCare the largest provider of these services in the state. The chart below details specific mental health data broken out on a company-wide and Dauphin County basis.

Data Point	Company Wide End of Year 2021	<u>Dauphin County End of Year 2021</u>	Dauphin County Year to Date (through June)
Average Daily Population	18970	916	915
Number of Intakes	317,026	3614	2345
Psychiatrist Visits	66,503	2879	1573
Psychologist Visits	47,004	2473	1320
MH Counselor Visits	231,576	6,242	3367
Commitments to Forensic	814	11	15
# of Patients on Suicide Watch	25,219	797	526
Suicide Attempts	481	7	17

Suicides	19	1	0
MHSR* A %	18.46%	30.80%	18.38
MHSR B%	10.63%	13.50%	10.65%
MHSR C%	36.28%	36.38%	21.03%
MHSR D%	9.62%	12.41%	6.33%
% of patients on Psych Meds	30.47%	33.74	20.84
# of patients detoxed	49,496	3614	650

*MHSR – Mental Health Stability Rating – A – no identified MH/ID needs or history of psychiatric treatment for past five years.

B- patient has history of treatment in the community and/or facility, but no longer requires mental health services

C – patient is currently active in treatment or have a history of suicide attempts or psychiatric hospitalizations in the past two years

D – Patient has been diagnosed with a Serious Mental Illness (SMI) and/or exhibits significant adjustment/behavioral concerns.

The appropriate rating for some patients cannot be identified. Therefore, the percentages will not add to 100%,

Closing of the State Mental Health Hospitals so as to afford those afflicted with mental illness to obtain care near their home was certainly altruistic. However, the resources provided to the regional State Mental Health Hospitals were not transferred to the communities throughout the state. Many of the counties in which PrimeCare provides services do not have a single community provider. In others where a provider may exist, we are frequently informed they do not have sufficient resources to treat their non-incarcerated patient populations. Others refuse to allow correctional officers in their facilities. If we send someone to an emergency department they are likely to be returned in hours to because they are in “a safe environment.” Although the environment is secure it is not safe for someone acutely psychotic.

The lack of community resources presents a problem even prior to incarceration. We receive many patients that arresting authorities recognize should not be in a jail setting but have nowhere else to take them. We also receive patients as a result of actions that are directly related to their mental illness. We have received individuals who were receiving treatment in the community, acted out and had charges filed resulting in their incarceration. An individual who goes to an emergency department for chest pains would never be sent to county jail for having a heart attack. However, someone in crisis who goes to an emergency department and makes threatening gestures can find themselves behind bars.

In terms of the resources available through Norristown and Torrance State Hospital they simply are insufficient to meet demand. Extraordinary long waits still exist. In addition, there are a number of barriers to admission. These include the fact a patient may have a dual diagnosis of MH/ID. The state hospitals are not a viable option for autism, dementia, or Alzheimer. If there is the possibility of a head trauma contributing to the patient's presentation the state hospitals will insist on a neurological examination. However, the individual is refusing all care. Even if an outside consult could be arranged the patient is likely to refuse the trip and, if they do go, may refuse treatment once there. As a result, the individual remains incarcerated. This is the exact scenario for a patient in a facility for which PrimeCare recently assumed the care. The individual has been incarcerated as a pre-trial detainee for more than three years (longer than the maximum county sentence). A 304 hearing was held and resulted in an Order for inpatient care but the state hospital is demanding a neurological workup. Not providers are willing to see the patient and the patient is likely to refuse even if an appointment could be made.

The state hospitals also examine the charges filed against the individual. If it is deemed they are "minor" they will refuse acceptance on this basis.

As stated, PrimeCare operates in four states in addition to Pennsylvania. Although mental health concerns are present in all, it is unfortunate that our experience shows Pennsylvania is struggling the most. As a Pennsylvania based company it saddens us that we are not able to do better. The addition of the \$100,000,000.00 is certainly welcome and long overdue. The Commission is charged with an enormous responsibility. There is no clear-cut answer. The best solution is going to have to take a multi-faceted approach. It must involve community and state-wide approaches. The unified judicial system needs to be involved to develop effective and timely diversion programs. Law enforcement needs a place at the time to assist with the diversion efforts. And while the ultimate goal would be to eradicate mental health issues from jails, this is not reasonable. Providing less cumbersome policies to obtain necessary treatment for the incarcerated must be a component of the solution.

Thank you for the opportunity to participate in this process. PrimeCare Medical is committed to assist the Commission in any manner possible.

Respectfully submitted,

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